

# Influenza Prevention and Control

STRATEGIES FOR EARLY EDUCATION AND CHILD CARE PROGRAMS

**M**ost young children are enrolled in early education and child care programs, and these programs can take steps to prevent and control influenza. Seasonal influenza outbreaks are expected annually. Influenza infection can be serious, resulting in hospitalization or death of some children every year. Influenza immunization is the best strategy to reduce infection and spread, yet immunization is not 100% effective. Some children who were immunized may get sick and spread infection. It is important to protect all children. Keep in mind, children with special health care needs (eg, those with asthma, diabetes mellitus, hemodynamically significant cardiac disease, immunosuppression, or neurologic and neurodevelopmental disorders) are at higher risk of complications from influenza.

Your goals as a teacher or caregiver are to do your best to

- Get as many staff and children immunized before and during the flu season as possible.
- Reduce the spread of respiratory disease as much as possible.
- Appropriately recognize illness, and care for and exclude ill children when necessary.

## INFLUENZA

The flu (influenza) is a contagious disease caused by a group of respiratory viruses called influenza viruses. The influenza virus is highly contagious and causes serious illness that may result in hospitalization or death. It mostly affects the breathing system but may also affect the whole body. When the term *flu* is used, we are referring to influenza virus infection. In the community, some people might use the word *flu* to refer to viral gastroenteritis (vomiting and diarrhea) or any disease that causes influenza-like illness.

Each year, the flu season is different. It is not possible to know whether the flu season will start early or later in the fall or winter. You can usually tell when an outbreak is occurring in your community by following various forms of media coverage or by checking with your local health department. The Centers for Disease Control and Prevention (CDC) offers a map that is updated every week and shows current influenza activity at [www.cdc.gov/flu/weekly/usmap.htm](http://www.cdc.gov/flu/weekly/usmap.htm).

## WHAT ARE FLU SYMPTOMS?

Flu symptoms include sudden onset of fever; abdominal pain; chills; cough, croup, bronchiolitis, or pneumonia; decreased energy or feeling a lot more tired than usual; headache; muscle aches and pains; nasal congestion; nausea; and sore throat.

More than one-third of children younger than 6 years may be infected with an influenza virus each year. However, some infected children do not show signs or symptoms of illness. Influenza looks like other common cough and cold viruses but can be more serious. We do not know which children with respiratory illnesses have influenza. During a local influenza outbreak, the chances of a child having influenza increase, but most respiratory illnesses are still caused by viruses other than influenza. Common cold viruses may cause fever, but generally they do not lead to serious illness requiring hospitalization. These factors make it challenging to identify who is infected with flu and how to control the spread of this virus. A child's doctor usually will not test for influenza unless the child needs to be admitted to the hospital.



## WHEN DO ADULTS AND CHILDREN SPREAD INFLUENZA?

Adults and children can spread influenza when they are

- Sick with fever, runny nose, sore throat, and cough
- Infected but not showing signs of illness
- Developing an illness (incubation period)
- Recovering from influenza

Influenza viruses are shared or “transmitted” in droplets that form when a child coughs or sneezes. These droplets either land directly on another child’s mucous membranes (eyes, nose, or mouth) or fall to surfaces that are touched by another child who then touches her own mucous membranes.

## HOW CAN WE CONTROL THE SPREAD OF INFLUENZA?

Despite all efforts, some children in child care are likely to develop influenza. While no one can guarantee that a child or caregiver will not become infected, child care staff and early education and child care leaders can do as much as possible to prevent influenza and limit the spread of germs. Three methods for controlling the spread of flu are recommended: influenza vaccine, infection control, and exclusion.

## INFLUENZA VACCINE

Seasonal influenza vaccines are the best available protection against influenza. Protection from the vaccine only lasts for one flu season. The influenza virus strains can change each year, so the vaccine has to also change to cover the anticipated

new influenza viruses. That’s why protection needs updating every year. The American Academy of Pediatrics (AAP) recommends that everyone 6 months and older get the flu vaccine every year. The best time to get the flu vaccine is in the late summer or early fall—as soon as the vaccine is available. However, there is still a potential benefit if a child gets a flu vaccine as late as April or May or even through June of the following year. Influenza viruses can occasionally circulate into April and May or even later. A child will still need another shot in the fall for the next flu season. It is not a problem if a person gets the flu vaccine late in one season (eg, April or May) and early in the next season (eg, August or September).

