Novel Influenza A (H1N1) – Swine Flu Lessons Learned

The spring of 2009 brought a major national scare about an outbreak of a new strain of influenza virus. The virus was first called swine flu. Then it was renamed novel influenza A (H1N1). This new virus spread easily. For most people, H1N1 disease was mild. In Mexico, many people became sick and hundreds died. The illness spread to the United States and other countries. During this H1N1 outbreak, the Centers for Disease Control and Prevention (CDC) informed the public day-by-day. We learned valuable lessons from this scare. We re-learned the importance of hand hygiene, and “cough etiquette” – measures to avoid spreading respiratory secretions. We realized that child care programs and those who advise them must do more to prepare for what to do if a severe flu outbreak happens.

Where did you get the latest information about H1N1? Perhaps you heard it on TV or radio. The CDC posted updated information about novel influenza A (H1N1) at http://www.cdc.gov/h1n1flu. The American Academy of Pediatrics (AAP) posted updated, specific child-focused public information about H1N1 influenza at http://www.aap.org. Both of these sites provide links to additional information about influenza. ECELS sent E-Mail Alerts to those who had signed up with ECELS to receive these prompt bulletins about news related to child care health.

The CDC defines “influenza-like illness” as fever and either cough or sore throat. Additional symptoms may include, body aches, headache, chills and fatigue, or occasionally, vomiting and diarrhea. Young children may not have typical symptoms. They may have difficulty breathing and low activity. Influenza is different from the common cold. A child who has no fever, but a lot of nasal symptoms usually has a cold, not influenza. Children under 5 years old are more likely to have serious illness when they have influenza than older children. Severe respiratory illness (pneumonia) and deaths from seasonal flu are uncommon. The risk is highest for children under 2 years of age. Flu infections tend to be more severe for both children and adults with chronic medical conditions.

The CDC says that the three primary means of reducing the spread of all types of influenza in child care programs are: early identification of ill children and staff, staying home when ill, and using good hand hygiene and cough etiquette. In outbreak situations, decisions about closing child care programs should be at the discretion of local authorities based on local considerations. So what must child care practitioners do?

Early identification of ill children and staff to stay home when they are ill: People may not be aware or deny they are becoming ill when they are in a rush to leave home in the morning. Greeting children and staff upon arrival into the child care program needs to include a daily health check. For children, note whether the child’s behavior is typical for the situation being observed. Look at the child’s appearance. Ask the family about the child’s activities and behavior at home. Ask specifically about sleeping, eating, drinking, and toileting. For adults, look at the person you are greeting and ask sincerely about how that person feels. If an adult looks, acts or suggests feeling ill, someone in authority should consider whether that person poses a risk to others in the program.


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Good hand-hygiene. The best hand hygiene is washing with soap and running water. Rubbing with lathered soap loosens soil on the hands. Running water washes the loosened soil down the drain. The time recommended for rubbing is 10 to 20 seconds— one or two times through singing “Happy Birthday” or saying “bubble-one, bubble-two, etc.” Make sure to rub all the surfaces, including the area under and around the nails and any jewelry. For child care settings, rubbing all surfaces for at least 10 seconds usually gets the job done. It is hard to keep young children and busy caregivers lathering for more than 10 seconds and still have them wash often enough. Frequent hand washing is important. Using hand lotion after washing and drying the hands helps to keep the skin from becoming dry and cracked. Dry cracked skin hides germs and makes it hard to continue frequent hand washing routines. Alcohol-based hand sanitizers are a back-up when running water is not available. To use these products correctly, hands must be free of visible soil and the product must be in contact with the hand surfaces for the time specified by the manufacturer for the product to work— usually 15 seconds. These toxic and flammable chemicals must be stored and dispensed safely. They are not for independent use by young children.

Practice “cough etiquette” in the program. Cough etiquette means covering your mouth and nose with a disposable tissue if possible—not your hand. Use your shoulder or elbow if a disposable tissue isn’t available. This will reduce the spread of respiratory secretions into the environment from your nose or mouth when sneezing or coughing. Respiratory secretions spread disease. When illness threatens, pay more attention to the availability of disposable tissues. Consider using a disposable glove to hold and dispose of nasal tissues when wiping noses. Sanitize frequently touched surfaces more often. Watch for hand-mouth, hand-eye, and hand-nose contacts as times to suggest hand washing.

Ensure annual influenza vaccination for as many children, staff and families as possible. Close contact in child care settings makes it easy for influenza to spread. Children and staff in child care easily carry infection home to family members and into the community. Widespread use of seasonal flu vaccine reduces the spread and severity of annual seasonal flu outbreaks. Flu vaccine teaches the body to respond quickly to the disease-causing influenza viruses that were used to make the vaccine. Even if it does not prevent flu illness entirely, the vaccine reduces the risk of death from those influenza viruses.

