



Novel H1N1: Guidance for Childcare Settings

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<http://www.cdc.gov/h1n1flu/childcare/toolkit/>

Outline

- What is H1N1?
- Why we are concerned?
- Prevention/Vaccination
- Symptoms & Typical Course of H1N1
- Exclusion Criteria
- Giving Guidance to Parents
- Who Should Seek Care
- Treatment
- Reporting Cases to Dept of Public Health

- “. . . early childhood settings present unique challenges for infection control due to the highly vulnerable population, close interpersonal contact, shared toys and other objects, and limited ability of young children to understand or practice good respiratory etiquette and hand hygiene. Thus, parents, early childhood providers, and public health officials should be aware that, **even under the best of circumstances, transmission of infectious diseases such as flu cannot be completely prevented in early childhood or other settings.** No policy can keep everyone who is potentially infectious out of these settings.”

- www.cdc.gov/h1n1flu/childcare/guidance.htm

- Our guidance today and the CDC's guidance is intended to help decrease exposure to seasonal flu and H1N1 and limit the disruption of the essential services you provide
- Current recommendations are made based on the assumption that the severity of illness will be similar to spring-summer 2009

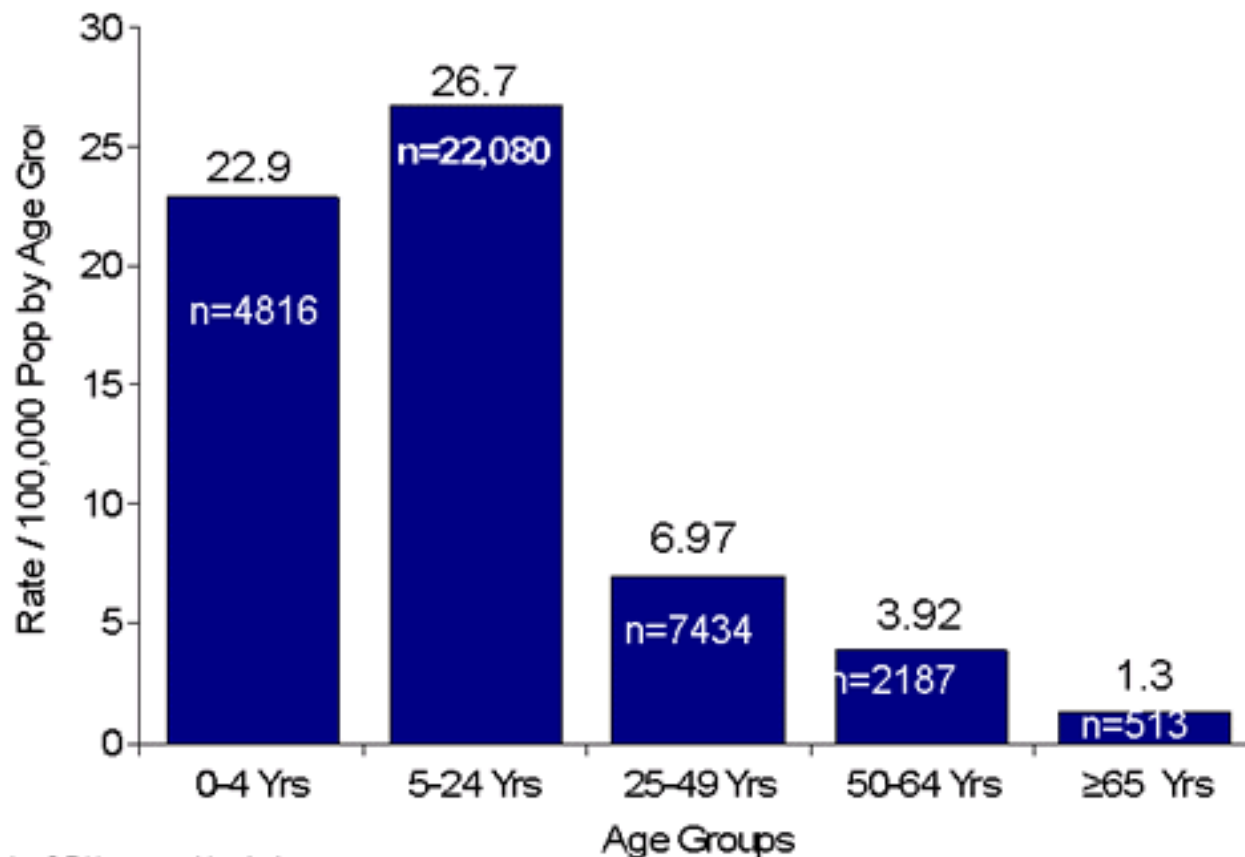
What is H1N1?

