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CONFERENCE CALL
Guidance for Schools on the Recent Flu Outbreak
U.S. Department of Education
Moderator: Bill Modzeleski
Director of the Office of Safe and Drug-Free Schools
3 p.m. April 27, 2009

Coordinator: Welcome and thank you for standing by at this time all participants are in a listen only mode. During the question and answer session please press star 1 to ask a question.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I will now turn the call over to Mr. Jim Bradshaw. Sir you may begin.

Jim Bradshaw: Thank you very much everyone. Thank you for bearing with us. We apologize for the delay. We've got a lot of people listening in, so we hope that we can provide some good information to you.

We're going to turn it over now to the director of the Safe and Drug Free Schools program at the U.S. Department of Education, Mr. Bill Modzeleski. Bill.

Bill Modzeleski: Thank you Jim.

Good afternoon I'm Bill Modzeleski from the Department of Education Safe and Drug Free Schools program. And on behalf of the Department of Education I want to say both welcome and thank you.

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Thank you for taking time out of your busy schedules especially on such short notice to join in this conference call. This afternoon we'd like to take approximately 60 minutes to provide you with information about the recent outbreak of swine flu in Mexico and the United States and to take as many questions as possible.

Earlier this morning, Secretary of Education Duncan received a briefing from public health officials about the swine flu epidemic. And because schools can be leading indicators of public health outbreaks, he asked us to touch base with the education community nationwide to make sure that swine flu outbreak is one, is on your minds.

And two is that you're taking the appropriate precautions. We're moderating any impact of this flu outbreak on schools around this country and we'll talk at the end of the call about what you can do to help us with that.

Dr. Richard Besser Acting Director of the Centers for Disease Control and Prevention said earlier this afternoon at the news conference, it matters less about what we call this outbreak then what actions we take.

The actions the CDC experts are recommending at this point and will recommend going forward are triggered based on what's going on in communities about what we know today not about what we know tomorrow.

At this point the impact of the swine flu in the United States and at the U.S. schools has been very small. But it's essential that we all prepare and plan especially at our schools and in some cases that means putting in place plans that have been developed precisely for this kind of public health event.

In other cases we may need to quickly develop a new strategy and either way preparing and planning to do what's appropriate in the field of health and communities for your schools and soonest.

Secretary Duncan has emphasized that he wants to be sure that what we do what is necessary to keep schools healthy and I want to emphasize that because I think it's important is that we at the Department of Education want to do whatever we do, whatever we can to make schools healthy, to encourage you to follow the guidelines set out by the Centers for Disease Control and Prevention.

So as we go on this afternoon, please keep in mind that we all need a plan, information about those plans can be followed - found on Department of Education's website.

So now let's turn to our experts on the pandemic and joining us this afternoon we have persons from both the Centers for Disease Control and Prevention as well as the White House's National Security Council.

First we have Dr. Francisco Alvarado-Ramy; he's the Senior Medical Officer in the Division for Global Migration and Quarantine. We also have (Daphne Copeland) for the Division of Global Migration and Quarantine and finally Dr. Richard Hatchett of the White House National Security Council.

I'm going to turn this over immediately to Dr. Ramy. Dr. Ramy.

Francisco Alvarado-Ramy: Thank you sir.

Good afternoon everyone and thank you for coming onto the call on such a short notice. I think that it's always a good idea to become aware of what's

going on in as having pointed out by the organizer and Dr. Besser and by others its' important what actions we take and less about the nomenclature about how we terms we use to label what's going on.

I can tell you that among the priorities that CDC is looking into right now include determining the extent of the outbreak. We have teams focusing on the domestic aspect of the investigation and whenever we have a possible case we emphasize travel history as part of the work up.

And we're also looking into D.C.'s reports from outside of North America, International reports. We're trying to characterize the clinical illness and find out why there seems to be a difference in the clinical spectrum or the disease caught by these virus between the United States and the experience in Mexico.

We have laboratorians here at CDC and other reference laboratories of the world Health Organization characterizing the virus and trying to look into genetic differences that could explain the difference in the severity the CDC has seen in the U.S. versus Mexico.

We are communicating with healthcare workers across the U.S. so they can take appropriate measures to protect themselves. And also to evaluate persons with an epidemiology link or some sort of factor that places them at higher risk for this disease, such as travel to Mexico or another effective locality and some sort of influenza like illness that we refer to as essentially having a cough, having a fever, having a sore throat.

We are also providing case management guidance and how and when to use anti-viral drugs. We have anti-viral's as part of the U.S. government stockpile and as you have probably heard in the media the Secretary of Homeland

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Security and the acting Secretary of HHS have authorized the release of approximately 25% of the U.S. national stockpile.

That includes not only anti-viral's but equipment that could be used to protect healthcare workers and the general public. Including masks and other supplies and we'll get into some of that probably later into the discussion if you wish.

There's some movement recommendations for the U.S. government where we'll move towards a stronger recommendation against non-essential travel by Americans to Mexico.

And there's some guidance as to how to mange a contact of a confirmed case. We're also working with partners in the local and state agencies as well as partners in the other parts of the federal government like the Department of Education, Department of Agriculture, Homeland Security and others.

To protect our work force of the borders and other personnel that we have either working on this response or doing - going about with their usual duties. We are issuing, actually we've posted on our website late last night some recommendations to mitigate the consequences of any further decisions measured within the U.S. using non-pharmaceutical intervention measures.

And I've heard there's an expert on the line that later could tell all of us a little bit more about the background of these efforts. But they are predicated on modeling of data and historical experience of what happens when we have a major pandemic with a lot of mortality back in 1918.

And how the experience among different cities in the U.S. could be partially explained by the measures that health officials and others took to increase

social distancing and other efforts to limit contact between people to reduce disease transmission when you have this disease in the community.

And usually those have to be done early in the process or the outbreak in order to have a meaningful impact. CDC is also working with the private sector and there's a (barda) (sic), an agency we think the Department of Health and Human Services who is engaging with industry and the Federal Drug Administration to develop candidate vaccines using a safe strain that's been developed here at CDC.

It usually takes them a couple of weeks to prepare and then after that it takes them by between 8 to 12 weeks to start producing vaccine. But that is a very high priority for the government and we're working very hard on moving towards a vaccine, which is the ultimate preventive measure.

But until we have the vaccine we have to rely on common sense actions to reduce transmission and also we have some other measure to treat individuals who are ill, severely ill, which we have not seen in the U.S.

We are only seeing severe disease in Mexico, so far and unlike 1918, today we have mechanical ventilators when people have respiratory failure. We have (unintelligible) of antibiotics when people get secondary infections after being weakened by a, for example an influenza infection.

And so our whole healthcare system is better equipped at dealing with morbidity or illness from, caused by this disease. The U.S. is examining other measures as part of our obligations under the international health regulations.

And following any recommendations that could come from the World Health Organization with regards to screening any outbound passengers, but that's still in discussion as is any screening of passengers coming into the U.S.

But we are actively managing cases, compatible cases at ports of entry all across the U.S. and in some communities. You may be aware that we have 40 confirmed cases in the United States of swine influenza virus and we have 10 probable cases so that builds to a total of 50. And I believe we have around 6 affected states.

The median age or the sort of the average of the persons that have been confirmed as cases is 16 years, so you can tell that is sort of a younger population in the U.S. and so that has a lot of ramifications for what we do in our schools.

And also what we know traditionally from seasonal influenza and pandemics is that school-age children play a pivotal role in transmitting the disease among households and in communities, so it's something that we need to keep in mind.

But also keep in mind that so far, the experience in the U.S. is markedly different from that of Mexico in that so far we have only had two persons who have had to be hospitalized from the illness caused by this infections or due to the illness caused by this infection and both have recovered and are doing well.

The outbreak investigation continues and we have deployed staff in Mexico to further understand what's going on there. We still do not know for sure if there is a difference in the way we conduct surveillance between the two countries

or what other factors could be at play, but we are actively pursuing different explanations as to what, why that's the case.

