

COMA DPH OEP

**Moderator: Alissa Scharf
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11:30 am CT**

Coordinator: Good morning everyone, thank you all for standing by and welcome to our conference call. At this time your lines have been placed on listen only for today's conference.

During the question and answer portion of our call you will be prompted to press star 1 on your touch tone phone.

Be sure to record your name so that I may introduce you to ask a question. We are recording today's conference also so if you have any objections you may disconnect at this time.

I would now like to turn our call over to Commissioner John Auerbach, sir you may proceed.

John Auerbach: Thank you and welcome everyone to the call. This represents the ninth call in a series of calls that the department of public health has organized to provide helpful information and an opportunity to ask questions about H1N1 virus.

Today's call is going to specifically focus on the issue of H1N1 influenza and school. We are now at a point in the outbreak where there are 284 confirmed cases in Massachusetts and two thirds of those confirmed cases are children of school age.

Clearly a good deal of focus of the outbreak is on young children and we know that a number of questions have come up in schools throughout the commonwealth regarding how best to approach school operations and information to be shared with parents.

And educational messages regarding how best to address such issues as health hygiene in the classroom. And we're hoping that this call will help to provide useful information to those of you who are grappling with those questions.

On the call today the participants are primarily either people who work in school settings as school officials school nurses, superintendents, principles and others who are directly involved in the educational operation of a facility including early childhood educational facilities.

In addition to that we have invited local health officials to participate on the call because local health officials are often on the front lines of advising schools with regard to how best address the issues that arise within school settings and elsewhere.

At the department have a team of people who are available to field the questions that are being raised and those include our medical director, Dr. Lauren Smith, our state epidemiologist, Dr. Al DeMaria and then in addition to that we are joined by John Bynoe who is the associate commissioner of the department of elementary and secondary education.

And we're joined by Dr. Anita Barry who is the director of the City of Boston communicable disease control bureau and Dr. Barry has been directly involved in advising people with regard to closures or staying open.

They - this team of people will be available to field questions as they arise as I indicated. At this point I will turn things over to Dr. Lauren Smith, department of public health medical director. Dr. Smith?

Lauren Smith: Oh thank you commissioner for that introduction. I think what we'd like to do first is give an update on where we are with the status of the outbreak in schools and give you some data that we have from a survey of school nurses across the state.

First I should say that as far as we know the known number of schools that have closed because of influenza either because of confirmed cases or because of a cluster of influenza like illness is ten.

However part of the issue we'd like to raise with the - or to discuss with the school officials that are on the call is that we have not been getting notice of the school closures directly from the schools as we had hoped.

On our Website there is a form that allows us to gather information about the rationale and data about the school closure that would be very helpful in our surveillance across the state.

And thus far I think it's fair to say that most of the schools that have closed have not completed that information which would be very helpful in our surveillance.

So as I mentioned there's been about ten closures. I would also like to put out a plea that if there needs to be any additional further closures that we get that information and we can come back to that later on in the call.

I also wanted to share with you information about - from a survey of school nurses that was conducted on Monday the 18th in which all school nurses across the commonwealth were asked some information about absenteeism due to either confirmed cases or influenza like illnesses.

And whether or not kids have been dismissed from school sick and whether or not there have been absences. And what is interesting is that except for Middlesex County, the majority of schools, the rest of the counties indicate that influenza really has had minimal or no impact.

Anywhere from 89% to 100% of the school nurses in the other counties indicated that there was essentially minimal or no impact, however only 42% of nurses in Middlesex County said that there was minimal or no impact.

So that really does suggest that we are having the clusters that people are aware of, but that there's not a wide spread adverse impact on schools which wouldn't necessarily be what the public would understand based on some of the media reports.

The other issue is that in terms of numbers of kids that have been dismissed from school because of illness, and I think this is a very important thing to highlight.

That is kids who are found to be sick during the school day. On May 18 417 students were dismissed from school in Middlesex County due to illness, and 366 in Norfolk county, and 300 in Worcester County.

The other -- and then Essex County also had 273 -- the rest were lower than that. And we can share this information after the call, but I think that really speaks to the importance of having reinforcing, although I know everyone has done it, again the idea with parents of going over that flu checklist before they send their kids to school.

One of the school nurses told me that at 8 o'clock a child had 103 fever and it's hard to imagine that that child was not sick or showing some signs of being less than well before that child went to school.

So I think that that speaks to the need to reinforce that message with parents. I also would like to call attention to the fact that there's updated guidance for school and childcare facilities that went up on the Web two days ago.

And in it we have highlighted recommendations and preventions measures for several categories or types of situations. One is for essentially general information for all schools and childcare facilities even if they're not experiencing any unusual clusters of illness.

The second category is enhanced surveillance and prevention measures for schools or daycare or child care facilities that are grappling with a spike in influenza like illness.

And then third fact just to consider with regard to school closings, so what I'd like to do is at this point is just go over some of the highlights in those three areas and then we can open it up for questions and answers.

I think the main issue that we've - or the main sort of principle we'd like to sort of emphasize is that all of this guidance really does require great

communication between school - local school officials and their local boards of health.

And with the department of public health as well so we can make sure that everyone is up to date on all the guidance but also if there's any questions or concerns that need specific answers that we can do that.

And that this guidance allows for a step wise approach so that each school is considered individually rather than all schools in an area or all schools in a town having to be considered at one time.

In terms of the guidance, the recommendations for surveillance and prevention in all settings, it really emphasizes the messages that were in our prior guidance around hand washing, cough etiquette as well as pointing people to educational materials and posters which are on the Website.

And we do have some new materials, fight the flu, stop the spread posters that are available that I encourage people to go to the Website to find.

Another thing that this guidance highlights is the use of that flu symptom checklist which is also on the Website which asks parents to consider whether or not their child has a fever and any of the following symptoms, cough, sore throat or runny nose.

And do that on a regular - every day before sending their child to school to make sure that they are well enough to attend school.

It also includes suggestions that - or the recommendation that if staff or students are sick and stay home that they need to stay out of school for seven days even if their symptoms resolve sooner.

And we recognize that that is tough for working parents, but that really is what everyone's sort of best recommendation is at this point. And we are obviously still asking school nurses to report high absenteeism to us.

For those schools that have - are experiencing specific increases in school absenteeism due to influenza like illness or if they have actual confirmed cases, to do some enhanced surveillance.