- a.k.a. Swine Flu
- “quadruple reassortment”, with genetic elements of swine influenza, avian influenza, and human influenza
- You cannot get it from eating pork
- Spread by human to human transmission

How is it different?

- Affecting different population
 - Seasonal flu usually affects the young and old
- Time of Year
 - Became prevalent when seasonal flu is typically decreasing

Novel H1N1 Confirmed and Probable Case Rate by Age Group, through 7/24/09

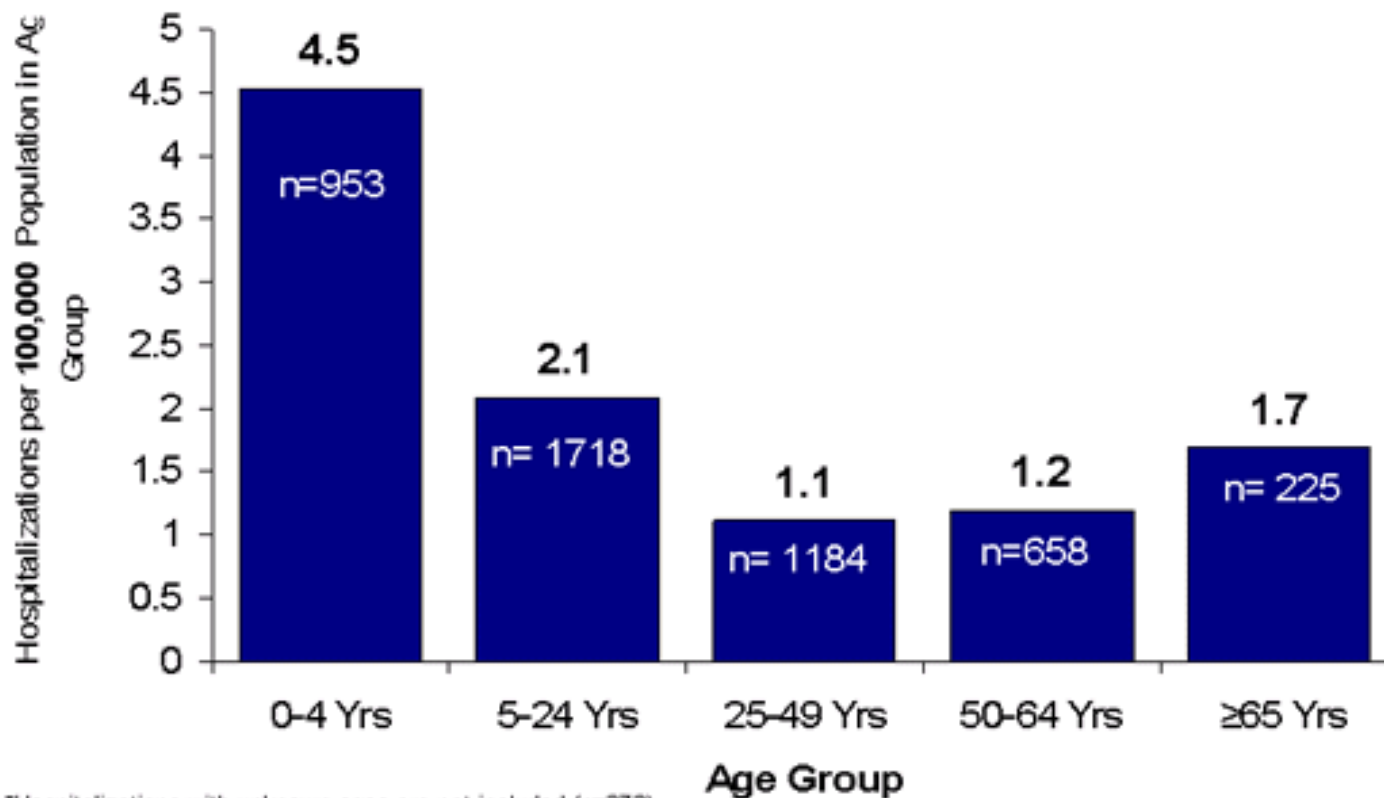


*Excludes 6,741 cases with missing ages.

Rate / 100,000 by Single Year Age Groups: Denominator source: 2008 Census Estimates, U.S. Census Bureau at:
<http://www.census.gov/popest/national/asrh/files/NC-EST2007-ALLDATA-R-File24.csv>

- www.cdc.gov/h1n1flu/h1n1flu/surveillanceqa.htm

Novel H1N1 U.S. Hospitalization Rate per 100,000 Population, By Age Group



*Hospitalizations with unknown ages are not included (n=273)

*Rate / 100,000 by Single Year Age Groups: Denominator source: 2008 Census Estimates, U.S. Census Bureau at:

<http://www.census.gov/popest/national/asrh/files/NC-EST2007-ALLDATA-R-File24.csv>

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Testing

- Not everyone with flu-like symptoms needs testing
- Swab of nasopharynx
- Rapid testing for influenza
 - Not very accurate if negative
- Immunofluorescence
 - Again, cannot be relied upon if negative
- PCR or culture confirmatory
 - Can take several days



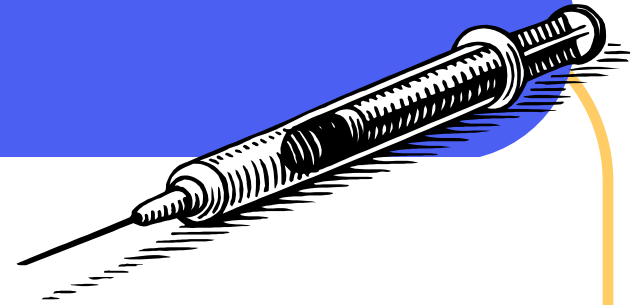
- www.proteanservices.com/wp-content/uploads/2009/05/nasopharyngeal-swab-150x150.jpg

Prevention

- Make it a part of your lesson plan
- Hand Washing
- Respiratory Etiquette
- Vaccination
- Separating sick individuals as soon as possible
- Sick People Staying Home



