



**THE STATE EDUCATION DEPARTMENT  
UNIVERSITY OF THE STATE OF NEW YORK**  
Carole F. Huxley  
Interim Commissioner and  
President of The University



**NEW YORK STATE  
DEPARTMENT OF HEALTH**  
Richard F. Daines, M.D.  
Commissioner

**TO:** District Superintendents of Schools  
Superintendents of Public and Nonpublic Schools  
Administrators of Charter Schools  
School Principals  
Directors of School-Based Health Clinics  
Local Health Department Officials

**FROM:** Interim Commissioner Carole F. Huxley, NYS Education Department

Commissioner Richard F. Daines, M.D., NYS Department of Health

**SUBJECT:** School Absenteeism and School Dismissal Monitoring for Novel H1N1 Influenza (Flu)  
Virus in K-12 Educational Facilities for the 2009-2010 School Year

**DATE:** September 11, 2009

With the recognition of novel H1N1 influenza virus in New York State, elementary and secondary schools began working collaboratively with local health departments in May 2009 to share important data on student absenteeism and illness via the New York State Department of Health Commerce System. Building on this partnership, and with the expected return of novel H1N1 influenza, the Commerce System will continue to be used to facilitate this reporting for the 2009-2010 school year.

Based on user feedback, the School Survey reporting system has been modified to make it easier to enter absenteeism survey data and retrieve reports. This will enable real-time monitoring of absenteeism in your school, district, and county, and allows for early identification of situations that may require rapid, critical, and data driven decisions.

In addition, the U.S. Centers for Disease Control and Prevention (CDC) has asked all states to report schools that close due to excessive absenteeism or illness. To this end, an additional, short survey form has been added to the school surveillance reporting activity, titled "CDC School Dismissal Form." It is extremely important that, at a minimum, every school that closes in New York State due to illness or excessive absenteeism submit this short form, which will then be forwarded to CDC. Decision making on school closures will continue to be a local decision made by school officials in consultation with their medical directors and in partnership with local health officials. Information on training for these survey forms will be forthcoming.

Entering data in these forms, while voluntary, will provide schools, districts, and local health officials with up-to-date situational awareness on influenza and other issues. We strongly encourage all public and nonpublic elementary and secondary educational institutions to cooperate with local, state, and federal health officials and to provide illness-related data on early dismissal, absenteeism and closure information using this reporting system on the NYSDOH Commerce System.

Attachments: School Surveillance and Reporting System: School 2009 Absentee Surveillance  
School Surveillance and Reporting System: CDC School Dismissal Form

**Overview Information**

- Grades being taught in this school\*
- If grades being taught is other, please specify
- Total number of students in enrolled in this school building\*
- Total number of faculty/staff who work at this school building\*

**Daily Fields**

*Students Absent Enter the total number of all students absent and then the total number of students absent for each of the following reasons.*

- Total number of students absent
- Absent for illness/medical reasons
- Absent for other reasons
- Unknown

*Faculty/Staff Absent Enter the total number of all faculty/staff absent and then the total number of faculty/staff absent for each of the following reasons.*

- Total number of faculty/staff absent
- Absent for illness/medical reasons
- Absent for other reasons
- Unknown

*Students Sent Home Early Enter the total number of all students sent home early and then include the students in the counts for each of the following symptoms that apply. The counts for the symptoms are not mutually exclusive.*

- Total number of students sent home early
- With respiratory symptoms (cough, runny or stuffy nose, sore throat, and/or headache)
- With fever (defined as measured temperature greater than or equal to 100 F or 37.8 C)
- With gastrointestinal symptoms (nausea, vomiting, and/or diarrhea)
- With rash
- With other symptoms (would include things like injuries, accidents, etc.)
- For non-illness related reasons
- Unknown

• Please check if these absences or early dismissals are more than usual (e.g. several students/staff affected by similar symptoms). Please contact your local health department to discuss further. [Yes] **[No]**

• Please check if these absences or early dismissals show an unusual pattern (e.g. cluster in a class room/wing of the building). Please contact your local health department to discuss further. [Yes] **[No]**

• Please enter any additional comments regarding the absences. For example, senior skip day, half day of school, parent teacher conferences, school closed, water main break, etc.

**Additional Comments**

School Dismissal Information	
• School Zip Code*	<input type="text"/>
• Date school dismissed:*	<input type="text"/>
• Date school is projected to re-open:*	<input type="text"/>
• Date school is actually re-opened:	<input type="text"/>
• Name of person submitting this form:	<input type="text"/>
• Organization/Agency:	<input type="text"/>
• Telephone Number:	<input type="text"/>
• Email Address:	<input type="text"/>

\* Required Fields. \*\* Repeatable Sections.