

September 3, 2009

|            |  |
|------------|--|
| DIRECTIVE: | JOB CORPS INFORMATION NOTICE NO. 09-15 |
|------------|--|

TO: ALL JOB CORPS NATIONAL OFFICE STAFF  
ALL JOB CORPS REGIONAL OFFICE STAFF  
ALL JOB CORPS CENTER DIRECTORS  
ALL JOB CORPS CENTER OPERATORS  
ALL NATIONAL TRAINING AND SUPPORT CONTRACTORS  
ALL OUTREACH, ADMISSIONS, AND CTS CONTRACTORS

FROM: LYNN A. INTREPIDI  
Interim National Director  
Office of Job Corps

SUBJECT: Influenza Information Update

1. Purpose. To inform Job Corps centers about prevention, testing, and treatment for students and staff during the upcoming influenza season, based upon the most recent recommendations from the Centers for Disease Control and Prevention (CDC).
2. Background. Every influenza season has the potential to cause significant illness, increased health care utilization, hospitalization, and death. CDC is concerned that the new H1N1 flu virus could result in a particularly severe flu season this year. As vaccines are the best way to prevent influenza, CDC encourages vaccination against seasonal influenza as soon as vaccines become available. The seasonal flu vaccine is unlikely to provide protection against novel H1N1 influenza. However, a novel H1N1 vaccine is currently in production and is expected to be ready for the public in the fall. The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used in addition to seasonal flu vaccine.

The seasonal influenza vaccine protects against the three main flu strains that research indicates will cause the most illness during the flu season. This year's influenza vaccine contains three new influenza virus strains: A/Brisbane/59/2007(H1N1)-like virus, A/Brisbane/10/2007 (H3N2)-like virus and B/Brisbane 60/2008-like antigens. This is the trivalent influenza vaccine (TIV).

a. **Seasonal influenza vaccination.**

CDC recommendations for seasonal influenza vaccination during the 2009–10 season remain the same as the previous year:

- (1) Children from 6 months through 18 years of age
- (2) People 50 years of age and older
- (3) People of any age with certain chronic medical conditions
- (4) Pregnant women
- (5) Health care workers and emergency medical service personnel
- (6) Household contacts of persons at high risk for complications from the flu
- (7) Household contacts and caregivers for children less than 6 months of age, who are at higher risk of influenza-related complications and too young to be vaccinated

**b. H1N1 influenza vaccination.**

CDC's Advisory Committee on Immunization Practices (ACIP) met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the virus will be during the fall and winter months, ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

CDC recommendations for H1N1 influenza vaccination during the 2009–10 season include:

- (1) Children from 6 months through 18 years of age
- (2) Young adults 19 through 24 years of age
- (3) Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza
- (4) Pregnant women
- (5) Health care workers and emergency medical services personnel
- (6) Household contacts and caregivers for children less than 6 months of age, who are at higher risk of influenza-related complications and too young to be vaccinated

3. Resources. For the most current information on influenza, visit the following CDC Web sites:

- a. <http://www.cdc.gov/flu/> - influenza overview
- b. <http://www.cdc.gov/flu/professionals/flugallery/index.htm> - free influenza material downloads
- c. <http://www.cdc.gov/h1n1flu/> - novel H1N1 influenza

- d. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0724a1.htm> - MMWR 58:1-52, July 24, 2009: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009

4. Action.

- a. **Vaccination.**

Based upon the CDC recommendations above, Job Corps centers should plan to offer seasonal influenza vaccine and H1N1 influenza vaccine on a voluntary basis to all students, not just to students with health conditions placing them at higher risk of medical complications. One dose of seasonal flu vaccine should be administered as early as September, followed by a likely two-dose regimen of H1N1 flu vaccine, separated by 3 to 4 weeks, in October and November. Early administration of flu vaccine (September) is not associated with loss of protection, and late administration of flu vaccine (March) still affords protection, as cases of seasonal flu often peak in late winter.

