

2009-2010 H1N1

WISCONSIN SCHOOL DISTRICT SURVEY REPORT



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During much of 2009 and the first quarter of 2010, school districts in Wisconsin and other states were responding to the H1N1 pandemic influenza. The Wisconsin Department of Public Instruction (DPI), with support from the Department of Health Services surveyed school district administrators and school nurses to determine what went well with these responses, what obstacles could be identified, and what resources should be provided in future pandemic events. This report explains the results of surveys of both administrators and nurses.

DISTRICT ADMINISTRATOR SURVEY RESULTS

In June and July 2010, public school district administrators in Wisconsin responded to an electronic survey on H1N1 influenza through the Wisconsin Association of School District Administrators' website. A total of 208 of 424 administrators completed the survey for a response rate of 49%.

PANDEMIC FLU PLAN EFFECTIVENESS

Approximately 90% of the responding administrators indicated their district had a pandemic plan in place in 2009. Sixty-seven percent of administrators felt their district was very effective in managing the H1N1 pandemic flu; twenty-seven percent felt that they were somewhat effective in this effort.

HELPFUL RESOURCES

Administrators identified pandemic flu resources that they utilized as well as the helpfulness of each of these.

Resource	Very Helpful	Somewhat Helpful	Not Helpful	Did Not Use
Local Health Department	83%	15%	1%	----
Other Districts' Plans or People	30%	49%	8%	13%
DPI H1N1 E-mail Updates	47%	48%	1%	3%
DPI Workshops on Pandemic Flu Preparedness	17%	42%	8%	34%
DPI Pandemic Flu Web Page	38%	50%	3%	10%
Department of Health Services Conference Calls	25%	31%	4%	40%
Other Agencies or Their Websites	18%	40%	6%	37%

LOCAL HEALTH DEPARTMENT ASSISTANCE

District administrators stated their local health departments provided assistance in preparing for and managing H1N1 flu through the following strategies:

STRATEGY	PERCENTAGE
Advised on planning & preparedness	90%
Advised on flu management	85%
Advised on school closure	59%
Advised on canceling extracurricular activities	42%
Other	9%
None of the above	2%

SCHOOL CLOSURES

Of the responding districts, 8% experienced a school closure as a result of H1N1. Sixteen percent of those districts indicated that they experienced parent complaints regarding the closure. Factors which entered into the closure decision included the following:

FACTORS	PERCENTAGES
Health department order	88%
Number of students absent with H1N1-like symptoms	84%
Number of school personnel absent with H1N1-like symptoms	64%
Difficulty rescheduling extracurricular activities	8%
Interruption in the transmission of disease from person-to-person	56%
Difficulty providing an education with the number of students and staff out ill	40%
Parent concerns regarding child care	20%
Missed meals of students	4%
Other	8%

Administrators were able to check more than one factor regarding their closure decision.

CHANGES IN PROPOSED PLANS, POLICIES, OR PROCEDURES

More than half of the survey respondents described changes they would make in their district's plans, policies, or procedures based upon what was learned during this outbreak. Others described actions they would maintain as a result of lessons learned during the pandemic. Key responses included the following:

- Review, formalize, finish, make more specific, and/or post on the website the pandemic flu plans/policies. Some administrators felt their district had a very good plan in place requiring little or no modification.
- Continue to communicate and collaborate with local health departments and neighboring school districts.
- Monitor future outbreaks carefully.
- Utilize new information as it becomes available.
- Streamline communication channels.
- Work with the teachers' union.
- Understand the ramifications of school closure upon extracurricular activities.
- Include more virtual instruction delivery options. Have all class assignments available electronically. Provide more options for learning during a closure.
- Keep schools open if at all possible.
- Communicate with various stakeholders—students, parents, staff, community—using technology and automated phone messaging.
- Prepare early.
- Selectively purchase cleaning and sanitizing agents. Avoid the marketing hype.
- Help to insure more effective vaccination clinics addressing locations, scheduling, timing, and storing of vaccines.
- Promote prevention strategies and staff training.

ADVICE FOR OTHER SCHOOL ADMINISTRATORS

More than 50% of the responding administrators offered advice to their counterparts in preparing for or managing a flu pandemic. These recommendations are summarized below.

