CONFERENCE CALL

Flu School Closing Guidance
U.S. Department of Education
Moderator: Bill Modzeleski
April 30, 2009
1:30 pm ET

Coordinator: Good afternoon and thank you all for holding. I just need to inform all parties, your lines have been placed on a listen-only mode until the question/answer segment of today's call.

Today's call is also being recorded. If you should have any objections to that, you may disconnect at this time.

I would now like to turn the call over to Jim Bradshaw. Sir, you may begin.

Jim Bradshaw: Thank you very much everyone and thank you for bearing with us. We apologize for the delay. We've got a lot of people listening in, more than 700 so far. So we hope that we could provide some good information for you.

We're going to turn it over right now to the Director of the Safe and Drug-Free Schools Program here at the U.S. Department of Education, Mr. Bill Modzeleski. Bill.

Bill Modzeleski: Thank you, Jim and behalf of all of us here at the Department of Education I want to welcome all of you to the second conference call being hosted by the U.S. Department of Education on the issue of the 2009 H1N1 flu influenza.

On our first conference call held Monday, we focused on providing our audience with a general overview of the flu, that is what it is, what can schools do to mitigate it and what schools do once it's detected. We then spent a considerable amount of time on responding to your questions.

We placed a transcript of that entire session as well as answers to your questions on our Web page at www.ed.gov. I encourage all of you to go onto the Web page and examine the testimony provided as well as the questions and answers.

Today we're honored to have two top experts on health issues with us. But before introducing them and what they're going to focus on, I'd like to outline five things I'd like everyone in the audience to take away from this session.

One, there's a need for educators to work closely with public health officials. This is not an issue that educators can address themselves; it really needs close collaboration and coordination with your local health officials.

Two, addressing the flu requires every district, indeed every school to have a plan, emergency management crisis plan. And so if you don't have a plan, get one. If you have one, review it, ensure it includes issues related to pandemic and practice it.

Three, there are numerous resources available to help you. Centers for Disease Control, the Department of Education, Health and Human Services, Homeland

Security have numerous resources and information on their respective Web sites. You're encouraged to use them.

Four, the situation regarding the flu is fluid; we're learning more every day. Be flexible and be ready to change what you're doing.

And five, know that Secretary Duncan wants to ensure that every school is safe and healthy and doesn't want any federal education rule or regulation to be an impediment to the health and safety of our students or faculty. If you feel there is one, please let us know.

Today joining us we have Dr. Richard Hatchett of the White House Homeland Security Council and Dr. (Francisco Averof) of the Centers for Disease Control. We've asked Dr. (Averof) to start off with presenting an overview of the situational update, a situational update on where we are over the flu, to briefly review the community mitigation guidance and to do a look forward on what schools may expect in the next couple of days regarding the flu.

I've asked Dr. Hatchett of the White House to provide us an overview of why it's important to close schools and childcare and why the issue of collaboration between health officials and education officials is essential.

After each of them provide a brief overview of those issues, we'll open up the phone line to questions and answers. And as we did on Monday we will provide a transcript and Q&As on our Web page.

So without any further ado, I want to turn this over to Dr. (Francisco Averof). Dr. (Averof)?

(Francisco Averof): Hi. Thank you very much. So again we're - what I'd like to do is run through first some of the key events, kind of give, if you will, almost a U.S. or global overview of what's been going on.

First, yesterday the World Health Organization declared a pandemic phase five. And what that means is there's recognized sustained human to human transmission of this novel influenza virus.

A phase six, which is the highest phase in the WHO is widespread disease throughout the world.

Now it's important to know - to consider that a pandemic phase six or five can be either a mild pandemic or a very severe pandemic. So this is really talking about spread. It's not talking about the severity of the illness and that's an important point to remember. And I'll go back to that as well.

The U.S. Government has declared as many of you know, a public health emergency. In addition - and this information by the way is fluid, as was mentioned and this is sort of current as of this morning, if you will.

A state has declared - two states have declared their own state emergencies, and that would be California, on the 28th of April and Texas on the 29th.

The U.S. as of this morning, had confirmed cases - 91 confirmed cases. You're going to hear different numbers than that as numbers are updated - different states may be reporting different numbers as they get them. So, this is - don't hold me to that number, but realize that it's fluid and tomorrow we will have a new updated number.

In addition, there's been one known death as has been reported. Important - I'm going to just mention school closures and then go back to that. As of this morning, we knew of ten states with school closures. We think there's more and I'll talk about that as well.

Some other important points are again, we're talking about the severity of this pandemic. This is very, very important factor for our mitigation recommendations. If it's a mild pandemic - or not mild, I should say, less sever pandemic, in that situation we would not be as aggressive with our school dismissal and other non-pharmaceutical intervention.

If it's a more sever pandemic, we would tend to be much more aggressive. I'm going to give you the data that we have on what we know about school closures - on what we know about - sorry - let me start with states that confirmed disease.

As of this morning, there were 15 states. And I'm not going to list those, you can find those on CNN, you can find all this information, by the way, on the CDC Web site, www.cdc.gov and then you go to the Swine Flu sub Web site.

Another important point, I want to just now talk about some of the communities and the mitigation guidance things that are ongoing. First there is a guidance specifically for community mitigation, which included school closure in that, in the same Web site.

Let me talk to you about what we know now about schools that have been closed. Our data - and I know this data is not up to date and we're actually working very collaboratively with the Department of Education to update this data. Our data have that, again, approximately ten states have closed schools, some form of school closure.

We know that there's more out there. One hundred and four schools and over 55,000 students affected, 4,000 teachers. Excuse me.

Now what I'd like to talk to you about is kind of looking - so that's our current situation where we are right now. Looking ahead, I just would like to forecast and I think this is probably not a very difficult forecast, is we're going to see more states reporting cases. We're going to see those states that have cases reporting greater numbers of clusters and greater spread. This is what we expect.

There's been one death. However, we don't know what that translates to in terms of the severity. The reason for that is kind of a complicated epidemiologic situation - calculation.

But the basic issue is, of those people that get ill, how many of those die? And to get that, we don't have quite enough information yet in the United States to get that. But we will be getting some better information on that soon. And that will really very much help guide our future guidance and the guidance we give to you.

So, with that, what we're doing now, we've had several discussions with different schools and I'll add universities, universities are starting to be affected as well. We've had several discussions with them on how to handle the situation.

We are currently working on revising the guidance that is on the Web site to address - to give as much as we can, more clear guidance to schools. One of the things we've been recommending so far has been what we would call, kind of a reactive posture for school dismissal.

And that would be a situation where when there is a confirmed case or a case that's linked to a confirmed case in a school, that they do consider strongly closing the school and sending children home for a period of a week.