Influenza vaccination is strongly encouraged for all center health staff members, who could potentially transmit infection to students. Increased absenteeism among health staff could also reduce the capacity of a center to respond to increased demand for care in the event of an influenza outbreak on center. Health staff who decline influenza vaccination should sign a waiver to be placed in their personnel file, as is currently required for Hepatitis B vaccine. All other center staff are also encouraged to be immunized against influenza, but a written waiver is not required for those who decline.

Centers should first contact their state and/or local health departments to inquire if influenza vaccine is available for administration on center. If not, influenza vaccine can be purchased from the HHS Supply Service Center in Perry Point, Maryland, or from private vendors. The Seasonal Flu Vaccine 2009–2010 from Perry Point is Fluvirin<sup>®</sup>. The 10 dose vials cost \$66.71, and syringes are available in limited supply at \$63.25 for a package of 10.

Centers may wish to offer influenza vaccine administration to students in alternate locations, such as the cafeteria during the lunch break or the dormitories after hours, to increase voluntary participation. Members of the Student Government Association should be engaged in promoting influenza vaccination among their peers. Influenza vaccine should remain available on center throughout the flu season for new students and for students who may initially decline to be immunized.

- b. **Education.**

Job Corps centers are encouraged to share with students and staff the following tips for controlling the spread of influenza on center:

- (1) Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- (2) Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- (3) Avoid touching your eyes, nose, or mouth. Germs spread that way.
- (4) Try to avoid close contact with sick people.
- (5) Encourage residential students to report to the Health and Wellness Center if they become ill. Sick non-residential students and staff should be encouraged to stay home and limit contact with others.

c. **Planning.**

Job Corps centers are encouraged to review their pandemic flu plans to prepare for the potential of influenza outbreaks on center. For guidance on planning and preparation for pandemic influenza, refer to Job Corps Information Notice No. 06-08, "Pandemic Influenza Preparation for Job Corps" (September 11, 2007). A copy of the directive can be downloaded from the Job Corps Community Web site. Center health staffs are also strongly encouraged to contact their state and/or local health department to obtain the latest information about vaccine availability and recommendations for testing, treatment, and prophylaxis in response to influenza cases among students. Centers should continue to use the Significant Incident Reporting System (SIRS) to keep the National and Regional Offices of Job Corps informed about epidemic influenza on center. For the purpose of reporting, epidemic influenza will be defined by Job Corps as cases affecting 10% or more of on-board strength (OBS).

At this time, closing of Job Corps centers is not anticipated, although new intakes might be restricted if cases reach the epidemic threshold on center. Non-residential students will be encouraged to remain at home at onset of influenza symptoms including fever, chills, sore throat, coughing, and muscle pain. Residential students may be transported home by a family member or treated on center. Public transportation should not be used for students exhibiting symptoms of influenza. Public health recommendations may encourage symptomatic treatment at home and discourage visits to a physician's office to obtain documentation and clearance for return to school or work. This approach is intended to reduce the burden on the health care system and reduce transmission of infection in health care settings. Patients can shed influenza virus 1 day before symptoms appear and up to 5 days after onset of illness. Students with influenza should not return to class or to work until fever is resolved and 5 days have

passed since onset of symptoms. **For Job Corps students, medical leaves for influenza will not require third-party verification.**

d. **Testing and Treatment.**

This season, diagnostic testing for influenza may be limited, and antiviral medications may be prioritized for persons with severe illness or those at higher risk for flu complications. Commercially available rapid influenza antigen testing can differentiate influenza A from influenza B, but cannot distinguish seasonal influenza A from novel H1N1 influenza A. At this time, centers should not stockpile diagnostic materials or antiviral medications for influenza, and should only conduct diagnostic testing and begin antiviral treatment or prophylaxis based upon specific recommendations from the local health department. Further guidance will be forthcoming when available.

Addressees are to ensure that this Information Notice is distributed to all appropriate staff.

5. Expiration Date. Until superseded.

6. Inquiries. Inquiries should be directed to Carol Abnathy at (202) 693-3283 or ([abnathy.carol@dol.gov](mailto:abnathy.carol@dol.gov)).