

COUNTY OF MORRIS
DEPARTMENT OF LAW & PUBLIC SAFETY
OFFICE OF HEALTH MANAGEMENT

Board of Chosen Freeholders

Director

Gene F. Feyl

Deputy Director

William J. Chegwiddden

Douglas R. Cabana

John J. Murphy

James W. Murray

Margaret Nordstrom

Jack J. Schrier

P.O. Box 900

Morristown, New Jersey 07963-0900



County Administrator

John Bonanni

Director of Law & Public Safety

Thomas J. Zellman

Health Officer

Pete Summers

973-631-5484

FAX 973-631-5490

UPDATE ON H1N1 INFLUENZA

June 2, 2009

Dear Parent/Guardian,

Over the last month the Morris County Office of Health Management and your local Health Department have been monitoring the current H1N1 Influenza A (Swine Flu) outbreak. As of June 2 the NJ Department of Health has confirmed 20 cases of H1N1 Influenza A in Morris County and 78 cases in New Jersey. Cases have been confirmed in 15 of New Jersey's 21 counties. Based on the information available we now believe that we can confirm community wide spread of H1N1 Influenza A in Morris County.

Because it is easy to collect data on absenteeism, schools have played an important role in helping public health officials monitor the spread of H1N1 Influenza A in New Jersey. As such, a number of the cases in Morris County, as in other counties have been associated with schools. Now that we have confirmed a community wide spread of the virus we will be suspending our sampling program. We will no longer need to test for H1N1 Influenza A in Morris County. However, local health departments and schools will continue to monitor for influenza like illness (fever with cough and/or sore throat).

The Morris County Office of Health Management along with our municipal health officers continue to advise that schools do not need to close if cases of H1N1 Influenza A are identified in a school. The Centers for Disease Control (CDC) and the NJ Department of Health have stated that in general, closing schools for cases of H1N1 Influenza A is no longer effective as the virus spreads through the community. **The mild nature of the disease suggests it should be treated as we would treat any other influenza.**

Flu spreads easily from person to person and this being a new strain of flu, people do not have immunity. While the total number of confirmed cases of H1N1 Influenza A has remained small we are seeing an increase in influenza like illness throughout the community. In order to reduce the spread of influenza in your school and community the Morris County Office of Health Management and your local health department have advised your school administration to exclude students and staff with influenza-like symptoms (fever with cough and/or sore throat) from school for 7 days after illness onset, or 24 hours after all symptoms disappear, whichever is longer. As a parent, you can help prevent the spread of influenza by keeping your child **at home for the 7 days** and not have them participate in group activities. When you report an absence to your school please be prepared to state the reason and any symptoms your child has.

If your child's doctor is diagnosing something other than influenza, please have the doctor include the diagnosis in any note requesting the child return to school earlier than 7 days. If the doctor can not make a conclusive diagnosis, they may note that they have ruled out influenza. Should your doctor have any questions, they may contact your local health department for more information.

While the symptoms of H1N1 Influenza A have been mild in most people, because there is no vaccine the CDC advises that people who would have serious complications if they got the flu, to consider their risk before attending public gatherings where H1N1 Influenza A is circulating. Anyone who would be at high risk of complications if they got the flu (ex: people with chronic medical conditions, person's 65 and older, pregnant women) should consult their doctor if they are concerned.

Good hygiene practice both at home and school will help reduce the risk of infection:

- Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a waste basket and clean your hands.
- Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- Clean your hands as soon as possible after coughing, sneezing, or blowing your nose.
 - Use soap and water and wash your hands for 15 - 20 seconds; or
 - Use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers; rub these on the hands until the liquid or gel dries.

You are welcome to visit our Morris County Health Office website at www.morrishealth.org for more information. Should you have any additional questions we encourage you to contact your local Municipal Health Officer.

You may be confident that your School Administration and local Health Department are working in unison with Morris County officials to minimize the risk to you and your children.

Sincerely,
Peter Summers
Peter Summers
Morris County Health Officer

Update on School (K – 12) and Childcare Facilities: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus

May 5, 2009, 2:00 PM EDT CDC

Background



This document provides updated interim guidance for schools and childcare facilities regarding the prevention of the spread of novel influenza A (H1N1) virus.

Initial cases of novel influenza A (H1N1) in the United States included school-aged students and were associated with travel to Mexico and school-based outbreaks. Early information from Mexico indicated that many previously healthy young adults were hospitalized with rapidly progressive pneumonia, frequently resulting in respiratory failure requiring mechanical ventilation and death.