And some of the things that people can consider is having some process to screen students and staff in either specific classes or home rooms or other sort of sub groups that might be experiencing higher than usual absenteeism.

So they can be immediately identified and sent home if they show any symptoms of flu and to consider additional ways of focusing on hand hygiene. I know in all of the guidance and I'm sure all of you all are doing this, encouraging the hand washing.

I think we all have - are hearing that message and are speaking it but I think implementing it in a school setting can be difficult because not all school classrooms have sinks in them.

School aged kids are notoriously bad about washing their hands properly anyway. So that rather than focusing on excess or rigorous cleaning of school environments that if schools were interested in investing in hand sanitizer or some mechanism to be able to allow kids to clean their hands in the classroom.

And to have specific you know times or times during the day when the teachers or others instruct the kids that now's the time to wash their hands.

So that we instead of just encouraging hand washing, we actually incorporate it into the day's activities, say just before snack, before lunch, as kids are changing classrooms, that sort of thing.

And lastly that if that emphasis on hand washing be again shared with parents and that if parent s want to have you know get their kids hand sanitizer that's fine, but that the school can also consider providing it.

And this way we also wanted to reassure parents as well as school administrators that routine cleaning of classroom surfaces is fine and any extra cleaning really should be considered an adjunct to the increased hand washing.

Because as we - you all recognize, clean surfaces can very easily become re-contaminated. You know one cough pretty much wipes away all the efforts spent on cleaning that table for example.

So we really have to focus on the hand washing. The last piece I would say that's important in the guidance in this section is really around encouraging families to have a plan for what they would do if their schools needed to close in advance.

Because I think a lot of families have been most likely been caught off guard and don't have a plan for what they would do with the child for seven days. And so that sort of preparedness planning is going to be really important.

Clearly there are some children and staff that are at increased risk for complications from the flu and we've included that in the guidance, and all of our guidance and they would include kids under 2, adults over 65, anyone

who's immuno-suppressed, either through medication or because of a medical condition.

Pregnant women and then adults and children who have serious underlying lung or heart or liver or other chronic disease that puts them at increased risk.

Let's see, and then the last section I'll talk about and then we can start our conversation is that decisions around school closings certainly are complicated and we know people have been struggling with that.

And there are some criteria that we lay out in the new guidance around what could be considered before schools are closed.

The first is that absenteeism is substantially higher than expected for the facility at this time of year and that's really only - you're only able to assess that if you're doing the surveillance.

Second is the confirmation that the absenteeism is actually due to influenza like illness and not due to other causes or potentially not due to parents keeping their child home for fear of them becoming sick because that certainly has been an issue in some of our schools.

An indication that the high absenteeism is actually rising rather than falling so that you're having an upward trend, and difficulty or inability to function because of high absenteeism among the students and staff.

So as schools get into a position where they're considering whether or not to close, it's sort of the consideration of those four items that would be important. And I think that's when you need - we're encouraging you to make sure that the local boards of health and that DPH is part of that process, both

to discuss the preparedness planning, the duration of closing, messaging with parents and the other community.

And then what to - how to respond when schools are reopened. Because we also need to make clear that when schools are closed that we're doing it in an effort to attempt to mitigate the transmission between or among students.

But it is by no means a failsafe that when the schools reopen that a child who had been incubating the illness won't come back and there will be additional illness when school reopens.

So that message has to be clear so that parents won't have expectations that can't be fulfilled.

One last thing that I'd like to point out is that there have been some questions about whether or not kids who have been out for influenza like illness need to be retested prior to - or to be tested at all I should say, since most of them would not have been tested initially - need to be tested in order to be called clear to come back to school.

I want to be very clear that that's not required, it's not recommended and that really shouldn't be part of the return policy. Kids don't need to have a quote negative test before being allowed to return.

At that point I think I've hit the highlights of the new issues with the guidance. The last - the very last thing I want to reemphasize is that for those schools that are considering closing, it is very important that the message go to parents and students and staff that they shouldn't re-congregate in other settings.

I've spoken to many parents and students from closed schools where parents, parties, sleepovers, trips to the mall. And so all of that will then simply move the transmission of illness from whatever the school is closed to these other settings.

And so that guidance has to be explicit and very clear. I know that the Winsor school for example there were major parties and sleepovers being planned as a result of being closed for that period which of course would be the antithesis of what we would want.

But people didn't take that message in. So I think at that point - oh yes, and I should say that there's also going to be a letter to parents and guardians from Commissioner Auerbach which highlights the information that we just discussed.

And really is emphasizing to parents the role that they can play most importantly in keeping ill children home and encouraging them to do that, to plan in case for some reason the school does have to be closed.

And to highlight the importance of the hand washing message and who might be at increased risk. We also attempted to encourage or to reassure parents that might be on the cusp of sending a sort of sick child to school because of MCAS testing that we have been in conversation with the department of elementary and secondary education.

And they are willing to work with schools and I believe they've already sent out guidance to all the school superintendents that if there's an issue with absenteeism, they can deal with that through their channels and that parents shouldn't feel pressured to send their kid to school so they can take the MCAS.

That wouldn't be good for their MCAS score or for anyone else in the school. So I think that's it. Commissioner Auerbach are you still - are you there? No, okay, he may have just muted his phone.

John Auerbach: I'm here, I'm ready to hear the questions.

Lauren Smith: Okay, great. So we can - Jill, we can start by taking our questions - the first question.

Coordinator: Okay, at this time please press star 1 if you would like to ask a question. Once again it is start 1 at this time for questions. Please stand by.

We have a question from (Carolyn Ness), your line is open.

(Carolyn Ness): Hi. I was just wondering if you had any suggestions from a practical sense how boards of health, local boards of health could work with school officials to try to do some public outreach on just simple things like if you close the school you don't get the kids together.

I don't want your point at your house or something like that. I don't know, it seems like such common sense but it does seem like people are missing the whole point here.

Lauren Smith: Yeah, I understand what you're saying. We do emphasize that in the letter that the commissioner has drafted that will go to parents in schools, all schools, it's not just for schools that are closing.

But I think as an example of what you're - some sort of joint communication from the local board and say the principle or administrators of that school that's closing that will emphasize this.

So in other words that it's coming from both the principle and the local board of health, so that it's....

(Carolyn Ness): Actually that's an excellent idea. I was just wondering if we could as local boards of health get a copy of the letter that you're sending out so that we can just reinforce the same speaking points.

