

CDC's Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season

September 4, 2009

- CDC released new guidance on September 4, 2009 to help decrease the spread of flu among children in early childhood programs and among early childhood program providers during the 2009–2010 flu season. This guidance provides actions that should be taken now as well as additional strategies to use if flu conditions become more severe than conditions in spring/summer 2009.
- To help implement recommendations for the new guidance, CDC is releasing "*Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs.*" The toolkit provides information and communication resources to help early childhood programs communicate with their staff and parents.
- The new guidance is designed to decrease the spread of both seasonal flu and 2009 H1N1 flu while limiting the disruption of early childhood programs.
- With this guidance, we're providing a menu of strategies that health officials and early childhood program providers can choose from, based on flu conditions in their area, to keep early childhood facilities open while reducing exposure of children and early childhood program providers to the flu.
- When we say "early childhood program," we're referring to any early childhood program setting that involves care for a group of children. This can include center-based and home-based child care programs, Head Start programs, and other early childhood programs.
- As of 2008, there were nearly 360,000 (357,277) child care programs in the United States. And a 2007 survey showed that close to 10 million (9,660,666) children 0–5 years of age were in child care at least 10 hours a week.
- Children younger than 5 years of age and those with serious medical conditions are at higher risk for flu complications. Tragically, children do die from seasonal flu.
- Reducing the spread of flu in an early childhood program setting presents unique challenges. Young children are a vulnerable population for infections, they have close contact with other children, close contact with their environment (for example, with toys and playground equipment), and they have a harder time understanding or practicing good hand washing and covering their coughs and sneezes.
- During flu season, there are several important things early childhood program providers can do to reduce the spread of the flu: encourage children and staff to get vaccinated for seasonal and 2009 H1N1 flu according to CDC recommendations; help facilitate good

hand washing and covering coughs and sneezes; and separate sick children and staff from others, and send them home as soon as possible.

- Children and staff with a flu-like illness should stay at home until they are fever-free for at least 24 hours, without the use of fever-reducing medicines. A flu-like illness is defined as fever or chills *and* cough or sore throat. In addition, the symptoms of seasonal and 2009 H1N1 flu virus can include runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.
- Early childhood program providers should develop a plan for responding to a flu outbreak. This includes plans for covering key positions when staff members are home sick, keeping staff and parents informed about the recommended period of time that sick staff and children should stay home; and protecting people at higher risk for flu complications.
- Parents should try to plan for alternate child care in case their usual early childhood program must close.
- CDC, local and state health departments, and partners will continue to monitor the spread of flu, the severity of the illness it is causing, and whether the virus is changing. We will provide updates on what we learn about the flu and revise our guidance as needed. Under certain conditions, the local and state health department in consultation with CDC may recommend closing early childhood program facilities or keeping sick children out of school longer.
- For more information, please visit www.flu.gov. This Web site has the most current flu information from across government agencies.

Recommendations for Current Flu Conditions (similar severity to spring/summer 2009)

- **Children and staff with flu-like symptoms**
 - Early childhood program providers should perform a daily health check of children and staff. This health check involves directly observing the child, talking with the child, and talking with his or her parent(s) or guardian.
 - In addition to looking for signs of illness, the early childhood program provider should look for the following: a change in the child's behavior (like crankiness, unusual crying, decreased appetite, and decreased interest in playing); reports of illness in the child or a family member; or reports of a recent visit to a healthcare provider by the child or family member.
 - Sick children and staff should be separated from well people as soon as possible. They should be sent home and stay there (except to seek medical care, if necessary) until at least 24 hours after they no longer have a fever or signs of a fever, without

the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

- **Considerations for people at higher risk for flu complications**

- Anyone can get the flu (even healthy people) and anyone can have serious problems from the flu. Some groups are at higher risk for complications from the flu. These include children younger than 5 years of age (children in early childhood programs are in this age group), pregnant women, people of any age with chronic health conditions (such as asthma, diabetes, or heart disease) and people 65 years of age and older. Among children less than 5 years old, the risk for severe complications from seasonal flu is highest among children less than 2 years old. Infants less than 6 months of age are particularly vulnerable because they are too young to receive the seasonal or 2009 H1N1 flu vaccine.
- Children and staff at higher risk for flu complications who become sick with flu-like illness should talk to their health care provider as soon as possible.