And that's a conservative approach. If we had a - what we knew to be a very severe pandemic, we would be leaning forward much more aggressively within the community. But as we all know there are a lot of untoward effects in the community, for the parents, for, you know, there's just a ripple effect or if you will, second and third order consequences every time you close a school that ripples throughout the community.

And the ripple continues with more aggressive other social distancing measures. So at this time what really are recommendations are - we do recommend ill kids be taken out of the school for sure and put in isolation for seven days or until 24 hours after their symptoms have resolved, whichever is longer and that their household contacts should be, to the degree possible, not going out into the community.

We're also, again - and that would be, you know, close contacts to that child, which are mostly family members.

Let's see - so, let me see, I think I'd like to just - oh I also want to mention one more thing is that we are moving aggressively and do hope to post on the Web guidance for universities. I don't know if folks on this call are affiliated with universities, but we do have - we recognize that the school guidance falls short for universities.

And we're taking into account as we revise the guidance, the fact that we don't know all the information we need. We'd like to have a lot more information to

make the best informed decisions we can make. However, we do know that these decisions are locally driven. Some areas that have had cases have not had very severe disease, but as we noted, there has been some severe consequences to this and we do fully expect to have more deaths.

And so these decisions about whether to close your school in your community need to be considered very carefully and work very closely with your public health partners.

We're having very frequent communication with public health officials throughout the country, state level, county level to help them translate their local situation into guidance, and this is an ongoing iterative process. We learn from the state and local health departments and they learn from us. And we this and working with you all we work to get the best guidance we possibly can delivered to manage these really complicated situations.

Again, if this was clearly a very mild disease, it'd be easy. If it was clearly severe, thank God it doesn't appear that way now, it'd be also very easy in terms of our guidance.

So that's kind of where we stand and we're going to know, I think a lot more every day. I think a week from now we'll have much clearer guidance, two days from now, we'll have much better guidance for everyone. So let me just stop there.

Bill Modzeleski: Okay. Dr. (Averof), thank you very much. I just want to amplify a point you made as very much you mentioned that 91 cases were confirmed and that's very fluid. The school closings is also very fluid and that's changing not only be the day but also by the hour. So I caution people, with the numbers that are

floating around and there are a lot of numbers floating around that they may not all be accurate and they are changing. So, thank you very much.

With that, and I know, (unintelligible) there's going to be a lot of questions raised on the community mitigation guidance, especially about the closings. So we're going to leave that for the audience to raise the questions.

But I do want to talk to Dr. - turn to, I should say, Dr. Hatchett now and have Dr. Hatchett talk a little bit about those issues that we discussed about the mitigation and about the need for collaboration and coordination between the health and school officials. And not only when we talk about closing schools, but also one of the issues that we've discussed in previous conversations is the healthcare - or I should say the daycare centers. Dr. Hatchett?

Richard Hatchett: Thanks, Bill. So I'm Richard Hatchett. I'm with the Biodefense Directorate at the Homeland Security Council at the White House. I want to speak just for a few minutes about the federal planning effort that has been taking place in coordination with state and local partners for several years.

We are I think extremely fortunate in that most of the people in most of the governmental offices at the federal, state and local level who have been working on pandemic flu preparedness for several years are actually still in positions and are able to use their developed institutional memory over the last several years to meet this crisis.

And I think we are as a nation better prepared than we have ever been to address this kind of crisis. And we are actually - if something like this has to happen, we are quite fortunate that we have had all of these people thinking about these issues for several years now.

Just a little bit of background on that federal planning effort and then I'll talk a little bit about the historical perspective, what we know about the optimization of school closures and other community mitigation measures and then I'll conclude by talking about the collaboration and coordination issues that Bill has mentioned.

The federal planning effort really got under way in late 2005. The Department of Health and Human Services had for several years been working on a Department of Health and Human Services pandemic influenza plan, that was published in November of 2005. A national strategy for pandemic influenza was published by the White House at the end of 2005 and a national pandemic influenza implementation plan was published earlier the following year.

Those efforts really geared the government up to try to address the broad range of societal implications of a pandemic. Not just the public health and medical consequences of a pandemic, which are considerable, of course, but also the effects on the economy, on individuals, on families, on communities, on businesses.

And they grew together a broad array of partners to try to think deeply about these issues and to develop guidance. And as I said, that process has gone on for several years and we had very mature and developed guidance that's gone through a lot of consideration and review and we are now in the process of trying to get that guidance out to partners like you in communities so that you can use it and take advantage of it.

We hope that you've had some opportunity to think about this issue previously. We know that you all have very busy lives and other priorities, but we hope this is not the first time you're hearing about this stuff.

With respect to the community mitigation guidance in particular, which raises, you know, very challenges issues for communities and for school districts in particular. This guidance that has been published by CDC went through a very extensive vetting process.

It was really under review. The strategy that was published was under review for more than a year, was reviewed extensively at the federal level, with state and local public health and medical stakeholders, there was outreach to the education community at the time. There was outreach to the business community. There were frequent interactions with public through focus groups.

It is an extensively studied and reviewed piece of guidance and I - we think that you should have great confidence in it, although the types of actions and interventions that are proposed in the guidance will raise very serious challenges for you in terms of implementation.

Part of the - probably the most challenging part of the guidance relates to school closure and the issue of school closure was not taken lightly. We were fully aware of the types of second and third order of consequences that would occur in the event that schools were closed broadly.

We certainly considered issues about school lunches and we considered issues about, you know, continuity of education, many other issues and did discuss those extensively. As I said with our partners in the education community to try to understand this, to try to think about consequences of school closure, on absenteeism in work places, on families where you have a single provider in the household that may have difficulty finding alternatives for childcare and may be in a position where they have difficulty reporting to work. Or have difficulty rather if they are not able to report for work because they are at

home with a child whose school has been closed. All of these issues have been looked at extensively.

The rationale for including school closures in the community mitigation guidance particularly where we think that we may have a virus with a high lethality - and let me underscore that high lethality in the context of a pandemic may not sound very high when it's described.

A case fatality rate of 1% or 2%, which is the case fatality rate that was observed in the 1918 pandemic, doesn't of itself sound all of that bad. And, you know, the vast majority of people who are contracting such a virus actually will have what many would regard as, you know, mild to moderate disease, but at a societal level the consequences can be quite dramatic.

In 1918, when I think the population was somewhere around 100 million people, approximately 1/4 of the population became ill and because of the case fatality rate of 2%, we ended up having 500,000 or 600,000 people in the United States perish. In today's world, that - if a 1918 like virus would equate even with that very - it sounded very low; the case fatality rate of 2% would result in approximately 2 million fatalities.

And so recognizing that that is a gigantic social cost, it was in the context of preparing for a virus that might have a high lethality as defined in those terms that we began to look at the possibility of school closure as an important tool for community mitigation.

The rationale for school closure is based on the fact that obviously in seasonal flu, children are disproportionately affected. But if we look historically at attack rates - at age specific attack rates across the community, in 1918 children contracted disease at a much higher rate than people who are older

and elderly. That's not to say that they died at a much higher rate but they had higher rates of infection.