The best way to protect young children from getting infected is for all family members and all people that surround the child (other children, parents, and teachers or caregivers) to get immunized. This is called “cocooning,” and it is especially important for adults who care for children younger than 6 months, because they are too young to get the vaccine. Immunizing young children against influenza is also important to prevent spread into families and the community. People who have been immunized are less likely to become really sick if they get influenza.

The vaccine comes in the form of a shot or nasal spray. While the influenza vaccine is not 100% effective, it is the best protection available. In typical years, the vaccine is 60% to 85% effective. Vaccine effectiveness of both types of flu vaccine may vary from season to season.

More information, including influenza vaccine requirements for

children, can be found at [www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/The-Flu.aspx](http://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/The-Flu.aspx). The number of vaccine doses needed depends on the child’s age and past flu vaccine history.

- Children younger than 6 months should not receive any flu vaccine.
- Children 6 months through 8 years of age who have never received the influenza vaccine need to receive 2 doses of it, separated by at least 4 weeks. This is necessary only the first year they are immunized.
- Children 9 years and older need only 1 dose of flu vaccine.

Programs should track the influenza immunization status of children and staff. The AAP and the CDC recommend yearly influenza vaccine as strongly as other commonly accepted vaccines, such as MMR, polio, DTaP, and chickenpox. Therefore, child care programs can and should *require* influenza immunization of children and staff, even if the state does not yet require it. Some states have already adopted an influenza vaccine requirement. Check your state at the Immunization Action Coalition Web site, [www.immunize.org/laws/flu\\_childcare.asp](http://www.immunize.org/laws/flu_childcare.asp).

## INFECTION CONTROL

Remind everyone about proper cough/sneeze behaviors. Children and adults should ideally cough into their elbows or onto their shoulder so that the germs do not end up on their hands. If a person coughs into his hands or a tissue, the hand(s) should be washed right away and the tissue should be disposed of promptly. Increasing the frequency of hand washing and hand sanitizing during flu season may help

reduce infection. Frequent cleaning and sanitizing of surfaces may help decrease the spread of germs.

## EXCLUSION OF CHILDREN FROM CHILD CARE

Because we cannot tell which children have influenza infection versus common cold viruses, it is best to make decisions about exclusion (ie, sending a child home from child care) based on the child's symptoms. Do not worry about diagnosing who has influenza. See the table for reasons to exclude a child with a respiratory illness.

## WHEN SHOULD CHILDREN STAY HOME?

Parents should be informed that any child with respiratory symptoms (cough, runny nose, or sore throat) and fever should be excluded from child care or kept at home during flu season. The child can return after the fever has resolved without fever-reducing medicines and when she is able to participate in activities and staff can care for her without compromising their ability to care for other children in the group.

## HOW CAN WE PREPARE IN ADVANCE FOR FLU SEASON?

August is a good month to start taking steps to prepare for influenza season, as this is before older children return to school and influenza starts circulating. The AAP recommends the following steps:

1. Encourage all staff, children, and parents to plan to get the flu vaccine ([cfoc.nrckids.org/StandardView/7.3.3.1](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)) as soon as it is

### EXCLUDE IF THE CHILD

- Is unable to participate in normal activities.
- Requires too much care for staff also to be able to attend to the needs of others.
- Has a fever and respiratory symptoms (cough, sore throat, or runny nose) during the flu season.
- Meets other exclusion criteria as described in the AAP manuals *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Early Education Programs*, Third Edition, and *Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide*, 3rd Edition.

available in their community. Everyone needs a flu vaccine each year, even when the virus strains in the vaccine do not change from the previous year, because protection only lasts one season.

