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

*This document provides guidance to help decrease the spread of influenza (flu) among children in early childhood programs and among early childhood providers during the 2009–2010 flu season. The guidance expands upon earlier guidance documents by providing a menu of tools that health officials, Head Start, and other early childhood and child care providers can choose from based on conditions in their area. It recommends actions to take now, during the 2009–2010 flu season, suggests strategies to consider if CDC determines that the flu is becoming more severe, and provides a checklist for decision-making at the local level. Explanations for the recommended strategies and suggestions on how to use them are included in the Technical Report. Based on the severity of 2009 H1N1 flu-related illness thus far, this guidance recommends that children and early childhood providers with flu-like illness remain home until 24 hours after resolution of fever without the use of fever-reducing medications. For the purpose of this document, "early childhood programs" will refer to center-based and home-based child care programs, Head Start programs, and other early childhood programs providing care for children in group settings. The guidance applies to all early childhood programs, even if they provide services for older children.*

Children less than 5 years of age are at increased risk of complications from influenza (flu); the risk is greater among children less than 2 years old. **Importantly, infants less than 6 months of age represent a particularly vulnerable group because they are too young to receive the seasonal or 2009 H1N1 influenza vaccine; as a result, individuals responsible for caring for these children constitute a high-priority group for early vaccination.** Influenza vaccination is the primary means of preventing flu. Additionally, infection control measures are recommended to reduce the spread of flu. However, 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.

The purpose of this document is to provide updated guidance for reducing the spread of influenza in early childhood settings. We provide recommendations assuming that severity of illness is similar to what was seen during the spring and summer of 2009 through the 2009–2010 flu season, as well as recommendations that could be added if the severity of illness worsens. However, influenza is unpredictable, and CDC will provide periodic updates of these assessments and may recommend additional strategies if they are needed. Also, because conditions may vary from community to community, early childhood providers should also look to their state and local health officials for information and guidance specific to their location.

## Recommendations for early childhood programs for the 2009–2010 influenza season

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; update contact information for families and staff; and share their plans with families, staff, and the community. Early childhood providers should review and revise,

if necessary, their sick leave policies to remove barriers to staff staying home while ill or to care for an ill family member.
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A doctor's note should not be required for children or staff to validate their illness or to return to the early childhood setting.
Early childhood providers should frequently remind children, their families, and staff about the importance of staying home when ill; early treatment for people at higher risk for flu complications; hand hygiene; and respiratory etiquette. Educational materials (for example, posters) to enhance compliance with recommendations should be visible in the child care setting. Examples of these materials are available at http://www.cdc.gov/h1n1flu/flyers.htm.
The recommendations that follow are divided into two groups: 1) recommendations to use now, during the 2009–2010 flu season, assuming that the severity of influenza in the fall and winter will be of similar severity to that seen during spring and summer 2009, and 2) recommendations to consider adding if a more severe flu season occurs.

## *Recommended strategies to use now, for flu conditions with severity similar to spring/summer 2009*

**Get vaccinated against the flu:** The best way to protect against the flu – seasonal or 2009 H1N1 – is to get vaccinated. 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, and initial doses are expected to become available later in the fall. The five primary target groups for vaccination against 2009 H1N1 flu include 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 through 24 years, and people age 25 through 64 years who have underlying medical conditions that put them at higher risk of complications from influenza. All children and many staff in early childhood settings will fall within these groups and should be among the first to receive the 2009 H1N1 flu vaccine. Visit http://www.cdc.gov/h1n1flu/vaccination for more information.

**Stay home when sick:** 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 (100° F [37.8° C] or greater when measured orally), 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.

**Conduct daily health checks:** Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child. He or she should look for changes in the child's behavior, a report of illness or recent visit to a health

care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms. An example of how to perform daily health checks can be found at: http://www.bmcc.edu/Headstart/Trngds/Diseases/pg91-108.htm. An early childhood program's health consultant may provide additional assistance. Visit http://nrckids.org for more information on health consultants or contact your State Child Care Administrator or local child care resource and referral agency to find out if there are early childhood health consultants in your state or local area.

**Separate ill children and staff:** 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. Staff members who develop illness while at work should wear a surgical mask when near other persons when possible and if they can tolerate it. 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.

**Encourage hand hygiene and respiratory etiquette of both people who are well and those who have any symptoms of flu:** Wash 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). For children with emerging self-care skills, parents and caregivers should closely monitor their respiratory etiquette and hand hygiene and remind children not to share cups or eating utensils. Visit: www.cdc.gov/cleanhands for more information on hand hygiene and http://www.cdc.gov/flu/protect/covercough.htm for more information on respiratory etiquette.

**Perform routine environmental cleaning:** 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. Visit http://nrckids.org for more information on cleaning in early childhood settings.

**Encourage early treatment for children and staff at high risk for flu complications:** Parents and staff should be encouraged to talk with their health care provider to determine if they or a member of their family are at high risk for flu complications. Staff at high risk for flu complications and parents of children under age 5 who become ill with flu-like illness should call their health care provider 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 from influenza.

**Consider selective early childhood program closures:** If flu transmission is high, some communities or early childhood programs may consider temporary closures with the goal of decreasing the spread of flu among children less than 5 years of age. The decision to selectively close should be made locally in partnership with public health officials and 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.

## *Recommended strategies to add in the event of increased influenza severity compared to spring/summer 2009*

CDC may recommend additional strategies to help decrease the spread of flu if global, national, or regional assessments indicate that flu is causing more severe disease. In addition, state and local health officials may choose to use additional strategies. Although the following strategies have not been scientifically tested in early childhood settings, they are grounded on basic principles of infection control. Implementation of these strategies is likely to be more difficult and to have more disruptive effects than the previously described strategies. These strategies should be considered if influenza severity increases and are meant for use *in addition to* the strategies outlined above.

