

The following document was created to assist child care programs in obtaining information regarding the 2009 H1N1 flu. Below are a series of questions and answers that cover typical situations that a child care program may face. Please note: the information in this document was current as of October 14, 2009. To ensure that you have the most recent information, check www.odh.gov and www.flu.gov regularly for updates.

Q & A's for the 2009 H1N1 (Swine) Flu and Child Care*

1. Why should early childhood programs be concerned about the flu?

Children under the age of 5 are at higher risk for complications from flu, and severe flu complications are most common in children younger than 2 years old. Infants younger than 6 months old are a particularly vulnerable group because they are too young to get the seasonal flu or 2009 H1N1 flu vaccine. So far, with 2009 H1N1 flu, the highest number of cases has been in people between the ages of 5 and 24 years old. Some early childhood programs provide after school programs to children in this age group. The second highest number of cases of 2009 H1N1 flu has been in children younger than 5 years old.

2. What do all these different types of flu mean?

Seasonal (or common) flu - Flu viruses circulate every year during late fall through early spring. This time period commonly referred to as flu season and these viruses are called "seasonal flu viruses". It is a respiratory illness that can be transmitted from person-to-person. Most people have some immunity, and a vaccine is available.

2009 H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. This virus is spreading from person-to-person worldwide, probably in much the same way that regular seasonal influenza viruses spread. This flu is now referred to as "2009 H1N1 (swine) flu."

Pandemic flu is a global flu outbreak that occurs when a new flu virus emerges for which there is little to no immunity in the population. Because there is little natural immunity, the disease can spread easily from person to person. Vaccine will have to be produced to fight each new strain and vaccine for H1N1 is currently available in limited amounts and more is being manufactured and distributed each week.

3. How does 2009 H1N1 virus spread?

Spread of 2009 H1N1 virus is thought to occur in the same way that seasonal flu spreads. Flu viruses are spread mainly from person to person through coughing or sneezing by people with influenza. Sometimes people may become infected by touching something – such as a surface or object – with flu viruses on it and then touching their mouth or nose.

4. What are the signs and symptoms of this virus in people?

The symptoms of 2009 H1N1 flu virus in people include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Severe illnesses and death have occurred as a result of illness associated with this virus.

In children, emergency warning signs that need **urgent medical attention** include:

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough

5. What can an early childhood program do to prepare for flu response during the 2009-2010 flu season?

- Examine and revise, as needed, current flu (or crisis) response plans.
- Update contact information for parents so they can be easily contacted if they need to pick up their sick child.
- Be aware if a child in their care has an underlying health condition that would put the child at particularly high risk of flu complications.
- Develop contingency plans to cover key positions when staff are sick or caring for family members at home.
- Identify and establish a point of contact with the local public health agency.
- Set up a separate supervised space for care of sick children or staff which will separate them from others by at least 6 feet until they can be sent home.
- Display and distribute educational materials to encourage hand hygiene and respiratory etiquette.
- Help families and communities understand the important roles they can play in reducing the spread of flu.
- Encourage parents to plan for alternate child care in case the early childhood program closes.

6. What steps can I take to prevent children or staff from getting sick?

- Encourage all early childhood program staff to get vaccinated for seasonal flu and 2009 H1N1 flu according to CDC recommendations when vaccines become available.
- Encourage early childhood program staff to stay at home if they are sick with flu-like illness. Ask parents to keep children home if they are sick.
- Conduct a daily health check of children and staff. Watch children and staff for signs of illness throughout the day.
- Encourage respiratory etiquette by providing staff and children with:
 - education and reminders about covering coughs and sneezes, and
 - easy access to tissues and trash cans.
- Remind staff and children to practice good hand hygiene and provide the time and supplies (such as running water, liquid soap, and paper towels) for children and staff to wash their hands.
- Routinely clean surfaces and items that children or adults frequently touch with their hands or mouths, or that come in contact with their body fluids.
- Communicate and instruct staff and parents of children in early childhood programs to get medical care for themselves or for their children immediately if they get sick and are at higher risk of flu complications, are concerned about their illness, or develop severe symptoms. Early treatment with flu antiviral medicines can decrease the risk of severe illness from flu.
- Consider closing the early childhood program if flu transmission is high in the community. Work closely with local public health officials to decide if the early childhood program should be closed temporarily.

Refer to “*Action Steps for Child Care and Early Childhood Program Providers to Prevent the Spread of Flu*” at

<http://flu.gov/professional/school/childtoolkit.html>.