Lauren Smith: It's going to - absolutely it's going to be posted on the DPH swine flu page so all of the information that I've talked about that's been on the Web, if you go to www.mass.gov, and go to the DPH page you can get a link right from our home page for the swine flu page.

(Carolyn Ness): Okay, great. Thank you very much.

Lauren Smith: And all of that will be there. Because I do understand what you're saying and I think parents might discount something that's not - that's coming from someone that they don't even know who it is.

Who's the local board of health? Like usually parents haven't had interactions with them but they know the principle of the school and I think that some joint communication from both is probably good.

And this letter is going to be available on the Website later on today.

(Carolyn Ness): Okay great. Thank you.

Lauren Smith: Sure.

Coordinator: Our next question comes from John Brackett, sir your line is open.

John Brackett: Thank you. I'm a school superintendent and we've had a - in Middlesex county. We have taken a pretty strong position around the seven day rule and are checking kids back in when they return.

However we have run into some conflict with local physicians and pediatricians who are not understanding the seven day rule and are sending kids back with a doctor's note prior to that period of time.

I'm wondering if any communication is going to the medical profession about your guidance.

Lauren Smith: Yes, that's an excellent question and let me sort of highlight two things. The seven day exclusion is for kids are febrile with influenza like illness, so febrile with a cough or sore throat or runny nose.

If a child is absent because they have an ear infection or something like that, and they have an alternative diagnosis that's very discreet and they don't fit that influenza like illness definition, then they wouldn't be in that seven day category.

So I can imagine that maybe a doctor might say this was a urinary tract infection or this was some other thing and not influenza like illness.

But for influenza like illness, a doctor's note doesn't get you back before seven days. I'm looking at my colleagues here. So those two distinctions, one could be absent for something and have a diagnosis that's quite different.

In which case that child could come back, but if a child has influenza like illness, they're meant to stay home for seven days.

Woman: The other thing that we're hearing is that some providers are evaluating the children, having them go to school until a swine flu test comes back which sort of defeats the purpose as well.

All influenza like illness needs to be excluded for seven days whether it's swine flu or something else because we don't want something else to be circulating in the schools at the same time.

Because that just confuses the issue so it's not a matter of whether it's swine flu or not, it's not a matter of getting a test and saying it's okay to go back to school. All influenza like illness needs to be excluded for seven days.

Lauren Smith: Hold on, Dr. Barry, would you like to add something?

Anita Barry: Yeah, I mean we tried to reinforce that seven day rule. Unfortunately it's been difficult for parents to comply with even when the child has typical influenza like illness.

In Boston as far as the health care providers, you know certainly for schools in Boston, they can refer questions to us or to the Boston public schools about allowing children in sooner than seven days.

But clearly the default position is the school should not allow the child back in for seven days. If there's any questions that this is influenza like illness and letting a child in sooner should require some type of special review and special procedure for that to be able to happen.

Lauren Smith: Does that answer your question.

John Brackett: Yes, and that is a - that helps, but I guess and we are trying to enforce that seven day exclusion. However when you get a doctor's note clearly around flu like symptoms saying it's now okay to come back to school, the parent wants them back in school.

Now we're caught in the middle, so I guess my point is, is there a way to communicate more directly with the physicians and the pediatricians?

Lauren Smith: We - two of us will answer. One is we have been communicating that as best we could with physicians and we can make another round of getting that out there so that you guys are not caught in the middle.

Anita Barry: And again specifically for the city of Boston we sent out a health alert yesterday related to school closings. And we were really clear about this.

And that goes to healthcare providers, that goes to physicians.

Lauren Smith: Right, and we had done that before but maybe what you're saying is we need to make another effort to get out to the providers and we can do that. We can send out another health alert to the rest of the commonwealth to remind them of this and to go over what we've just said.

John Brackett: Thank you.

Lauren Smith: Sure.

Coordinator: Our next question comes from Sid Smith, your line is open.

Sid Smith: Hi, I'm superintendent in Malden and just wondering if you have any recommendations or you can pass on how schools are - or how schools should contact parents as additional cases arise.

But we're not closing yet.

Lauren Smith: I don't - well I don't know that a daily sort of update on how many cases there are would actually serve a positive purpose. I think for many parents, if you're not at the physician that you're going to be considering closing I think that that might heighten anxiety without necessarily achieving better behavior.

I think that regular updating and encouragement of parents to focus on what they can do I think is very important. Sending the flu checklist home, sending - you know sending information about how many kids were sent home sick that probably shouldn't have come to school I think would be important.

I'd rather have you send that information home than the number of kids who are absent, because I think that - not to shame the parents, but just to say look, these are kids that were - shouldn't have come.

We know that it's hard but you really need to keep your sick kids home. So if there's a way to share that information with parents I think that actually might alert them to how serious you are about it and that you are sending - going to send kids home if they're sick and they can't kind of slip them in there under the wire and how that you know no one notices.

And of course it gives you an opportunity to focus on that hand washing message again.

Sid Smith: Right. Thank you.

Lauren Smith: Okay, next question?

Coordinator: Our next question comes from (Jackie Erington). Your line is open.

(Jackie Erington): Thank you. I'm calling - I'm asking Dr. Smith how she received information about the lack of social distancing at the Winsor school?

Lauren Smith: Who's that?

(Jackie Erington): I was asking Dr. Smith where she received the information about the lack of social distancing at the Windsor school among students, we are closed.

Lauren Smith: In talking with parents and students about how they were reacting to the closure.

(Jackie Erington): You talked directly with the Windsor parents?

Lauren Smith: Yes.

(Jackie Erington): Oh.

Anita Barry: So Jackie, this is Anita Barry. You know after this call maybe you and I can chat again because if there has been some people who have not fully understood the guidance, then perhaps we could work together to just try to reinforce that message.

I'm sure the vast majority of your community has complied, and you know I know we've worked on this together to make that happen.

And if there's been a few things that slipped through the cracks that maybe you and I can just put our heads together to try to address that.

Lauren Smith: But I should also say for everyone that this you know wasn't particular to this particular school. The idea of teenagers and other school aged kids getting together outside of school is a common problem.

And it is a issue that all schools have to focus with - focus on. Because some parents might for example decide that to deal with the school closure they're going to take turns and each parent take care of a whole bunch of kids while the other one goes to school and trade off.