And in 1957, we know that the - as apparently with this virus that we're seeing now, the 1957 pandemic virus first emerged in the spring, it appeared to subside over the summer and then when schools reconvened in September, the pandemic really exploded across the United States within just a few weeks.

In 1918, we have some historical experience with the use of broad community interventions and we have studied that historical lesson extensively. CDC for example, did a very large study with the University of Michigan where they looked at the types of public health interventions that were used in 45 cities across the United States. And they measured the timing of the implementation of the public health interventions relative to the overall outcomes in terms of peak death rates in the community as well as overall attack rates within the community.

I, myself, actually was the lead author on a very similar study that looked at a smaller number of cities of using a different approach. But the bottom line is that the pre-studies that have been done that have looked at this have all come to identical conclusions. Which is that the cities that used what we call layered interventions, meaning multiple social distancing interventions, multiple ways of reducing people's social contact to include school closure have all demonstrated very significant benefits in terms of suppressing the epidemic curve, reducing the peak death rates.

And to a lesser extent in 1918, because antivirals and vaccine were not available, even reducing overall death rates in the community over the course of the pandemic.

So the benefit of school closure as part of an array of community social distancing interventions is actually fairly well corroborated by the 1918 experience. We've...

Bill Modzeleski: Hey, Richard, this is Bill Modzeleski. And I think this is a good time to really ask the first question because I think it's a good lead in to the first question. That is, that you're talking about collaboration and layering of responses. So if I'm working in a community and I'm an educator in a school, who should I be working with in a community?

Richard Hatchett: Okay. Let me jump to that immediately. I think the critical piece here is that the implementation of these layered interventions obviously is going to cut across the entire community. The public health and medical officials in your community are the individuals that you need to connect with now even if you do not disease in your community.

This is a period during which you can be planning to be ready for whatever types of measures they recommend at the time when the virus enters your community. Which if the - you know, if we get to the point that WHO declares that this is in fact, you know, phase six and we are in a pandemic, you can count on that happening. In previous pandemics no - or very, very few communities escaped the effects of the virus.

In addition to the public health and medical leadership in your communities though, there will be other parts of the community, the business leadership as well as political officials and others with whom you need to connect. Because as I said, the social challenges that are created by this attempt to control disease spread and mortality, will be quite considerable and all of the different constituencies within the community need to be linked up.

I would encourage you to connect with your political leadership; I would encourage you to connect obviously with your public health and medical leadership. I would encourage you to connect with your leadership and your faith based and community organizations, voluntary organizations like the American Red Cross that may be able to provide support.

I suspect that there has been a great deal of planning in most communities around this issue and that these kind of linkages already exist for the traditional groups in the emergency response community.

If you or your education community are not currently linked into that, you need to do that very, very quickly.

Bill Modzeleski: Thank you very much, Dr. Hatchett. For those in the audience who want to ask questions, please press star 1 to get into the queue to begin to ask questions. And while people are lining up to ask questions, let me ask one of Dr. (Averof).

Dr. (Averof), there's been a number of schools who have announced a suspected case of flu. However is that they feel that the flu may have occurred earlier in the month and therefore they are not taking any precautions to close the school.

Should a school close if it had a - if they feel that there was a case that occurred two or three weeks ago?

(Francisco Averof): Yes, that's a very good question. And I think the presumption could be that there could be ongoing transmission. My recommendation in a situation like that would be to definitely contact your local public health - and again, I

think we're talking about confirmed cases here because there's a lot of influenza like illness, there's a lot of other influenza viruses, influenza A, B, whatever.

So they may have had a case of flu, but it may not be this H1NI that we're concerned about. Seasonal influenza clearly we do not have any recommendations nor have recommended that there should be any consideration of school closures.

So if you do have - have had a case of confirmed H1N1 in your school, I would immediately reach to your local public health department and work with them around how you should manage that case.

Again, if it happened several weeks ago and there's no new cases, maybe there's not been surveillance or something like, you know, - sometimes you need to up your surveillance to see what's really going on. So there may be reasons why you haven't seen it, haven't seen more cases.

But we would fully - generally we know that there's person-to-person transmission with this versus, human-to-human with this virus. So it would seem, shall I say, unlikely that there was a single case several weeks in the distant past. So I would definitely contact your local health department and see about further investigating the situation.

I think the other likely possibility may be that it was not the H1N1 that we're concerned about.

Bill Modzeleski: Thank you very much. Now we have quite a few questioners lined up and so I'm going to ask the moderator to go to the first question.

Coordinator: Thank you. And once again, if you do have a question that's already been answered, you can press star 2 on your phone to withdraw your question, star 1 to ask.

Our first question will come from (Irene Pazan). Your line is open.

(Irene Pazan): Yes, for the - I work in a daycare and the principal and other people who work here want to know if we should have facemasks on stock and if so what kind and how many?

Bill Modzeleski: Who's that question directed to?

(Irene Pazan): Whoever can answer.

Richard Hatchett: This is Richard. I think, (Francisco), can you take that.

(Francisco Averof): Yes, thanks, Richard. Yes, this is a - okay so the question is, if you run a daycare should you have facemasks on hand?

I think that this is - again, the use of masks in the community - first of all there is guidance up on the Web specifically around mask use in the community. Right now, our current recommendations for mask use are for persons who are ill with the H1N1, confirmed or suspected. If there's transmission in the community, you can work with your local public health officials to determine, you know, if you might be likely to be a case.

But if there's no H1N1 in the community, then, you know, the assumption is that people who have influenza or those kinds of symptoms such as cough, fever, sore throat, do not have that.

So if there is a confirmed or suspect H1N1 person who is ill, they should be isolated and when isolated - if isolated, if there's a need for them to go out in the community, it's recommended that they wear a mask. And that actually - that recommendation is most applicable for say a college situation where people do have to go out. We really strongly encourage that ill people with confirmed or suspect of probably H1N1 should stay in isolation.

So a general recommendation for masks is not currently made.

(Irene Pazan): Okay. Thank you.

Coordinator: Thank you. Our next question will come from (Julie Linly). Your line is open.

(Julie Linly): We have (N1H1) in our metroplex area. We do not have any suspected or confirmed cases in our districts. Areas surrounding school districts are cancelling field trips and the state in Texas has requested no UIL events. My question concerns the swimming pool. We do have neighboring districts that come over and borrow our aquatic center. What is your thought regarding the natatorium?

(Francisco Averof): Yes. No - thank you. That's a good question. And the influenza virus, you know, with the use of chlorine and those types of, you know, what they use in pools, should be not a problem for a risk for transmission.