But I think we can anticipate we're going to see more cases in the United States and we need to be prepared and part of what we are doing is communicating and engaging with our different stakeholders to make sure that we take appropriate measures.

As I said, you can go to our website, the CDC, www.cdc.gov, again, www.cdc.gov. That's our website. You can click on the link for swine influenza and in that link you will find countless of guidance geared towards different scenarios.

And one of the guidance's that we have placed on that website was actually posted last night and it's a guidance for non-pharmaceutical community mitigations and arrangements that could be taken in a community.

We, when we were working as part of the preparedness efforts by the different levels of government, we were always, it was very important for planning purposes to determine how severe a given normal strain of influenza was in order to mount a proportional response.

Now, since we are facing with the conundrum or the challenge of this dichotomy in the data coming from Mexico vis-à-vis the data coming from the U.S., we have had to adapt our guidance.

And so this guidance could change based on what or how the virus behavior evolves and how much disease transmission we see. We can always hope that, you know, we are coming to the very tail end of the usual influenza season,

seasonal influenza. So in the summer we tend to see a drop in cases so maybe that would help us, but we still need to keep our guard up.

In 1918 we actually saw our first wave. A lot of people got ill, but did not get severely ill, so we need to be prepared. And there's some common sense recommendations that are, that come out of that guidance that are not only applicable to the school setting, but that are also applicable to the broader community.

And whenever we have a human infection with swine influenza and that is confirmed in a given community, we at CDC are strongly recommending calm isolation of cases.

And that is those persons who, in that community where we know we have cases of swine influenza develop either a fever with either a cough or sore throat, these people should be encouraged to stay in their homes for seven days after the illness started or at lease 24 hours after the symptoms have resolved, whichever is longer.

So people who are ill, who have some sort of respiratory infection and we know there's swine influenza in that community should stay at home. And that's important as a personal responsibility measure and it's also a good idea to stay home and better monitor your symptoms and avoid stressors or other situations that could complicate one's illness.

Bill Modzeleski: Dr. Ramy, Dr. Ramy, this is Bill Modzeleski.

I don't think that many of our participants had the opportunity to click on the CDC website and pull up the guidance and so I think it would behoove us if you could take a couple of minutes and go over specifically that portion of the

guidance that deals with school dismissal and childcare facility closure. Because I think that those are the important issues for our audience today.

Francisco Alvarado-Ramy: Sure.

And so as a segue to that, there are basically four bullets in that recommendation and the third one, indeed, deals with school dismissal and childcare facility closure.

And when we say is that when there is human infection with swine influenza that's confirmed in that community, that dismissal of students should be strongly considered in schools with confirmed - that have a confirmed or a suspected case.

Now, decisions regarding broader school dismissal within those communities is left to local authorities taking into account the extent of respiratory illness in the community.

So we would make that recommendation that school systems consider dismissal of students whenever they have a student that is confirmed as having swine influenza or is a suspect case confirmed or someone who we think could have swine flu and is a contact or, for example, lives in the same house of someone we know for sure was a confirmed case that has swine flu.

In those instances we recommend that school dismissal be considered or closing the childcare facility. We are also saying because and it's pretty much common sense and whenever, you know, if you dismiss students or a childcare facility closes, that school or, should cancel any child, any school-related gatherings and encourage parents to tell their children to avoid

congregating outside the schools to sort of self-defeat the purpose of dismissing them from the school.

And, you know, we understand that these are challenging situations, but it's something that in advance, communities can start and some of you could already have planning in that regards.

But now could be another opportunity to reassess those plans and talk to teachers and their lesson plans and perhaps more use of the Internet in terms of how to assign materials if their school were to be dismissed.

And again, this should not be done in a vacuum. We suggest that they do this in conjunction with their local or state health department and not only for the dismissal, but also for the reopening.

And what we are saying is that if no additional confirmed or suspected cases are identified among the students or any other school-based personnel for a period of seven days that schools may consider reopening or resuming normal classroom operations.

And that's basically what we're saying in the guidance with regard to schools. I don't know if any of our colleagues from the Department of Education, Dr. Hatchett or our other, the model experts want to weigh in further or make any other clarifications.

Bill Modzeleski: Well, I appreciate that and thank you, Dr. Ramy and if you just hang on, I would imagine that the guidelines here are going to generate quite a few questions from our audience.

But before we go to questions and I'd like to do that in a couple of minutes, I'd like to give Dr. Hatchett a opportunity for a couple of minutes to define the modeling and some of the reasons based upon experience going back to 1918 as to why schools are being closed and why we're practicing social distancing and other mitigations factors. Richard.

Richard Hatchett: Thank you, Bill.

So I think Dr. Ramy has given a wonderful summary of where things currently stand and what our current recommendations are. I would like to just give a little bit of background about what we have been calling the community mitigation guidance.

And, which, for those of you on the phone who are interested in looking at a rather long document, but a very thorough and comprehensive document, if you look at www.pandemicflu - all one word - dot gov, on the main page under resources is a document called the Community Strategy For Pandemic Influenza Mitigation.

This is a document that was published in February 2007 after a long, over, more that a year-long process of vetting and review by subject matter experts in the federal government and consultation with state and local public health experts, state and local stakeholders from the education community and many other communities of outreach to focus groups of the general public and outreach to the private sector.

So it is a very thoroughly considered document.

What that document outlines, as Dr. Ramy indicated, are a series of interventions that communities can implement to protect themselves in the

event that we have an influenza pandemic for which we don't have a vaccine immediately available, which is certainly the current circumstance.

That document does talk about the pandemic severity index that's been mentioned earlier. The extent of an intensity of the non-pharmaceutical interventions that are recommended in that document depend critically on the pandemic severity index grade. And the grade is determined almost exclusively by what's called the case fatality rate, which is the percentage of total cases that result in fatalities.

For point of comparison, the 1918 influenza pandemic, which is the most severe pandemic that we have a record of the case fatality rate, was on the order of 2%, which is still quite low. But when 40% of the population in a given community might be affected by the disease, that results in a very substantial level of mortality.

For the highest category pandemics, the Category 4 and Category 5 pandemics, which are pandemics that have case fatality rates, I believe, exceeding .5% or exceeding 1 in 200 individuals who actually become ill actually dying, a very stringent set of recommendations with prolonged school closure are recommended because of the ambiguity of the current situation.

And because of the disparity between the case presentations that we are seeing here in the United States and the case presentations that we are hearing reports of in Mexico and trying to gather more information about in Mexico, it's impossible to assign a pandemic severity index with certainty.

And that is why we are in the position of taking the recommendations as they stand and trying to contextualize them to the current situation without

imposing unreasonable social cost in the affected communities until we really have a better sense of what is happening.

This historical experience in cities in the United States in 1918 was mentioned. I'll spend just about three or four minutes describing that and then, Bill, I'll turn this back over to you. I'm happy to answer any questions, you know, that come up later.

I'll also before, Bill I turn it back over to you I'll mention just briefly some of our modeling results as well. In 1918 the pandemic virus actually also emerged in the United States probably in the spring of 1918 and then transmission subsided. Transmission is highly seasonal and it is the norm for influenza transmission to subside to a great extent during the summer.

And that's actually one, you know, advantageous thing with the current situation is that we are getting on towards the warmer part of the year when we would expect influenza transmission to decrease naturally. That may work in our favor.

In 1918 after the lull of the summer, the pandemic virus reemerged in late August on the, in the east coast, in Boston in fact. And cities along the east coast, you know, were affected very rapidly as they have been with the current spread of the virus with, you know, New York and Boston and Baltimore and Philadelphia all being affected quite rapidly.

The virus then spread across the country ultimately affecting all states in all major cities in the United States. A couple of years ago, we went back and did an intensive analysis of the types of interventions that were implemented during 1918.

And we found a trend that did not surprise us but which had not been noted previously, which is that the cities; there were widely variable outcomes between cities in terms of the peak fatality rate at the peak of the epidemic and in terms of the overall fatality rate in different cities.

