

WHO Consultation on suspension of classes and restriction of mass gatherings to mitigate the impact of epidemics caused by the new influenza A (H1N1)

Summary of the third scientific teleconference on influenza A (H1N1)

24 June 2009

Since the first cases of the new influenza virus A (H1N1) were tracked, more than 13 000 laboratory confirmed cases had been formally reported to WHO as of 27 May 2009.¹ A technical consultation was convened on 27 May 2009 via teleconference, bringing together public health officials from six countries,² as well as several experts³ in law and ethics, disease prevention and control, and mass gathering and strategic emergency management. The purpose of the teleconference was to share experiences and early lessons regarding recent outbreaks of the new influenza A (H1N1) in communities or closed settings.

School Settings

Each country (who all have laboratory-confirmed cases, although the severity of the disease was described as mild) provided specific examples of outbreaks in school or academy settings and detailed measures taken to mitigate the spread of influenza A (H1N1) within schools and in communities. In most cases, school suspensions are decided by local, rather than national, authorities. The exception was Mexico, which mandated nationwide school closures for two weeks in May. All countries agreed that school suspensions have been effective in mitigating the spread of influenza A (H1N1), however they are often cost-prohibitive.⁴ Closing schools in the early phases of an outbreak were effective for reducing within-school transmission, but were not necessarily effective (or measurable) for reducing overall community transmission.

Legal issues regarding school closures and non-discrimination need to be closely monitored. Epidemiology needs to trump racial or ethnic stereotypes while at the same time recognizing that science indicates special provisions may be necessary for schools which are geographically or demographically poor. While school closures may reduce transmission within the school setting, it may not blunt transmission in a community setting. Care needs to be taken when evaluating how school closures will impact transmission.

Mass Gatherings:

Reporting countries—with the exception of Mexico—stated they had not instituted restrictions on mass gatherings and were taking a wait-and-see approach for any upcoming events in their respective countries. In Mexico, a ban on public participation in mass gatherings was put in place during national soccer matches in May 2009..

Community level social-distancing and use of masks

Mexico encouraged its citizens to use masks, particularly around those who are infected with influenza A (H1N1). In Japan, efforts to enact social distancing have included encouraging commuters, in particular, to mask. Additional guidelines have been established in Mexico for mitigating the spread of illness and

¹ Latest figures of laboratory-confirmed cases of new influenza A(H1N1) as officially reported to WHO by States Parties to the International Health Regulations (2005) are available at <http://www.who.int/csr/don/en/>.

² Canada, Japan, Mexico, Spain, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

³ Dr Lawrence Gostin, The Johns Hopkins Bloomberg School of Public Health; Dr Angus Nicoll, European Centre for Disease Control and Prevention; Dr Thomas Tsang, Department of Health, Hong Kong SAR; and Dr Michael Hills, Independent Consultant.

⁴ For additional information on cost analysis of school suspensions and/or closures, please refer to the list of references at the end of this summary.

include hygiene recommendations and implementation, particularly in schools, as well as guidelines for social distancing in restaurants, stadiums, and enclosed areas

Recommendations

1. When considering school suspensions and/or restrictions on mass gatherings, authorities must ask “what is the legal authority and processes” for suspension and/or restrictions? Decisions should be consistent and well-documented and must be made within the parameters of each country’s individual sovereignty and existing laws. Care must be taken to avoid discrimination based on nationality, ethnic origin, religion, gender, disability and so forth. Furthermore, any decision that results in social isolation, restrictions on the right to travel and assemble, and impacts on commerce, trade and economic stability must be avoided.
2. When considering mitigating the spread of influenza A (H1N1) in school settings, it was suggested that perhaps full school closures were not warranted, but class suspensions might be.
3. Strategies regarding personal hygiene should be evaluated relative to the type of school (nursery/day care, elementary, junior, or senior high school) and the effectiveness of that strategy to reduce transmission.
4. Several country officials and health experts agreed that good communication is vital as situations surrounding this pandemic are fluid and change daily. It was recommended that public health officials must convey a strong, consistent, easily-understood and actionable message to the public and to health care providers. Messaging should encourage the public to be aware of the potential for illness and to engage in conscientious public hygiene (e.g.: hand hygiene, cough etiquette, etc.) and seek medical attention as needed. At the same time, announcements must take care to balance out the potential for indifference and the under-allocation of resources versus the potential for panic and over-allocation of resources.

ADDITIONAL REFERENCES

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