

STATE OF NEW HAMPSHIRE SCHOOL TOOLKIT FOR ACUTE RESPIRATORY ILLNESS

August 2023

*Division of Public Health Services
New Hampshire Department of Health and Human Services*

INTRODUCTION

Purpose

This document outlines the State of New Hampshire (NH) Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) Bureau of Infectious Disease Control's (BIDC) guidance on controlling, mitigating and reporting outbreaks of acute respiratory illness in elementary and secondary school settings. This document includes tools a school nurse or administrative staff member may use to communicate recommendations and best practices to students, staff and families.

Authors

The NH Bureau of Infectious Disease Control's Surveillance and Prevention, Investigation and Care Services Sections partnered to prepare this document.

Scope

School-aged children are one of the populations most at risk for developing acute upper respiratory infections. Their immune systems are still developing so physical contact and exposure to other children makes the spread of these infections rapid and prevalent. Children spend the majority of their days in school, so enacting proper prevention and mitigation measures can decrease the spread and severity of upper respiratory infections (URI).

Although there are several types of URI, the common cold, influenza (flu), and COVID-19 are the most predominant URIs children experience, leading to more school absences and primary care provider visits than any other illness. These viral infections are spread by direct or indirect contact with droplets from a person with the virus when sneezing, coughing, or talking. Those who become infected may be contagious one day before symptoms may even appear, and up to several days after depending upon the specific illness. Respiratory symptoms may include fever, cough, sore throat, nasal congestion, muscle aches, headache, fatigue, loss of taste and smell, vomiting, and diarrhea.

Contact Information

Bureau of Infectious Disease Control
Division of Public Health Services
NH Department of Health and Human Services
29 Hazen Drive, Concord, NH 03301-6504
Phone: (603) 271-4496

DISEASE BACKGROUND

Case Definition

In the event of increased respiratory illness, determining the amount of cases through a case definition is helpful for informing further action. Case definition inclusion for respiratory illnesses might consist of any or all of the following symptoms: myalgia (aches), headache, chills, fatigue, sore throat, sneezing, dry or productive cough, rhinorrhea (runny nose), loss of taste or smell, and nausea accompanied by vomiting or diarrhea. Influenza-like-illness, in particular, may present with fever (temperature above 100.4°F (38°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary).

Outbreak Report

By New Hampshire State Statute [RSA 141-C](#), many communicable respiratory diseases and related positive laboratory results are reportable. Additionally, state statute requires any suspect outbreak, cluster of illness, or any unusual occurrence of disease which may pose a threat to the public's health to be reported to the NH Department of Health and Human Services, Bureau of Infectious Disease Control (BIDC) **within 24 hours of recognition** ([Appendix A](#)).

- An outbreak is defined as a sudden rise in the incidence of a disease, with a cluster defined as a larger than expected number of cases of disease occurring in a particular locality, group of people or period of time.

OUTBREAK INVESTIGATION AND REPORTING

In reporting Acute Respiratory Infection (ARI), it is essential to designate a school contact person (e.g., school nurse, principal or administrative staff) responsible for disseminating absenteeism information. Reports may be made by phone to BIDC at 603-271-4496. After normal business hours or weekends, please make the phone report by calling the NH Hospital switchboard (603-271-5300) and request the Public Health Professional on-call to be paged. The Public Health Professional on call will then call you back to collect the report.

The BIDC Public Health Professional works closely with the school contact person to control the outbreak. Usually this involves the Public Health Professional working with the school to:

- Establish methods to identify and count cases,
- Clarify and update specific case definitions and exclusion periods, and
- Coordinate the exchange of information between the school and BIDC.

In the event of a potential outbreak the BIDC Public Health Professional will request additional information, including:

- Total number of students at the school,

- Number of ill students,
 - Number of students with current respiratory symptoms,
- Total number of staff at the school,
 - Number of ill staff (if known),
 - Number of ill staff with current respiratory symptoms (if known),
- Date of disease onset for first recognized case,
- Presenting disease symptoms,
- Hospitalization among cases, and
- Deaths among cases.