And that phenomenon was not understood and it actually was attributed for several decades to possible mutation of the virus in a very short timeframe, which really is not scientifically plausible.

When we did our analysis a couple of years ago, we actually looked at the different kinds of intervention that different cities used and we looked at when those interventions were implemented and whether they were implemented simultaneously or in a piecemeal fashion.

And what we found was that cities that implemented interventions in a uniform, simultaneous fashion and that did so at a very early point in their local outbreak had much better outcomes. They had much lower peak fatality rates with average peak fatality rates being reduced by around 50%.

And overall lower fatality rates for the entire epidemic, although the difference was not quite as great. At the time there were no vaccines and no anti-viral's so there really was no way to protect the community other than allowing the virus to burn itself out.

There was, one of the notable examples that is frequently cited is the comparison between Philadelphia, a city on the east coast and St. Louis, Missouri.

The epidemic in St. Louis started about two weeks after the epidemic in Philadelphia, so they had a little bit of prior warning and were able to act in a more concerted and faster fashion than officials in Philadelphia.

In Philadelphia, officials waited approximately 16 days after the first identified case in their community and the and then they implemented a whole battery of social distancing interventions, closing schools, closing theaters, banning public gathering, banning church services, et cetera, et cetera.

And they had really dreadful outcomes. About, I think about 1% of the population of Philadelphia actually perished during the Philadelphia pandemic.

In St. Louis, the public health authorities lined up with the political leadership and they implemented an almost identical series of interventions two days after the first case was identified in St. Louis. The peak mortality rate in St. Louis was about 1/8 the peak mortality rate in Philadelphia.

They had to leave those interventions in place for six weeks and actually, when the lifted the interventions after six weeks, unfortunately, the disease began to circulate and transmit again and they saw an up tic in their mortality rates and then they ultimately reintroduced the interventions until the pandemic virus passed away.

We saw that pattern over and over and over again and that finding that the cities that acted uniformly and aggressively and early had much better outcomes comported with our modeling results.

We had been working with very sophisticated infectious disease modelers and it was very clear that layering interventions together and implementing them

early could result in dramatic reductions or at least the model suggested that they could result in dramatic reductions in disease transmission and ultimately in disease attack rates, peak fatality rates and so forth.

One of the findings of the modeling and you have to take modeling for what it's worth, I mean these are based on computer algorithms and they're the best models that we can develop, but they are models.

They are not reality. The modeling suggests that it is very important to implement these interventions very early. That if you wait until as much as 10% of the population in a community has already become infected, they are almost worthless. They have very little value if they are implemented at a late point.

That sounds like late, it actually sounds like an early point, but it's actually quite late in the course of the epidemic because of the propagation of disease through the community.

The modeling results suggest actually that the ideal time point, the maximum benefit, is obtained if the interventions are implemented when the attack rate within a given community is 1/10 of 1% or less, 1 in a 1000 people, in the community have been infected and we realized that may be a very difficult target for most communities.

But, we certainly think that most communities should be able to implement interventions when less than 1% of the total population in the community has been infected.

So, that's a very brief summary of some of the background to how we develop these recommendations and, as I said, the recommendations went through a

very extensive process of vetting and review and, you know, have been issued as the government's guidance for the whole set of interventions is for a very severe pandemic.

We do not know that this is going to be a pandemic even yet. We don't know that it will be a severe pandemic, but it is certainly based on the experience in Mexico to date, certainly an event of a very significant concern that we are monitoring closely.

Bill Modzeleski: Thank you.

Man: (Unintelligible).

Bill Modzeleski: That's great. That's wonderful and, before we get to questions and I'd like to jump to questions pretty quickly here, but, before we do, let me bring up a couple of points.

First of all, we're going to try to make this as easy as possible as far as getting information, so if you want to link on to the Department of Education's website, all you need to do is go to www.ed.gov.

And, as you click onto that, what you will have is a Widget popup, which will refer you to the swine flu. So, from there, you could go directly to any/all of the information we carry.

We also can - we'll hyperlink you to CDC and other appropriate sources, so you - if you want to go onto our website, we'll make it very easy to get, you know, you information about swine flu.

Two is that both the Centers for Disease Control and Prevention, as well as the Department of Education, are very concerned about surveillance and learning as much as we can about those schools, which are or have closed or have a potential of closing or are discussing closing because of the swine flu.

And we are requesting that, if you have information about a school in your district that is closing because of the swine flu, that you notify us. And the best way to do that and we're going to give you one email address to send us that information and the same email address can be sent - can be utilized to send whatever questions you have that may not be responded to today.

So, that e-mail is osdfs.safeschl@ed.gov. I'll say that one more time, that's osdfs.safeschl@ed.gov. Again, we will use that mailbox for any questions that you may have and we promise that we'll turn your questions around as quickly as possible to make sure you get appropriate responses.

Lastly, I want to say is that Secretary Duncan said this morning repeatedly in our meeting is that he wants to remove all Educational Federal Requirements or impediments to creating safe and healthy schools.

And so, whatever we can do to assist the field in creating these schools that are safe and healthy for our students, we want to take that into consideration and we want to do it as expeditiously as possible.

So, please, if we could go online now and get questions or any other questions that aren't answered and I would assume we have well over a 1000 people on this conference call this afternoon that we're not going to get to everybody with your questions.

That email box is the best way to get those questions to us and I promise you that we'll turn them around very quickly to you. So, can we go ahead and open this up and have Dr. Ramy and Dr. Hatchett answer any questions that may come in?

Coordinator: Thank you. We will now begin with the question and answer session. If you'd like to ask a question, please press star 1. You will be prompted to record your first and last name.

To withdraw your question, press star 2. Once again, if you'd like to ask a question, please press star 1.

One moment.

Our first question comes from (Marcy Taylor). Your line is open.

(Marcy Taylor): Yes, I'm a school nurse and I have a student that is currently in Mexico on vacation, returning to our area, Fort Myers, on Wednesday and I just was wondering what the recommendation was for this student?

Francisco Alvarado-Ramy: Sure and we've been asked this question before and there's no reason to exclude this child from school when he returns, he or she returns.

(Marcy Taylor): Okay.

Francisco Alvarado-Ramy: However, it's good that you have that information and should the student develop any fever, any cough, any signs of a respiratory infection, that you take that index of suspicion and put it pretty high and immediately exclude him from or her from school and contact your local public health and

they can start a testing process after he has been and she has been isolated in their home.

(Marcy Taylor): Okay, thank you very much.

Coordinator: The next question comes from (Ann Schupp). Your line is open.

(Ann Schupp): I withdraw. She asked my question, thank you.

Coordinator: The next question comes from (Joan Eddelstein). Your line is open.

(Joan Eddelstein): Yes, two clarification questions, please.

At the, the first one, is that I'm at the ed.gov website, I don't see anything popup. The only thing that I see is on the blog for swine flu and, when I try to do a search, nothing comes up?

Bill Modzeleski: Okay, we'll check that and make sure that it's correct before the end of the day.

(Joan Eddelstein): Okay great and, the second thing is I'd like to, sorry to be a pain, but I'd like to ask you to repeat the email address and, then, say a word for each letter because it was very difficult to understand and we had a school that was just closed, so?

Bill Modzeleski: Okay, you want me to read it? I'll repeat the email address. It's actually the acronym for Office of Safe and Drug Free Schools, so.

(Joan Eddelstein): Okay, thanks. That's what it is, okay. At Safe School, but without the O's?

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Bill Modzeleski: Safe School...

Woman: Yes, exactly.

Bill Modzeleski: ...well, you've got me there, right, at ed.gov.

(Joan Eddelstein): Right and so Safe School, but with no O's?

Bill Modzeleski: Yes, ma'am.

(Joan Eddelstein): Thank you so much.

Bill Modzeleski: You're quite welcome.

Coordinator: The next question comes from (Vicky Cochran). Your line is open.

(Vicky Cochran): I withdraw; my question's already been answered, thank you.

Coordinator: The next question comes from (Rita Molly). Your line is open.