Many people have mistaken ideas about influenza vaccine. Some remember old types of vaccine that caused more reactions than current vaccines. The newer nasal spray and injected forms of influenza vaccine are well-tolerated by most people. A small number of people cannot use influenza vaccine. For example, those with egg allergy and infants under 6 months of age cannot use the vaccine. People who cannot use the vaccine are protected by having most people around them get the vaccine and stay well. Encourage everyone to obtain flu vaccine from a convenient source. Large child care programs can contact their local public health office to see if influenza vaccine could be offered at the child care facility to the children, families and staff at the program during the fall influenza vaccine campaign. Those involved with child care and young children are a high priority group. Planning to give flu vaccine in the facility at the end of a child care day can get the vaccine into many high risk people.
Child Care Health Advocate Course

Graduates of ECE Course Improve Health and Safety in Their Programs

The Pennsylvania Key is encouraging two related initiatives to improve health and safety in early learning programs. The first initiative is a 3 credit (45 hour) Child Care Health Advocate college course offered to directors, administrators and lead teachers. This course teaches how to effectively integrate and sustain health and safety improvements in early education and child care programs. The second initiative is strengthening the Pennsylvania network of Child Care Health Consultants who advise child care programs on health and safety issues. This article provides information about the Health Advocate course. In the fall, Health Link ONLINE will describe recent PA Child Care Health Consultant activities.

In 2007-08, the PA Key funded ECELS to prepare a curriculum for an early education college course to teach best practices in health, safety and nutrition. The content of the course is based on Caring for Our Children, the National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care, 2nd edition, 2002. It addresses the health and safety items in the revised Environmental Rating Scales and in the health and safety criteria in the Accreditation Standards of the National Association for the Education of Young Children. Caring for Our Children details evidence-based performance criteria, the roles of a Child Care Health Advocate and of a Child Care Health Consultant. The Health Advocate course emphasizes strategies for effectively implementing the duties of a Child Care Health Advocate. Also, it addresses how the Advocate can work effectively with a Child Care Health Consultant.

ECELS celebrates the partnership of Becky Gorton, Director of the Center for Early Childhood Education and Judith Rex at Northampton Community College (NCC). Together, they brought the course to life in Pennsylvania. Judith Rex, a nurse and Director of the Center for Healthcare Education at NCC is the lead faculty for the Health Advocate course. Her enthusiasm is both inspirational and sustaining.

Susan Aronson, MD wrote the ECELS curriculum for the course. She based this updated curriculum on the successful Health Advocate project that she led in the 1970’s and with permission, on the curriculum for a Health Advocate course published by the California Childcare Health Program (CCHP) in 2005 on the CCHP website. NCC formatted the 2008 ECELS version of the Health Advocate curriculum for online learning.

For the fall semester of 2008, NCC received a grant from the Vollrath Foundation to pilot the Health Advocate course in the Lehigh Valley. After the pilot, the course became a regular NCC course. NCC offered the course online for the spring and summer semesters of 2009. For the fall of 2009, the course is available on campus and online.

For more information about enrolling in the Health Advocate Course at Northampton go to http://northampton.edu/prof_com/che/che_child.htm, or call 610-332-6585, or send an e-mail to che@northampton.edu. The fall courses are:

EARL 160-WA distance course: August 24 through December 19, 2009 Register by August 17

EARL 160-Q1 on ground course, Fowler Building: August 25 through December 20, 2009 6-9pm Register by August 18

ECELS continues to seek partnership with academic institutions in other locations to offer the on campus Health Advocate course to early education and child care practitioners. Judith Rex is willing to use her successful teaching experience to mentor instructors at other colleges to provide the course.
Sesame Workshop Offers Excellent Free Material to Download on Health and Wellness

Three attractive and well-presented units with child and parent material on important health topics are available at no cost from Sesame Workshop. Each includes video segments featuring Sesame Street characters, caregiver guides in English and Spanish, suggested curricular activities, parent activities, support materials to download and print out for use when teaching the concepts, as well as binders for teachers to use for the materials. Download these three units at http://www.sesameworkshop.org:

- A is for Asthma—and for Active
- Lead Away – parent information about lead poisoning and how to reduce the risk for children

Free Child Abuse Prevention Guide - Including Parent Handouts

Order free copies of Strengthening Families and Communities: 2009 Resource Guide. This tool for service providers highlights strategies to strengthen families by promoting key protective factors that prevent child abuse and neglect. The guide includes tip sheets in English and Spanish on parenting topics to share with families.

Many federal and private partners collaborate to produce the Resource Guide annually. Some of the contributors to the 2009 guide included: The U.S. Department of Health and Human Services' Children's Bureau, Office on Child Abuse and Neglect, Child Welfare Information Gateway, many national organizations, parents and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention and others.

You can download or order the guide at www.childwelfare.gov/preventing/res_guide_2009 or contact Child Welfare Information Gateway at 1.800.394.3366 or info@childwelfare.gov

Remember Sun Safety!