Absenteeism

Absenteeism surveillance is the systematic collection and analysis of student absence data. This data should differentiate between absenteeism rates due to illness from other causes. Data describing student absences due to illness may be used to monitor disease trends and detect and respond to clusters and outbreaks. Implementing an effective absenteeism surveillance system is key to monitoring acute respiratory illness in the student population and will help in instituting prevention measures.

To report school absenteeism, go to the [Infectious Disease Resources for Schools, Educators, Child Care Partners and Camps](#) webpage, on the DHHS website, and locate the link for weekly absenteeism reporting.

A direct link can also be found here: <https://new-hampshire.my.site.com/aggregatereporting/s/>.

PREVENTION AND RESPONSE

Guidance on Acute Respiratory Illness for Elementary and Secondary Schools

Recommendations For Students and Staff

- Maintain general health and hygiene activities in your school.
 - Instruct and remind students and staff to carefully wash hands using soap (and or use alcohol based hand sanitizer if not visibly soiled).
 - Encourage coughing and sneezing into the elbow, instead of the hands.
 - Remind everyone not to share drinks or utensils with one another.
- Stay home when ill (all children and staff), until the person no longer has a fever, without using anti-fever medications or other non-infectious cause has been determined.
- Conduct training and education on proper hand washing techniques twice every school year.
- Ensure soap, paper towels and hand sanitizers are readily available and well stocked.
- Clean frequently touched surfaces regularly.
- Encourage students (and their parents or guardians) or staff members contact a healthcare provider if they develop respiratory symptoms (e.g., fever/chills, coughing, sore throat, runny or stuffy nose), general malaise, headaches, muscle aches, loss of taste or smell, vomiting, or diarrhea.
- Avoid public places and leave home only in cases of emergency, or to seek medical attention (e.g., pharmacy, clinical visit) when experiencing a respiratory illness.
- Implement protective measures if a person with respiratory illnesses or a caretaker must leave their home, (e.g., face mask, tissues, or handkerchief) to protect others from exposure to coughing and sneezing.
- Be symptom free for at least 24 hours before returning to school if recovering from respiratory illnesses
 - It is ideal to see a healthcare provider before returning to school.
- Report higher than normal absenteeism, due to respiratory illnesses, to NH DPHS Bureau of Infectious Disease Control at 603-271-4496.
- Included in this toolkit is an example letter for parents. ([Appendix B](#)).

Recommendations to Decrease Respiratory Illness in Schools

- Maintain general health and hygiene activities in your school.
 - Remind all students and staff to cover their nose and mouth with a tissue when coughing or sneezing (or cough and sneeze into their elbow).
 - Promote frequent hand washing with soap and water, or using alcohol-based hand sanitizers in your school.
 - Download posters from CDC to use as visual cues. (See the [resources](#) at the end of this toolkit.)
- Increase social distances (the space between people).
 - Move desks further apart.
 - Rotate teachers between classrooms while keeping the same group of students in one classroom.
 - Postpone class trips.
- Maintain good ventilation in shared school areas (e.g., open windows, keep air duct systems clean, etc.).
- Take steps to routinely clean and disinfect surfaces in the classroom (e.g., doorknobs, desks, keyboards).
 - Use standard products according to the directions on the product label and per school protocol.
 - Find additional information at <https://www.cdc.gov/flu/school/cleaning.htm>.
- Provide training and education on respiratory illness symptoms, transmission and prevention to parents, students, and staff.
- Remind those attending school and family members to assess, each morning, all people around them and especially all school-aged children for symptoms of respiratory illness.
- Encourage all students, staff, and faculty with respiratory illness to stay home and not attend school.
- If a student with visible signs of respiratory illness arrives at school, perform the following actions.
 - Isolate the child from other children.
 - Have the child wear a surgical mask, if tolerated.
 - Limit the number of people who interact with the child.
 - Adults in contact with an ill child should use a surgical mask and wash hands frequently.
 - Contact and request a parent or guardian pick up the ill child, as soon as possible.
 - Inform the parents or guardians about symptoms observed, and what is required for the child to return to school (see [case definition](#) section).
 - Ask the parent or guardian to relay observations made by school staff to the child's healthcare provider.