**Permit high-risk staff to stay home**: If flu severity increases, people at high risk of flu complications may consider staying home from work or school while a lot of flu is circulating in their community. Such people should make this decision after consulting with their doctor. Early childhood providers should review their leave policies to remove barriers to staff staying home if necessary.

**Increase social distances between children:** Explore innovative ways to increase the distances between people or to separate children into small groups for example, groups with 6 or fewer children (without allowing the children to mix between groups). This is not a simple or easy strategy for many early childhood facilities and would require considerable flexibility.

**Encourage children with ill household members to stay home:** If flu severity increases, children who live with people with flu-like illness should remain home for 5 days from the day the first household member gets sick.

**Extend the time that ill people stay home:** If flu severity increases, people with flu-like illness should stay home for at least 7 days after the onset of their symptoms, even if they have no more symptoms. If people are still sick after 7 days, they should stay home until at least 24 hours after they have no symptoms.

**Early childhood program closures**: Early childhood and health officials should work closely to balance the risks of flu in their community with the disruption that closing early childhood programs would cause and should clearly state the reason for closing early childhood programs.

**Reactive closures** might be needed when early childhood programs cannot maintain normal functioning, for example, due to high staff absenteeism.

CDC may recommend **preemptive closures** (before severe illness occurs in the community**)** to decrease the spread of flu.

The length of time early childhood programs should be closed will vary depending on the reason for closing as well as the severity and extent of illness. Early childhood programs that close should do so for at least 5 to 7 calendar days. Before the end of this period, the community should reassess the epidemiology of the disease and the benefits and consequences of keeping children home.

A vaccine for 2009 H1N1 flu should become available in fall 2009. Protective immunity will likely require 2 doses of vaccine, separated by at least 3 weeks and requiring 2 weeks after the

second dose for the immune response to develop (that is, a minimum of approximately 5 weeks after the first vaccination for full protection to develop). If transmission in the community occurs before vaccine-induced immunity is anticipated, communities whose goal is to substantially reduce influenza transmission among children in early childhood may consider temporarily closing early childhood programs. Infant rooms may need to close longer, as infants under age 6 months cannot receive flu vaccine.
• CDC does not believe any additional disinfection of environmental surfaces beyond routine cleaning is required while an early childhood program is closed.
• Parents should be encouraged to develop alternate child care plans in case the early childhood program or school closes (for example, individual or small group care by relatives or neighbors or changes to work schedules or locations).
• Communities should plan to address possible secondary effects of early childhood program closure. Closing early childhood programs could affect: critical infrastructure; parents' job security and income; income and sustainability of early childhood programs; program quality; child nutrition; and child safety.

# Determining community approaches to protecting children and staff in early childhood programs

CDC recommends a combination of strategies applied early and simultaneously. Communities and states should select strategies a) based on trends in the severity of disease, virus characteristics, feasibility, and acceptability, and b) through collaborative decision-making involving public health agencies, early childhood and education agencies, and representatives of early childhood programs, families, and the wider community. CDC and its partners will continuously look for changes in the severity of flu-like illness and will share what is learned with state and local agencies. States and local communities can expect to see a lot of differences in disease patterns from community to community.
Every community has to balance a variety of objectives to determine their best course of action. State and local community decision-makers should identify and communicate their objectives, which might be one or more of the following: a) protecting overall public health by reducing community transmission; b) reducing transmission within early childhood settings; and c) protecting people with high-risk conditions. Some strategies can have negative consequences in addition to their potential benefits. The following questions can help begin discussions and lead to decisions at the state and local level.

## Decision-Makers and Stakeholders

**Are all of the right decision-makers and stakeholders involved?**

 State and/or local health officials
 State and/or local education officials
 State and/or local homeland security officials
 State and/or local early childhood licensing agencies, Child Care Administrators, and Head Start Collaboration Directors.
 State and/or local governing officials (for example, governors, mayors)
 Family representatives

 Representatives of local businesses, the faith community, and community organizations
 Corporate early childhood program officers, center-based and home-based program owners and operators, early childhood staff
 Health care providers, including mental and behavioral health care providers, and hospitals
 Local resource and referral agencies

## Information Collection and Sharing

**Can local or state health officials determine and share information with other decision-makers about the following?**

 Outpatient visits for influenza-like illness
 Hospitalizations for influenza-like illness
 Trends in the numbers of hospitalizations or deaths
 Percent hospitalized patients who require admission to intensive care units (ICU)
 Deaths from influenza
 Groups becoming ill disproportionately
 Ability of local health care providers and emergency departments to meet increased demand
 Availability of hospital bed, ICU space, and ventilators for influenza patients
 Availability of hospital staff
 Availability of antiviral medications

**Can early childhood programs determine and share information with state or local decision-makers about the following?**

 Child and staff absenteeism rates
 Number of children with flu-like illness sent home from the program

## Feasibility

**Does the state or community have the resources to implement the strategies being considered?**

 Funds
 Personnel
 Equipment
 Space
 Time
 Legal authority or policy requirements

## Acceptability

**Has the state or community determined how to address the following challenges to implementing the strategies?**

 Public concern about influenza
 Lack of public support for the intervention
 People who do not feel empowered to protect themselves
 Secondary effects of strategies (for example, closing early childhood programs could affect child nutrition, job security, and financial support)