

## NEA Health Information Network H1N1 Background and Fact Sheet

### What is H1N1?:

In April of 2009, H1N1, or more familiarly, “swine flu” became a national headline. The virus was originally named “swine flu” due to its perceived similarity to a virus typically found in pigs in the United States. Further studies indicated this virus was drastically different. Thus, it became identified by its genetic make-up as novel flu A (H1N1) or simply H1N1.

### Spread:

Past pandemic flu viruses have taken six months or more to spread as widely as H1N1 has spread in less than six weeks. It is essential that everyone practice proper hygiene to help prevent the spread of this virus. This includes: consistent hand washing, sneezing into and immediately disposing of tissues, and general hard surface sanitizing. Schools should also be vigilant about identifying flu symptoms in students and encouraging students and staff who are sick to stay at home.

Unlike the seasonal flu, studies indicate that risk of infection from H1N1 for persons 65 or older are much lower than the risk for younger age groups. As we saw in spring '09, this means that school-aged students are among those at the highest risk for infection,

### High Risk Groups:

Those who are pregnant, have asthma, or who are overweight or obese are at a greater risk of complication from the H1N1 virus. Individuals who fall into these categories, despite their age, should ensure that they receive vaccinations this flu season.

### Vaccination:

A vaccination specific to H1N1 is presently in human trials and is expected to be available for distribution in mid-October. The CDC is urging all individuals to get their seasonal flu shots in the fall and the H1N1 specific vaccine once it becomes available. Information regarding who should receive the H1N1 vaccination is available at [flu.gov](http://flu.gov). The most up to date information on vaccination and information relevant to NEA's members can be found at: [www.neahin.org/h1n1](http://www.neahin.org/h1n1).

### Prevention measures:

#### *Hygiene*

Students and staff should wash their hands regularly, especially after coughing or sneezing, before eating and after using the restroom. Soap, paper towels and hand sanitizers should be readily available in schools.

#### *School preparedness*

Schools should educate students, staff and families about the importance of good hand hygiene and proper methods for cleaning hands. *Sample communication tools may be found at:* [www.flu.gov/plan/school/toolkit.html](http://www.flu.gov/plan/school/toolkit.html).

For hard surface cleaning, continue the use of cleaning agents that are typical for the school year. CDC does not believe any additional disinfection of environmental surfaces beyond the recommended routine cleaning is required. *Detailed cleaning guidance may be found at:* [American Academy of Pediatrics](#), pp. 104-108.

#### *Social Distancing*

The H1N1 virus may be contracted after a fever has gone away. Therefore, it is recommended that infected persons avoid contact with others until at least 24 hours after their fever has passed. Adherence to good respiratory etiquette and hand hygiene is as important for people taking antiviral medications as it is for others.

Designated space should provide for ill individuals to be distanced at least 6 feet apart and should be well ventilated. This space should not be commonly used or passed through and does not require a separate air supply.

School-aged children who live with people with influenza-like illness should remain home for five days from the first day a household member gets sick.

Updated on August 11, 2009