- A pandemic flu plan is essential. Plans should be flexible and reviewed often. Preparation makes the difference. Other districts' plans can be helpful resources.
- Communicate with appropriate people and agencies in developing and managing the plan.
- Collaboration with local health departments and neighboring school districts is very important. A countywide effort can be helpful.
- Prevention is another key factor in addressing a flu pandemic. Students, parents, and staff need to be involved. Promote good hygiene habits—hand washing, hand sanitizing, cough and sneeze etiquette.
- Ongoing communication with students, parents, staff, and the community is absolutely necessary. Joint communication with the local health department and joint school closure decisions are recommended. School board members should be kept informed.
- Use technology to the fullest extent in communicating and providing a continuum of learning.
- Stay on top of the situation daily during an outbreak.
- DPI is a great resource. Stay current with all of the information provided through the web page.
- Plan for and implement infection control including procurement of supplies. Have an isolation area for ill students waiting to go home.
- Don't overreact. Be calm, confident, and reassuring with stakeholders. Use common sense.
- Develop a baseline absentee rate and continue to monitor during an outbreak.
- Don't close schools if at all possible.

H1N1 INFLUENZA SCHOOL NURSE SURVEY RESULTS

In May 2010, DPI surveyed Wisconsin school nurses regarding their H1N1 response. Using the Wisconsin DPI school nurse e-mail list, 335 school nurses were sent the H1N1 survey. With an estimated 354 school nurses hired or contracted by Wisconsin school districts, the e-mail list membership appears to be representative of school nurses practicing in Wisconsin. School nurses were given two weeks to electronically complete the survey with two reminders sent to those who did not immediately respond. The survey received 244 valid responses yielding a favorable response rate of 73%. Based on the design of the survey, not every nurse responded to all 15 questions. Some questions were not applicable to all respondents.

Despite well-recognized capacity issues, school nurses found themselves involved in a range of services in order to protect Wisconsin school children and staff. School nurses identified which activities they were involved with in the management of the H1N1 pandemic. The results were the following:

School Nurse Activities	Percentage
Education of school personnel, students, and parents	97%
Surveillance of disease among students and staff	95%
School-based vaccination clinics	70%
Community-based vaccination clinics	28%
Management of school closure	18%
Other activities	9%

The primary activities of school nurses were the education of students, school personnel, and parents, and monitoring the prevalence and intensity of the disease among students and staff. School nurses were also critical in trying to prevent transmission of infection by vaccinating students in school and community-based clinics. School nurses found that, on average, 29% of their students were vaccinated at school-based clinics. This low percentage of students vaccinated might have been impacted by delays in vaccine supply resulting in the need to reschedule clinics and obtain multiple parental consent forms. Generally, school-based clinics vaccinated all grade levels of students. Despite organizational challenges, 88% of school nurses indicated that they would participate in school-based vaccination clinics in the future.

Student attendance rates were dramatically affected by the H1N1 pandemic. When school nurses were asked the highest student daily absentee rates during the spring or fall H1N1 event, their responses varied from a low of 4%, to a high of 50%. See results below:

Highest Daily Absentee Rates	Percent of Respondents
0-10%	21%
11-20%	50%
21-30%	23%
31-40%	4%
>40%	2%

With the average daily absence rate of 6% for Wisconsin schools, 21% did not see much of a rise in student absenteeism during the H1N1 pandemic. Of the 18 school districts that experienced greater than a 30% daily absentee rate, only 6 school districts had a school closure. With school districts that did experience a school closure, most schools were closed for three days (53%).

The H1N1 pandemic required school districts to work together with their local health department to provide services to protect the health and safety of the public. With 96% of the school nurses reporting a positive relationship with the local health department before the H1N1 pandemic, 17% reported an improved relationship due to their joint H1N1 activities.

CONCLUSIONS

School districts, working with their local health departments, took a wide variety of actions to keep students safe and healthy and to support their learning during the H1N1 influenza outbreak and pandemic in 2009 and 2010. The lessons learned from the results of both of these surveys will be useful in addressing any future such situations. Some highlights include:

- Approximately 90% of Wisconsin public school districts had a plan addressing pandemic flu in place during 2009-2010.
- Information and assistance from local health departments, DPI, and DHS were very helpful to school districts.
- Local health departments provided useful assistance on flu preparedness, management, and school closures.
- Major factors considered in decisions to close schools included: health department order, numbers of students and staff absent with H1N1-like symptoms, and the need to interrupt disease transmission. While student absence rates were one factor in these decisions, others were important, too. Schools with a high student absentee rate did not necessarily close.
- Most school district administrators have identified ways to improve their management and plans, based on the 2009-2010 pandemic, including communications and coordination with parents, the health department, and community.

- Most district administrators have offered advice, contained in this report, to other school administrators to help them improve preparedness and management.
- School nurses played a wide variety of roles in H1N1 flu management including planning, education, illness surveillance, and staffing vaccination clinics.
- Peak student absence rates varied widely; 11-20% was most common, followed by 21-30%, and 0-10%.