(Rita Molly): Yes, hi, I've had several students who had the diagnosis of type b influenza and I'm wondering if we should take some more precautions when we hear those diagnoses as well or are those definitively not as problematic for school closure?

Francisco Alvarado-Ramy: Yes, that's another good question. Once you have confirmation that it is influenza b that is different from the influenza we're dealing with now, which is type A and so, if a rapid test suggests that it is influenza b, well, we can take the same precautions we do with (unintelligible) influenza.

They do not want closings of any schools, but the ill person should remain at home until they are no longer symptomatic. And I would encourage every school to, you know, stress the basic self-infection control.

And, if you're sick, with a possible communicable disease, that you should stay home, that you should cover your mouth when coughing and, you know, washing your hands off.

And that's the classical intervention that we must always keep in mind that we need to do into our daily lives and stress it to our kids.

(Rita Molly): Thank you.

Coordinator: The next question comes from (Patricia Keck), your line is open.

(Patricia Keck): Yes, I'm a Director of Health Services on a school district on the Mexico/Texas-Mexico border. We have just heard that the President in Mexico has closed all schools until May 6.

A bridge is linking our city in Laredo, Texas with Nuevo Laredo on the Mexican side. Our bridges remain open. Do you have any recommendations that we might add?

Francisco Alvarado-Ramy: Well, one of the challenges as Dr. Hatchett was mentioning during the development of our original guidance is how to define the community. And, I mean, yes your communities is in the U.S. that is very close to Mexico. And there's a lot of traffic and so I would see your concern there.

But as long as your school does not - your community, your township, your county does not have any confirmed case I don't think there's a trigger to consider dismissing your school.

Once you have that confirmed case, in the community, that could be a student in your school, then that would be a consideration. But until that happens, I would stress basic infection control.

Being alert, alerting the school nurses, the teachers about being on the lookout for people with upper respiratory infections. And those people should be asked to be sent home.

And, perhaps, the nurse could do some, sort of, risk assessment. And ask them about contacts, about travel to Mexico and that could identify person that we should sought after a more aggressive screening approach.

But it's hard to tell how this is going to evolve, as Dr. Hatchett stressed we're fortunate in a way in that we're coming towards the end of the seasonal influenza season, if I may be a little redundant there.

But we just need to continue to monitor the activity in our near-by communities. And if you have increased activity in your bordering community, your counter-part community in Mexico that's another indicator you need to raise your index of suspicion.

But until you have a confirmed case in your community, I would not go the route of considering a dismissal of your school.

(Patricia Keck): Thank you very much.

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Richard Hatchett: Dr. Ramy, this is Dr. Hatchett, would you concur that it though that it would, obviously, be very prudent to keep tabs on the situation in the sister city across the boarder?

Francisco Alvarado-Ramy: Absolutely, absolutely, I mean and I think that's one of the things that both the State Department and the local health departments are stressing in terms of conducting surveillance. And that's how we identify cases, possible cases and determining what, sort of, a response we're going to take, so indeed that's critical.

And that's why we're trying to get a handle on what's the situation in Mexico. Trying to differentiate within regions of any Mexico to see if, like central Mexico, it's, perhaps, more affected than other parts of Mexico. So even in our recommendations we're trying to be as specific as possible, although now it seems like many regions in Mexico are affected.

(Patricia Keck): Thank you.

Coordinator: The next question comes from (Alice McIntyre), your line is open.

Miss (McIntyre) your line is open.

(Alice McIntyre): My questions have been answered, thank you.

Coordinator: Thank you. (Dana Holtz), your line is open.

(Dana Holtz): Yes, I'm from a rural community, a farming community in the State of Tennessee. In the next few weeks we'll be seeing a large influx of migrant workers from Mexico come into our counties to work in the farm. I was

wondering if there's any indication as to any, kind of, restrictions that might be placed on that.

Francisco Alvarado-Ramy: I do know we have a deadline to submit a document about that very same topic of migrant workers. So I anticipate that sometime over the next few days that will be up on our website to provide the guidance.

I am not privy to exactly how that's going to come out. So I would not speculate as to how we're going to approach that issue. But I would encourage you to stay attentive to our website.

And if, by any chance, you do not find any guidance over the next couple of days and you're still concerned, then you please contact Mr. Bradshaw at the Department of Education and they'll contact us and we'll make sure it gets addressed.

And that goes for any other concerns you may have and any other challenges that you face in implementing some of these recommendations. Or some suggestions you may have to improving our policy, please channel them through the Department of Education.

And we'll be eager to work with them to ease the difficulty faced by you, in terms of implementing these measures. And also diminishing the unintended consequences that some of these (unintelligible) could impose in our society.

(Dana Holtz): Thank you.

Coordinator: The next question comes from (Bonnie Hedrick), your line is open.

Please check your mute button.

Note: The public health guidance provided in this April 27 call was appropriate for the flu situation at that time. As the situation evolves, the guidance may, too. Consult the Centers for Disease Control and Prevention for the most current information on this flu outbreak and CDC's guidance for schools: http://www.cdc.gov/swineflu/

(Bob Canning): Hi this is (Bob Canning) from the Ohio Safe School Center.

(Bonnie Hedrick): He's with me, (Bonnie Hedrick), I'm sorry.

(Bob Canning): We're all familiar with media messages and some of them might panic our community rather than just the alert them about the issues. Should we expect CDC to provide some type of sample community messages that we can put out state-by-state. Or, is each state going to be expected to come up with their own?

Francisco Alvarado-Ramy: We are continuously sending health alert network messages and (FBX) reports and both of them go to state and public health officials. And they can elect to either use them as they're sent, use the content and then modify them and adapt it to their own use.

So, I mean, we've sent a lot of guidance on that regard. And we are planning to send more. I anticipate that as things have evolved over the weekend that you would see more guidance from your state and local health departments.

And if you haven't done so it might not be a bad idea to contact them. Or check their website to see what they have posted. And tell them to - and remind them about the importance of the school setting and the school environment in mitigating any potential outbreak of swine influenza in the community.

Bill Modzeleski: (Bob), this is Bill Modzeleski and one of the other things you could do is, we could probably, use the (list-serve) and send out requests for models or other examples what other school districts, what other State School Safety Centers

maybe doing. So I think that that's, probably, one of the ways we can get you some feedback on that too.

(Bob Canning): Okay, great Bill.

(Bonnie Hedrick): Thank you.

Coordinator: Our next question comes from (Marcia Byno), your line is open.

(Marcia Byno): Yes, my question is regarding siblings. If a child is confirmed with a case at another school, however they may have siblings at a different school, what necessary action steps, even though they're not symptomatic. What action steps need to be done for the sibling?

Francisco Alvarado-Ramy: Thank you very much for that question. Actually that's one of the bullets in our guidance. And that's - and we identify that type of person as a household contact. That is somebody who lives in the same household.

And what we're saying right now and this could change, this could very well change. But we're saying right now is that this persons or like this, student, in this example they should only remain at home if they develop signs of illness.

However, we also saying that they should minimize the contact in the community to the extent possible. But we're not forcing them to stay at home. Or making a very strong case at this point for them to stay at home.

But if they're able to do it, their family is able to tolerate they should just minimize the contact in the community to the extent possible. And the other message we're trying to get across is that in that family, for example, that ill

student should be cared properly by a single caregiver, so that we minimize interactions with other members of the family.

So that there's a designated, for example, one of the parents could be designated to take care of that ill child. But at this point the contacts, the brother, the sister, the sibling should be able to go to school unless they develop symptoms.

And it's important to, as a prior questioner mentioned appropriate media messages and appropriate orientation to teachers and parents about the measures and the recommendations that we're giving.

Richard Hatchett: This is Dr. Hatchett again. Just like to add what may be a point of clarification in that and I don't want to open up a can of worms by doing so, but as Dr. Ramy said, you know, that, the current recommendation is based on the information we have available to us at this time. And thus, please recognize that there is very ambiguous information about the severity of this particular virus.