Based on this initial information, CDC recommended consideration of school closure as an option to lessen the risk of infection with this novel influenza virus in order to protect students, staff, parents and other caregivers from a potentially severe disease as well as limit spread into the community.

New information on disease severity warrant revision of the school closure guidance. Most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC and local and state health officials will continue to closely monitor the severity and spread of this novel H1N1 influenza outbreak.

At this time, CDC recommends the primary means to reduce spread of influenza in schools focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school absenteeism and staffing shortages.

Recommendations

- School closure is not advised for a suspected or confirmed case of novel influenza A (H1N1) and, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function.
- Schools that were closed based on previous interim CDC guidance related to this outbreak may reopen.

- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home and not attend school or go into the community except to seek medical care for at least 7 days even if symptoms resolve sooner.
- Students, faculty and staff who are still sick 7 days after they become ill should continue to stay home from school until at least 24 hours after symptoms have resolved.
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the school day should be isolated promptly in a room separate from other students and sent home.
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in settings other than school.
- School administrators should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school.
- Schools can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.
- Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.

Further guidance can be found in:

Questions and Answers About Novel H1N1 Flu at
<http://www.cdc.gov/h1n1flu/qa.htm>

What to Do If You Get Flu-Like Symptoms at <http://www.cdc.gov/h1n1flu/sick.htm>

Interim Guidance for H1N1 Flu: Taking Care of a Sick Person in Your Home at
http://www.cdc.gov/h1n1flu/guidance_homecare.htm

Key Facts about Swine Influenza (Swine Flu)

Swine Flu

What is Swine Influenza?

Swine Influenza (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness and low death rates in pigs. Swine influenza viruses may circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930.

How many swine flu viruses are there?

Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza and human influenza viruses as well as swine influenza viruses. When influenza viruses from different species infect pigs, the viruses can reassort (i.e. swap genes) and new viruses that are a mix of swine, human and/or avian influenza viruses can emerge. Over the years, different variations of swine flu viruses have emerged. At this time, there are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N2, and H3N1. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

Swine Flu in Humans

Can humans catch swine flu?

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons with direct exposure to pigs (e.g. children near pigs at a fair or workers in the swine industry). In addition, there have been documented cases of one person spreading swine flu to others. For example, an outbreak of apparent swine flu infection in pigs in Wisconsin in 1988 resulted in multiple human infections, and, although no community outbreak resulted, there was antibody evidence of virus transmission from the patient to health care workers who had close contact with the patient.

How common is swine flu infection in humans?

In the past, CDC received reports of approximately one human swine influenza virus infection every one to two years in the U.S., but from December 2005 through February 2009, 12 cases of human infection with swine influenza have been reported.

What are the symptoms of swine flu in humans?

The symptoms of swine flu in people are expected to be similar to the symptoms of regular human [seasonal influenza](#) and include fever, lethargy, lack of appetite and coughing. Some people with swine flu also have reported runny nose, sore throat, nausea, vomiting and diarrhea.

Can people catch swine flu from eating pork?

No. Swine influenza viruses are not transmitted by food. You can not get swine influenza from eating pork or pork products. Eating properly handled and cooked pork and pork products is safe. Cooking pork to an internal temperature of 160°F kills the swine flu virus as it does other bacteria and viruses.

How does swine flu spread?

Influenza viruses can be directly transmitted from pigs to people and from people to pigs. Human infection with flu viruses from pigs are most likely to occur when people are in close proximity to infected pigs, such as in pig barns and livestock exhibits housing pigs at fairs. Human-to-human transmission of swine flu can also occur. This is thought to occur in the same way as seasonal flu occurs in people, which is mainly person-to-person transmission through coughing or sneezing of people infected with the influenza virus. People may become infected by touching something with flu viruses on it and then touching their mouth or nose.

What do we know about human-to-human spread of swine flu?

In September 1988, a previously healthy 32-year-old pregnant woman was hospitalized for pneumonia and died 8 days

later. A swine H1N1 flu virus was detected. Four days before getting sick, the patient visited a county fair swine exhibition where there was widespread influenza-like illness among the swine.

In follow-up studies, 76% of swine exhibitors tested had antibody evidence of swine flu infection but no serious illnesses were detected among this group. Additional studies suggest that one to three health care personnel who had contact with the patient developed mild influenza-like illnesses with antibody evidence of swine flu infection.

How can human infections with swine influenza be diagnosed?

To diagnose swine influenza A infection, a respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer. Identification as a swine flu influenza A virus requires sending the specimen to CDC for laboratory testing.

What medications are available to treat swine flu infections in humans?

