

RICHMOND COUNTY



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To: All Principals

From: Dana T. Bedden Ed. D.
Superintendent of Schools

Date: September 8, 2009

Re: Suspension of Medical Excuse

Elevated cases of flu-like symptoms present among school age children and family members in Georgia and the CSRA have led to several communications from the State Superintendent of School, Kathy Cox and state and local medical officials. On August 27, 2009, Superintendent Cox joined with Dr. Rhonda Medows, Commissioner and State Health Officer to make several recommendations regarding the management of excessive absences due to flu-like symptoms.

Key among these recommendations is a request that local systems consider a six weeks suspension of the requirement in Rule 160-5-1-.10 STUDENT ATTENDANCE, which requires that students present medical documentation upon return to school for the purpose of validating that the absence is an excused absence. The suspension of this requirement will begin immediately, effective, September 8, 2009 thru November 24, 2009. The parent or guardian must submit a signed note upon the student's return to school which reads as follows:

My child, _____ was absent from (Sept. Oct. Nov.) _____ thru _____
due to (identify specific symptoms) _____.

Signed _____
Parent of Guardian

In a consensus statement from the Departments of Pediatrics and Emergency Medicine and Internal Medicine, Medical College of Georgia, Augusta, August 31, 2009, additional recommendations were made to assist in the management of novel H1N1 influenza.

1. Swine flu has continued to circulate throughout the summer months in the United States, a highly unusual occurrence for a virus that normally appears in January or February and virtually always disappears by May. It is not yet clear why this virus has continued to circulate outside its normal “season”, but the degree of spread around the world has been extensive enough to fit the definition of a Pandemic, which was declared by the World Health Organization in June of 2009.

2. **Specific testing for H1N1 is not necessary or available for most outpatients.** CDC and Georgia Department of Community Health labs have the primers necessary to perform an RT-PCR assay to confirm novel H1N1, but individual hospitals and clinics generally do not. The Georgia Public Health Laboratory at DCH will not accept samples for H1N1 identification unless the patient is hospitalized.

3. **Flu activity in the CSRA clearly increased after schools reopened during the second week of August.** Clinic and emergency department physicians have reported unusually high volumes of children presenting with fever PLUS either cough or sore throat, a symptom complex satisfying the CDC case definition of “influenza-like illness”, or ILI. ILI is highly predictive for flu during periods of high flu activity. Georgia Department of Community Health (DCH) has documented a sharp increase in ILI throughout the state beginning in mid-August, and flu activity in Georgia is currently classified as “widespread”.

4. **Most patients with influenza-like illness should stay home and receive supportive care alone.** Most patients with flu will be symptomatic up to 4-6 days before showing improvement. Patients with high risk medical conditions and ILI should seek medical care if antiviral medications are available, **but children over age 5 and otherwise healthy adults under 65 generally do not require medical evaluation unless their symptoms are prolonged (e.g. fever greater than 5 days) or unusually severe (unable to stand, difficulty breathing/shortness of breath, severely diminished urine output, etc.)**

5. **Supportive care includes plenty of fluids, bedrest, and antipyretics/pain medications (not aspirin).** For children less than five years of age, cough and cold medications are not recommended.

Please communicate this information to your staff immediately.