If we were in the situation where we were certain that we had a very severe virus, for example, a virus on the order of the 1918 virus circulating in the community, it is likely, I would think, the CDC would issue a recommendation that members of the household where the confirmed case has been identified would also remain home.

Really, really drastically reducing the interactions with the community and that would likely mean that the siblings would stay home. But actually if there was a really severe virus circulating it would be likely that a recommendation for broader school closure would also be issued. Is that, am I stating that fairly.

Francisco Alvarado-Ramy: I think you're hitting it right on the head sir and you're totally correct and I think that's totally consistent with the guidance that you would see a different severity of illness reflected in the sort of mortality that we're getting from the illness caused by this virus.

That's definitely, you know, contact should remain at home as well and that's something that we sort of struggled over the weekend as we gathered the data from Mexico and compared it to the data in the U.S. You're totally correct and, you know, if this gets more serious we'd have to get more aggressive sort of a proportional response.

(Marcia Byno): Thanks.

Coordinator: Our next question comes from (Elizabeth Calaman). Your line is open.

(Elizabeth Calaman): Yes hi I just have a question. I'm a school nurse here in Las Vegas and there haven't been any reported cases here.

But would you think you would cause more of a hysteria if I were to send a notice out to the parents about what to look for. Should I just as you recommended just tell the teachers like if they were aware of any students traveling to Mexico and what to look for. What do you suggest?

Francisco Alvarado-Ramy: Yes I think it doesn't hurt to give out the basic infection control recommendations and perhaps you could keep it in your back pocket the recommendations for specific swine influenza. But I think that, you know, a lot of parents, you know, they're getting a lot of media messages from many sources.

I just got a call two hours earlier from my own wife. She's a pediatrician and she got bombarded with questions at the, at one of the schools that one of our children go, on what to do and, you know, people some of their parents were from Mexico, all sorts of conflicting statements made by different parents.

So if you go to that realization and there's misinformation out there, I think we're obligated to sort of try to bring the facts on what's known and not known about the virus. But I totally agree with you, to be careful and not at this point exaggerate the threat until we have more information.

But lack of information does generate its own problem, so I think it's a matter of properly configuring the messages. And I think that the gentlemen that asked about the media messages have it correct in the importance of crafting adequate media messages.

So that's one message that I'm taking out of this call making sure that we're sending our guidance in the Department of Education and making sure that it's what you need.

And if you think that there are any products out there that you're still missing please channel them through the Department of Education and we'll make sure we get them to you.

And you can always refer parents to our website and a CDC info number that we have for people to actually call. And they can also call their local health department as well.

(Elizabeth Calaman): Okay and the three key symptoms you keep mentioning are the fever, the cough and the sore throat.

Francisco Alvarado-Ramy: Right that is how we define sort of like an influenza-like illness. If you have a fever, flush, sore throat or cough then you're in that, you meet that definition that we use for influenza like illness.

But if you're having a cough and you even though you couldn't quantify the fever you keep an eye because they could evolve, the presentation then could evolve into the fever and have the symptoms that meets the definitions, so yes those are signs and symptoms to look for.

Difficulty breathing that could be a sign of a more serious complication from the, from an infection in this case.

(Elizabeth Calaman): Thank you.

Coordinator: Our next question comes from (Kathryn Sanunka). Your line is open.

(Kathryn Sanunka): Hi okay this sort of follows the last question. The, you've mentioned three common symptoms, fever, cough and sore throat. What is the typical fever that you are seeing? Is there a range, is there a certain fever it's over. Also are body aches typical and what is the speed of onset.

Francisco Alvarado-Ramy: Yes you could also see nasal congestion for example we call rhinorrhea where you could also see with a common cold and that's why you have to keep in mind that there are other illnesses that can have a similar presentation.

We typically define a fever more than 37.8 degrees centigrade, more than 100 degrees Fahrenheit; I think that's how we're usually defining. If you want to be more certain then you have a fever of perhaps more than 38 centigrade that would be, you know, a less sensitive more specific definition of a fever.

(Kathryn Sanunka): Okay. And what about body aches and speed of onset?

Francisco Alvarado-Ramy: Yes definitely body aches is a characteristic of a, of the influenza and virus infection. We've seen body aches. We've seen headaches and even a few cases have had some gastric intestinal symptoms, so if that happens you have to evaluate the whole patient.

But there's, just because somebody has a nausea and vomiting doesn't necessarily exclude them. But you have to look at what the predominant syndromes and evaluate them and when you have doubt you can always refer them to their school nurse to certainly do an assessment or to a healthcare provider.

(Kathryn Sanunka): Yes I am a school nurse thank you. Yes that's why.

Francisco Alvarado-Ramy: Yes I'm trying to be as broad as possible because we have all sort of an audience I think we have 1000 participants so I wanted to make sure that people...

(Kathryn Sanunka): Yes I'm seeing a lot of illness right now. We have a very diverse population so, thank you.

Francisco Alvarado-Ramy: Thank you ma'am.

Bill Modzeleski: Dr. Ramy this is Bill Modzeleski I mean one of the questions that we've been having and let me just throw it out there see, how we can deal with it is in your first bullet under school dismissal, is that dismissal of students should be strongly considered in schools with a confirmed or a suspected case that's epidemiologically linked to a confirmed case.

So could you amplify on that a little bit? Are we talking about only confirmed cases or are we talking about suspected cases and if we're talking about confirmed cases are the confirmed cases coming up after they're gone to a lab.

Francisco Alvarado-Ramy: Okay, when we talk about a confirmed case we usually have had a test done after a swab is taken from the nose and throat of the person. We run it through a, they call it a PCR and that test will show that it's influenza A but it's not the typical influenza.

And then they say well that sample is (unsubtypable), we don't know what it is. And they usually send it to CDC or to another lab and we're trying to expand laboratory capacity in the U.S. that all state labs are able to do it. So when a confirmed case, we're able to determine yes, this is swine influenza (H1 and 1).

However, when we talk about a suspected case that is linked to a confirmed case, we're talking about someone who was a case that is confirmed and then you have someone who had an exposure to that person.

You haven't tested the person, but that person has symptoms consistent with the illness. And in that case that's what we call an epidemiologically linked case.

Richard Hatchett: Dr. Ramy, this is Dr. Hatchett, let me put you on the spot in front of a whole lot of people. Would you regard a suspected case as a child with influenza "A" who had just returned for example from Mexico or another community in the United States where a known, confirmed outbreak has occurred?

Francisco Alvarado-Ramy: If you have a - I would say that we have a student who has come and another person posed that question from Mexico and that person developed symptoms compatible with the illness, I would recommend that, that student be isolated and that we do a work up to determine whether they have swine influenza.

Of course, the decision in whether to dismiss is up to the school authorities, the school board, the local state and so on. But our guidance as is written right now, it's predicated upon having a confirmed case.

So we'd have to wait until he's confirmed or at least that the case is (unsubtypable) that is that the state lab is unable to say. They think it's influenza "A," swine, but they don't have the test yet to be able to confirm it. And, yes, in that sense, in that case that would perhaps be a stronger indicator that you have to be more aggressive.

Coordinator: Our next question comes from (Teresa Crandle). Your line is open.

(Teresa Crandle): Yes, I'd like to find out how we get word out to our local hospitals. We have an adult in our community who was in Laredo this last week. And this weekend he was extremely ill with a high fever, 103, 104, body aches, sore throat, the classic symptoms you've been going through.

When he went to one of the local hospitals, they did not test him for the flu. They told him he has sinusitis and he's back at the hospital today trying to get them to run a flu screen on him.

Francisco Alvarado-Ramy: Yes, I mean certainly many states have increased their surveillance and I know that last week, some day I don't remember the exact day, California for example, decided they would test for flu any person with what

looked like an influenza-like illness. And that's because usually this time of the year, you know, influenza's sort of going away.

I guess it's less on the radar screen of front line health care workers, but I think that as we continue this week and there's more dissemination about the concern, you're going to see more testing being done. If you have any concern about that person not being tested, my first point of contact would be to talk to local public health.