The other question that comes up regularly is, how about environmental surfaces? And I think that's been shown quite a bit on television. And clearly it's very wise for people to use frequent hand washing. I think it would be wise to be considering in your preparations now increase use of either hand washing or alcohol gels and other solutions, alcohol based solutions, which do kill the virus.

But in terms of overall, general environmental surfaces as transmission, it's really a very minor form. I know on CNN, I've seen it myself -- have shown how if you're on the subway and you touch this, your germs pass all over. And that's true, but with influenza, it's not the primary mode of transmission. It's really about being close - personal contact with someone and not hand washing and coughing on someone where it can become aerialized, if you're close to them. And not from far distances, we don't believe.

There may be a small component to that, but basically it's about person-to-person contact with someone who has influenza. And we suspect it's the same thing for this H1N1 as well as coughing near a person, being within six feet of them that are the greatest risk factors.

So for your natatorium, I wouldn't be overly concerned with another district's using it.

(Julie Linly): Great. Thank you.

Coordinator: Thank you. Our next question will come from (Linda Hummingbird). Your line is open.

(Linda Hummingbird): Good morning. Thank you so much for making arrangements for the call. I am a school nurse in a bureau of Indian Education Grant Schools. We are uniquely situated in the middle of a city; we're not out on a reservation. The majority of my students board here, so that already increases our likelihood of transmission.

Most of my students obtain care from Indian Health Services, which is overwhelmed on a good day. For example, this morning over at the local

Indian hospital there was a sign saying that only one provider was available and the wait time would be expected to be two to three hours. What would you recommend if I have a student that I suspect might have H1N1 in terms of utilizing services appropriately to get that student screened?

(Francisco Averof): Okay. Before you go away, did you say that there is H1N1 in your community?

(Linda Hummingbird): No, there is not H1N1 in the community.

(Francisco Averof): Okay. So thank you, that's a very good question. I think, again, I hate to - I sound like a broken record. But definitely I think that many providers are increasing their testing now especially - it's almost more important if you're not in a community that has H1N1 because one of the tools you can have is early recognition of cases in your community that can help you.

So I think that - and actually the local health departments should be coordinating the type of testing and should be really keeping a handle on those. Now you cannot test specifically for H1N1, you really must go through your local health department and state health department to get a definitive testing to determine if this is a high likelihood of H1N1.

So I think the testing of your kids is a reasonable thing to do and again, keeping vigilance and working - looking at your local health department's Web site, looking for press notices, things like that to see when it does enter in the community.

All influenza and really all respiratory infections, it's good that you have good, you know, hygienic practices. We like to see all people with respiratory

illnesses sort of isolated or, you know, not going to school, not going to work. That's a general recommendation for infection control.

Again, early use of encouragement of hand sanitizers in your school and frequent hand washing and education along those lines would be very important. But I wouldn't, you know, do any more draconian measures.

But I think you need to be thinking, what if? What if it is in the community?

(Linda Hummingbird): Exactly.

(Francisco Averof): And what if there is a child or a few kids in your school that do have this, you know, are suspect for H1N1? And you need to play out those scenarios because if it doesn't happen, you know, this year, you know, it will likely you may be faced with this in the fall.

(Linda Hummingbird): Right.

(Francisco Averof): Of course we have the benefit of - you know, we are working on a vaccine aggressively and hope to have something in the fall. I'm sorry, I (unintelligible).

(Linda Hummingbird): No, no, no. I have another quick question please. On our campus, not directly connected to our school building, but separated by a very small, you know, really one lane in each direction road, is a charter school and the principal came over to speak to me this morning because they don't have a school nurse. They sent three suspected children home yesterday.

Is there any parameter - for example, I'm not about panicking, it's not about panicking but it is about being cautious. Would that distance create any possible problems for my students?

(Francisco Averof): Yes, thank you. I think, again, it's nothing we should be panicking about. You know, so far, again, the early indications are that it's a - you know, I don't want to talk about severity, but what we're seeing here seems to be less severe than what they're seeing in Mexico. But, you know, we don't have enough information on that.

So let me reemphasize that this is not something to be taken lightly. However, it's something that we need to not panic about, but be thinking about those plans you have and that there are children with possible influenza, you know, across the street. Yes, of course. You have, you know, - I'm sure your teachers go home and they have children perhaps in other schools.

So the reality is, you know, you have to emphasize the hygiene, the hand hygiene, the, you know, early sort of, you know, ill people being kind of - sort of put away - you know, not put away, that's the wrong term. Being - I didn't mean that. That ill people, you know, trying to stay home and not going to school. Those are very important elements that do help in kind of blunting the growth or the speed of growth of infection in a community.

You really can - you know, and the work that Dr. Hatchett has done and others, through modeling as well as through looking at historical data has clearly shown that communities can be strongly empowered to do this. And it needs the leadership of the schools and working hand-in-hand with public health and with the business community, the mayor, the governor, all of those groups, faith based. They should all really be working together to sort of have a plan so that everybody's giving the same messages and are well coordinated.

That's another thing that I really want to emphasize. It's not just public health in schools, but it's the leadership in the community and you have a coordinated plan with no panicking and good, you know, basically putting on the, shall we say, alert your pandemic plans. We don't need to activate them, but we definitely should be putting our plans on alert.

Richard Hatchett: This is Richard Hatchett. I'd like to just amplify what (Francisco) was saying with a little bit of historical perspective, which relates to what fortunately we've seen based on the data that we have to date here in the United States to not be facing, but with a pandemic - the 1918 pandemic, you know, which was associated with high lethality in younger people.

And Dr. (Howard Markel) who was one of the lead authors on the CDC studies that looked at the outcomes in the 45 cities in the United States in a previous study had looked at communities and institutions that actually managed to basically avoid having epidemics.

And I believe one of the institutions that he looked at was - if I'm remembering correctly was (Bryn Mawr) College, which had a resident student population. And they practiced a modified form of almost reverse quarantine. They weren't keeping the - I don't think the students were, you know, kept forcibly on campus, but they did everything that they could to keep the campus and the university a safe environment.

And so if you do have a resident student population, these instructions about, you know, if the virus is circulating in your community and, you know, moderately aggressive community interventions have been recommended. You know, working especially hard to make sure the teachers and the people that are coming on to campus know that if they are sick, you know, they

should stay home. You know, these are aggressive messages about the use of hygiene and not coming to work if you're sick.

And even if depending on the guidance that CDC has issued, you know, there may be cases where CDC says that if anyone in the household is sick, the other people in the household should stay home. And working to make sure that you have a plan to implement that kind of guidance to keep your school a safe environment will be something that you should plan for given the situation that you're in.

(Linda Hummingbird): Thank you all very, very much and thank you for making arrangements for these calls. I have found it very, very helpful. I feel very much as - very much sort of in control, not panicked at all. But it's like I can handle whatever comes along because of the information from these calls. So thank you very much.

Coordinator: Thank you. Our next question will come from (Brenda Holsty). Your line is open.