Which would be you know a way of dealing with the lack of child care for example, so the recongregation of kids in other settings is an issue in all the schools. That was just a quick example but that idea of I talked to parents from another school that closed and they also had the same thing of kids going to the mall.

So it's not particular to that school. Almost every parent or other group I talked to from the different schools that have closed have talked about this issue.

So it's really across the board.

(Jackie Erington): Oh, thank you.

Coordinator: Our next question comes from David McGrath, your line is open.

David McGrath: Hi Dr. Smith. I'm the Deputy Commissioner for the Department of Early Education Care and regarding recongregation in other areas, we have had questions from school aged programs of children who's school has closed and they're attending a school aged program.

Is there any way that we can communicate with them not to take the children or what are our options?

Lauren Smith: What do you mean - I'm sorry, a school aged program, you mean like an after school program?

David McGrath: Yes.

Lauren Smith: In a school that's closed?

David McGrath: No, it's another setting, it would be like it's a YMCA has after school for children.

Lauren Smith: I see, so you have a school that's closed and a bunch of those kids would go to another setting.

David McGrath: The parents are sending them to the - they're still sending them to the after school program during the after school time.

Lauren Smith: That group of kids.

Anita Barry: So this is Anita Barry again in Boston and we had that situation you're describing, one of our schools that closed had a community program that took care of quite a number of those children.

We made it very clear that those children from the closed school could not come and the community program elected to close also.

But the recongregation is - defeats the purpose here so clearly they cannot do that.

David McGrath: So I guess that the school aged children would have to communicate with their parents and tell them to keep their children home.

Anita Barry: I believe that in the instance I'm familiar with they did do that.

David McGrath: Okay, thank you.

Coordinator: Our next question comes from (Sally Orm), your line is open.

(Sally Orm): Thank you my questions has been asked and answered.

Coordinator: Thank you, our next question comes from (Mark Nelson), your line is open sir.

(Mark Nelson): Hi, do you have any discreet recommendations for the type of cleaning products that the custodial staff will use to decontaminate surfaces?

Al DeMaria: Yes, this is Al DeMaria. You know you don't get influenza from surfaces, you get influenza from other people. And I think we're not entirely clear on this because we talk about cleaning telephone receivers and cleaning doorknobs.

But we're talking about wet droplets. Once the droplets are dry you don't get influenza essentially from them. So there's no - you know it's ordinary cleaning, there's no special disinfection decontamination recommended.

This keeps coming up all the time and I think the parents get confused because they think the school is being closed to be decontaminated. You should get them out of that mode because you don't really have to do anything.

(Mark Nelson): Well that's true for influenza, but for GI viruses it's different. There is a paper that just came out that...

Al DeMaria: We're not dealing with the GI thing.

(Mark Nelson): I know that, but the custodial staff of a lot of different, of our school system in Norfolk would like to know just in general what would be the best cleaning product for any type of surface cleaning?

Al DeMaria: It would depend on what the reason you're cleaning the surface.

(Mark Nelson): Well there has to be a recommendation from someone on that.

Al DeMaria: Yeah, general cleaning, I mean you don't have to do anything particularly special. If you had a norovirus outbreak you might choose to use a chlorine or other disinfecting agent.

(Mark Nelson): Well that's exactly the kind of information people would like to know.

Al DeMaria: Right, but I think we have to - you know my problem with this is then that people start focusing on disinfection for influenza control and I think we've lost sort of a lot of ground in that area.

We can talk about cleaning products in general, but I think right now we need to get the focus away from the idea of disinfecting the school setting.

(Mark Nelson): Okay, but for hand sanitizers can you make a recommendation?

Al DeMaria: Alcohol contain - 62% alcohol containing products, either gels or rubs. And those are then - those are you know labeled for this purpose and are very effective for flu viruses.

(Mark Nelson): Okay, thank you very much.

Lauren Smith: And just the last thing, I think in terms of investment, probably much more effective to have that than to spend whatever extra - you know I don't know what it would cost to do some extra special disinfected cleaning that wouldn't be effective anyway.

(Mark Nelson): Okay.

Coordinator: Thank you sir, our next question comes from Allison Joyce, your line is open.

Allison Joyce: Hi, I'm a school nurse in an elementary school and I'm just anticipating if in fact we will be doing this surveillance until the end of the school year? Or do you anticipate that this activity will decrease over the next month?

Or is there any indication that it's at its peak or getting...?

Lauren Smith: Oh that's a good question and we're all looking at ourselves - I wish, I think the collective consensus is we wish we could tell you when we could stop.

But we won't know until we get there. Just in terms of how the - I mean you'll know when the absenteeism and the rates go down in your school community

and we will you know be able to see that the trends are also going down for numbers of new cases that actually do get confirmed, etcetera.

But it's - I suspect that depending on when your school year ends you know for most schools around here it's probably for another three, four weeks, you may well have to continue that surveillance for that period of time.

Al DeMaria: That's why the key to this is the prevention, prevention both in terms of behaviors and prevention in terms of making sure that sick kids don't expose other children.

And you know the focus has to be on that because when the school is open, if you close and the school is open you're back you know where you were, you have to do all the same things with the hope that maybe you reduce transmission.

But we don't know that that's a guarantee. So you know there's no quick fix here, we really have to focus on the prevention efforts.

Allison Joyce: Okay, and my other part of this question has to do with the incubation period. I've had a couple people ask me, is that something that I may have missed earlier on this call or was that every - is that known?

And we don't - we're not seeing a lot of absenteeism or flu like symptoms but I'm wondering is there an incubation period that if somebody's been exposed that they'd be more apt to develop symptoms or is that...

Lauren Smith: No, I think that the general thinking is that it can be from one to four days and could be seven days but generally we think it's less than that two to four.

But we don't know exactly but that's what we put in our guidance. And you didn't miss it, I didn't mention it during this call.

Allison Joyce: And if so does that - can we anticipate we'll still be doing this in September then? Or does that kind of - I mean be over with by then or no? We don't know that either?

Lauren Smith: We don't, I wish we could know. I mean we really don't know how this is going to play out and whether it will burn itself out or where it's going to be in September.

Allison Joyce: All right, thank you very much.

Coordinator: Our next question, I'm sorry, our next question comes from (Judy Dagny), your line is open.

(Judy Dagny): Hi, today we received notification from the DPH of our second confirmed case of H1N1 at our middle school and when we received notification of our first case we did notify parents and staff.