And if they're unable to help you, then the state public health should be able to intervene and try to arrange for testing. Because what you presented is certainly a person that warrants a testing to determine whether they have swine influenza because you not only have the ramification for the individual health, but for the health of others.

(Teresa Crandle): Yes. That's my second question. If he does come out positive, I am a school nurse in a community and his wife is one of my school nurses, so is any of the children he was directly exposed to at the end of this last week, besides his own two children, will the local health department or state health department tell us whether we're going to have to do anything precautionary for those students?

Francisco Alvarado-Ramy: Yes and you should follow their guidance. At this stage, I think states are pursuing contacts. So they're going to be monitoring and interviewing these close contacts and following them.

And if they become symptomatic I'm pretty sure they're going to test them, you know, later in an outbreak when, there may be a time where contacts are not pursued but at this time, I would think that your local public health would

want to know about contacts with a confirmed case and they would be following them.

(Teresa Crandle): Thank you so much.

Francisco Alvarado-Ramy: Thank you.

Coordinator: Our next question comes from (Brenda Green). Your line is open.

(Brenda Green): Our question has been answered. Thank you.

Coordinator: One moment for the next question. Our next question comes from (Maggie Bolin). Your line is open.

(Maggie Bolin): Thank you very much. Yes, I'm a school nurse in Detroit, Michigan. I'm just wondering can the flu virus live on like fruits or vegetables or anything we might get from Mexico?

Francisco Alvarado-Ramy: Again that is one thing that is clarified on the website as well that there's no risk from eating pork for example. So you don't have to worry about that. Also from vegetables or produce that's not an issue.

(Maggie Bolin): Because even if it comes from Mexico...

Francisco Alvarado-Ramy: Right.

(Maggie Bolin): ...that you don't have to worry.

Francisco Alvarado-Ramy: Food safety I don't think is an issue here. I think that another intervention, that usually perhaps not indicated but sometimes schools do, is,

you know, disinfection of classrooms and desks. That may also not be the best use of resources. But in terms of consumption of pork, it's safe. And even though it's called swine flu we have...

(Maggie Bolin): But I do mean stuff that actually came from Mexico like actual...

Francisco Alvarado-Ramy: ...right. No. If there were any issues with food safety we will intervene. And our colleagues at both the USDA and the FDA have authorities to do it, but right now there's absolutely - we have no repercussions or impact on food safety.

(Maggie Bolin): All right. Great, well thank you so much.

Francisco Alvarado-Ramy: Thank you.

Jim Bradshaw: I should point out that there is information that you can hyperlink or link from our site to USDA and other organizations about the proper handling of food.

Dana Carr: Yes and also, this is Dana Carr from the Department of Education, you know, we in CDC would always encourage you in any event to regularly clean and disinfect your schools particularly frequently touched areas that could hold germs. And that's just sort of normal practice.

(Maggie Bolin): Okay.

Coordinator: Our next question comes from (Linda Davis-Alderidge). Your line is open.

(Linda Davis-Alderidge): Hi. Thank you. My question relates to school dismissal and I would like some clarification on when can the students actually return, you know, assuming that there's been a case identified and that's confirmed and

the school is closed. And then you said that if no new cases after seven days, then the school can reopen.

Is that seven days after the last case assuming that perhaps that there was a confirmed case that other students might become ill? So would it be seven days after that or would it be just seven days after the school is closed?

Francisco Alvarado-Ramy: Yes, I would say after the last exposure.

(Linda Davis-Alderidge): That's my question. So then my question then, that's kind of what I thought you were saying, but so my question then becomes how would a school that is closed, know the logistics of it? How would they know that they had another case that type of thing?

Francisco Alvarado-Ramy: Right. And also I mean sometimes the last exposure may not be known. So in that point I would use the seven days after you closed the school.

(Linda Davis-Alderidge): Okay.

Francisco Alvarado-Ramy: And what we're seeing an incubation period, you know, around two days, so you have, you know, at least two incubation periods there that you're sure that you don't have any cases, you can reopen. Now your question is whether when are you sure you're having cases?

Well these cases, you should stay in touch with your local public health and they have a surveillance system. So they should be able to tell you if there's another confirmed case, another suspect, or (provo) case and if there's some spike in visits to the emergency room or to physicians with persons complaining of respiratory infections.

And that could be a flag for you to say, well there's something going on we haven't detected it. Or if every indication is that there's no disease activity then you feel comfortable that you can reopen.

(Linda Davis-Alderidge): Great. So then one further just clarification question.

That means then that as cases erupt, one of the questions especially if it's a child or a teenager is going to be where do you go to school, so that the surveillance could be there and we would be able to get that information from health, from the public health office?

Francisco Alvarado-Ramy: Right. This is a...

(Linda Davis-Alderidge): Standard question I guess, perhaps?

Francisco Alvarado-Ramy: Yes, you know, a partnership between the local public health is driving a lot of this. So they have interests. They initially have to tell you we don't have to breech the confidentiality of the patient or the given student...

(Linda Davis-Alderidge): Right, right.

Francisco Alvarado-Ramy: ...they go and tell you, you know, what sort of disease activity they're seeing and they could have that question of if they don't have it in their standard questionnaire they can certainly, you know, quickly make a call and find out where that this case goes to school.

(Linda Davis-Alderidge): Okay. Good enough.

Richard Hatchett: This is Dr. Hatchett.

I'd just like to amplify some of Dr. Ramy's comments. The - clearly in a community where a decision has been made to implement any of the community mitigation interventions, the school administrator or the local school board or whoever is the governing authority relating to schools within that jurisdiction should be working very closely with - as Dr. Ramy stated should be working very closely with the leadership of the Public Health Department as well as the political leadership within the community.

And it seems to me unlikely that a public health recommendation would be issued to reopen schools in a community where there were other signs of an escalating local epidemic.

So that if cases were increasing within the community generally and the virus were deemed severe enough to warrant school closure in the first place, it seems unlikely that even if the seven days had passed and there were no suspect cases within the students of that particular school it would seem unlikely that the public health authorities would think that it was a good idea to open the school.

So really working closely with the local school leadership in ensuring, if you are that leadership ensuring that you're working closely with the public health officials and the political leadership in your community will be very, very important if the virus gets to your community.

(Linda Davis-Alderidge): Great. Thank you for emphasizing that. I think it's real important that people hear that. So thank you.

Coordinator: Our next question comes from (Tanya Melatamunion). Your line is open.

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(Tanya Melatamunion): Hi I'm a school nurse in the Chicago area and we obviously have no cases in the state. But I am curious about how aggressive we should be in terms of referring for actual PCR testing students or staff that we might suspect have this cluster of symptoms.

Francisco Alvarado-Ramy: Well I think for the most part that's going to be a decision made by the healthcare provider guided by guidance that they get from local public health, from state public health and even from CDC.

If there's no link to any other cases or travel to areas where we know that the virus is circulating there's less of a concern. However, it's really going to be up to the physician.

The physician can actually try to do some rapid testing, for example for influenza virus. Even though those tests are not 100% sensitive they can certainly pick up some, for example influenza b or influenza a.

And if there is any concern that it could be swine influenza then they could be sent for PCR through the state labs and to CDC. But if you don't have cases in your community it's really up to what the local practice standard is in that community.

(Tanya Melatamunion): Okay. Thank you very much.

Coordinator: Our next question comes from (Ilene Vargo). Your line is open.

(Ilene Vargo): My question was answered. Thank you.

Coordinator: One moment for the next question.

Our next question comes from (Nora Halley). Your line is open.

(Nora Halley): Yes, good afternoon. We just have two quick questions. One of which is have there been any schools closed so far that you're aware of? And if so, how many?

And then our second question was whether office of Safe and Drug Free Schools is planning to repeat - do another one of these calls anytime later this week as conditions emerge or how you're planning to continue this great information dissemination? Thank you.