Vaccine



- Primary means of prevention
- Seasonal flu
 - Available Now
 - Not expected to protect against H1N1
- H1N1
 - Expected mid to end of October
 - Probably 2 doses for everyone at least 3 weeks apart
 - 2 weeks after 2nd dose for immune response

- www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

Who should be Vaccinated



- Pregnant Women
- People who live with or care for children younger than 6 months of age
- Healthcare and Emergency Medical Services Personnel
- People age 6 months to 24 years
- People age 25 to 64 who have underlying medical conditions

Safety

- Some concern about safety due to rush in development
- Created in same way as seasonal flu vaccine
- Currently being clinically tested
- Safety and side-effects should be similar to seasonal flu

Administration

- Details not yet announced
 - Probably a combination of public health clinics, flu clinics, provider office administration
 - Consideration of administering at schools and childcare centers

Don't Forget Seasonal Flu

- Don't wait for H1N1 vaccine
- Recommended Groups
 - Age 6 months to 18 years
 - Age 50 years and older
 - Pregnant women
 - Age 18 to 49 with certain medical conditions
 - Healthcare Workers
 - Household contacts and Caregivers of those at increased risk

How given

- LAIV intranasal
 - Age 2 to 49 years
 - Not in 2 -4 year olds with asthma or history of wheezing in last 12 months
 - Not in immunocompromised and some other chronic illnesses
- TIV injection
- Injection can be given at same time as seasonal flu but seasonal flu available now

Those That Choose Not To

- As always, receiving the flu vaccine is strongly recommended but optional.
- Only contraindication is prior reaction or allergy to eggs.

