

# Childcare and Early Childhood Programs (Pre-K Programs) Frequently Asked Questions

## What is influenza?

Influenza, or the flu, is a contagious respiratory illness caused by a virus. Symptoms of influenza generally include fever, cough, sore throat, chills, muscle aches, headache, fatigue, stuffy nose, and in some cases diarrhea and vomiting. Young children may be cranky, less playful, or not feed well. Infants with influenza may have fever and lethargy without cough or respiratory symptoms.

## What is influenza like illness (ILI)?

Influenza-like illness is defined as fever equal to or greater than 100 F, and cough or sore throat. ILI is used because it may be difficult to know what virus a person has without extensive testing. Because not everyone is thoroughly tested and because rapid flu tests are not always accurate, people with ILI should assume they have influenza unless diagnosed with another disease by their doctor.

## Who is at high risk for influenza complications?

People at high risk for complications from influenza (including seasonal and novel H1N1 influenza) are children under 5 years of age (especially those under age 2). Children less than 5 years old have had the highest hospitalization rates for novel H1N1 influenza nationally. Also at increased risk are people with underlying medical conditions (such as heart, lung or kidney disease, asthma, diabetes, neurological or neuromuscular disorders, or a suppressed immune system as in HIV/AIDS), pregnant women, and people over age 65.

## How long should children in childcare and early childhood programs stay home if they have ILI?

Children should stay home for 7 days after symptoms begin or 24 hours after resolution of

acute symptoms, which ever is longer. Sick children should get plenty of rest and fluids to prevent dehydration. Children with ILI should stay at home until the end of the exclusion period and avoid contact with others except to seek medical care. Young children shed influenza virus for up to 7-10 days so this longer exclusion period will help reduce spread of influenza within their childcare setting. Children can return after the exclusion period with a lingering cough.

## How long should staff in childcare and early childhood programs stay home if they have ILI?

Staff of early childhood programs should follow the same exclusion period as children, 7 days after symptoms begin or 24 hours after resolution of acute symptoms, which ever is longer. Individuals with ILI should stay at home until the end of the exclusion period and avoid contact with others except to seek medical care. This longer exclusion period will help reduce the spread of influenza within programs for young children – a group which is at high risk for influenza complications. Staff can return after the exclusion period with a lingering cough.

## What should childcare and early childcare programs do if a child or staff member develops symptoms of ILI after arriving?

Children and staff with ILI should immediately be separated from others and sent home. A well-ventilated and supervised area that maintains at least 6 feet distance between the ill person and others should be designated. Staff at high risk of influenza complications should avoid supervising kids who have been separated from others due to ILI.



Infectious Disease, Epidemiology, Prevention and Control  
625 Robert St. N.  
St. Paul, MN 55164-0975  
651-201-5414  
[www.health.state.mn.us](http://www.health.state.mn.us)

**When should a child see a health care provider?**

If your child is younger than 5 years old, contact your doctor immediately if they become sick with ILI. Your healthcare provider may recommend they take antiviral medication. Antivirals are most effective if started within the first 2 days of getting sick.

If your child has any of the following emergency warning signs they should receive urgent medical attention. These signs include: worsening of pre-existing medical condition, influenza-related pneumonia, fast or trouble breathing, fever above 104° F (101° F for a child) that cannot be reduced, bluish skin or lip color, not drinking enough fluids, not urinating, no tears when crying or other signs of dehydration, severe or persistent vomiting, confusion, not waking up or interacting, inability to move an arm or leg being so irritable as to not want to be held, pain or pressure in the chest or stomach, sudden dizziness, confusion, and influenza-like symptoms that improve but return with fever and worse cough.

If your child can manage their illness at home, tips for caring for a person with flu symptoms at home can be found at:

[http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm)

<http://www.health.state.mn.us/divs/idepc/diseases/flu/basics/care/index.html>

DO NOT give aspirin or aspirin-containing products to anyone younger than 18 years of age since this cause a rare but serious illness called Reye's syndrome.

**What is the exclusion period for a child who has influenza symptoms, but is diagnosed with another illness such as an ear infection or strep throat?**

If a child who has influenza symptoms is diagnosed with a different disease (e.g., ear infection, strep throat) the childcare or early childhood program should follow the exclusion period for the diagnosed disease per their usual policy.

**If children or staff are taking antiviral medicine are they able to come back sooner?**

No. People on antiviral treatment may still shed influenza virus and viruses that have become resistant to antiviral medications.

**When can a child or staff who has ILI but has tested negative for influenza at their doctor's office come back to the childcare or early childhood program?**

Children or staff who have ILI but have a negative influenza test should follow the same exclusion period as everyone else. They should not return to the childcare or early childhood education program for 7 days after symptoms begin or 24 hours after resolution of acute symptoms, whichever is longer. This is because rapid flu tests are not always accurate.

**What can parents and childcare and early childhood education settings do to prevent transmission of influenza and other infectious diseases?**

Children over 6 months of age and staff caring for them should be vaccinated against seasonal influenza and novel H1N1 influenza. In addition, all people (including parents) who live with or care for children less than 6 months old should be vaccinated against both seasonal and H1N1 influenza. Influenza vaccine is not approved for children less than 6 months of age. Initial target groups for novel H1N1 influenza vaccine include; children and young adults (6 months to 24 years old), caregivers of children less than 6 months old, pregnant women, and anyone who has a chronic underlying condition that places them at high risk for complications from influenza. It is expected that eventually there will be enough novel H1N1 vaccine for anyone who wants to be vaccinated.

