



National Association of School Nurses

8484 Georgia Avenue
Suite 420
Silver Spring, MD 20910
240-821-1130
301-585-1791 fax

www.nasn.org
nasn@nasn.org

TO: NASN Members
DATE: Summer 2009
RE: H1N1 Flu Media Talking Points

School nurses have an unprecedented opportunity to highlight the fundamental role of the school nurse in an infectious disease outbreak and in preparations for pandemic flu. NASN has prepared some talking points to assist you when you talk to the media, parents, superintendents and other stakeholders. Please provide NASN links to your interviews by emailing nasn@nasn.org.

General advice when talking to the media:

- Express your opinion in a positive manner.
- Be direct and concise.
- Get permission, if necessary, to represent a larger group, such as your state affiliate.
- Include in your story 1-3 statements about the role of the school nurse (see below).
- End on a positive note.

H1N1 Flu Media Talking Points:

1. This flu is different than other flu outbreaks because this virus strain had not been seen in humans before April 2009. Scientists are continuing to learn about this new virus.
2. So far, H1N1 flu does not appear to be as severe as seasonal influenza.
3. Unlike seasonal influenza, the largest number of H1N1 confirmed cases have occurred in people between the ages of 5 and 24.
4. At this point in time there is not enough information to predict how severe H1N1 flu will be this coming fall. That is why it is important to stay informed and follow public health advice.
5. On average, 35,000 people die from seasonal flu related complications.
6. In the 2008-2009 season, 56 children died from influenza.
7. Children are a major source of the spread of seasonal flu. They shed the greatest amount of virus and pose the greatest risk of transmission. It is reasonable to expect H1N1 flu and children will behave in a similar way.



National Association of School Nurses

8484 Georgia Avenue
Suite 420
Silver Spring, MD 20910
240-821-1130
301-585-1791 fax

www.nasn.org
nasn@nasn.org

8. To complicate this, the school setting mixes children from different communities in a compact environment.
9. Magnet schools and private schools cover regions instead of districts – this may contribute to a broader spread of disease through communities unless strategies are developed
10. The basic ideas still work:
 - Frequent hand washing with soap and water for 20 seconds
 - Cover your cough or sneeze
 - Avoid touching eyes, nose or mouth
 - Avoid contact with sick people
 - Anti-viral medication may help
 - Most importantly, **STAY HOME** when you or a family member have signs of influenza like illness (i.e., fever, sore throat, and cough – sometimes runny nose, fatigue, body aches, nausea, vomiting and diarrhea). Stay home 7 days after symptoms appear.
11. Prepared for the possibility of school closures, work closures or coming down with the flu. **STAY HOME** to allow social distancing measures to reduce the spread of the disease.
12. Stay informed. Go to www.cdc.gov/h1n1flu

Media Talking Points About School Nursing:

1. The school nurse role involves both public health activities and care of individual children with illnesses, accidents or chronic illness.
2. As part of public health, infectious disease surveillance is integral to the school nurse role. Detecting outbreaks is what school nurses do. School nurses regularly identify outbreaks of influenza, pertussis, MRSA and other communicable diseases and notify public health authorities.
3. 24.9% of US public schools have NO school nurse.
4. There is wide disparity between states and within states – the further South and West – the more students and school building per school nurse Example: Vermont has 1 school nurse: 275 students, Utah has 1 school nurse: 4,893 students.
5. The average school nurse in America cares for 2.2 schools with 1,151 students (NASN).



National Association of School Nurses

8484 Georgia Avenue
Suite 420
Silver Spring, MD 20910
240-821-1130
301-585-1791 fax

www.nasn.org
nasn@nasn.org

6. Approximately 16% of school children see the school nurse on a regular basis for care of a chronic condition or administration of medication.
7. SCHIP insurance does not cover immigrant children in some states, and those families may not have access to treatment.