- Seek shade
- Apply sunscreen
- Wear sun glasses and sun protective clothing
A New Tool Kit & Self-Learning Module for Professional Development Credit

Ten Steps to Breastfeeding Friendly Child Care Centers

This new kit has good material about breastfeeding for centers serving infants. It is well-written and is easy to use. It includes a self-appraisal tool, practical instructions and resources for implementing an action plan to support breastfeeding in child care. Step one is to designate someone to be responsible for implementation of the other nine steps.

Step two is to develop a breastfeeding policy. The kit includes a sample policy. The policy states six principles, then gives details about what to do for each. The principles are that the center:

1. Provides a place for mothers to breastfeed or express their milk.
2. Has a refrigerator available to store expressed breast milk.
3. Shows sensitivity to breastfeeding mothers and their babies.
4. Teaches staff how to handle breast milk.
5. Gives breaks to breastfeeding employees to accommodate breastfeeding or milk expression.
6. Displays breastfeeding promotion information.

Appendix B of the tool kit lists children’s books that mention breastfeeding as a normal part of everyday life. Some stories address questions toddlers and siblings might have. The topics include how mammals make milk, everyone’s role in loving families, and weaning. A few of the books are for infants. Most are for toddlers, preschoolers and children up to 6 years of age.

The Wisconsin Partnership for Activity and Nutrition developed the tool kit in December 2008. Go to: http://dhs.wisconsin.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf to access the entire toolkit online.

Two hours of credit in the PA Key Professional Development system are available for Pennsylvania directors and teachers who read the tool kit, and then complete and submit to ECELS two documents. Both are ECELS-modified versions of materials from the tool kit. One is a modified version of the self-appraisal questionnaire. The other is a modified version of the sample policy. ECELS modified these documents so directors and teachers could insert site-specific information to demonstrate that they have implemented the ten steps described in the tool kit in their programs. ECELS will require a processing fee to review these materials for credit. To receive instructions and the modified documents in MSWord format by e-mail or in hard copy by fax, e-mail or call ECELS at ecels@paaap.org or 800-243-2357.

ECELS adapted the self-appraisal form and sample policy from the tool kit with permission given on 5/29/09 by Kate Pederson, MPH, RD, CD, CLS, WIC Breastfeeding Coordinator, Division of Public Health, Co-Chair of the Breastfeeding Committee of the Wisconsin Partnership for Nutrition and Activity.
Plan for outbreaks. High illness rates will disrupt all activities. Seasonal influenza is associated with high rates of absence and many deaths every year. With more severe outbreaks, the number of severely ill and dead will increase. In severe outbreaks, in addition to the usual control measures the CDC recommends “social distancing” – separating people to reduce the spread of disease. Schools, child care facilities and other functions in the communities may be ordered to close. The CDC’s current recommendations about child care closure for H1N1 are: “Closure of child care programs is not recommended for a suspected or confirmed case of novel influenza A (H1N1) and, in general, is not recommended unless there is a level of child or staff absenteeism that interferes with the program’s ability to function or provide safe care. Child care programs must work closely and directly with their local and State public health officials to make sound decisions and implement strategies in a coordinated manner.”

While the public media is a fast and often first source of information for community-wide bulletins, child care programs need targeted advice from public health authorities to address their individual situations. Now is the time for child care directors to plan how to handle a possible influenza outbreak at their facilities. Figure out what would happen IF an outbreak started in a group in the facility, or in the community.

If child care closure is ordered by local health officials, plans should be in place to care for children of essential workers, or children whose parents feel they cannot remain away from work. The American Academy of Pediatrics suggests that working parents might make arrangements with other families to take turns staying home with children, sharing the care of groups of no more than (the same) six children to minimize the risk of spreading the virus. Routinely, at enrollment, early educators should ask each family what they would do if their child had to be excluded for illness, or if the center had to close because of an outbreak of illness.

Each program should contact local public health and emergency management planners who are responsible for pandemic influenza plans to ask some specific questions. Ask: Who makes the decision to close or keep open some specific or all child care facilities? How will these decisions be communicated to individual child care providers? Is help available to work with child care staff to make or review the plans of the child care facility now? Who would help if illness seems to be a problem in a particular classroom, but not the whole facility or community-wide? Who will tell child care providers how long someone with influenza must remain out of the program?

Planning for an infectious disease outbreak has many elements in common with planning for other emergencies. If infection risks increase, what environmental controls will need to change? What staffing issues might occur and how would they be handled? How would the program notify staff, families, the public, and explain the situation to the children? How would the program contact everyone at the beginning and keep each person informed as the situation continues? What would be the business impact of an outbreak? How would the program handle the economic impact of closing the program for up to 6 weeks, and the staff who will be affected by such a lay-off? What would such an extended period of closure require to shut-down and re-open the facility?

Novel influenza A (H1N1) was not “the bad one” in the spring of 2009. We do not know whether or when this or some other new influenza virus will infect the large number of people who lack immunity to it with nastier results. This outbreak of H1N1 taught us many lessons. We need to do more to prepare for the near certainty that “a bad one” will come.