Appendix A

State of New Hampshire

Reportable Infectious Diseases



Acute Flaccid Myelitis
 Anaplasmosis [*Anaplasma Phagocytophilum*]
 Anthrax [*Bacillus anthracis*]*
 Arboviral infection, including EEE, WNV, Dengue, Powassan, Zika*
 Babesiosis [*Babesia microti*]
 Botulism [*Clostridium botulinum*]*
 Brucellosis [*Brucella abortus*]*
 Campylobacteriosis [*Campylobacter* species]
 Carbapenem-resistant enterobacteriaceae
 Chlamydial infection [*Chlamydia trachomatis*]
 Cholera [*Vibrio cholerae*]*
 Coccidioidomycosis [*Coccidioides immitis*]
 Creutzfeldt-Jakob Disease*
 Cryptosporidiosis [*Cryptosporidium parvum*]
 Cyclospora infection [*Cyclospora cayetanensis*]
 Diphtheria [*Corynebacterium diphtheriae*]*
 Ehrlichiosis [*Ehrlichia* species]
 Escherichia coli O157 infection and other shiga toxin producing *E. coli*
 Giardiasis [*Giardia lamblia*]
 Gonorrhea [*Neisseria gonorrhoeae*]
 Haemophilus influenzae, invasive disease, sterile site*
 Hantavirus Pulmonary Syndrome [Hantavirus]*
 Hemolytic Uremic Syndrome (HUS)
 Hepatitis A Virus*
 Hepatitis B Virus (positive surface antigen in a pregnant person & new diagnoses by providers only)
 Hepatitis C (new diagnoses by providers only)
 Hepatitis E
 Human Immunodeficiency Virus (HIV), including new diagnosis, perinatal exposure, and Acquired Immune Deficiency Syndrome (AIDS)
 Human Immunodeficiency Virus-related CD4+ counts and all viral loads
 Legionellosis [*Legionella pneumophila*]
 Leprosy, Hansen's disease [*Mycobacterium leprae*]
 Leptospirosis [*Leptospira* species]
 Listeriosis [*Listeria monocytogenes*]
 Lyme disease [*Borrelia burgdorferi*]
 Malaria [*Plasmodium* species]
 Measles [Rubeola]*
 Mumps*
 Neisseria meningitidis, invasive disease, sterile site*
 Pertussis [*Bordetella pertussis*]*
 Plague [*Yersinia pestis*]*
 Pneumococcal disease, invasive [*Streptococcus pneumoniae*]
 Pneumocystis pneumonia [*Pneumocystis jirovecii* formerly *carinii*]
 Poliomyelitis [Polio]*
 Psittacosis [*Chlamydophila psittaci*]*
 Rabies in humans or animals*
 Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
 Rubella, including Congenital Rubella Syndrome*
 Salmonellosis [*Salmonella* species] (report *S. Typhi** within 24 hours)
 Shigellosis [*Shigella* species]
 Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
 Tetanus [*Clostridium tetani*]
 Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
 Trichinosis [*Trichinella spiralis*]
 Tuberculosis disease [*Mycobacterium tuberculosis*]*
 Tuberculosis infection, latent (lab reporting only, no provider reporting)
 Tularemia [*Francisella tularensis*]*
 Typhoid fever [*Salmonella Typhi*]*
 Typhus [*Rickettsia prowazekii*]*
 Varicella
 Vibriosis [any *Vibrio* species]*
 Vancomycin Resistant Staphylococcus aureus (VRSA)*
 Yersiniosis [*Yersinia enterocolitica*]

Any suspect outbreak, cluster of illness, unusual occurrence of communicable disease, or other incident that may pose a threat to the public's health must be reported within 24 hours of recognition.*
 Any investigation of suspected or actual incident of diversion of injectable medications in a health care setting must be reported within 72 hours of initiation of such investigation.*

Reporting requirements are in accordance with Administrative Rules He-P 301 adopted Fall 2016

Disease Reporting Guidelines

- Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis.
- All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.
- Reports are handled under strict confidentiality standards.