And I'm wondering whether we need to do this again. First time it caused a local media blitz, our newspaper, radio station, whatever and we seemed to have staff that were more upset about not being notified sooner.

And they continue to be upset so we are just wondering now that we received this notification today what we should do.

Lauren Smith: That's an excellent question and I understand the sort of predicament that you are in, in trying to manage expectations of transparency and knowledge sharing with the reality of the situation.

I guess part of me and I'm going to look to my colleagues here, if the case weren't confirmed but you had a kid who was staying home with influenza like illness and was just as likely to have H1N1 as the case that was confirmed, what would you do in that situation?

Or rather what would the staff want - expect to know in that situation? So in other words I think we are trying to shift away from the focus on confirmed cases because we have narrowed considerably our criteria for testing so that at this point the vast majority of people who have this illness will not be tested.

And will not be confirmed as having it even though they do.

(Judy Dagny): Well that is correct and we're saying we probably have about 1000 students in this particular school and we're seeing 50 to 60 children out you know this past week with flu like symptoms.

Lauren Smith: Right. So I would say to your staff and that its there in your school, it's likely there in your community and whether or not - there are some schools that have no confirmed cases at all but have 100 kids out.

So my message would be the same in both of those schools, we're having this outbreak, it's happening in the school. We have to prevent it so - and you're a middle school?

(Judy Dagny): This is a middle school I'm talking about. Actually we have high numbers in all of our - we have six schools, we have over 4000 children in our district.

And probably in all of our schools we're seeing this week between 50 to 60 out with flu like symptoms.

Lauren Smith: Right, I would think giving the teacher something to do like if you all have - I mean I feel like I'm going to get some hand sanitizer payback or something but having the teachers say you know at the beginning of class, okay, everyone we're going to do this with our hands.

And then you know the beginning of the next class, you know everyone, we're going to do this. Because they sit there they touch their face, they touch their nose.

And kids aren't going to like often times they don't like washing their hands anyway, they're not necessarily going to want to use the hand sanitizer if no one tells them or reminds them to do it.

So I think it would be - I'm looking to my colleagues here, I mean I don't know if there's other sort of suggestions people have but something that the teachers can do in terms of making sure that the kids are actually doing what we're recommending.

(Judy Dagny): But we are not obligated at this point to report the second case to staff?

Tom Lyons: This is Tom Lyons, I'm the director of communications here at DPH and I guess my opinion on this is go back to what the doctor said is that there may be a lot of other cases in your school system you just don't know about because people aren't getting tested.

So rather than focusing on specific numbers and setting the expectation that every time somebody is confirmed to let them know about that, I would be open and honest that we do have a novel H1N1 in our school you know for whatever specific schools.

And do a regular update so that you're letting people know in a general sense what you're seeing in terms of absences. But more importantly what you're doing to try to prevent new cases.

I think the more that you can update people even if it's not chasing the numbers game because that becomes less and less value as we go forward with the outbreak.

As long as you're having regular updates and parents are feeling like they know what is happening in their school system, instead of hearing it like I - you know you hear it from your kids how many kids are out that day.

So to the extent that you can provide regular updates and letting people know what you're doing and what they can do, so that everyone can get through the school year as healthy as possible, then I think you're meeting your obligations in terms of letting people know.

And I do think it's important to have these regular updates because people are still concerned. And while we're lucky so far that this seems to be you know in terms of severity the same as seasonal flu, the truth of the matter as we all know, it's not seasonal flu, it is something new.

So the more that we can keep people informed about what we know and what we're doing and what they can do to help I think you're going to be in good shape.

(Judy Dagny): Thank you so much. That was very helpful.

Coordinator: Our next question comes from Jeanne Galloway, your line is open.

Jeanne Galloway: Hi, thank you. I'm the public health director in the town of West Springfield and I just wanted to have a couple comments on things.

Earlier in the talk you talked about people having a plan for their children if the school was closed and how to keep them out. I just wanted to make sure we kind of alluded to this, but daycare is not the answer.

It goes along with what you were saying about not going to other group events, but daycare is not the answer to their plan there. I also wanted to remind people that surveillance really should be a year around event.

Because you're always looking to find out what's out there ahead of time rather than after it hits and that people get sick all the time. So you know these people who are - want to know what's out there, there's always somebody who's got something in your community, in your school.

And you know panicking is not the thing, just take these precautions all day, every day year around, whatever.

That was all.

Lauren Smith: That was good, thank you for sharing that. We'll record that and send it to your local radio station.

Jeanne Galloway: It was good. Thank you.

Lauren Smith: Sure. Next...

Coordinator: Next question comes from (Carol Bootsie), your line is open.

(Carol Bootsie): Yes, this is (Carol Bootsie), I'm with (Dilricka) public schools and we have a probable case of a student that was scheduled to go on a field trip this coming Tuesday out of state.

And our question is should we be notifying parents of a potential case or should we just send out a letter saying that it could be in the schools generally as you've mentioned in your guidance packet?

Lauren Smith: Well I guess I'm hearing two things in your - two issues in your question, one is that I'm assuming the child is out, I'm hoping.

(Carol Bootsie): Yes, influenza like symptoms, probably pneumonia.

Lauren Smith: Okay, and so then the presumably too this child would not be going on the field trip, right, so you weren't asking about the field trip per se.

(Carol Bootsie): Well we have the students that are in the same class that are going on that field trip.

Lauren Smith: Well at this point - and is the absenteeism in your school higher than usual?

(Carol Bootsie): No, it's the same as it has been but my concern is the student was in school last Monday and then has been out since Tuesday.

Lauren Smith: Yeah, I think what I would say is the same message would be you know the increased surveillance that you're probably already doing of keeping track of your absenteeism so you have that data.

And reinforcing the message, you know maybe making sure that all the parents - you know I sound like a broken record, but making sure all the parents have that flu checklist and that they go over it.

And sick kids need to stay home. And you might - this might be the opportunity to reinforce that with and oh by the way, yesterday we had to send home X number of sick kids who shouldn't have been at school anyway.

(Carol Bootsie): Okay.

Lauren Smith: Maybe not quite that tone, but you know what I mean.

(Carol Bootsie): Right. So our idea is to send out a messenger to say that we're going to be sending an information letter again on Tuesday. And that's what we've done a couple of times.

And to check our Website and we'll definitely put our link to the flu checklist on that.

