

MDH Recommendations for Response to Influenza for Childcare and Early Childhood Programs (Pre-K)

Background:

Novel H1N1 influenza appears to be similar to seasonal influenza in severity of illness and transmission. Most people who have had novel H1N1 influenza have recovered without complications. However, like any flu virus, novel H1N1 can be a serious disease. Some people have been hospitalized with novel H1N1 and several deaths have occurred in Minnesota.

People at high risk for complications from influenza (seasonal and novel H1N1 influenza) are those with:

- underlying medical conditions (such as heart or kidney disease, asthma or other chronic lung disease, diabetes, neuromuscular or neurological disorders, or a suppressed immune system),
- pregnant women,
- children under 5 years (especially those under age 2), and
- people 65 years and older.

National data of novel H1N1 cases from the spring of this year show that children less than 5 years old had the highest hospitalization rate. In Minnesota, the rate of hospitalization from novel H1N1 influenza among children less than 5 years old was twice the rate of children 5 – 12 years old.

Hand washing, covering your cough, and staying home when ill are the primary methods to decrease the spread of influenza. However, many young children are not able to control their coughs and sneezes. Therefore, these strategies may be less effective in childcare and early childhood programs than in K-12 schools. Also, children can shed (are infectious) influenza virus for longer periods of time than adults.

Recommendations:

Because childcare and early childhood programs are groupings of individuals at high risk for influenza complications, MDH recommends additional measures than those for older children and the general population. We recognize that these measures may place some burdens on parents and childcare providers. However, these additional measures are prudent at this time due to the:

- increased risk of influenza-related complications among children less than 5 years old,
- potential for increased use of antiviral medication for children in childcare and early childhood programs leading to the development of influenza strains that are resistant to antivirals (making them no longer effective),
- difficulty of young children in appropriately washing their hands and covering their coughs, and
- efficient spread of influenza and other infectious diseases in childcare and early childhood programs which could lead to a substantial number of ill children.

Following these measures may decrease the spread of influenza in childcare and early childhood programs and may assist them in continuing operations which would benefit the programs, parents, and children.

These recommendations refer to the term influenza-like illness (ILI); ILI is defined as a fever (100.0 degrees Fahrenheit or greater) and a cough or sore throat. Other symptoms that may occur with influenza include runny nose, headache, body aches, and with novel H1N1 influenza sometimes vomiting and diarrhea (in addition to fever and cough or sore throat). Generally testing is done only if someone is hospitalized and so it is likely that people will have influenza without laboratory testing.

The Minnesota Department of Health (MDH) recommends that childcare and early childhood programs:

- **Strongly encourage childcare and early childhood program staff who care for children younger than 6 months of age to get vaccinated.**
 - **Seasonal Influenza:** MDH recommends influenza vaccination for all children and *individuals caring for young children*.
 - **Novel H1N1 Influenza:** A separate vaccination is needed for novel H1N1 influenza which will likely be available in late September or October. Many childcare staff are likely in the initial target group to receive the H1N1 vaccination. Initial target groups for H1N1 vaccination include people who live with or *care for children younger than 6 months of age, people age 6 months to 24 years, pregnant women, people 25 through 64 years of age with chronic health disorders or weakened immune systems, and health care providers*. It is likely that two doses of H1N1 vaccine will be needed, given several weeks apart.
- **Strongly encourage parents to get their children vaccinated.**
 - **Seasonal Influenza:** MDH recommends influenza vaccination for all children older over 6 months of age. Please note that influenza vaccine is not recommended for children younger than 6 months of age and that is why it is recommended for individuals caring for them including parents, guardians, and childcare and early childhood program staff.
 - **Novel H1N1 Influenza:** Children 6 months to 24 years are in the initial target group to receive H1N1 vaccination (see above).
- **Encourage parents and guardians to develop a plan with their child's health care provider to determine what steps should be taken if their child is either exposed to influenza or develops symptoms of influenza.**
- **Exclude children and childcare and early childhood program staff with ILI for 7 days after symptoms begin or 24 hours after resolution of acute symptoms which ever is longer.** Children generally shed the influenza virus (although at lower levels compared to when they had a fever) for 7 to 10 days after their symptoms begin and can spread influenza. This longer exclusion period is intended to help prevent the spread of influenza within a program with groupings of high-risk individuals. Parents should keep children home for the exclusion period even if they are on antiviral drugs or have had a flu test that is negative. Flu tests are not always accurate. During the exclusion period, children should stay at home except to get medical care.

- **Childcare providers and early childhood program staff should perform a daily health check of children and staff.** A symptom screening form will be posted on the MDH website. Childcare and early childhood programs should have a process for performing a daily health check upon or soon after arriving at the program. Children and staff who appear to have ILI upon arrival should be sent home.
- **Immediately separate children and staff with ILI.** Children or staff who develop ILI during the day should be promptly separated from others and sent home. At least 6 feet of distance should be maintained between the ill person and others.
- **Childcare providers and early childhood programs should consider having surgical masks and gloves available for staff who care for ill children.** A limited number of staff should be designated to care for ill children until their parent/guardian arrives. These staff should not be at high-risk for complications from influenza.
- **Notify parents/guardians and staff if children or staff in the childcare or early childhood program have ILI** even if there is no laboratory confirmation of influenza. Template notices will be posted on the MDH website. Childcare and early childhood programs do not need to report to the state when they have cases of ILI. Local public health departments and MDH can serve as a resource to childcare and early childhood programs if the program has questions or concerns.
- **Ensure regular cleaning** of all areas with particular focus on items that are more likely to have frequent contact with hands, mouths, and bodily fluids of young children. Sanitize mouthed toys according to routine recommendations. (For recommendations see: Infectious Diseases in Childcare Settings and Schools: Information for Directors, Caregivers, Parents or Guardians and School Health Staff Section 2 (pgs 32-36) www.hennepin.us/childcaremanual).

Childcare programs that serve both children less than 5 years old and school-aged children should either:

- separate these age groups (separate space and staff) and not mix children or staff

OR

- apply the childcare and early childhood program recommendations.

If programs for school-aged children can be separated from children less than 5 years old, recommendations for K-12 schools should be applied to the program for school-aged children. Recommendations for K-12 schools can be found at: www.health.state.mn.us/divs/idepc/diseases/flu/school/index.html. If children less than 5 years old can not be separated from school-aged children (e.g., home childcare), the recommendations for childcare and early childhood programs should be applied to all children and staff. When possible, assign the same staff to a group of children (avoid floating staff) to decrease the number of children and staff exposed to one another.

These recommendations are not intended for programs that serve only K-12 students (e.g., after school programs). These programs should follow recommendations for K-12 schools.

These recommendations should be implemented in addition to recommendations for the general public:

- Ensure children and staff clean their hands often with liquid soap and running water or an alcohol-based hand rub, especially if soap and water are not readily available. Children and staff should be reminded that if their hands are soiled, such as with dirt, food, art supplies, or grease they must use soap and water to clean their hands.
- Remind children and staff to cough or sneeze into a tissue or their sleeve if a tissue is not available. They should not cough or sneeze into their hands.
- Ensure that children and staff have the time and supplies to wash their hands and cover their coughs and sneezes.
- Ensure children do not share personal items such as drinks (e.g., bottles, sippy cups), food, or mouthed toys.
- Do not use aspirin or aspirin-containing products when children have influenza symptoms.

If influenza begins causing more severe disease, recommendations may change. Please continue to check the MDH website (www.mdhflu.com) for updated information. Contact your local public health department or MDH (651-201-5414 or 1-877-676-5414) if you have questions.



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