2. Examine and revise the program's written plan for seasonal flu ([cfoc.nrckids.org/StandardView/9.2.4.4](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)).
3. Display educational materials to encourage proper hand hygiene and cough and sneeze etiquette.
4. Schedule influenza prevention education ([cfoc.nrckids.org/StandardView/7.3.3.3](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)) for staff. Review policies on hand washing ([cfoc.nrckids.org/StandardView/3.2.2.2](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)); cleaning, sanitizing, and disinfecting surfaces and toys ([cfoc.nrckids.org/StandardView/3.3](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)); and excluding children ([cfoc.nrckids.org/StandardView/3.6.1.1](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)) and caregivers who are sick ([cfoc.nrckids.org/StandardView/3.6.1.2](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)).
5. Help families and communities understand the important roles

### DO NOT EXCLUDE THE CHILD SOLELY FOR PREVENTION OF SPREAD BECAUSE

- You can not tell who has influenza vs common cold viruses.
- Children with influenza virus shed up to 7 days (child is still infectious).
- Children are infectious shortly before they have symptoms and often continue to be infectious for days after their symptoms go away.



they can play in reducing the spread of flu. Plan to distribute a customized letter ([https://www.aap.org/en-us/Documents/disasters\\_parent\\_flu\\_letter.pdf](https://www.aap.org/en-us/Documents/disasters_parent_flu_letter.pdf)) to parents about influenza prevention and control practices in your program.

6. Update family contact information and child records so parents can be reached quickly if they need to pick up their sick child ([cfoc.nrckids.org/StandardView/9.4.2.2](https://www.cdc.gov/flu/seasonal/about/faq-frequently-asked-questions.html)).
7. Be strategic about children with special health care needs (ie, those with conditions that increase the risk of complications from influenza). Encourage parents to talk early with their child's pediatrician or medical subspecialist about administering the seasonal influenza vaccine as soon as it is available and when to consider treatment with an antiviral medicine if the child develops influenza-like illness.



## CONCLUSION

There is no way to completely prevent the spread of influenza in early education and child care programs, but programs can play an important role by keeping the following facts in mind:

- Child care programs have an important role and opportunity to improve immunization rates.
- Immunization is by far the best influenza prevention tactic.
- All children 6 months and older should be vaccinated each flu season.
- Infection control is also important but not as effective as immunization.
- Exclusion (sending children home) should be used when needed but not as the only method to reduce spread.



For more information, e-mail [DisasterReady@aap.org](mailto:DisasterReady@aap.org) or view the following resources:

- **AAP Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Early Education Programs, Third Edition** ([cfoc.nrckids.org](http://cfoc.nrckids.org))
- **AAP Healthy Child Care America Early Education and Child Care Initiatives Web Site** ([www.healthychildcare.org](http://www.healthychildcare.org))
- **AAP Managing Infectious Diseases in Child Care and Schools: A Quick Reference Guide, 3rd Edition** ([ebooks.aappublications.org/content/managing-infectious-diseases-in-child-care-and-schools-3rd-edition](http://ebooks.aappublications.org/content/managing-infectious-diseases-in-child-care-and-schools-3rd-edition))
- **AAP "Preparing Child Care Programs for Pandemic Influenza"** ([www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Children-and-Disasters/Pages/Preparing-Child-Care-Programs-for-Pandemic-Influenza.aspx))
- **AAP "Preventing the Flu: Resources for Parents & Child Care Providers"** ([www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx](http://www.healthychildren.org/English/safety-prevention/immunizations/Pages/Preventing-the-Flu-Resources-for-Parents-Child-Care-Providers.aspx))

Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of the resources mentioned in this publication. Phone numbers and Web site addresses are as current as possible, but may change at any time.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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- **CDC "No More Excuses: You Need a Flu Vaccine!" Fact Sheet** ([www.cdc.gov/flu/pdf/freeresources/general/no-excuses-flu-vaccine.pdf](http://www.cdc.gov/flu/pdf/freeresources/general/no-excuses-flu-vaccine.pdf))
- **CDC Flu Information Free Print Materials** ([www.cdc.gov/flu/freeresources/print.htm](http://www.cdc.gov/flu/freeresources/print.htm))
- **Families Fighting Flu Web Site** ([www.familiesfightingflu.org](http://www.familiesfightingflu.org))
- **Head Start Health Services Newsletter "Preventing and Managing the Flu"** ([eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/health-services-newsletter-201412.pdf](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/health-services-newsletter-201412.pdf))
- **"Influenza Prevention and Control: Strategies for Early Education and Child Care Providers" Online Course** ([www.healthychildcare.org/flu.html](http://www.healthychildcare.org/flu.html))
- **Prevent Childhood Influenza Web Site** ([www.preventchildhoodinfluenza.org](http://www.preventchildhoodinfluenza.org))

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