(Brenda Holsty): Hi. This is for Dr. (Averof). You were saying earlier that the approach to managing in schools that the child who is ill is taken out of school and then people in the household with kids, not go out into the community. Does that same advice apply for near contact with teachers? Should the teachers be concerned about distancing themselves from the community?

(Francisco Averof): Yes, thank you. That's a very good question. Now, first of all, again, we're not talking - you know, we're not talking about - the number one trigger is to be even thinking about this is H1N1 in your community. And...

(Brenda Holsty): We have a case.

(Francisco Averof): In your school or in your community?

(Brenda Holsty): In Minnesota, in Cold Spring, Minnesota.

(Francisco Averof): Okay, but you don't have a case in your school, is that correct?

(Brenda Holsty): Yes, it was a school case (unintelligible).

(Francisco Averof): Okay. So you have a child that H1N1 in your school that was removed from the school. So tell me what practices you all are doing, if you don't mind (unintelligible)...

(Brenda Holsty): I'm not in that school. I'm with the Teachers' Union.

(Francisco Averof): Oh, okay.

(Brenda Holsty): We're looking for real life advice for our members.

(Francisco Averof): Yes, no, that's a very good question. So it's the teacher in that classroom?

(Brenda Holsty): Or throughout the school. It's a middle school, so you could have had numerous teachers and cafeteria staff and, you know, whoever the kid would come in contact with.

(Francisco Averof): Okay. One of - we are - I mean our recommendations are for (unintelligible) consider a reactive closure when there is a case in the school. So I mean...

(Brenda Holsty): It has happened.

(Francisco Averof): Okay. So are you talking then - so the school is closed?

(Brenda Holsty): Right. The school is closed and we know that X number of teachers have come in contact with this child.

(Francisco Averof): Okay.

(Brenda Holsty): Should the teachers be isolating themselves from the larger community (unintelligible)?

(Francisco Averof): Oh, I (unintelligible) very good. Thank you. I think that comes into the whole, you know, definition of what is a contact. And, you know, some people have said if the come within six feet, you know, maybe they're a contact. But that - you know, that could be anybody, you could be walking down the hall and you come within six feet of them.

I think a more reasonable approach is someone who - you know, you could say you have a regular conversation with them - you know, a close conversation within six feet while they were in the infectious period.

People like that - you know, it wouldn't be unreasonable to consider them, to broaden your circle if you will of being a contact. If they're not quite sure, you know, the other option would be for people to - and again, and our recommendations for contacts by the way are not that you home quarantine. Let me be clear on that.

Our recommendations for contact are that they to the degree possible, and we're talking about family members, do try to, you know, not be in large

crowds, distance themselves if they can. But we're not making any firm recommendations of quarantine of contacts to cases.

We do recommend a very aggressive illness monitoring. Sort of at the first signs of symptoms, yes, they should probably get themselves - you know, call their healthcare provider and get themselves evaluated, kind of perhaps at that point it would be wise or prudent to do practice social distancing and keep yourself out of crowds, kind of isolate.

And by the way, this is an added point. You shouldn't be going running to your doctor in a full doctor's office. What they should do is call ahead if they're concerned that they may have this H1N1 and let the office make arrangements for them so that they don't infect the larger waiting room, if you will.

So it's kind of a - it's a lot of complicated steps. But it's really - if they all kind of make sense and it's really about (unintelligible) and being aware of your environment, being aware of your own body and, you know, do you have an impending illness and looking out for those early signs and symptoms and acting prudently in the best interest of the community and your family and friends.

(Brenda Holsty): Thank you.

Coordinator: Thank you. Our next question will come from (Liz Gilman). Your line is open.

(Liz Gilman): (Unintelligible) for anybody that can answer it. I've got a couple of questions. One is first of all; the H1N1 is not in my community. I'm in Nevada, Las Vegas and the one case is in Reno.

I'm just curious what is the criteria to close down a school? Is it a confirmed case or a suspected case and would it just be one student that would be enough to justify closing a school?

(Francisco Averof): Yes, yes, our current recommendations, again, with the goal of controlling the spread of transmission, we're not going to stop the spread. We know that this, you know, influenza, once it's entered in the community it's virtually unstoppable.

But when you have a confirmed case in your school and that can be - a confirmed case can also be a case that looks like it that's linked that has a direct contact to a confirmed case in the community. We are recommending that schools consider closing as one option.

So the important part for you now is again, activate - not activate, but put on alert your pandemic plan, get it off the shelf. What are the things you were thinking about during, you know, peace time now that we're about to enter this phase of dealing with this novel virus.

Pull it off the shelf and, you know, be thinking about how you're going to manage these things. And I know some of the schools that I've spoken with have very elaborate planning. They've talked about distance learning where kids can be, you know perhaps, you know, sent home with plenty of schoolwork, maybe working on the Web site.

Other kinds of sort of distance learning and different communities and schools have different capabilities this way. And again, another thing that we like to remind people of, if you have disadvantaged kids who are on the school lunch program, be thinking about how you can maintain those things.

I mean it's important to know that in some communities - and you all know this better than I do, I'm preaching to the choir, I'm sure, disadvantaged kids, disadvantaged families depend on those school meals. And we'd like to consider are there ways to keep some of those services going for those kids while you do send them home and how can you keep them engaged with their learning?

I mean those are important elements that are definitely outside of my realm, but I think it's things you're all thinking about and it should be part of your plan.

(Liz Gilman): Now I want to touch on the thing that you had mentioned about keeping sick kids home for a week, up to a week and 24 hours after they are well. Does that go for any child with just basic cold signs and symptoms? Like normally, we send a child home if they have a fever, but if they just have a basic cold, do you recommend that we just send them home?

(Francisco Averof): No, no, no. Let me be very clear. We're talking about when you have a known H1N1 or a case that's probable or suspect if you will, that is they have the symptoms you're talking about but they have a very distinct history of being a contact to a confirmed case.

And really, you need to work with your public health department to make those (unintelligible). So, no, no, no, we're not talking about your run of the mill, you know - it's business as usual until you have this enter your community, the H1N1.

(Liz Gilman): Okay. And this emergency crisis plan that you're talking about is just like whatever we have on file in regards to like our emergency plan, refer to that or do you have any examples on your CDC Web site?

(Francisco Averof): I think that many schools and I'll defer this to the folks in the Department of Education, we've been I think many - we've been encouraging schools through the Department of Education and through their local districts make emergency pandemic plans.

And can some speak to that?

Bill Modzeleski: Yes, thank you very much. There are some model plans on our - a couple of our Web sites, on the ed.gov. And so what I would say is, to type in REMS, R-E-M-S, Readiness Emergency Management for Schools, rems.ed.gov and you could - there's a lot of information there about emergency management and crisis (unintelligible) plan.

