

October 28, 2013

DIRECTIVE:	JOB CORPS INFORMATION NOTICE NO. 13-24
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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: GRACE A. KILBANE  
National Director  
Office of Job Corps

SUBJECT: Influenza Information Update

1. Purpose. To inform Job Corps centers about prevention, testing, and treatment issues 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. As vaccines are the best way to prevent influenza, the CDC encourages vaccination against seasonal influenza as soon as vaccines become available.

Flu vaccines are designed to protect against the influenza viruses that experts predict will be the most common during the upcoming season. Three kinds of influenza viruses commonly circulate among people today: influenza A (H1N1) viruses; influenza A (H3N2) viruses; and influenza B viruses. Each year, these viruses are used to produce seasonal influenza vaccine.

There are several flu vaccine options for the 2013-2014 season. Traditional flu vaccines made to protect against three different flu viruses (called “trivalent” vaccines) are available. In addition, this season flu vaccines made to protect against four different flu viruses (called “quadrivalent” vaccines) also are available. Both trivalent and quadrivalent flu vaccines are available for administration by injection or by nasal spray. CDC does not recommend one flu vaccine over another. The important thing is to get a flu vaccination every year.

The 2013-2014 trivalent influenza vaccine is made from the following three viruses:

- A/California/7/2009 (H1N1)pdm09-like virus
- A(H3N2) virus antigenically like the cell-propagated prototype virus /Victoria/361/2011
- B/Massachusetts/2/2012-like virus

It is recommended that the quadrivalent vaccine containing two influenza B viruses include the above three viruses and a B/Brisbane/60/2008-like virus.

CDC recommendations for seasonal influenza vaccination during the 2013-2014 season include “universal” annual vaccination for everyone age 6 months and older in the United States.

While everyone should get flu vaccine each flu season, it’s especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- People 50 years of age and older
- People of any age with certain chronic medical conditions, including asthma and diabetes
- People who are morbidly obese (body-mass index is 40 or greater)
- People who live in nursing homes and other chronic-care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care personnel
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children younger than 6 months of age (these children are too young to be vaccinated)
- American Indians/Alaska Natives

Some people should not get flu vaccine without first consulting a physician. These include:

- People who have a severe allergy (anaphylaxis) to chicken eggs
- People who have had a severe reaction to an influenza vaccination
- Children younger than 6 months of age (influenza vaccine is not approved for this age group)
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated)
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine

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/index.htm> - information for health professionals
- c. <http://www.cdc.gov/flu/freeresources/index.htm> - free influenza resources to download

4. Action.

a. **Vaccination.**

Based upon the CDC recommendations above, Job Corps centers should offer seasonal influenza vaccine to all students. 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. Injectable vaccine (trivalent inactivated vaccine or TIV) or nasal spray vaccine (live attenuated influenza vaccine or LAIV) may be administered, but nasal spray vaccine should not be administered to pregnant or immunocompromised students or to students with asthma.

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 members 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 (SSC) in Perry Point, Maryland, or from private vendors.

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. The influenza vaccine should remain available on center throughout the flu season in case of new-student arrivals, and for students who may have initially decline immunization.

b. **Education.**

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

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleansers are also effective.
- Avoid touching your eyes, nose, or mouth. Germs spread that way.
- Try to avoid close contact with sick people.
- Encourage residential students to report to the health and wellness center if they become ill. Sick nonresidential 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 potential 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 staff members are also strongly encouraged to contact their state and/or local health departments 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 Report (SIR) system 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 percent or more of Onboard Strength (OBS).

Closing of Job Corps centers in response to influenza 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, cough, 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 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 has 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.**

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 their state or local health department.

Addressees are to ensure 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); or Johnetta Davis at (202) 693-8010 or [davis.johnetta@dol.gov](mailto:davis.johnetta@dol.gov).