Parents and childcare and early childhood education programs can promote covering coughs and sneezes with a tissue, or coughing or sneezing into their sleeve. Hand hygiene also should be promoted among children and staff. Assure that there is easy access to tissues and trash cans and that liquid soap and paper towels, as well as time for hand washing. If children cannot yet wash their hands themselves, parents and childcare providers should wash the children's hands and monitor

and assist children who have not yet mastered proper hand hygiene.

Routinely clean and disinfect commonly used areas and items that have frequent contact with hands, mouths, and bodily fluids of young children, regardless of occurrence of influenza cases. Many bacteria and viruses can live on surfaces, such as those that cause colds and stomach illness. Cleaning/disinfection should be performed following standard procedure, using products approved for use in childcare. For more information see "Infectious Diseases in Childcare Settings and Schools: Information for Directors, Caregivers, Parents or Guardians and School Health Staff" Section 2 (<http://www.hennepin.us/childcaremanual>).

**Which recommendations should childcare programs and early childhood education programs serving both children less than 5 years old and school-aged (K-12) children follow?**

The childcare programs or early childhood education program should separate the age groups and the staff assisting them as much as possible. If the two age groups cannot be separated, recommendations for childcare and early childhood programs should be applied to all children and staff. If young children and school-aged children and the staff assisting them can be separated, recommendations for K-12 Schools can be applied to the group of school-aged children.

**Should childcare and early childhood education programs require a note from a health care provider to allow children and staff who have been ill to return to the program?**

No. Health care facilities may be very busy during this influenza season, making it hard for them to provide these notes.

**When should childcare or early childhood education programs close?**

At this time MDH is not recommending childcare and early childhood education programs close due to influenza. However, if a program has large numbers of staff absent and is unable to maintain normal functioning or if excessive numbers of children are sick and being sent home each day due to influenza

illness, the childcare program may consider closing or closing parts of programs (e.g. the infant room).

**What options exist for parents if a childcare or early childhood education program is closed?**

Parents should plan for alternate child care in case their usual early childhood programs are closed. Alternate child care may include care by relatives, neighbors, co-workers, friends, or faith-based groups. Parents should check with their employers to find out if they can be allowed to work from home, work different hours, or take time off.

**If an individual has experienced symptoms of influenza should they still be vaccinated?**

Yes. It is difficult to differentiate between illness due to seasonal influenza, novel H1N1 influenza, and other viral diseases. Even if someone has a positive rapid test for influenza or has had ILI they should be vaccinated against both seasonal and H1N1 influenza when it becomes available.

**Can children receive both seasonal and H1N1 vaccine at the same time?**

Children can receive both the seasonal and H1N1 vaccine at the same time either as two shots given on separate parts of the body, or as one flu shot with one flu nasal spray, but two nasal spray vaccines cannot be given at the same time.

**How many doses of H1N1 vaccine will be needed?**

All children 6 months through 9 years of age will need 2 doses of H1N1 vaccine, given about 4 weeks apart. Children who are 10 years and older only need 1 dose of H1N1 influenza vaccine.

**Can infants receive vaccination?**

Infants younger than 6 months of age cannot get either the 2009 H1N1 or seasonal influenza vaccines. Vaccination is recommended against both novel H1N1 and seasonal influenza for children older than 6 months.

**How far apart should two doses of H1N1 influenza vaccine be administered?**

CDC recommends that the two doses of 2009 H1N1 vaccine be separated by 4 weeks.

**Will a person test positive for flu after receiving the vaccine?**

If tested for the flu after receiving the live attenuated influenza nasal spray vaccine (LAIV), a person could test positive on a rapid influenza diagnostic test.

**Do clinics reserve the second dose of vaccine?**

It is not necessary because vaccine availability is expected to increase over time. By the time a person needs a second dose, it should be available.

**Are there side effects from the H1N1 vaccine?**

The types and frequencies of side effects from the 2009 H1N1 vaccine will likely be similar to those experienced following seasonal influenza vaccines which are mild, localized reactions.

**Do influenza vaccines contain adjuvants?**

No. None of the 2009 H1N1 and seasonal influenza vaccines that will be available will contain an adjuvant. An adjuvant is an additive that helps the body respond better to the vaccine.

**Does the H1N1 influenza vaccine contain preservatives?**

The 2009 H1N1 influenza vaccine is being manufactured in several formulations that include both preservative containing and preservative free. Thimerosal is a mercury-based preservative that is used in some influenza vaccines to keep them free from contamination. Any vaccine that comes in a multi-dose vial contains a preservative; vaccine that comes in single doses will not contain a preservative.

**If novel H1N1 influenza begins causing more severe disease, could recommendations for childcare and early childhood education programs change?**

Yes. Recommendations may change and childcare and early childhood education programs should plan in advance.

Recommendations may include:

- Increase social distance within the childcare or early childhood education program. Some options include assign staff to small groups (6 or fewer children) and don't allow children or staff to float between different groups. Postpone trips that bring children together in large, dense groups.
- Expansion of the definition of influenza-like illness to possibly include any two symptoms from fever, sore throat, cough, or runny nose
- Request that children living with people who have ILI stay home for 5 days from the day the first household member got sick
- Preemptive closure or reduction in size of the childcare. This may mean that all childcare programs would be recommended to close for a period of time. Or childcare programs may be asked to provide care for only a few children and prioritize caring for children whose parents are essential service workers (e.g., nurse, emergency medical personnel) Preemptive closure or reduction in the number of kids would only occur if global or national risk assessments indicated increased severity from the spring 2009 H1N1 influenza outbreak.