7. What do I do if I have a child with an axillary temperature of 99.5° and a cough in my child care program?

The CDC *recommends* that the child be isolated and sent home when an axillary temperature over 99° and signs of influenza-like illness (see below) are noted. Child care licensing rules *require* that the child be isolated and sent home when an axillary temperature of 100° F and another sign of illness are observed. See below for more specifics.

Child care licensing rules *require* that a child must be sent home when presenting with an axillary (armpit) temperature of 100° F when in combination with any other sign or symptom of illness.

CDC recommendations are: Children and staff who develop symptoms of flu-like illness while at the early childhood program should promptly be separated from others until they can be sent home. Symptoms of seasonal flu and 2009 H1N1 flu include fever (100° F [37.8° C] or greater when measured orally or 99° F by axillary method) or chills and cough or sore throat. In addition, symptoms of flu can include runny nose, body aches, headache, tiredness, diarrhea, and

vomiting. (This would be the child in the question above as they are presenting an axillary temperature over 99°F and a cough.) Children and caregivers with flu-like illness should remain at home and away from others until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medications.

Symptoms of 2009 H1N1 flu virus can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, and fatigue, and sometimes diarrhea and vomiting. To the extent possible, sick individuals should stay at home and avoid contact with others until they have been without fever for 24 hours, except when necessary to seek medical care. Epidemiologic data collected during spring 2009 found that most people with 2009 H1N1 flu who were not hospitalized had a fever that lasted 2 to 4 days; this would result in an exclusion period of 3 to 5 days after onset of symptoms in most cases. CDC recommends this exclusion period whether or not antiviral medications are used. **Early childhood programs, parents, or state and local health officials may elect to require longer periods of exclusion.** Parental or community concerns and preferences also should be considered – and local health departments should be consulted – when evaluating if a more stringent exclusion policy is appropriate.

8. What should a child care program do if they have a staff person or child on site who appears to be showing H1N1 symptoms?

Move children and staff who become sick at the early childhood program to a separate, supervised, space which separates them from others by at least 6 feet until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask to sick staff members to wear if they can tolerate it. Visit www.cdc.gov/h1n1flu/guidance_homecare.htm for more information on caring for someone who is sick.

9. What cleaning is necessary when a child care program has had a child infected with H1N1?

OAC Rule 5101:2-12-15 lists the cleaning requirements for equipment in child care centers. This cleaning schedule meets the CDC's cleaning recommendations for H1N1, with the exception of specifying surfaces frequently touched by children and staff (such as door knobs, keyboards, etc.) Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned – with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (for example, toys and play areas). CDC does not believe any additional disinfection of environmental surfaces beyond routine cleaning is required.

10. How long does the H1N1 virus survive on surfaces?

Studies have shown that flu viruses can survive on hard surfaces and can infect a person for up to 2 to 8 hours after being left on items like cafeteria tables, doorknobs, and desks. Frequent handwashing will help you reduce the chance of getting contamination from these common surfaces.

11. Do I have to notify parents when a child in the program has come down with H1N1?

OAC Rule 5101:2-12-33 requires that, "The center notify parents, within the next day of center operation, when their child has been exposed to a communicable disease." H1N1 is a communicable disease and so parents of children who have been exposed to the illness must be notified in the method outlined in the center's parent handbook. It is also recommended that the administrator contact the local health district for further advice and directions. Local health districts' contact information may be found at:

<http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx>

12. How long can an infected person spread this virus to others?

People infected with seasonal and 2009 H1N1 flu shed virus and may be able to infect others from 1 day before getting sick to 5 to 7 days after. This period can be longer in some people, especially children and people with weakened immune systems.

13. How long does a child have to be kept out of child care if they have flu (seasonal or H1N1) symptoms?

Most people with 2009 H1N1 flu who were not hospitalized had a fever that lasted 2 to 4 days; this would result in an exclusion period of 3 to 5 days after onset of symptoms in most cases. CDC recommends this exclusion period whether or not antiviral medications are used. Children who have had the flu should remain out of child care until they have been fever free (axillary temperature of 99°F or less) for at least 24 hours without the help of fever reducing medications.

14. Do individuals with ill family members have to stay home? For example, may staff, children, licensing specialists or other visitors be in a program if a family member has the flu?

If there are other appropriate arrangements for an ill child, the CDC has no restrictions on family members going to work/school. Employees who are well, but who have an ill family member at home with H1N1 flu can go to work as usual. These employees should monitor their health every day, and take everyday precautions including washing their hands often with soap and water, especially after they cough or sneeze. Alcohol-based hand cleaners are also effective. Family members should be aware of signs/ symptoms of influenza and stay home if they have any.