Lauren Smith: Right, and you know I don't know the school in terms of whether or not all the parents have access to the Web or if that's how they expect to get information.

But - and I know it can be expensive to do the photocopying and stuff, but sometimes if they actually have it and...

(Carol Bootsie): Well we're going to send out the letter on Tuesday but this is until Tuesday happens.

Lauren Smith: Oh I see.

(Carol Bootsie): Okay, does that sound plausible to do?

Lauren Smith: I think so, I think if you have a regular way of communicating with them and having updates, it's fine. You know the emphasis being on all the things that you know we've talked about.

So sick kids stay home, the good hand washing and we're keeping track and we'll send kids home if they come to school sick.

Woman: It would be good to reiterate the fact that we're keeping kids out for seven days to try to avoid closing the school so that the majority of children can still go to school.

Because most of them aren't symptomatic when those kids are sick and many of them may not get influenza.

So the whole point is to do the things that will allow us to continue with the educational mission and the parents should really be thinking about that because you know they could be in a situation where other parents send their kids to school sick.

And their children can't go to school because some other child was sick and the absenteeism went up. Their child may be (unintelligible) as well and they're excluded because the school's closed.

I think you know we really have to make that connection with people. The whole point of this is to prevent the closures.

(Carol Bootsie): Okay, thank you.

Lauren Smith: Sure.

Coordinator: Our next question....

Lauren Smith: Okay, before we go to that, I'm just curious how many people are in the queue?

Coordinator: We have about 18.

Lauren Smith: Eighteen. Okay, let's take the next one.

Coordinator: Our next one comes from (Lori Pardy), ma'am your line is open.

(Lori Pardy): Thank you Commissioner. I just have a follow up question regarding the doctor's note that we talked about earlier in the conversation.

And I just need clarification because we are seeing this in our community, we're seeing first of all high incidence of absenteeism over the last few days at one of our schools.

But we're seeing that doctors are saying, you know we send the influenza like illnesses home, see you later, you're out for seven days. They're going to the doctors, the doctors are saying yes, you probably have the flu but you can go back to school within 48 hours of your fever being gone.

Which we're finding is not the seven days, but you know we're trying to follow the DPH protocol but the physicians are writing these letters and I really need clarification for the school nurses.

Because they are thinking - well the physicians know their kids so we should let them back in.

Lauren Smith: Well I hear what you're saying, again I apologize for the fact that you are in this sort of awkward intermediary position. The reason that that guidance says seven days is because of the possibility of kids shedding the virus and being contagious for seven days even if their symptoms have resolved before then.

So it's quite possible and indeed likely that the symptoms will resolve before the seven days, but they're not able to come back to school because they could still be shedding virus and be infectious.

And there's no way the doctor's going to know that and we definitely don't want people trying to test for it because that's also not advisable.

(Lori Pardy): So I agree with the superintendent that spoke earlier about this, I mean that's our frustration. I mean I've got school nurses that are working till 5 o'clock at night doing surveillance calls because they're battling with these MDs about saying - the MDs are saying oh they can go back to school, here's a note, you can go back to school.

And we're saying we need to mitigate this because we're seeing a high absentee rate. And we're not getting any kind of cooperation.

Lauren Smith: Well one thing that I will offer to do and we'll try to do this is work with the Mass chapter of the AAP and family practice group to be able to use their mechanisms to get the message out to their members of what this guidance is.

Make sure they know about it so that they're not giving contradictory messages.

(Lori Pardy): Great, I appreciate it and we'll just keep being diligent.

Lauren Smith: I think Dr. Barry wants to say something.

Anita Barry: Yeah, I mean there's one other thing I would say is that this is - a couple of physicians were coming for a lot of these students. I don't know if it was a school department or a local health department, but maybe your local health department would like to call the physician's office and say the public health policy is now these children can't come back to school.

So we just want - even if they're asymptomatic, they can't come back to school and that's a public health response to this point.

Lauren Smith: I mean it's not - not to minimize but it's sort of like when you have a case of lice, you can't just really strict guidelines, oh, he just has one or two nits. No, they can't come back until they've met the guide - you know?

So it's a similar kind of...

(Lori Pardy): Very good, well I appreciate it, thank you. And that's a good suggestion.

Coordinator: Our next question comes from Marlon Davis, your line is open.

Marlon Davis: Good afternoon, thank you. I'm the executive director of a charter school in Cambridge and I have two questions.

One on the checklist that we received from the commonwealth of Mass Executive Office of Health and Human Services, at the bottom it says children will be permitted to return to school before seven days only with a note from

the doctor confirming their child has a diagnosis other than influenza and without symptoms for 24 hours.

So my first question is can that be redacted or taken out so that we don't have the discrepancy between what we're asking parents to do and what the doctors are doing?

Lauren Smith: I hear what you're saying and I understand how that could be potentially confusing. The reason that we had initially had that in there is it's possible for a child to be sent home and have a completely different illness that's not influenza, that doesn't meet the criteria.

And we wouldn't want a child to have - I can't think of a good analogy, strep throat and have to stay out for longer than required when they don't have an influenza like illness.

And that's why we said if there's a doctor's note that says they have something else. But if you have another - but I understand that it's - the doctor should know the difference and it sounds like that's being problematic.

Marlon Davis: Right, it is so the question is if we're just going to go, well not more of a question, it's more of a statement, we're going to use our better judgment and just insist that seven days be the time of return.

Lauren Smith: I think that that's fine.

Marlon Davis: Okay, the second question, I don't know whether or not you have any answers to this. If we were, and we have a number of kids, you know you gave criteria, four criteria of whether or not you should think about closing schools.

We're pretty much at three of the four, the only thing we're not seeing is a substantial effect for our academic program.

However in the event that we did close school for seven days, that would put us way probably into July because we've had four snow days.

Is there any guidance on whether or not we're going to be held accountable for the 180 school days are requirement by the DOE?

Lauren Smith: Assistant Commissioner Bynoe, are you on?

John Bynoe: Yes.

Lauren Smith: Okay, can you respond to that?

John Bynoe: I'm sorry, could you repeat it?

Marlon Davis: The question is due to snow days we've already gone towards the end of June, June 25. If we would need to close because of this you know outbreak for seven days, that pushes us into July.

And the question is whether or not we're going to be held to the 180 day school standards.