Every school in the country has a crisis plan, not every one of them has developed those plans to the point where they are addressing issues such as pandemic. However, there is a lot of information online about how to move y our plan to the next level so that it does address those issues.

You can also go online to pandemicflu.gov and at that particular site you'll see a lot of information about the developing of pandemic flu plan for schools.

(Liz Gilman): Great. Thank you so much.

Coordinator: Thank you. Our next question will come (Nancy Johnson). Your line is open.

(Nancy Johnson): Oh, thanks for taking my call. We have a student at one of our elementary schools that right now is down in Mexico for a funeral and they will be coming back shortly. If they don't have any symptoms, I would imagine they could still come to school.

(Francisco Averof): I'm sorry, what was the situation? I kind of missed the first (unintelligible).

(Nancy Johnson): That's okay. There's a student at one of our schools that is currently down in Mexico for a funeral and then they will be coming back shortly. If they don't have any symptoms, I would imagine they can still come to school, is that correct?

(Francisco Averof): Absolutely.

(Nancy Johnson): Okay.

(Francisco Averof): There is some - you know, but it's good for - and we're encouraging, by the way, when people who return from Mexico at all of our points of entry, we're giving out information (fact sheets) and encouraging people to be on the alert for their signs and symptoms of influenza like illness.

And I think those people, you know it would be prudent for them if they have those symptoms to, you know, kind of think about calling their provider early and mentioning to them that they have these symptoms and they've been in, you know, in Mexico, in a risk area, perhaps. And consider again, what I mentioned about getting evaluated by their provider. Not going to the provider's office, again, but, you know, making the call and making arrangements for that.

But if they're perfectly - you know, if they're healthy, they should of course participate just as they would under normal circumstances.

(Nancy Johnson): Thank you.

Coordinator: Thank you. Our next question will come from (Jerry Newberry). Your line is open.

(Jerry Newberry): Yes, my question has to do with what we do with (unintelligible) hard surface cleaning. Yes, let's assume a school has been closed for a week, kids come back; are there any recommendations for cleaning the hard surfaces in the school?

(Francisco Averof): Yes, and thank you very much for bringing up that point. I (unintelligible) there's been a lot in the news about the whole idea of disinfection and we've seen, you know, schools being wiped from top to bottom. I think, as I mentioned before about the natatorium situation, you know, cleaning surfaces, clearly it's important for infection control.

But the predominant modes of transmission that we know from influenza viruses is person-to-person and by droplets. That is by cough, when you're standing next to someone.

Person-to-person means they have the germs maybe on their hands or something, somebody else touches their hands and then they touch their nose and we're off to the races with transmission.

The environmental surfaces can happen, but that's a much, much lower probability and I think you get a lot more bang for the buck, really working on an education campaign focusing on hand washing and early recognition of

symptoms, cough etiquette. Those kind of things I think have a lot more bang for the buck for disinfection. There's a place for disinfection, but it doesn't need to be overstated and should not be a major focus of your planning and your response to this H1N1.

(Jerry Newberry): Thank you.

Coordinator: Thank you. At this time, if your question has been answered, please press star then 2. One moment please.

One moment.

Your next question will come from (Clifford Mitchell). Your line is open.

(Clifford Mitchell): Hi. This is Dr. (Clifford Mitchell) in the Maryland Department of Health and Mental Hygiene. And I have a point of clarification specifically about probable, but not confirmed cases. And it pertains to two issues.

First is, is CDC recommending closure of the school for probable cases? And the second is, is CDC recommending that siblings, household contacts of probable cases be kept home? Thank you.

(Francisco Averof): Yes, those are very good questions. Okay, first, - again, probable, if you will, are when we know there's H1N1 in the community and you have a child with symptoms, influenza like illness symptoms such as cough, fever, sore throat, other respiratory symptoms and they are a known contact to a confirmed case. That would be what we might call a probable case, they're kind of likely to have that.

So, in that situation, the recommendations do allow for considering closing your school and taking that action with that, but that's enough suspicion that that person may have the H1N1.

Now, there could be rapid evaluation, rapid testing that may negate that quite quickly and allow you to reopen very soon thereafter.

The second question is about siblings of a - let's play a scenario where there is a confirmed case and perhaps, you know, school A is closed, but there's a sibling that goes to school B, what would be the recommendations for that sibling?

Again, our current recommendations are for household contacts, and that would be considered a household contact, not necessarily to be staying out of school, but to be on high alert for early signs of influenza like illness and then at that point, quickly removed and started on antiviral prophylaxis, we might add.

So, we don't have a recommendation for that child to be necessarily taken out of school. You know, because again, we're walking that fine line of how sever is it. If this was a - if we knew this was a much more severe pandemic, a much more severe novel virus, we would, you know, be - you know, I've got to say we'd be a lot more aggressive and we'd probably be recommending dismissal of all the schools in that district in that area. But we're walking that fine line and where do you draw the line at where you stop?

You know, we don't - we're not keeping currently that other child at school. But I think it's - you know, I think in consultation with your local health department, it's not unreasonable approach, but, you know, it's grey, there's a

lot of grey here and I'm sorry, I'm not trying to waffle, but we don't have that recommendation now, but it's not an unreasonable consideration.

And in consultation with your local health department to keep a child, a sibling of a confirmed case in sort of, you know, quarantine, staying home, maybe getting his information is not outside the realm of possible or outside the realm of reasonable, but it's not a recommendation we're making now.

Coordinator: Thank you. Our next question will come from (Marca Quevas). Your line is open.

(Marca Quevas): Yes. Hi. I'm a school nurse and I'm just seeking clarification. We do not have a confirmed case at our school district, but my question to you is in reference to social distancing. Should we consider at this time looking at limiting our field trips or social functions that we have at school sites at this time or should we wait until we know we have a confirmed case before we activate that?

(Francisco Averof): Thank you for that question. Yes, at this time, I mean, it's sort of business as usual for - I think that social events like field trips, you know, are a school activity. I mean, kids congregate in the classroom, they may congregate in an assembly at school, they may congregate in a field trip. I'm not sure I would see the difference in that and I would consider field trips to be as any kind of school assembly program or practice at this time.

(Marca Quevas): Okay. Thank you.

Bill Modzeleski: Dr. (Averof), let me jump in here for a second because one of the other questions, which is sort of a lead on to a couple that have come in is that there are schools, there are teachers, there are individuals who do want to continue to travel to Mexico.

But what they're asking is, Mexico is a large country, so is there anywhere that they could go for information about a specific part of Mexico? In other words, information about a part that may have had the outbreak versus a part which hasn't had the outbreak?

(Francisco Averof): We do have a traveler's health Web site at cdc.gov. And as many of you know, we actually have a pretty broad recommendation to suspend nonessential travel to Mexico at this time.

It's important for people to also know that Mexico is also taking very strong measures, they're taking this very seriously. And again - excuse me - this has to do with the disparity we're seeing a little bit with some of the early information we're seeing from Mexico.