- **Hand hygiene/respiratory etiquette**

- Even under the best of circumstances, transmission of infectious diseases like the flu cannot be completely prevented in early childhood or other settings.
- The new guidelines emphasize the importance of promoting basic foundations of flu prevention: getting vaccinated, frequent hand washing with soap and water, covering noses and mouths with a tissue when coughing or sneezing, and staying home when sick.
- Staff and children should wash their hands often with soap and water, especially after coughing or sneezing.
- Everyone should cover their nose and mouth with a tissue when coughing or sneezing. When tissues are not available, coughing or sneezing into one's arm or sleeve is recommended.
- It is important to remember that not everyone with flu will have a fever and that people infected with the flu may continue to be infectious for a few days after fever goes away. So, it is important to remind everyone to continue to follow recommendations for hand hygiene and cough etiquette.

- **Routine cleaning**

- People may sometimes get flu if they touch droplets left on hard surfaces and objects by those who are sick and then touch their eyes, nose, or mouth.
- Studies show that flu virus on surfaces may be able to infect a person for up to 2-8 hours after being deposited on the surface.

- Early childhood program providers should make sure to routinely clean areas and objects (such as toys) that children and staff touch often. Wipe these surfaces with a household disinfectant that is usually used, following the directions on the product label. Additional disinfection of these surfaces beyond routine cleaning is not recommended.
- **Selective early childhood closure**
 - Some early childhood programs may consider temporarily closing if flu transmission is high in the community. Early childhood program providers should work closely with their local and state public health officials when considering this course of action.

Additional Recommendations for More Severe Flu Conditions (compared to severity of spring/summer 2009)

- **Permit children and staff at higher risk of complications from flu to stay home**
 - If local flu severity increases and flu is spreading in the community, children and staff at higher risk of complications from flu might choose to stay home to avoid further exposure. Children and staff who stay home should also try to decrease their exposure to flu in other ways, by avoiding large public gatherings such as sporting events and concerts.
 - People who are more likely to have flu complications should be reminded to seek care and early treatment with antiviral medicines if they do get sick with a flu-like illness.
- **Encourage social distancing**
 - Early childhood programs are encouraged to try innovative ways of increasing the space between children and staff. The goal should be to keep distance between people at most times or to cluster children in small, consistent groups of 6 or fewer children.
 - Parents should be encouraged to develop other child care plans in case their early childhood program closes.
 - Communities may also decide to help develop emergency child care plans and programs in case a significant number of early childhood program facilities close during a severe flu outbreak.
- **Extend the time sick children and staff stay home**

- Under more severe flu conditions, decisions about the length of time staff and children with flu-like symptoms should stay home will be made with local public health officials based on the flu conditions in a particular area.
- If a decision is made to extend the time sick people should stay home, children and staff with flu-like symptoms should stay home for at least 7 days, even if their symptoms go away sooner. If any children or staff are still sick after 7 days, they should stay home for at least another 24 hours after all their symptoms are gone.

- **Reactive or preemptive early childhood closure**
 - Early childhood program providers may consider closing the program if a lot of children or staff are absent, a large number of children are being sent home each day because they are sick, or for other reasons that make it difficult to keep the early childhood program functioning. (reactive closure)
 - CDC may recommend closing early childhood programs early to decrease the spread of flu in the community or to reduce demand on the local healthcare system. This is based on information about the spread of **severe flu** in the region. This type of closure is most effective at decreasing the spread of flu and burden on the healthcare system when done early in relation to the amount of flu activity in the area. (preemptive closure)
 - When the decision is made to close early childhood programs, CDC recommends doing so for 5-7 calendar days. Early childhood programs should work closely with local public health officials to assess when programs should be reopened.