John Bynoe: Well it's - I mean as the Commissioner reported last night, schools will file a waiver and it will be a school by school basis that we would make the consideration.

So you would file a waiver request with the Commissioner as to the point that you have to close the school for a period of time explaining that you know you have used your snow days, etcetera.

And then the decision would be made by the commissioner's office.

Marlon Davis: Okay, but again that will be decided on a case by case basis.

John Bynoe: By an individual school basis.

Marlon Davis: Okay, thanks so much. All right, bye bye.

Lauren Smith: All right, thank you. Next call?

Coordinator: From (Deborah Carter), your line is open.

(Deborah Carter): My question is how many of these schools are public, how many of them are private of the ten?

Because the rules and their communication with their Department of Health I know are very different in both cases.

Lauren Smith: At least in Boston what I'm hearing, three public and two private. Is that what you said?

(Deborah Carter): Well there are ten total.

Lauren Smith: Well yes, that's in Boston. Dr. Barry is saying in the city of Boston there are five closed and two private and...

(Deborah Carter): Three are public? And the other five? I mean they refer to this Winsor school, that clearly is a private school.

Woman: That's in Boston.

(Deborah Carter): Okay.

Lauren Smith: So maybe two other of the other five we think two other privates. I'm sorry, I don't have it organized that way. Yeah, four privates and six publics.

(Deborah Carter): I am concerned about the difficulty you may be having with communicating with private schools. Is it different? I mean it's just a - in the community we are in we have public and private and it seems very different in terms of getting that word out and cooperation.

Is it an issue?

Lauren Smith: I don't know, I think that you know you're going to have to communicate directly with the parents in either case. I think - and I know that in the cases that have happened so far the local boards of health have been in close contact with the schools as they make their decision.

A couple of the schools are - also have a residential component to it so that has added to some of the complications in terms of considering it because they have boarding aspects to it.

I don't know if Dr. Barry, if you have any comments.

Anita Barry: Well I mean you know as a local board of health person, we work with private, charter, public schools all the same and pretty much you know try to guide people through what's a reasonable decision.

(Deborah Carter): Okay, thank you.

Coordinator: Next question comes from (Joanie Shaw), your line is open.

(Joanie Shaw): Hi yes, I'm calling from a charter school in Dorchester and we haven't had any confirmed cases with our students. Our confirmed cases are actually from family members of the students.

And so far the parents have opted to keep the kids home for approximately four days, in two of the cases the parents just kept them home as soon as they found out someone else had a confirmed case of H1N1.

And another parent actually came and picked their child up from school and then decided to keep them home for the four days. So I'm wondering, is that kind of the guideline to use?

Lauren Smith: Well can I just ask you, were the kids that stayed home symptomatic in any way?

(Joanie Shaw): The kids that - no.

Lauren Smith: No. So their siblings or family members had the flu but they themselves weren't sick.

(Joanie Shaw): Right.

Lauren Smith: Well our guidance really now is from the centers for disease control and our guidance is that if you are a contact of someone who has influenza but you yourself are not sick that doesn't mean that you have to either be out of school or work.

But you should have heightened increased vigilance for when - if you do get any symptoms that then you should stay home for the seven days.

But if you're not showing any symptoms you wouldn't have to stay home. So I think the parents that you mentioned were cautious and you know it's laudable that they did that.

But they didn't have to do that.

(Joanie Shaw): Okay. All right, I think that was pretty much it and you know just again we kind of have taken the standard to not really report out anything unnecessarily.

Because we had a panic when we had a bit of like a chicken pox thing in the school and everybody - so I think that I'll probably use the suggestion again of that's been reiterated about the good hand washing and things like that to kind of maintain a little bit of control.

Lauren Smith: Well and I think that if you communicate with parents throughout about what they can do and also reassure them about what you are doing within the school, keep people healthy I think parents appreciate that.

They want a sense of - there's something they can do and that you are doing something also.

(Joanie Shaw): Okay. All right, thank you so much.

Lauren Smith: Sure.

Coordinator: Our next question comes from Alan Stern, your line is open.

Alan Stern: Hi everyone, thank you for taking the question. I'm a pediatrician in Needham and school physician in Needham as well.

Lauren Smith: Hi Al.

Alan Stern: How is everyone? I'm going to take the side of physicians because it seems like they were getting beaten on during this conference call.

We are receiving a lot of pressure actually from the schools to do testing on kids before they're allowed back into the schools.

And I know that Lauren you did touch upon this at the end of your speech. So I'm just wondering about getting that communication out there to the schools.

I think this conference call does help, but there is tons of pressure on primary care providers to do the testing even though that's not necessarily recommended.

Lauren Smith: Al I totally hear you and you know I agree and it's in the guidance and it's also in the letter to parents so that at least if the pressure is coming from the parents we're going to try to forestall that if we can to say that that testing is not required.

And we will make sure that you know it's highlighted in the guidance because I hear you and I know that that has been happening, I've heard from school nurses that that has been happening so I hear you.

Anita Barry: This is Anita Barry again and I would just suggest that if you have a school that's doing that that you call the local health department where that school is located so that the local health authorities can say to the school, don't require this.

Alan Stern: We've definitely done that.

Anita Barry: And the school is still doing it?

Alan Stern: Well not since we made the phone call, but it's wide spread in this one community.

Anita Barry: So I think that it's a key thing because nobody wants all these children tested. I mean you know...

Lauren Smith: And you know of course if the school didn't respond in a way that was helpful then perhaps asking the superintendent of that area to be involved. We - and we appreciate that the schools have - the individual schools have been in frequent communication with superintendents around clarifying these things.

We've got situations where schools were encouraging kids to come to school to take the MCAS even if they were a little bit sick and that needed to be roundly sort of rebuked and given the correct information.

So you know...

Alan Stern: Great. No, this conference has been very helpful, I appreciate your time.

Lauren Smith: Sure Al.

Alan Stern: All right, thanks.

Coordinator: Our next question comes from (Mara Solaroya), your line is open.

(Louise Rice): Hi, sorry, it's (Louise Rice) actually. What was that question? I think you might have answered it but - oh, we've had - yeah, the school nurses report to us, they're doing surveillance and looking at the kids as they come in.

A lot of children are coming in to school, the parents will have given them Tylenol so that they're coming in afebrile, but they meet other you know diagnostic criteria.

So in those cases we are sending the children home still and I just wanted to check on that.