In Mexico, they believe that this H1N1 is much more severe than the severity level we're seeing now. Now there may be various reasons for that. It may be that, you know, their data has not been quite reviewed to the degree that we have and perhaps it's not quite as severe as they think or there may be other reasons for it or it may be that severe.

And so in an abundance of caution, the CDC in collaboration with - in fact, Canada is taking the same recommendation, I believe many European countries have as well, have recommended that nonessential travel to Mexico be suspended.

And the reason for that is, you know, we don't know, you know, we could say, we know, you know, we know places where there is disease for sure, but that doesn't mean that we don't know where it isn't. And for example, we have been able to, you know, help and work with the Mexicans collaboratively and

identify new areas of transmission through cases that came to the United States.

The first identification of transmission in Cancun was from U.S. travelers to Cancun, for example. So, I think you're not going to get that level of specificity and I would again, go to the CDC Web site, www.cdc.gov and you can go actually to the H1N1 site or to the traveler's health Web site and it will give you very specific guidance on recommendations for travel to Mexico. And it's generally not recommended for nonessential travel.

Coordinator: Thank you. Our next question will come from (Sharon Mcliff). Your line is open.

(Sharon Mcliff): Yes, this is in regards to probable cases. You define that as a link. And schools are being concerned about - in relation to field trips also, links as being travel to Walt Disney World, Orlando, Washington D.C., places where there's a lot of international contact and coming back and then having flu like symptoms.

Would that be defined as a probable case?

(Francisco Averof): At this time, no. Okay? Now, by the way, you know, we're one of the two top countries for cases right now. So it would be a little bit of the pot calling the kettle black that we're concerned about, you know, Europeans and things like at that nature. So - and that's just sort of an aside that we have to recognize clearly that we have transmission in the United States.

You know, we have no recommendations currently for gatherings for places such as Disney World and other theme parks and other places where, you

know, people have mass gatherings. You know, you could say the same for the Metropolitan Opera in New York.

So there's a lot of nuance - and again, we have to be very careful with balancing the severity and the aggressiveness we take to control this disease with the second and third order consequences. And that is again, the economic affect it has on people staying home from work with your kids. For example, you may lose, you know, lose income and, you know, so we have to be very careful and cognizant of those.

Likewise, you know, shutting down things like Disney World, we don't feel are warranted at this time. Again, we're following very closely and this is a very fluid and very rapidly evolving situation. And I think a week from now we may be saying something very different. But as of today, you know, we don't have any evidence that would lead us towards suggesting that kind of a measure.

Coordinator: Thank you. Our next question will come from (Joan Idelson). Your line is open.

(Joan Idelson): Thank you. On the ripple effect, which is what you're also addressing and since we have someone from the Teacher's Union or a representative, I have a question that you may or may not be able to answer, but I'd like to throw out there.

And when there is a state of emergency and we've gone into this emergency mode, will schools be able to continue to get funding if they close so that they can continue the services that they should be providing and pay their staff?

Bill Modzeleski: This is (unintelligible). I think that's probably a question more appropriate for the Department of Education. As I mentioned at the start of this thing, I know Secretary Duncan has said that he is willing to examine rules, regulations and provide any waiver that he has responsibility for at the federal level to ensure that schools remain safe and healthy.

So as these issues come up, we will be more assuredly receiving them, reviewing them and providing his feedback on them as quick as possible.

(Joan Idelson): Well, I appreciate that. And there are schools that are closed now. So I'm wondering - so I don't know what the specific regulation would be other than the ADA having to do with whether the schools are getting money or not money or paying the staff - (or the staff) are not getting paid and if there is any information about what's happening currently and what perhaps needs to be addressed. That would be really helpful.

Bill Modzeleski: Right. And I guess what we're saying is that a lot of this happens at the state and local level and if there is a specific question for us at the federal level, we'd be more than happy to entertain that.

(Joan Idelson): Well, I guess - the specific question would be - you know, just as - and again, I don't know if you can get that information or if you have it. But just as there's information about what - you know, how many schools are closed and how many cases there are, et cetera, what is happening in those situations, so that other school districts who are preparing and may run into the same problems. And have to plan, you know, what is or is not available or what they do or don't have to deal with, an informational item would be helpful.

And if there's someone who does know, since I don't know the exact question to ask, about what needs to happen so that schools do get funds and can continue services and can pay their staff, that would be really great to know.

Bill Modzeleski: Thank you. We'll see what we can find out and we'll put in on the frequently asked questions that we have at our Web site.

(Joan Idelson): Thank you.

Coordinator: Thank you. Our next question will come from (Susan Matto). Your line is open.

(Susan Matto): Hi. Thank you (for taking me again). I'm not quite sure if this isn't a political question, but it's related to the epidemiology that I just don't understand.

Last night, as I understood the President, he said that we weren't closing entry into Mexico or from Mexico because it's already in this country. But we pretty much have information, as far as I understand that where our clusters are coming from.

With the advent of new people coming into the country, be it visitors, whatever, aren't we just sort of like leaving possible infection to their judgment, saying to them, well if you do have a cough (unintelligible) you go to the doctor. If you are visiting this country to go see the sites, please just don't come in?

I mean, shouldn't we have some screening by the border since we know that most of the source is at this point from Mexico, even though we are the second largest country with this disease?

(Francisco Averof): Yes, thank you for that question. For our borders, we actually do have screening, if you will. The screening is done by the Department of Homeland Security. They - all people who fly and come in by sea to the United States have a - you know, come face-to-face with a customs and border protection who are trained by the Division of Global Migration and Quarantine on what to be on the lookout for. And so we're working - and the same, by the way, in the land border.

Now in the land border, approximately 500,000 people enter daily through - legally enter daily. And that's a very important point too - enter daily and legally from Mexico.

And sometimes they're in cars and don't have necessarily the perfect face-to-face view. So what's happening now is that the Department of Homeland Security through the Customs and Border Protection are on the lookout for persons with possible compatible illness and they do call the quarantine staff, the Division of Global Migration Quarantine - at the quarantine stations located throughout the country for assistance and/or evaluation.

Those people who are suspicious, they are - actually some people - we have had cases of some suspect cases being turned around and gone back to Mexico from the land border. So I think it's a misconception that we're not doing any kind of screening right now. We have not closed our borders, that would be very imprudent. The economic impacts and ripple effect throughout the economy of closing our borders would be of no value.

And by the way, this has been extensively studied and we know that even with a full border closure and this is something hard to get your hands around, with a full border closure, the benefits are not much greater than if we do this kind

of screening. All it does is delay the entry by perhaps, from one week to two weeks.

And I know that's hard to get your hands around, but that tells you the rapidity of spread within - that happens once it enters. And we are at that situation. So even though it seems counter intuitive, it would not make economic sense, nor does it make epidemiologic sense nor is it a good use of federal, state and local resources to emphasize that kind of activity.