There are four different antiviral drugs that are licensed for use in the US for the treatment of influenza: amantadine, rimantadine, oseltamivir and zanamivir. While most swine influenza viruses have been susceptible to all four drugs, the most recent swine influenza viruses isolated from humans are resistant to amantadine and rimantadine. At this time, CDC recommends the use of oseltamivir or zanamivir for the treatment and/or prevention of infection with swine influenza viruses.

What other examples of swine flu outbreaks are there?

Probably the most well known is an outbreak of swine flu among soldiers in Fort Dix, New Jersey in 1976. The virus caused disease with x-ray evidence of pneumonia in at least 4 soldiers and 1 death; all of these patients had previously been healthy. The virus was transmitted to close contacts in a basic training environment, with limited transmission outside the basic training group. The virus is thought to have circulated for a month and disappeared. The source of the virus, the exact time of its introduction into Fort Dix, and factors limiting its spread and duration are unknown. The Fort Dix outbreak may have been caused by introduction of an animal virus into a stressed human population in close contact in crowded facilities during the winter. The swine influenza A virus collected from a Fort Dix soldier was named A/New Jersey/76 (Hsw1N1).

Is the H1N1 swine flu virus the same as human H1N1 viruses?

No. The H1N1 swine flu viruses are antigenically very different from human H1N1 viruses and, therefore, vaccines for human seasonal flu would not provide protection from H1N1 swine flu viruses.

Swine Flu in Pigs

How does swine flu spread among pigs?

Swine flu viruses are thought to be spread mostly through close contact among pigs and possibly from contaminated objects moving between infected and uninfected pigs. Herds with continuous swine flu infections and herds that are vaccinated against swine flu may have sporadic disease, or may show only mild or no symptoms of infection.

What are signs of swine flu in pigs?

Signs of swine flu in pigs can include sudden onset of fever, depression, coughing (barking), discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed.

How common is swine flu among pigs?

H1N1 and H3N2 swine flu viruses are endemic among pig populations in the United States and something that the industry deals with routinely. Outbreaks among pigs normally occur in colder weather months (late fall and winter) and sometimes with the introduction of new pigs into susceptible herds. Studies have shown that the swine flu H1N1 is common throughout pig populations worldwide, with 25 percent of animals showing antibody evidence of infection. In the U.S. studies have shown that 30 percent of the pig population has antibody evidence of having had H1N1 infection. More specifically, 51 percent of pigs in the north-central U.S. have been shown to have antibody evidence of infection with swine H1N1. Human infections with swine flu H1N1 viruses are rare. There is currently no way to differentiate antibody produced in response to flu vaccination in pigs from antibody made in response to pig infections with swine H1N1 influenza.

While H1N1 swine viruses have been known to circulate among pig populations since at least 1930, H3N2 influenza viruses did not begin circulating among US pigs until 1998. The H3N2 viruses initially were introduced into the pig population from humans. The current swine flu H3N2 viruses are closely related to human H3N2 viruses.

Is there a vaccine for swine flu?

Vaccines are available to be given to pigs to prevent swine influenza. There is no vaccine to protect humans from swine flu. The seasonal influenza vaccine will likely help provide partial protection against swine H3N2, but not swine H1N1 viruses.

Source: Center for Disease Control

Prepared by: Morris County Office of Health Management, 973-631-5484



State of New Jersey

DEPARTMENT OF EDUCATION
PO Box 500
TRENTON, NJ 08625-0500

JON S. CORZINE
Governor

LUCILLE E. DAVY
Commissioner

New Jersey Department of Health and Senior Services Swine Influenza A (H1N1) Virus Information for School and Childcare Settings April 27, 2009

No cases of swine influenza (H1N1), known as swine flu, have been detected in New Jersey as of April 26, 2009. However, this is a rapidly evolving situation. As more information becomes available and the situation unfolds, guidance is likely to change in the upcoming days and weeks. It is important for people to stay informed by monitoring information provided by the New Jersey Department of Health and Senior Services (NJDHSS).

Guidance for School and Childcare Settings

At this time, New Jersey recommends that schools and childcare settings increase education on respiratory hygiene and monitor attendees for acute febrile respiratory illness.

Staff and children (as developmentally appropriate) should all be taught and asked to follow these steps that prevent the transmission of infections such as influenza:

- Cover your coughs and sneezes.
- Avoid touching your eyes, nose and mouth.
- Wash hands frequently, especially after coughing or sneezing.
- Stay home if you're sick, especially with a fever.

