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Closings and Cancellations Top Advice on Flu Outbreak

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ATLANTA, Feb. 1 — In the event of a severe [flu](#) outbreak, schools should close for up to three months, ballgames and movies should be canceled, and working hours should be staggered so subways and buses are less crowded, the federal government said Thursday in issuing new pandemic flu guidelines to states and cities.

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Health officials acknowledged that such measures would greatly disrupt public life, but argued that they would provide the time needed to produce vaccines and would save lives because flu viruses attack in waves lasting about two months.

“We have to be prepared for a Category 5 pandemic,” said Dr. Martin S. Cetron, director of global migration and quarantine for the federal [Centers for Disease Control and Prevention](#), in releasing the guidelines. “It’s not easy. The only thing that’s harder is facing the consequences. That will be intolerable.”

Officials are, for the first time, modeling the new guidelines on the five levels of [hurricanes](#).

Category 1 assumes that 90,000 Americans would die, Glen J. Nowak, a spokesman for the disease centers, said. (About 36,000 Americans die of flu in an average year.) Category 5, which assumes 1.8 million dead, is the equivalent of the 1918 Spanish flu pandemic. That flu killed about 2 percent of those infected; the H5N1 flu now circulating in Asia has killed more than 50 percent of those infected but is not easily transmitted.

The new guidelines advocate having sick people and their families — even apparently healthy members — stay home for 7 to 10 days. They advise against closing state borders or airports because crucial deliveries, including food, would stop.

The report urges communities to think about ways to continue services like transportation and meal service to particularly vulnerable groups like the elderly and those who live alone.

The guidelines are only advisory, since the authority for measures like school closings rests with state and city officials, but many local officials have asked for guidance, Dr. Cetron said. The federal government has taken primary responsibility for developing and stockpiling vaccines and antiviral drugs, as well as masks and some other supplies.

The new guidelines are partly based on a recent study of how 44 cities fared in the 1918 epidemic conducted jointly by the disease centers and the [University of Michigan](#)'s medical school. Historians and epidemiologists pored over hospital records and newspaper clippings, trying to determine what factors contributed to the varying impact.

A few small towns escaped the epidemic entirely by cutting off all contact with the outside, but most cities took less drastic measures. Those included isolating the sick and quarantining homes and rooming houses; closing schools, churches, bars and other gathering places; canceling parades, ballgames and other public events; staggering factory hours; discouraging use of public transport; and encouraging use of face masks.

The most effective approach seemed to be moving early and quickly. "No matter how you set up the model," Dr. Howard Markel, a leader of the study, said, "the cities that acted earlier and with more layered protective measures fared better."

Any pandemic is expected to move faster than a new vaccine can be produced; current experimental H5N1 vaccines are in short supply and are based on strains isolated in 2004 or 2005. Although the government is creating a \$4 billion stockpile of the vaccine Tamiflu, it is useful only when taken within the first 48 hours, and Tamiflu-resistant strains of the flu have already been found in Vietnam and in Egypt.

"No one's arguing that by closing all the schools you're going to prevent the spread," Dr. Markel added. "But if you can cut cases by 10 or 20 or 30 percent and it's your family that's spared, that's a big deal."

School closings can be controversial, and picking the right moment is hard because it must be done before cases soar.

Several public health experts praised the guidelines, though there were objections to some aspects.

Dr. Michael T. Osterholm, director of the Center for Infectious Disease Research and Policy at the [University of Minnesota](#), said he saw no point in worrying about exactly when to close schools, because his experience in meningitis outbreaks convinced him that anxious parents would keep children at home anyway.

"I don't think we'll have to pull that trigger," Dr. Osterholm said. "The hard part is going to be unpulling it. How do the principals know when schools should open again?"

Other experts said that children out of school often behaved in ways that still put them at risk. Youngsters are sent to day care centers, and teenagers gather in malls or at one another's houses.

"We'll be facing the same problem, but without the teaching," said Dr. Irwin Redlener, director of the National Center for Disaster Preparedness at the Mailman School of Public Health at [Columbia University](#). "They might as well be in class."

Dr. Cetron said that caring for children in groups of six or fewer would cut the risks of transmission. He also said that parents would keep many children from gathering.

"My kids aren't going to be going to the mall," he said.

The historian John M. Barry, author of "The Great Influenza" (Viking Adult, 2004), questioned an idea underpinning the study's conclusions. There is evidence, Mr. Barry said, that some cities with low rates of sickness and death in 1918, including St. Louis and Cincinnati, were first hit by a milder spring wave of the virus. That would have, in effect, inoculated their citizens against the more severe fall wave, and might have been more important than their public health measures.