Lauren Smith: Well if they had a fever that necessitated Tylenol and they had the other criteria it sounds like to me they've met the criteria. That's the fine art of drug and drop.

(Louise Rice): Thanks. I think that's my question.

Lauren Smith: That's true.

Coordinator: Thank you, our next question comes from (Wendy Diateleva), your line is open.

(Wendy Diatelewa): Yes, I just had one comment actually for all of the members of the Mass Department of Public Health and the school association too.

And that's to encourage them, any opportunity they have so that they're speaking to the media to continue to push forward our message, especially the message of seven days with a fever and flu like symptoms, please stay out of school or stay out of work.

It would really help us at this level because we're trying to overcome the message that they are hearing through the media of you know minor flu like illness and guarantee a mild flu like illness, oh it won't matter if my child has it, I'll send them back to school anyway.

So it would really help if that message was repeated by all of the people that get in contact with the media.

Lauren Smith: Right, thank you for that comment and I think part of the issue is we were trying to reassure people that it's not super virulent and deadly the way some of the initial media would have had you believe.

But yet we still need people to take it seriously and follow the recommendations. So I think finding that balance is important and we will continue to try to do that.

Tom Lyons: The other thing - this is Tom Lyons, the other thing that we can do if it would be helpful for people is that we can produce a quick audio podcast that people can link to on this subject that they can use on their local Websites, on their school Website, on their local health Website.

That's something that we can do fairly quickly if that would be of interest to people.

(Wendy Diateleva): Anything that you can do in that regard would be exceedingly helpful. And I appreciate you considering that.

Lauren Smith: Okay, thank you. Jill can you tell me how many are in the queue now?

Coordinator: Ten.

Tom Lyons: I think we can take two more questions.

Coordinator: Okay, our next question comes from Paulette Renault-Caragianes, your line is open.

Paulette Renault-Caragianes: Hi, I was just wondering if the letters that the Commissioner is sending out, putting on the Website, excuse me, will be in multiple languages for parents?

Tom Lyons: Today they will be in English, we can certainly do other languages. But it will take probably more than today to get that done.

Paulette Renault-Caragianes: Oh absolutely, I'm just thinking that you know we'll hit a certain segment of parents with an English only letter but if you're heading towards that we'll be able to send more parents to that as a resource.

Tom Lyons: What we'll do is we'll try to do - I'm looking at my colleague (Suzanne). We'll try to do English and Spanish tonight, or today. But we may have to wait until after the weekend to get the other languages.

Paulette Renault-Caragianes: This is something for us to look forward to because I think it was very helpful in communities where there are multiple languages spoken to have those stats you know available and the sooner rather than later.

So I appreciate your efforts.

Lauren Smith: And I would say that there's a multitude of our guidance is available in a lot of languages.

Paulette Renault-Caragianes: Yes it is, I was just wondering about this letter in particular. Thank you.

Lauren Smith: All right, next question?

Coordinator: Margaret Fitzgerald, your line is open.

Margaret Fitzgerald: Hi, thank you for taking my call. I have two questions, is there any plan to do any public health outreach to camp directors this summer?

And speaking to parents of you know their campers.

Lauren Smith: Yes, that's a great point and yes we you know have to determine how to do that but that would be important.

Margaret Fitzgerald: Okay. And I'm a nurse practitioner so from a medical perspective I hear a lot of concern that you know physicians are okaying kids to go back to school less than the seven days.

And I think Dr. Al DeMaria really clarified the situation for me when he said you know the child may or may not have the flu. But if they have any febrile

illness for any length of time, even say less than 24 hours, with a cough or a sore throat or congestion they need to be out for the seven days.

I just wonder if some of the physician - you know medical or you know pediatricians, other medical people may be saying well it's you know the kid has a viral illness but it's not the flu, which typically is you know a child is sicker with a fever lasting longer.

You know just more debilitated than you just having a mild viral illness less than 24 hours. So I'm just wondering if it might help to clarify that with medical providers.

It's almost like you want to say if a child has any fever, viral illness you know almost take out the words influenza that they need to be out. Does that...

Lauren Smith: You may be right that people are interpreting it. You know I was sort of smiling to myself as you said it because of course influenza is a viral illness.

So I think you may be right and obviously the manifestations of regular seasonal influenza relative to this influenza vary tremendously in different people so some people could be quote sicker and other people have milder symptoms and look quote like they have a...

Margaret Fitzgerald: Just a regular virus which - just it may be helpful for the - you know to clarify that to the medical people. I have found it helpful in this conversation and in terms of when Dr. Al DeMaria said - and you know we don't care if it's swine flu or not.

If a child has any fever at all, you know with any symptoms they're out. You know so we can't - so we're not going to be diagnosing you know viral illness versus influenza just on the symptoms.

Lauren Smith: You're right and that's almost impossible to distinguish.

Margaret Fitzgerald: Right, so just a suggestion, I - you know.

Man: The price to pay by not doing this is that a lot of children who don't have a fever will be out of school for seven days because the school will close.

So I think we all have to pull together, and that's also the parent's role in this. Parents keep asking are the schools doing everything possible, and I say yes they are.

But the parent's responsibility is if their children are sick to keep them home. Because if they don't do that, if their children are well they may be home anyway because the school is closed.

Margaret Fitzgerald: Right. Okay, thank you.

Lauren Smith: Thank you. Okay, well thank you all for this and we are - appreciate those questions and we've got several issues that we will work on and make sure that everyone on this call is aware of them.

Our information will be on the Website. I should mention that the flu symptom checklist for parents is available in Spanish and Portuguese so if folks want access to that before the actual letter is available in other languages, that is there.

And we appreciate your help in all this and your feedback because this has really been invaluable.

And if - we hope that this will sort itself out soon but if necessary we will have another one of these calls if it's required but for now we'll just be communicating to you via the guidance on the Website.

So thanks very much and good luck with all of this. And I should say - I guess the last thing I would say is that your local boards of health and certainly us here at the department are happy to be a resource and we have been doing that throughout this outbreak with schools as they've been wrestling with these things.

And we're happy to continue to do that. And I know I'm speaking for Dr. DeMaria and Dr. Madoff who is here, we're happy to do that. So if any of you have additional questions or if things come up, you want to bounce an idea or ask for guidance we are available.

Thanks very much and have a nice weekend.

Coordinator: That does conclude today's conference call, we thank you all for participating. You may now disconnect and have a great weekend.

END