Symptoms of H1N1

- Fever
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Headache
- Chills
- Fatigue
- Vomiting
- Diarrhea
- Cranky
- Less Playful
- Not eating well



- Seasonal and Novel H1N1 Flu: A Guide for Parents

Typical Course



- Considered contagious for 1 day prior to being symptomatic
- Usually fever for 2-4 days
- Most contagious when febrile
- Most are contagious for 5 to 7 days after onset of symptoms
 - Can be longer in children and people with weakened immune systems
 - Can still be contagious after fever gone
- Still contagious if taking antiviral medication

- Seasonal and Novel H1N1 Flu: A Guide for Parents

Who Should be sent home

- Per current guidelines
- Fever of 100 F (37.8 C)
- Flushed, chills, sweating
- Significant cough
- Too fatigued to participate in activities
- Vomiting



Common Cold vs Seasonal Flu vs H1N1

- You do not need to delineate between
- Same exclusion criteria
- Same treatment for otherwise healthy children older than 5 years old
- Flu tends to be prolonged and worse



Partner with Parents



- Inform of plan and reasoning
- Items to include
 - Prevention measures
 - How important they are in preventing the spread of infection
 - When they will be called
 - How child will be cared for until they arrive
 - Exclusion criteria
 - Child should stay home except to go to doctor when ill



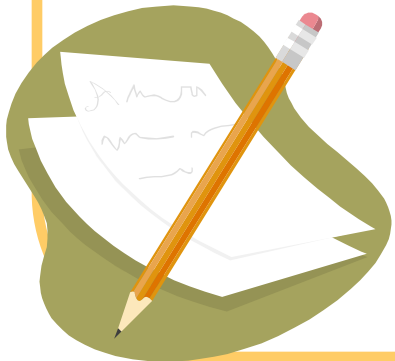
- Plan may change as recommendations and severity change
- Update as things change
- Know if child has underlying chronic illness
- Update emergency contact information
- Provide with resources to educate them and for them to educate their children

- CDC Guidance for Parents and Caregivers
 - <http://www.cdc.gov/h1n1flu/parents/>
- Wisconsin Pandemic Influenza Toolkit for Families
 - <http://pandemic.wisconsin.gov>
- Seasonal and Novel H1N1 Flu: A Guide for Parents
 - http://www.cdc.gov/flu/freeresources/2009-10/pdf/pan_flu_brochure.pdf

- Make it easy for parents to clean their hands and their child's hands when entering childcare
- Alternative plan if childcare closed or child ill
 - Small groups (less than 6 well children)
 - Working from home
 - Food for 2 weeks

Remove Barriers

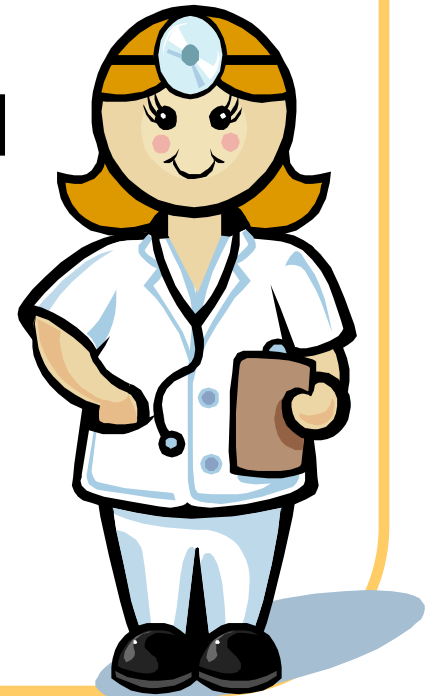
- Review sick leave policies to remove barriers to staying home when ill or to care for an ill family member
- Do not require a doctor's note to validate illness or allow return for children or staff



- www.cdc.gov/h1n1flu/childcare/guidance.htm

Who should call doctor

- High Risk individuals should call as soon as possible
- Not everyone needs to be seen
- Not everyone needs to be tested