Report Disease to Bureau of Infectious Disease Control

By phone (8a-4:30p): 1-603-271-4496

Toll Free (in NH only): 1-800-852-3345 x 4496

After hours: 1-603-271-5300

Toll Free (in NH only): 1-800-852-3345 x 5300

Fax reports (incl. HIV/AIDS) to:
1-603-696-3017

Fax COVID-19 reports to: 1-603-696-3154

Disease Reporting Forms Available Here

[https://www.dhhs.nh.gov/
report-concern/
infectious-disease-reporting-and-forms](https://www.dhhs.nh.gov/report-concern/infectious-disease-reporting-and-forms)

Please use disease specific form, if one is available, AND complete form in its entirety.

- Name of the disease
- Name of the person reporting
- Patient information: name, date of birth, age, sex, race, ethnicity, address, telephone number, occupation, place of employment, date of illness onset
- Diagnostic test information: type of test performed, specimen type(s), date
- Treatment Information: date, medication, dosage
- Send COPY OF RESULTS-not transcription

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Appendix B

Example Letter

Dear Parent/Guardian:

Flu season is approaching. We ask your help in preventing the spread of flu in our school. The flu spreads from person-to-person, and children in schools are among the most affected. We want to keep school open during flu season and we cannot do it without you. Here are a few ways you can help.

Know the signs of the flu.

- Signs may include; fever greater than 100 degrees, cough, sore throat, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.

Keep sick children at home.

- Children should stay at home for at least 24 hours after the last signs of a fever without using medicine.
- Children should not return to school within 24 hours of the last sign of vomiting or diarrhea.
- Children with a constant cough should stay home until medicine relieves it.
- Any child who is sick at school, should go home.

Report their absence to the school nurse.

- If your child is out sick with the flu or flu-like illness, please let the nurse know.

Teach your children when and how to wash their hands.

- Hand washing with soap and water often is the best way to reduce the spread of germs.

Teach your children to cover their coughs and sneezes (with a tissue or their elbow).

Teach your child not to share.

- Children should not share their personal items like their food or water bottles.

Our school works closely with the NH Bureau of Infectious Disease Control (BIDC) to monitor flu events. For more information, visit www.flu.gov, or call 1-800-CDC-INFO for the most current information about the flu. We will notify you of any changes to our school's plan to prevent the spread of the flu this season.

Sincerely,

[School administrator's name and signature]

Resources

[COVID-19 Operational Guidance for K-12 Programs to Support Safe In-Person Learning \(CDC\)](#)

- [School Ventilation Tool](#) (Interactive)
- [Ventilation in Schools and Child Care Programs](#)
- [How to Protect Yourself and Others](#)

[Flu - Information for Schools and Childcare Providers \(CDC\)](#)

- [Guidance for School Administrators](#) (Reduce the Spread of Flu)
- [How to Clean and Disinfect Schools To Help Slow the Spread of Flu](#)
 - Recent Changes
- [Everyday Preventive Actions to Prevent Flu](#) (2MB, 2 pages)
- [Protect Yourself and Your Students from Flu During the School Year](#) (2 pages)

[Early Care and Education \(CDC\)](#)

- [Prevention and Control of Infectious Diseases](#)
- [Protecting Your Program from COVID-19 and Other Infections](#)
- COVID-19: Isolation and Precautions in Early Care and Education (ECE) Programs
 - [English \(387KB, 1 page\)](#)
 - [Español \(2MB, 1 page\)](#)

[Adolescent and School Health \(CDC\)](#)

- [School Preparedness](#)

[Nonpharmaceutical Interventions \(CDC\)](#)

- [Administrators of Childcare and K-12 Schools](#) (Flu Prevention at School)
 - [Parents](#)
- [Administrators of Higher Education](#) (Flu Prevention at Colleges and Universities)
 - [Students](#)

[Handwashing in Communities: Clean Hands Save Lives \(CDC\)](#)

- [Posters](#)
- [Fact Sheets](#)
- [Stickers](#)
- [Know When and How to Wash Your Hands](#)

[Parents: Help Children Fight Flu \(CDC\)](#)

- [The Flu: A Guide for Parents](#) (566KB, 2 pages)
- [Additional Flu Resources for Parents](#) (Print Materials)
- [Know When Antibiotics Work](#) (Print Materials)
- [Protect Your Children and Others from Flu During the School Year](#) (2 pages)

[Healthy Habits to Help Protect Against Flu \(CDC\)](#)