



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH**

**Joe Manchin III
Governor**

**Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary**

November 2, 2009

Dear Parent,

My name is Dr. Cathy Slemp. I serve as the state's health officer and physician overseeing West Virginia's response to the 2009 H1N1 outbreak. In this role, I also work closely with the Centers for Disease Control and Prevention (CDC) to share information, provide advice from the field, and assure we work as a public health system across the nation. Besides being a physician, I am also a mother. In that role, I know it's critical for parents to have accurate information for making decisions that impact their child's health and safety. I write to link you with facts about H1N1 and provide general guidance on frequently asked questions.

H1N1 is now widespread across West Virginia and likely in your community. It's important to remember that the vast majority of children with H1N1 disease have a few days of illness and recover without complication. Flu can be serious, however, and it's important to link children at increased risk of complications or very sick children to appropriate care. It's also important to separate ill from well children. If a student comes to school with a fever and cough or sore throat (or if they develop this at school), the school should send them home.

It's a tough decision if your child is not febrile but has a slight cough, congestion, and sneezing. As a general rule, it is okay to send them to school as long as they are well enough to concentrate on the subject matter and do the usual school activities. While we all want to prevent disease spread in schools, it's not practical for every child with a slight cough or congestion who otherwise feels well to stay home. If you have one child that is ill and another that is well, you should go ahead and send the well child to school. The ill child can return after they are fever free for 24 hours without the assistance of fever reducing medication.

Decisions to close a school are made locally and are not taken lightly. Schools follow guidance issued by the CDC and closures should generally be rare with the current level of disease severity (as long as there is sufficient staff to run the school). There are many factors that go into this decision. School districts weigh the possible benefits of student dismissal with problems this can cause as well. Interestingly, once virus is widespread in a school or community, dismissing students probably doesn't prevent disease as much as one might think. Many children do not stay home but go elsewhere in the community. Other child health and safety issues arise, including safety of children left alone at home, loss of access to special services, well children now at home with ill children, etc. As parents stay home with well children, closures create community impacts for healthcare systems and other critical infrastructure. Any decision to close school is made in conjunction with the school system and local health department.

Finally, vaccination is an important tool now becoming available to protect your child and others from H1N1 flu. While supply at present is less than we'd all like, it will increase in time. As a parent, my family weighed the risk and benefits of getting our children vaccinated and have made the decision to vaccinate, but you should make your own decision with the facts. It's important to note that H1N1 flu vaccines have been made just the same way seasonal flu vaccines are made. Vaccine experts expect the safety level to be the same as well, and all testing to date supports this expectation. Find out more for yourself. Visit our website at www.wvflu.org or www.cdc.gov/h1n1 for more information or to read the facts about H1N1 so you can make the appropriate decision for your child and for yourself.

Sincerely,

A handwritten signature in blue ink that reads "Catherine C. Slemp".

Catherine C. Slemp, MD, MPH
State Health Officer