

Interim Guidance: September 21, 2009

NM Department of Health Recommendations for Child Care and Early Childhood Programs during the 2009-2010 Flu Season

On September 4, 2009, the CDC released **Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season.**

This guidance can be found at <http://www.cdc.gov/h1n1flu/childcare/guidance.htm>

and is designed to reduce the spread of flu (including H1N1) at early childhood programs (including center-based and home-based child care programs, Head Start programs, and other early childhood programs.)

Childcare programs are key in slowing the spread of the flu and in helping reduce severe illness because they serve some of the people most likely to get the H1N1 flu and to have complications.

Children less than 5 years of age are at a high risk of complications from influenza (flu);

That risk increases among children less than 2 years old;

Infants less than 6 months of age are especially vulnerable because they are too young to receive the seasonal or 2009 H1N1 influenza vaccine; as a result, those who provide care for these young infants are a high-priority group for early vaccination;

Parents and staff should talk with their health care providers to determine if they or members of their families are at high risk for flu complications. Staff at high risk for flu complications and parents of children under age 5 who becomes sick with flu-like illness should call their health care providers as soon as possible to determine if they need antiviral treatment. Early treatment (within 48 hours of the onset of illness) with antiviral medications can decrease the risk of severe illness. Antiviral medication is available from some providers and hospitals at no cost if the patient is uninsured or cannot afford the co-pay and the patient is at high risk of flu complications (less than 5 years of age or with certain chronic health conditions).

The New Mexico Department of Health recommends the following actions to reduce impact of the flu:

Getting vaccinated is the best way to protect against both seasonal and H1N1 flu. A vaccine will be available this year, as it is each year, to protect against seasonal influenza. Vaccine to protect against the 2009 H1N1 flu virus is currently in production with initial doses expected to become available later in the fall.

- Among those at highest priority to receive the first doses of vaccine to protect against H1N1 influenza are:
 - Pregnant women;

- household members and **caretakers of infants less than 6 months;**
- **children 6 to 59 months** old;
- children **5 to 18 years with certain chronic health conditions** that increase their risk of complications from flu;
- health care workers and emergency medical service personnel with direct patient care.
- **After the very top priority groups are vaccinated,** every one aged 6 months – 24 years, will be targeted for vaccination.

Have children stay home when sick: Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever [100⁰ F {37.8⁰ C} or greater] without the use of fever-reducing medicines. A flu-like illness is defined as fever or chills and cough or sore throat. The symptoms of seasonal and 2009 H1N1 flu virus can include runny or stuffy nose, body aches, headache, chills and fatigue, and sometimes vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.

- Parents should be encouraged to keep sick kids home.
- Staff should be encouraged to stay home if ill.
- Contact information for families and staff should be kept up-dated.
- **A doctor's note should not be required** for children or staff to return to the early childhood setting.
- Consider revising sick leave policies to remove barriers to staff staying home while ill or to care for an ill family member.

Watch for signs of illness every day: Observe all children and staff for any signs of flu-like illness. Talk with each child and their parent or guardian about any signs or symptoms of illness.

- Observe children when they arrive and throughout the day.
- Ill children and staff should be further screened by taking their temperature and inquiring about symptoms.

Separate ill children and staff: Children and staff who appear to have flu-like illness should promptly be separated from others until they can be sent home. Staff who develop flu-like illness should wear a surgical mask when near other persons, if a mask is available and they can tolerate it.

- Early childhood programs should identify possible isolation rooms for ill children and staff.
- Children should be comfortable and supervised.

Hand hygiene and respiratory etiquette: **Everyone should wash their hands frequently with soap and water when possible;** keep hands away from your nose, mouth, and eyes; and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).

- Remind children not to share cups or eating utensils.
- Allow children time to wash their hands.

- Actively promote hand hygiene and cough etiquette.
- When soap and running water are not available (such as during a field trip) **use an alcohol-based hand sanitizer.** Hand sanitizer should only be dispensed with adult supervision and kept in a location that children cannot reach but adults can access. Alcohol-based hand sanitizer should not be used in place of soap and warm water.

Routine cleaning: Staff should routinely clean areas that children and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.

- Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned.
- Focus particularly 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).

Consider selective early childhood program closures: If flu transmission is high, some early childhood programs may consider temporary closures of several days with the goal of decreasing the spread of flu among young children. The decision to selectively close due to flu should be made in partnership with the NM Department of Health. CYFD will work to assist clients in obtaining alternative child care arrangements. The decision to close should balance the risks of keeping the children in early childhood programs with the social and economic disruption that can result from closing these programs.

Plan ahead: Early childhood providers should examine and revise, as necessary, their current crisis or pandemic plans and procedures; develop contingency plans to cover key positions when staff are absent from work; and share their plans with families, staff, and the community.

Preparing for the Flu: A Toolkit for Child Care and Early Childhood Programs in New Mexico has been developed based on the CDC's [Preparing for the Flu: A Communication Toolkit for Child Care and Early Childhood Programs](#). It contains more information and resources to help implement these recommendations.

For More Information:

CDC Guidance: <http://www.cdc.gov/h1n1flu/childcare/guidance.htm>

CDC Technical Report: <http://www.cdc.gov/h1n1flu/childcare/technical.htm>

Posters for Early Childhood Programs about Flu Prevention:

<http://www.cdc.gov/h1n1flu/schools/toolkit/posters.htm>

Main CDC and US Health and Human Services Websites

www.cdc.gov/h1n1flu/

www.flu.gov

New Mexico Department of Health
www.nmhealth.org/H1N1/index.shtml

New Mexico Department of Children Youth and Families
<http://www.cyfd.org/>

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