The CDC has stated that recommendations may change in the event that the flu becomes more severe. Under those circumstances, the CDC may recommend that early childhood programs request that children who live with people who have flu-like illness stay home for 5 days from the day the first household member got sick.

15. What actions should pregnant staff take to protect themselves from the flu?

- Pregnant women should follow the same guidance as the general public related to staying home when sick, hand hygiene, respiratory etiquette, and routine cleaning.
- Pregnant women should know that they are a priority group to receive the 2009 H1N1 flu vaccine when it becomes available. Seasonal flu vaccine is also recommended for pregnant women and can be given at any time during pregnancy. Pregnant women may not receive Flu Mist vaccine.
- Pregnant women are at higher risk of complications from flu and, like all people at higher risk, should speak with their health care providers as soon as possible if they develop flu-like symptoms. Early treatment with antiviral flu medicines is recommended for pregnant women who have the flu; these medicines are most effective when started within the first 48 hours of feeling sick.
- If the flu conditions become more severe, pregnant women may want to withdraw their children from early childhood programs or stop working temporarily if they are an early childhood program provider.

16. Where can I get more information about H1N1?

The Ohio Department of Health H1N1 Information line is open 8 a.m. to 9 p.m., Monday through Friday. Please call **1-866-800-1404** for answers to your questions about 2009 H1N1 flu.

Good online resources include:

http://www.odh.ohio.gov/landing/phs_emergency/panflu/panflumain.aspx

<http://www.flu.gov>

<http://www.cdc.gov/h1n1flu/schools/>

<http://www.aap.org/advocacy/releases/may09swineflu.htm>

17. Is there anyone locally that I can talk to about this and who can answer my H1N1 questions?

Professionals from your local health district are always available to provide information regarding communicable illnesses. It is recommended that child care providers establish a point of contact with their local health district ahead of time. To find your local health district, click on this link:

<http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx>.

18. What is the best way to keep from spreading the virus through coughing or sneezing?

If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.)

Keep away from others as much as possible. Cough or sneeze into the bend of your elbow or sleeve. If you cover your mouth and nose with a tissue when

coughing or sneezing, put your used tissue in the waste basket. Then, clean your hands, and do so every time you cough or sneeze. An Elmo PSA demonstrating this is available at: <http://www.flu.gov/psa/>

19. Do we have to close our child care program if a child or staff member is sick with H1N1 flu?

The child care program should make a decision regarding closing the child care program in consultation with the local health district. The local health district also has the right to order the program to close if needed for public health concerns. The CDC currently is not recommending that child care programs close if only a few children or staff members are sick with H1N1. However they offer the following advice:

Early childhood programs should work closely with local public health officials to decide if the early childhood program should be closed temporarily. There are three types of early childhood program closures:

- Selective closure is used when flu conditions are similar to the spring/summer 2009 and flu transmission is high. Some communities or early childhood programs may consider temporary closures to help decrease the spread of flu among children less than 5 years of age.
- Reactive closure is used when flu conditions are more severe compared to spring/summer 2009 and many staff and children are sick and are not coming to the early childhood program, or many children and staff are arriving at the early childhood program sick and are being sent home. The early childhood program may close because it is unable to operate under these conditions. Smaller home-based programs will be more likely than center-based programs to have a reactive closure because they have fewer staff available if some become ill.
- Preemptive closure is used early during a flu response in a community when flu conditions are more severe compared to spring/summer 2009. The goal is to decrease the spread of the flu before many children and staff get sick. This is based on information about the spread of severe flu in the region. This type of closure is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

20. Who do we have to notify if we close our program due to illness?

Program administrators need to report flu-related child care program closures by 9:00 a.m. at the following Ohio Department of Health (ODH) website: <https://www.impactsiis.org/closing/daycare.asp> . If you do not have internet access, the report may also be made through the ODJFS Office for Family and Children Help Desk at (866)-886-3537, Option 4. Depending on the severity, ODH may be asked to report daily to the Centers for Disease Control and Prevention (CDC) any child care programs which have closed for any period of time due to illness. To assist ODH with collecting this information, ODJFS is asking that any closures due to influenza like illness be reported by 9:00 a.m. at the ODH website above. It is also recommended that centers notify their licensing specialist.