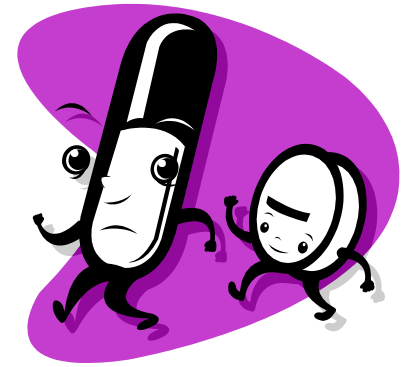
High Risk Groups

- Younger than 5 years old (highest for those under 2 years)
- Over age 65
- Pregnant women
- Residents of nursing homes and other chronic-care facilities
- Those who have chronic illness or household member with chronic illness
 - Lung diseases (asthma)
 - Metabolic diseases (diabetes)
 - Kidney diseases
 - Heart Problems
 - Neuromuscular disorders
 - Neurologic disorders
 - Hematologic (sickle cell disease)
 - Immunosuppression
 - Less than 18 years old on long-term aspirin



Antiviral Medications

- Not indicated for everyone
- If indicated, most effective if start medication in first 48 hours
- May be used as prophylaxis in high risk groups if known exposure

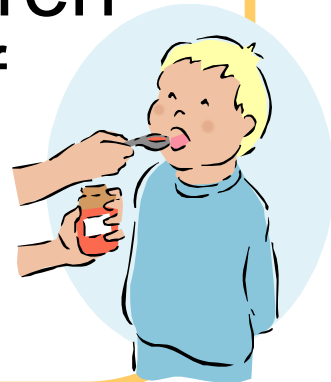


Current Antiviral Options

- Oseltamivir (Tamiflu®) – adults and children
- Zanamivir (Relenza®) 7 years and older
- Five days of treatment
- May be started before test results are back
- Shorten duration by 1 to 2 days
- Decrease severity

Symptomatic Treatment

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin) - older than 6 months & not dehydrated
- NO aspirin or salicylate products (Pepto-Bismol)
- NO cough or cold medicine for children less than 5 unless under direction of medical provider



- Keep hydrated
 - Pedialyte, Gatorade, broth, jello, popsicles, pudding
- Humidifier, Bulb Suction, Elevating head of bed

When to seek care

- Fast breathing or trouble breathing
- Bluish or gray skin color
- Not drinking enough fluids
- Decreased urination, Not crying tears
- Severe or persistent vomiting - dehydrated
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Sudden Dizziness
- Confusion
- Flu-like symptoms improve but then new symptoms or return of fever or cough



When Can a Child or Staff Return

- At least 24 hours of no fever or signs of fever without fever reducing medications
- Improvement of other symptoms
- Same criteria if on antiviral medications

Pregnant Care Provider

- Affecting pregnant women disproportionately
- Vaccine
- Prevention
- If becomes severe, consider
 - taking time off
 - Withdrawing children from childcare
- <http://www.cdc.gov/h1n1flu/pregnancy/>



- <http://parenting.lee-hansen.com/celebration/baby-shower/index.shtml>

Changes if Increased Severity

- Permit high-risk staff to stay home after they have consulted with healthcare provider
- Increase social distances between children – separate children into groups of 6 or fewer without intermixing
- Encourage children with ill household members to stay home – 5 days from the day the first household member gets sick
- Extend the time that ill people stay home – at least 7 days
- Early childhood program closures – balance the risks of flu with the disruption of closure

- www.cdc.gov/h1n1flu/childcare/guidance.htm

Reporting & Closure

- Madison & Dane County Public Health Department
 - Flu line (608) 243-0555
 - Not working now but will be soon
 - (608) 243-0371 – Communicable Disease Intake
 - <http://www.publichealthmdc.com/>
- Don't need to report each case
- Call if having several cases and need help or considering closure

Keep Yourself Up-to-date

- Check cdc.gov and flu.gov for changes
- Sign-up for email notifications of updates
- Keep parents informed of changes in policies

Questions/Comments

- www.cdc.gov/h1n1flu
- www.flu.gov
- Pandemic.wisconsin.gov
- www.aap.org