Francisco Alvarado-Ramy: Yes. I'm aware of states, of schools in three states that have closed. I believe maybe New York, Ohio, Texas, I wonder in California and maybe one in South Carolina but I'm not sure on that.

And as the other participant mentioned there's the widespread school closure in Mexico. But in the U.S. it's been very, only a handful of schools have closed in response to confirmed cases.

Richard Hatchett: Dr. Ramy's correct. We - there have been schools close in those five states: South Carolina, Ohio, Texas, California and New York. And we will assess where we are in a couple days.

And hopefully we'll do another one of these because I think again, not only is there a need for this information as we can see by the number of people who have logged on, but also the information is changing on a daily basis. So and if we do this again I promise to get you out more than an hour's notice.

(Nora Halley): Thank you very much. This has been very, very helpful.

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Coordinator: Our next question comes from (Gail Ybaldy). Your line is open.

(Gail Ybaldy): Hi. My question is about confirmed cases. You talked about the PCR lab swab, how long does that take to get back once it's been done?

Francisco Alvarado-Ramy: It should take within - it should be - you have a, you should have a result within 24 hours.

(Gail Ybaldy): Okay. And the result would come directly to the school district or just to the patient? And how would we get that information?

Francisco Alvarado-Ramy: Well it's usually the health department would have that information.

(Gail Ybaldy): Okay.

Francisco Alvarado-Ramy: But I would expect that if they say it's a student that as Dr. Hatchett mentioned they're going to be working with you very closely. I mean they are going to be calling you as a national response to finding a case who is of student age.

(Gail Ybaldy): And the - our confirmed case should be from the Public Health Department because we have several providers here that would tell parents that their child has swine flu before they even know. So before...

Francisco Alvarado-Ramy: Right. Yes. And that - this happens with other disease outbreaks and, you know, they're people are going to be concerned. And there are people that are worried and understandably. And some people are going to be afraid and that's why we try to stick with reliable information and take steps to evaluate persons who are ill.

And regardless if you're severely ill, I mean you should go to your healthcare provider. And we have interventions if this is, if you are infected with swine flu there's things actually that we can do to treat you. So but we also need to be careful we don't overuse what we have. And we have a prudent use of our resources.

And, but as a country we're resilient and we're going to - our students and our parents and we're going to go through this together. And, you know, it has happened before.

And usually communities stick together and become very resilient. And I'm pretty sure we're going to have a successful outcome. Because I, you know, parents want to protect their children. And the schools are going to be doing the right thing for their students.

(Gail Ybaldy): Some of our healthcare providers in the local area are not - don't want to see patients that are ill. They've been telling, well stay at home we really don't want you to come to the office and infect everybody else. So that could be a concern.

Francisco Alvarado-Ramy: Yes, well usually (what I see) of your assumption is correct in that if you're ill and you could have a communicable disease, you may want to call your healthcare provider or even the emergency room and tell them that you're going and they perhaps will give you some guidance. And when you come in they will immediately isolate you.

But, you know, every healthcare provider has a duty, has a responsibility to, you know, manage and care for their patients. And that is the solemn duty. I really have not heard that before related to this situation.

There could be some misinformation. But, you know, healthcare workers could be concerned about their own health, but there's guidance and there's personal protective measures that they can take. And we all take an oath as healthcare professionals have a duty to our patients.

And so I would see that is a very rare exception and there should be plenty of opportunities for care even in rural communities here in the U.S. that you can get your concerns alleviated.

But by the same token we have to make prudent use of health care resources and not over utilize the emergency room, for example, for what could be a minor ailment.

(Gail Ybaldy): Right, thank you.

Coordinator: Our next question comes from (Susan Mattel). Your line is open.

(Susan Mattel): Hi, I just want to confirm on the website it says that the incubation period is two days prior to onset of symptoms?

Francisco Alvarado-Ramy: Yes, I think that's what we've been doing. Could be shorter, it could be longer, but on average I think two days is consistent with the data that I saw yesterday. Actually I was, incubation period I have here as two to seven days...

(Susan Mattel): Two to seven, that make sense.

Francisco Alvarado-Ramy: ...at the range. Yes, that's the range. It's not so - but I think the average has been a median of two days.

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(Susan Mattel): Okay and also on the website it says based on other viruses that it's a two hour long - the droplets are contagious two hours. So we don't have any direct information regarding swine flu?

Francisco Alvarado-Ramy: Right. I don't know of the specific studies have been conducted about the - how long the viral particles remain infectious as the department...

(Susan Mattel): Well that's probably related to school surfaces and tables and chairs and stuff like that.

Francisco Alvarado-Ramy: Right, yes. As it was stressed before, you should continue your usual, you know, disinfection and cleaning procedures including, you know, hand washing with soap and water, some schools actually have hand alcohol sanitizers and that can be used as well.

But, you know, the general disinfectant that you use for your regular household cleaning should be more than enough to inactivate the virus. Now the specific time that that virus particle remains infectious I would have to look it up.

But usually influenza virus does not survive in the sense that, you know, it's not an infectious particle for long on (Formica), on inanimate objects. But, you know, your general cleaning procedures should continue and use common sense to have clean schools and - I have - it's not the primary means of transmission.

It's usually droplet or, you know, when you're within six feet, you know, you're coughing. When you cough you expel particles and I don't know if it's happened to you but sometimes you cough and most of the time you can

contain it but sometimes maybe you see some of the particles that go pretty far and those are the ones that, you know, can reach another person.

And that person, for example, the droplets go into that person's mucosa, the eyes, the nose and that's how you get infected. But usual cleaning and disinfection should be adequate.

(Susan Mattel): Okay and one last question. The - since the origins were from swine to human have there been any connection to animals and pets?

Francisco Alvarado-Ramy: Okay, that's a good question. And actually it's called swine flu because of a specific test that are called the antigens or the proteins that present that the virus has on its surface look from swine origin. But actually the virus has genes that come from swine flu, that come from avian flu and that come from human influenza.

So it's sort of a (reascernment). It's a very promiscuous virus if you could say so. So it has components from birds, from humans, from pigs and some of the genes have been seen in North America and other genes have been seen before in Europe and Asia.

So it's sort of a combination of a virus, but I think the virologists in terms of the characteristics of the virus seen I guess a predominance of swine origin and that's why it's called swine influenza virus.

But up to now and that's actually one of the focuses of the initial investigation when we first heard of these cases we were looking for these people in California, see if they have had any exposure to pigs either through fairs or if they had it in their back yards and we couldn't find it.

So we don't know how long this actually has been circulated among humans and how long ago it left sort of the - it made the leap from the pig or the swine to having this characteristics where it has more of an ability to be transmitted efficiently from person to person.

(Susan Mattel): Thank you and thank you for this conference.

Bill Modzeleski: We're going to take two more short questions and then what we'll do is try to close this out, tell you where you can get some more information and where you could get some of your questions answered.

Coordinator: Our next question comes from (Theresa Hitel). Your line is open.

(Theresa Hitel): Thank you, yes, I'm calling from a large private school in the Boston area and our dilemma is that we draw students from over a hundred communities. And so it's difficult sometimes to define what our community is, you know we have our school community and the greater communities.

And so I'm wondering in the instance that a community would close their schools and we have a student in that community would it be reasonable to exclude those students from school if there was - their own town that they came from had closed all their schools?

Francisco Alvarado-Ramy: You want to answer that (Daphne)?

(Daphne Copeland): This is Dr. (Daphne Copeland). That's a very complex situation that I think would need to be left up to the local health department to think about and sort out depending on how many cases there were and, you know, what the picture looked like.

Francisco Alvarado-Ramy: Right, I mean, you can take into consideration several factors, you know, your proximity from your school to that community, but if your school is open I would not, you know, discriminate against a student that comes from a community where there have been cases and I would allow that person to participate in school activities as usual.

(Theresa Hitel): Okay, can I ask one other quick question? Would you recommend that if you had a student who had the symptoms the fever and the cough, would you mask them?

Sometimes it's a number of hours before our students can be transported home. Would you recommend putting masks on those students while they await care?