21. Should the health department be notified if someone who attends a center has a confirmed case of H1N1?

If there is only one case or a few cases, the flu does not need to be reported. Individual case counts were kept early during the 2009 H1N1 outbreak when the 2009 H1N1 virus first emerged. As the outbreak expanded and became more widespread, individual case counts become increasingly impractical and not representative of the true extent of the outbreak. This is because only a small proportion of persons with respiratory illness are actually tested and confirmed for influenza (including 2009 H1N1) so the true benefit of keeping track of these numbers is questionable. In addition, the extensive spread of 2009 H1N1 flu within the United States made it extremely resource-intensive for states to count individual cases. On July 24, 2009, CDC discontinued reporting of individual cases of 2009 H1N1, but continued to track hospitalizations and deaths.

However, if a program experiences a large percentage of children or employees ill with suspected H1N1, the program should contact its local health district to assure everything is being handled appropriately.

22. What's the difference between antivirals and vaccines?

Vaccines are usually given to prevent infections. Influenza vaccines are made from either pieces of the killed influenza virus or weakened versions of the live virus that will not lead to disease. When vaccinated, the body's immune system makes antibodies which will fight off infection if exposure to the virus occurs.

Antivirals are drugs that can treat people who have already been infected by a virus. They also can be used to prevent infection when given before or shortly after exposure and before illness occurs. A key difference between a vaccine and antiviral drug is that the antiviral drug will prevent infection only when administered within a certain time frame before or after exposure and is effective during the time that the drug is being taken while a vaccine can be given long before exposure to the virus and can provide protection over a long period of time. (CDC)

23. Should the antivirals be given ahead of time to help children avoid getting sick?

Antiviral medications are available for physicians to prescribe, however not all children will require the use of the antivirals. It is not recommended to be given for prophylaxis (preventative) as this might increase the risk that antiviral resistance will develop.

24. Is an antiviral medication an antibiotic?

No, antibiotics are specific to bacteria and have no effect on viruses.

25. Who should be vaccinated?

The groups recommended to receive the 2009 H1N1 influenza vaccine include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;

- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- Healthcare and emergency medical services personnel because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- All people from 6 months through 24 years of age
 - Children from 6 months through 18 years of age because we have seen many cases of H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
 - Young adults 19 through 24 years of age because we have seen many cases of H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

26. Who is at the most risk and in the priority group for vaccinations?

The Advisory Committee on Immunization Practices (ACIP)—an advisory committee to CDC—recommended that 2009 H1N1 flu vaccine be made available first to the following five groups if there is a vaccine shortage when first released:

- Pregnant women
- Health care workers and emergency medical responders with direct patient care
- People who live with or care for infants under 6 months of age
- Children 6 months to 4 years of age
- Children 5 through 18 years of age who have chronic medical conditions (e.g. asthma, diabetes)

27. When will the 2009 H1N1 (swine) flu vaccine be available?

The CDC is making every effort to have H1N1 vaccine available for distribution. Vaccine makers began shipping the H1N1 flu nasal spray on September 30th, 2009, with the first doses of shots being shipped in mid-October. The CDC does not expect that there will be a shortage of H1N1 flu vaccine eventually, but vaccine availability and demand can be unpredictable. It is likely that initially, the vaccine will be available in limited quantities.

28. Will the H1N1 shot be a series of shots?

The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older, with younger children requiring two doses. This is slightly different from CDC's recommendations for seasonal influenza vaccination which states that children younger than 9 who are being vaccinated against influenza for the first time need to receive two doses. Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines.

Healthy individuals aged 2 to 49 years can receive the vaccine as a nasal flu mist. Children under 9 would still need to receive two doses of the flu mist, just as with the shot, with 4 weeks between doses. Nasal flu mists for seasonal flu and H1N1 flu also need to be administered at separate times.

29. Where can I find out where to get vaccinated?

Contact your local health district for more information on vaccination sites. To find your local health district, click on this link:

<http://www.odh.ohio.gov/localHealthDistricts/localHealthDistricts.aspx>

ODH also offers a vaccine locator link at <http://www.odh.ohio.gov/>.

30. Where can we refer individuals who work with infants if they don't have financial resources?

They can contact their local health district. Clinics cannot refuse administration if individuals cannot pay.

31. How much will it cost to get the vaccine?

The H1N1 vaccines will be free, as the federal government is purchasing the vaccines. There may be fees associated with administering the vaccines, but the fees should be nominal. States and the local health districts are determining the location of the vaccination sites and setting up vaccination clinics. Resources have been made available from the federal government to help states give vaccinations.