And I know that a lot of the press especially on AM radio has been very critical of this. And it's a difficult concept to explain to people, but it's basically, if you close your borders completely versus doing nothing, there's not a heck of a lot of difference in reality.

And those models, by the way are based on a pandemic starting is Asia, which would be a lot easier to contain. The benefits just really aren't there to warrant it.

(Susan Matto): But isn't the - the disease is contagious two days prior to symptomology.

(Francisco Averof): Yes. No, we don't know that by the way. We don't know. And there is, you're right, that's another good point you make is that people can come in and be completely well.

(Susan Matto): Right.

(Francisco Averof): And so I'm not sure I understand the question. I'm not sure I understand the question.

(Susan Matto): Well the question is, if you're having a screening (unintelligible).

Bill Modzeleski: (Unintelligible) five minutes left here and I want to try to get one more question.

(Susan Matto): Yes.

Bill Modzeleski: There is one that we've been hearing quite a bit, Dr. (Averof) and I'd like to get your take on it. As you know, we have 52 million people in our school system here in the United States and they represent a lot of different cultures and languages and come from different countries. Are there any places that people can go to to get information that may be translated into a different language?

(Francisco Averof): Yes, thank you. The CDC Web site does have a CDC in Spanish Web site as well. And I'm not sure we have other languages. I apologize for that. But you might check with your local health departments where there are concentrations of other populations with other languages. It's important that they - you know, that local health departments often have information from them - for them.

And that brings me actually to another point. I think that as a society one of the lessons we learn from disasters and we learned this in Katrina and we've learned this in past disasters is that the vulnerable populations, those with the lowest means and lowest socioeconomic status are the ones that are most likely to suffer.

I think that - and I think it's important for all of us that work in the service sector, and that's teachers and that includes public health officials as well, be very cognizant and very sensitive to the needs of those most vulnerable in our communities.

And we're very vigorously trying to identify, you know, those vulnerable populations and reach to them. But the best reach is really at the local level. So, you know, in your school district as you look across, you know, where you have different levels of capability, I'm sure you can bet your bottom dollar that those families of higher socioeconomic status, those schools in better off neighborhoods are going to just - a priority fair better no matter what you do.

So as you go to your planning and as you go to your implementation of your plans, very much keep at the forefront those vulnerable populations and really, you know, think about their needs and that includes those with other languages as well. I'd just really encourage that.

Bill Modzeleski: Thank you very much. We have one question for - time, I should say, for one more question. But before going to that question, let me remind everybody that we will put up the testimony transcript of the questions and answers as well as all the discussion that we had this afternoon on our Web page. There's also one from Monday up on our Web page. There is a whole list of frequently asked questions.

Many of the questions that have been asked this afternoon can be found on that.

So, with that, let me turn to the moderator for our final question.

Coordinator: Thank you. Our final question will come from (Susan Whitemire). Your line is open.

(Susan Whitemire): Yes. I had a question; we do not have H1N1 diagnosed in our community yet. It is confirmed cases in a county ten miles south from where we are. I have a student that just returned from (Wahaka) 11 days ago. He has a brother who was just today sent home from school at the elementary level with symptoms, sent to the clinic. He does not however have any symptoms. He's been screened for symptoms. Should he be tested?

(Francisco Averof): You mean the one that came from (Wahaka)?

(Susan Whitemire): Well the family came from (Wahaka). The brother had symptoms - in the elementary level had symptoms and was sent home today. The elementary school contacted the middle school where his brother is at to let us know. I pulled him out of class, screened him for symptoms, he's asymptomatic.

(Francisco Averof): Yes. Okay. So basically, if he had infection from (Wahaka) and brought it back, you know, he would - the incubation period is very brief and he would have been, you know, over it by now. So the child who came from (Wahaka) ten days ago would not be infectious from a disease acquired in (Wahaka).

Could he have gotten some infection from his brother? Yes. But, you know, this is kind of like a connect the dots. If the source was this child in your school that came from (Wahaka), that's the only one that came from (Wahaka) and that was the only possible source of H1N1 into your community and he gave it to his brother, then he would be immune anyway by now and would not be a threat to your school.

But what that highlights to me and again, that's a real simple one, but what that highlights, and I really want to emphasize this, is this is where your local health departments can help you in these kind of - you know, local health

departments do infectious disease epidemiology. And that's what we're talking about, connect the dots on people who may or may not be infectious.

And we really want to discourage your folks, you know, you guys are teachers and in the teaching community. You stick to that; we'll take care of the epidemiology. We won't try the teaching. And if we stay in our lanes that way, I think we'll be better off and avoid possible stigmatization and possible hysteria in the community.

So if you have that kind of concern, the first thing you do is pick up the phone and call your health department.

(Susan Whitemire): Thank you.

Bill Modzeleski: Thank you very much. I want to extend sincere thanks to Dr. (Averof) and Dr. Hatchett. They did a phenomenal job. If this is an audience we'd all be clapping for you (Francisco). But nevertheless, thank you very much.

And I thank the audience for taking time out of their very busy schedules to join us this afternoon.

In closing, let me say is that we started, Dr. (Averof) talked about the difficulties in trying to get your hands around this issue and he talked about school closings, he talked about confirmed cases and they're changing.

We are working very closely, collaboratively with the Centers for Disease Control to try to tackle the issue of just how many schools and how many students and how many states are affected. The information that we have as of today is that there are approximately 300 schools that have been closed or I

should say, are closed because of various issues related to the flu. This affects 170,000 students in 11 states.

I also would like to point out for contextual purposes is that we have a large school system in this country. We have 52 million kids, we have 15,000 school districts, we have well over 110,000 schools. So while this is a very small number of schools that have been impacted, it is a serious issue. It's one that we want to continue to keep abreast of.

And I really would like to encourage all of you in the audience if you have a - know of a school that's been closed regardless of whether it's for a suspected case, a confirmed case, (or for cleaning) if the school was closed, if you would notify us at flu (unintelligible) @ed.gov we would appreciate it.

With that I want to say thank you. Your time, I hope was well served by this conference call.

(Francisco Averof): Could I just ask a quick question?

Bill Modzeleski: Sure.

(Francisco Averof): Would you mind sending me those data you just mentioned, I'd really appreciate it in an email? Just a real brief summary of how many schools, how many kids are in schools, all of that kind of information, if that's all right.

Bill Modzeleski: We already got it down there and I will make sure that you get it too.

(Francisco Averof): Thank you very much. Really appreciate it.

Bill Modzeleski: You're quite welcome. Thank you. Thank you again for all of your help, this has been wonderful.

(Francisco Averof): Okay. Thank you. Very good. Bye.

Coordinator: Thank you. That concludes today's conference. You may disconnect at this time.

END