Francisco Alvarado-Ramy: That's an excellent idea if you have them and the person can tolerate it. It's a great intervention because it prevents those droplets from being expelled when the patient coughs. So make sure that the patient is comfortable and can breathe normally with the mask on and, yes, that should be a very good idea.

(Theresa Hitel): Thank you. I would try to stress to give some thought to regional schools because the communications with the local boards of health is often quite deluded. Because they don't really think about the fact that students are traveling outside of their communities and it does make - I've dealt with this with pertussis and other things in the past.

And so it does make containment of issues much more difficult. So I would make a plea to give some thought to that as well.

(Daphne Copeland): Thank you for bringing that to our attention.

(Theresa Hitel): Thank you.

Coordinator: Our next question comes from (Sherry Covern). Your line is open.

(Sherry Covern): Yes, thank you so much. I'm in California and I sort of want a point of clarification as well. You talked about (how my) solution if you have students who have present symptoms or concerned cases.

And then also school dismissal of students that given the current economic situation, we have multiple families living together and students that like the previous caller mentioned, attend different school districts within distant school communities.

So I would strongly encourage you to think about that if in fact you do have family members that have flu symptoms that other family members are recommended to stay home because I could see how like for example, we have elementary students, middle schools and then high schools and some of those could be in different school districts.

And so it really does cause a dilemma in if we don't have the home isolation applicable to all family members if in fact there's influenza signs and symptoms within the household.

So that is my concern and then the other question, of course, was masks as far as if students do come in what about healthcare workers or school nurses who may be exposed?

Francisco Alvarado-Ramy: Sure and as Dr. Hatchett pointed out if, you know, we're daily assessing the situation and so if there's any hint that this virus is behaving

differently and is causing disease then we will revisit that recommendation, but it's important that you recognize that yes, contacts could pose a transmission risk to others so it's important to keep that in mine.

At this point we haven't been that strong on that recommendation, but it can certainly change. Now, in terms of the masks question - what was the masks question?

(Sherry Covern): Yes, I'm just wondering about for health, like, school nurses within the school setting that if we get called because there is a child that presents. You talked about masks for the student that has the symptoms but what about if a...

Francisco Alvarado-Ramy: Okay, yes. And there is - on the CDC website under swine flu that there's a guide for healthcare workers and I guess school nurses would fall under that and there's specific instructions and - on what person with the type of equipment should be used and, you know, there's specific, like respirators and other guidance as to how to protect yourself.

So I'd encourage you to go to the website and, again, if you have any specific questions about that then you can go to your health department and if that's not answered then you can go to the Department of Education again and they can relay the specific question to us and we can give you a more specific answer if our currently posted guidance is not responsive to your question.

(Sherry Covern): Thank you so much.

Coordinator: Next question comes from (Nancy Lingenfeld). Your line is open.

(Nancy Lingenfeld): I think most of all my questions have been answered, but we were concerned. We have a large district with 16% Hispanic population and

recently had our spring break and have already had a call from students who were symptomatic who had visited Mexico for the break.

And the information is great and we do work closely with our health department. I guess what our question is we have 170 schools. At what point do we look at percent of schools who might have individual cases looking at the entire district, or should we just be looking at case-by-case?

Francisco Alvarado-Ramy: Yes - when - if there's more decision the community definitely, you know, wider, broader school this (unintelligible) is definitely a consideration then I would look to a very close dialogue between the different school boards and school authorities, everybody that has jurisdiction over the school system, the political leadership and the police and authorities to make a recommendation and make a decision.

It's very important to act in unison and present a consistent message and we can have discussions and we can hear each other's point of view, but then we need to get together for the sake of our community and make a recommendation that makes sense.

And there will be difficult decisions to be made but, you know, as long as we have the best interest of our students in mind using the best available data we should proceed, but we should proceed in a uniform fashion.

If parents get, you know, the same message from their pediatrician and they get the same message from their local health department and their school boards there, you know, reinforcing messages do have a place in alleviating concerns from parents and diminishing anxiety.

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(Sherry Covern): Is there any concern about - we have a lot of migrant schools and buses that transport students from multiple levels from elementary to middle and then middle to high school so they use multiple times during the school day. Is there anything special we need to be concerned about in terms of transportation?

Francisco Alvarado-Ramy: We have not specifically addressed that as part of our guidance. I'm going to take this back as a question and think some more about it, but right now I guess, you know, the school buses are a confined environment.

It would be prudent that if you have somebody who is symptomatic maybe have the person sit closer to the driver and then when they get to the school make sure that the school nurse or some other official from the school is aware.

And if the drive is on the way home I don't know if they interaction with the parent or some other - or if the kid is pretty old that they live by them self, I don't know if there's going to be any internal school policy or recommendation to make a notation and let the school know that the child is ill.

But hopefully parents will be cognizant that they should keep any ill children from the school all together.

(Sherry Covern): Thank you.

Bill Modzeleski: Well, I want to thank everybody. This has been wonderful. A couple of things before we sign out. Dr. Hatchett, do you want to tell everybody what happened with the data at WHO while we've been online here?

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Richard Hatchett: Sure. The WHO during the call has actually issued an announcement stating that they are raising the pandemic alert level from Level 3 to Level 4. Level 3 - Phase 3 which is where we've been for quite some time with our concerns about (H 5) in one influenza describe the phase in which there have been sporadic cases or small clusters of a new influenza virus.

And Phase 4 represents verified human-to-human transmission causing community level outbreaks. WHO is describing this as a significant increase in the risk of a pandemic. That's just happened literally in about the last 15 minutes.

So it did just again underscores the necessity of taking advantage for most of you who are in communities that are not currently affected to use this period of time to prepare.

To make sure that you are linked in closely with your public health and political leadership and that you do what you can at this period to inform your constituencies, your students, your students' families as to the type of personal activities that they can undertake to reduce their risk of getting a disease if the virus continues to spread and actually spreads into your community.

This is a moment when you will have everyone's attention and I guess this would be a teaching moment, but it's also a moment to get prepared for the possibility that we may be approaching a pandemic.

Bill Modzeleski: Thank you Dr. Hatchett.

Before signing off a couple things, one is we will put a summary - we'll put the transcript of today's session including all the questions and answers on our webpage hopefully within the next couple of days.

Two is I know that the osdfs.safeschl@ed.gov is a mouthful, so what we are going to do is make a link from the ed.gov and that's a simple way to do it.

So if you go onto ed.gov if you have questions concerning anything that you have heard today or about issues related to waivers or guidelines that we have here at the Department of Education, click onto ed.gov, follow the swine flu link and that will take you over to offices Safe and Drug Free Schools where we will collect all your questions.

Third point is that we are interested. We realize that the public health authorities have primary responsibility for surveillance. The - however is that if you are aware of schools that are closing or about to close because of the epidemic we would like to have that information so we can, again, share that with the CDC if they don't have it.

Lastly, there is an issue I think that's come up, is that somebody mentioned earlier about the migrant students and there's also the possibility of other students coming in the schools.

And we want to be cautious about how we treat all students and make sure that we treat all students equitably and with respect and that there is not bullying, teasing, or harassment that goes on because of the potential illness or disease.

Having said that, again we will provide you with more than an hours' notice at our next session hopefully towards the end of the week. If we do it towards the end of the week, we should have other information that we should - that we'll be more than happy to make available for you.

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In closing, I want to really thank Dr. Alvarado-Ramy and (Daphne), Dr. (Copeland) from CDC and Dr. Richard Hatchett who is from the Homeland Security Council, not the NSC, so I apologize Richard.

But, join me in thanking them for a wonderful job and taking time out of very, very busy schedules to join us here today to try to get some information to you on this (unintelligible) issue.

So, again thank you. Send us any questions that you have. Stay tuned. We'll send out a notice of the next conference call.

Richard Hatchett: Thank you very much.

(Daphne Copeland): Thank you.

Jim Bradshaw: Thank you.

Coordinator: Thank you for your participation.

You may disconnect at this time.

END