

UN health agency outlines measures to reduce impact of H1N1 flu in schools



People should wash their hands with soap and water, especially after coughing or sneezing as a precaution against influenza A(H1N1) virus

11 September 2009 – The United Nations health agency today outlined steps schools can take to reduce the impact of the H1N1 influenza pandemic, drawing on the recent experiences of several countries as well as studies of the consequences of school closures.

As of last week, nearly 2,840 deaths have been attributed to the pandemic, which continues to be the predominant circulating virus of influenza both in the northern and southern hemispheres, according to the World Health Organization (**WHO**), which also confirmed at least 254,000 laboratory confirmed cases of H1N1.

The agency **said** today that experience to date has demonstrated the role of schools in amplifying transmission of the pandemic virus, both within schools and into the wider community.

However, it added, that while outbreaks in schools are clearly an important dimension of the current pandemic, “no single measure can stop or limit transmission in schools, which provide multiple opportunities for spread of the virus.”

WHO continues to recommend that students, teachers, and other staff who feel unwell should stay home. In addition, plans should be in place, and space made available, to isolate students and staff who become ill while at school.

Schools should also promote hand hygiene and respiratory etiquette and be stocked with appropriate supplies. Proper cleaning and ventilation and measures to reduce crowding are also advised.

The measures set out by WHO can be adapted to local situations, available resources and the social role played by many schools, it said, adding that national and local authorities are in the best position to make decisions about how they should be implemented.

While the agency said it cannot provide specific recommendations for or against school closure that are applicable to all settings, it does offer some general guidelines.

It noted that school closure can operate as a proactive measure, aimed at reducing transmission in the school and spread into the wider community. The main health benefit of this comes from slowing down the spread of an outbreak within a given area.

“By slowing the speed of spread, school closure can also buy some time as countries intensify preparedness measures or build up supplies of vaccines, antiviral drugs, and other interventions,” said WHO.

School closure can also be a reactive measure, when schools close or classes are suspended because high levels of absenteeism among students and staff make it impractical to continue classes.

The agency pointed out that the timing of school closure is critically important, and that it has the greatest benefits when it is done very early in an outbreak, ideally before 1 per cent of the population falls ill. If schools close too late in the course of a community-wide outbreak, the resulting reduction in transmission is likely to be very limited, it added.

WHO said that when making decisions, health officials and school authorities need to be aware of economic and social costs that can be disproportionately high when viewed against potential benefits.

The main economic cost arises from absenteeism of working parents or guardians who have to stay home to take care of their children. Studies estimate that school closures can lead to the absence of an additional 16 per cent of the workforce on top of the regular levels.

At the same time, while school closure can reduce the peak demand on health care systems, it can also disrupt the provision of essential health care, as many doctors and nurses are parents of school-age children, noted WHO.

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