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NOVEL H1N1 FLU PREVENTION STEPS FOR DAYCARES

As the flu season begins, it is expected that there will be a marked increase in individuals and children experiencing flu-like symptoms. As a day-care provider you can play an important role in helping prevent and minimize the spread of the flu virus. Below is a fact sheet designed to answer many of the common questions you might have about the flu, particularly the novel H1N1 flu virus (swine flu).

What is novel H1N1 flu? Novel H1N1 (swine) flu is a new strain of the flu virus that emerged in the spring of 2009.

What are the signs and symptoms of novel H1N1 flu? Symptoms in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have also reported diarrhea and vomiting associated with novel H1N1 flu.

How do you catch novel H1N1 flu? Novel H1N1 flu is spread through contact with a person who has the virus. Human-to-human spread of novel H1N1 flu is thought to occur in the same way as seasonal flu. It is thought to spread mainly person-to-person through coughing or sneezing of infected people. Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air. Germs can be spread when a person touches respiratory droplets from another person on a surface like a desk, for example, and then touches their own eyes, mouth or nose before washing their hands.

Are there medicines to treat novel H1N1 flu? Yes. CDC recommends the use of oseltamivir (brand name Tamiflu®) or zanamivir (brand name Relenza®) for the treatment and/or prevention of infection with these novel H1N1 flu viruses. These antiviral drugs are prescription medicines (pills, liquid or an inhaler) that fight against the flu by keeping flu viruses from reproducing in the body. If a person gets sick, antiviral drugs can make their illness milder and make them feel better faster. Antivirals may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

Is there a vaccine for Novel H1N1 flu? A vaccine is currently being tested for novel H1N1 flu. In the City of St. Louis, the Department of Health (DOH) expects to receive its first shipment of vaccine in October.

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The CDC has recommended that certain groups of the population receive the novel H1N1 flu vaccine when it first becomes available. These key population groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months to 24 years old, and people 25 through 64 years of age who are at higher risk for novel H1N1 flu because of chronic health disorders or compromised immune systems.

Although a shortage of vaccine is not expected, availability and demand is unpredictable. There is a possibility that initially the vaccine will be available in limited quantities. If this is the case, we will only be vaccinating people in the following high priority groups: children 5-18 years of age who have chronic medical conditions, such as asthma, children 6 months through 4 years of age, pregnant women, people who live with or care for children younger than 6 months of age, and health care and emergency medical services personnel with direct patient contact.

What can you do as a daycare provider to stop the spread of the seasonal flu and novel H1N1 flu?

- **Stay home when sick:** Those staff and children with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs. (For more information, visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>.)
- **Separate ill students and staff:** Children and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- **Hand hygiene and respiratory etiquette:** The new recommendations emphasize the importance of the basic foundations of flu prevention: ***stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).***
- **Routine cleaning:** Staff should routinely clean areas that children and staff touch often (i.e. doorknobs, desks, counters, chairs, etc.) with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.
- **Early treatment of high-risk students and staff:** People at high risk for flu complications who become ill with flu-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.