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H1N1 Flu

Update on School (K – 12) and Child Care Programs: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus

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This document provides interim guidance to child care programs and schools on suggested means to reduce the spread of the novel influenza A (H1N1) virus in their programs and facilities. However, recommendations may need to be revised as more information becomes available.

This document updates the previous document by reorganizing the information into information for K-12th grades versus child care programs. However, this document does NOT make any changes in guidance for these settings.

Background

This document provides updated interim guidance for schools and child care programs regarding the prevention of the spread of novel influenza A (H1N1) virus. For the purpose of this guidance, “child care programs” will be used to refer to both licensed and unlicensed child care programs providing family home or center-based child care. “Schools” will refer to both public and private institutions providing grade K-12 education to children and adolescents in group settings. Although child care programs and schools share common characteristics, there are differences between the two and some specific recommendations for child care programs are given in this guidance.

Initial cases of novel influenza A (H1N1) in the United States included school-aged students and were associated with travel to Mexico and school-based outbreaks. Early information from Mexico indicated that many previously healthy young adults were hospitalized with rapidly progressive pneumonia, frequently resulting in respiratory failure requiring mechanical ventilation and death.

Based on this initial information, CDC recommended consideration of school and child care program closure as an option to lessen the risk of infection with this novel influenza virus in order to protect students, staff, parents and other caregivers from a potentially severe disease as well as limit spread into the community.

New information on disease severity and the extent of community spread led to a revision of the school and child care program closure guidance. The large number of confirmed or probable cases of novel influenza A (H1N1) reported from almost states, with numerous disease clusters, indicates spread within communities that makes individual school and child care program closure less effective as a control measure. Most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC and local and state health officials will continue to closely monitor the severity and spread of this novel H1N1 influenza outbreak.

At this time, CDC recommends the primary means to reduce spread of influenza in schools and child care programs focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school and child care program closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school or child care program absenteeism and staffing shortages.



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Interim Recommendations: K-12 Schools

- K-12 Schools School dismissal is not advised for a suspected or confirmed case of novel influenza A (H1N1) and, in general, is not

advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function.

- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should stay home and not attend school or go into the community except to seek medical care for at least 7 days even if symptoms resolve sooner.
- Students, faculty and staff who are still sick 7 days after they become ill should continue to stay home from school until at least 24 hours after symptoms have resolved.
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other students and sent home.
- Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of novel H1N1 influenza virus infection aged 18 years old and younger due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. (<http://www.cdc.gov/h1n1flu/clinicians/>)
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in other neighborhood and community settings outside of school.
- School administrator's should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school
- Schools can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.




Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), frequently washing hands with soap and water, or using hand sanitizer if hand washing with soap and water is not possible.



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Interim Recommendations: Child Care Programs

As for schools, closure of child care programs is not currently recommended due to novel H1N1 influenza in the community or the child care facility. Child care programs should follow the above recommendations for schools along with the other recommendations in this section.

- Child care programs should work closely and directly with their local and State public health officials to make appropriate decisions and implement strategies in a coordinated manner.
- Child care providers should conduct daily health checks on all children. Although daily health checks have been recommended for child care programs before the current H1N1 flu situation, programs that do not conduct routine daily health checks should institute this practice. (See Caring for Our Children Standards 3.001 and 3.002 for information on how to do this <http://nrckids.org/> )
- Ill children should stay home and not be taken out of one child care program and put into another child care program even temporarily.
- Childcare facilities should clean and sanitize frequently-touched surfaces, (such as desks, doorknobs, computer keyboards, toys) routinely and if they become visibly soiled.
http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1076310 
<http://www.cdc.gov/h1n1flu/qa.htm>
<http://www.epa.gov/oppad001/influenza-disinfectants.html> 
- Child care programs can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

Additional Links:

[H1N1 Flu \(Swine Flu\): Resources for Parents and Caregivers](#)

[Questions and Answers: H1N1 Flu \(Swine Flu\) and You](#)



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