32. Is the H1N1 vaccine okay for children with respiratory conditions/asthma?

Individuals with chronic conditions are at a greater risk of experiencing complications from H1N1 and are on the priority list to receive a vaccine. Asthma is of particular concern because influenza is a respiratory illness. Individuals with asthma and other chronic conditions should be vaccinated using the flu shot, not the nasal spray.

33. How could I become a vaccination site?

Contact your local health district if you feel you have a facility that could be used as a vaccination site.

34. I have heard about a pneumonia shot. Can you describe and compare that to a flu shot?

Pneumonia (pneumococcal) shots are vaccines to specifically to prevent a type of pneumonia caused by the bacteria *Streptococcus pneumoniae*. They do not provide protection against the flu. There are two types of pneumonia

vaccinations. One is given to children under 5 years of age. And the other is for older adults, persons 2 – 64 years of age with certain chronic medical conditions, and persons 19 – 64 years of age who have asthma or smoke. Pneumonia vaccines are available from your health care provider or where you get seasonal influenza shots.

35. Should staff wear face masks?

Early childhood providers who care for persons with known, probable, or suspected influenza or flu-like illness may consider wearing appropriate personal protective equipment. Limit the number of staff who take care of the sick person and provide a surgical mask to sick staff members to wear if they can tolerate it. When caring for an ill infant or young child, the caregiver should try to position the child's head to minimize the child's coughing directly into the faces of others, if possible. Visit: <http://www.cdc.gov/h1n1flu/masks.htm> or www.flu.gov for more information on personal protective equipment and how to recommend it to employees.

36. Should visitors to child care programs (such as licensing specialists) wear masks when they are going to centers?

Information on the effectiveness of facemasks and respirators for decreasing the risk of influenza infection in community settings is extremely limited. Since visitors will not be providing direct care to ill individuals, facemasks are not indicated. However, the CDC states that individuals at increased risk of severe illness from influenza infection might consider facemasks under certain conditions. See <http://www.cdc.gov/h1n1flu/masks.htm> for specific recommendations. High risk individuals should also talk to their health care provider about appropriate prevention strategies.

37. How can visitors best protect themselves while in a center?

Getting vaccinated against the flu is the best protection.

There are also everyday actions that can help you stay healthy:

- Cover your nose and mouth with a tissue when you cough or sneeze and then throw the tissue away. Wash your hands after you discard the tissue. If you don't have a tissue, cough or sneeze into your elbow or upper sleeve.
- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near soap and water, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose or mouth as germs often spread this way.
- Stay home if you get sick.
- Get plenty of rest.

38. Can I care for children who are sick with H1N1, if I am a home provider?

Children and staff who develop symptoms of flu-like illness while at the early childhood program should promptly be separated from others until they can be sent home. While this may be challenging for some home-based providers, they should provide a space where the child can be comfortable and supervised at all times. Early childhood providers who care for persons with known, probable, or

suspected influenza or flu-like illness should use appropriate personal protective equipment. Visit <http://www.cdc.gov/h1n1flu/masks.htm> for information on personal protective equipment and how to recommend it to employees.

Some additional resources may be useful to you:

- H1N1 Flu (Swine Flu): Resources for Parents and Caregivers - <http://www.cdc.gov/h1n1flu/parents/>
- Interim Guidance for Novel H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home http://www.cdc.gov/h1n1flu/guidance_homecare.htm
- H1N1 Flu (Swine Flu): Resources for Child Care Programs <http://www.cdc.gov/h1n1flu/childcare/index.htm>

39. For programs that transport children what steps should be taken before transporting children?

It is required by the child care licensing rules that a person trained in First Aid and Management of Communicable Diseases be present whenever children are transported. This trained employee should conduct a quick health check before the child is allowed to mix with other children on the bus. Parents/guardians should be required to stay with the child until an initial health check has been completed, so that if the child needs to be excluded for signs of illness there is an adult present to take responsibility for the child.

40. Should our early childhood program require a note from a health care provider to allow children or staff who have been ill to return to the program?

No, the CDC recommends that a note from a doctor's office or health care provider not be required. Health care facilities may be very busy during flu season and it will be hard to provide these notes. The child care licensing rules do NOT require a doctor's note for an ill child or staff member's return. Programs may choose to set their own policies that are more stringent than ODJFS rules, however they are encouraged to follow guidelines set by the CDC.

* Information for these questions was obtained from the Centers for Disease Control and Prevention (CDC) website, the American Academy of Pediatrics (AAP) website and the Ohio Administrative Code.