School or childcare participants with acute febrile respiratory illness, regardless of travel history, should be sent home according to facilities-established procedures with instructions to stay at home until 24-48 hours after their symptoms resolve. Instructions should be given to seek medical care with worsening of symptoms. At this time, exclusion is not recommended for school or childcare participants who have recently traveled to an affected area and who do not have symptoms.

Disease Reporting and Consultation

To report suspected cases of swine influenza or outbreaks of influenza like illness, please contact the local health department in the jurisdiction in which the school is located.

We are interested in testing individuals presenting with influenza-like illness (fever, cough, sore throat), mild respiratory illness (nasal congestion, rhinorrhea) with or without fever, vomiting, diarrhea, myalgia, headache, chills, fatigue, dyspnea and conjunctivitis.

Has had at least one potential exposure within 10 days of symptom onset as listed below:

- A.) History of travel to an area where swine influenza H1N1 documented in animals and/or humans (see <http://www.cdc.gov/swineflu/investigation.htm>); **OR**
- B.) Close contact (within 6 feet) to an ill patient who was confirmed or suspected to have swine influenza; **OR**
- C.) Close contact (within 6 feet) to an ill patient who has traveled to one of the areas above; **OR**
- D.) Recent exposure to pigs; **OR**
- E.) Works with live influenza virus in a laboratory.

For More Information :

U.S. CDC Swine Influenza Website:

<http://www.cdc.gov/flu/swine/>

Infection control and treatment guidance:

<http://www.cdc.gov/flu/swine/recommendations.htm><http://www.maine.gov/dhhs/boh/swine-flu-2009.shtml>

New Jersey Department of Health and Senior Services

<http://www.state.nj.us/health/>

School and/or Day Care Specific Resources

All you have to do is wash your hands Podcast: This Podcast teaches children how and when to wash their hands properly.

<http://www2a.cdc.gov/podcasts/player.asp?f=11072>

Downloadable Flu Prevention Materials for Schools/Day Cares:

<http://www.cdc.gov/flu/school/>

Preventing the Spread of Influenza (the Flu) in Child Care Settings: Guidance for Administrators, Care Providers, and Other Staff: Flu recommendations for schools and child care providers

<http://www.cdc.gov/flu/professionals/infectioncontrol/childcaresettings.htm>

Protecting Against the Flu: Advice for Caregivers of Children Less Than 6

Months Old: Research has shown that children less than 5 years of age are at high risk of serious flu-related complications. <http://www.cdc.gov/flu/protect/infantcare.htm>

Stopping Germs at Home, Work and School: Fact Sheet
http://www.cdc.gov/germstopper/home_work_school.htm

Ounce of Prevention: Tips and streaming video for parents and children about the steps and benefits of effective hand washing <http://www.cdc.gov/ounceofprevention/>

Clean Hands Saves Lives: Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others.
<http://www.cdc.gov/cleanhands/>

Hand washing to reduce Disease: Recommendations to Reduce Disease Transmission from Animals in Public Settings
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5605a4.htm>

BAM! Body and Mind. Teacher's Corner: In this activity, students will conduct an experiment on washing their hands. They will learn that "clean" hands may not be so clean after all and the critical importance of washing their hands as a way to prevent the spread of disease. http://www.bam.gov/teachers/epidemiology_hand_wash.html

CDC TV - Put Your Hands Together: (Video) Scientists estimate that people are not washing their hands often or well enough and may transmit up to 80% of all infections by their hands. <http://www.cdc.gov/CDCTV/HandsTogether/>

Cover your Cough Posters: Stop the Spread of Germs that Make You and Others Sick! Printable formats of "Cover Your Cough". Posters only available as PDF files.
<http://www.cdc.gov/flu/protect/covercough.htm>

CDC - Be a Germ Stopper: Posters and Materials: For Community and Public Settings Like Schools and Child Care Facilities). Cover Your Cough also available for health care settings. <http://www.cdc.gov/germstopper/materials.htm>

"It's a SNAP" Toolkit Program materials to help prevent school absenteeism activities for school administrators, teachers, students and others can do to help stop the spread of germs in schools.

See the hand cleaning section of the "It's a SNAP" site at www.itsasnap.org/snap/about.asp.

Scrub Club <http://www.scrubclub.org/> Kids can learn about health and hygiene and become members of the Scrub Club(tm) at www.scrubclub.org. The site features a fun and educational animated Webisode with seven "soaper-heros" who battle nasty villains who represent germs and bacteria. Kids learn the six key steps to proper hand-washing through a webisode, hand-washing song, interactive games, and activities for kids, and educational materials for teachers are also available to download.