

Influenza Prevention and Control Strategies in Early Education and Child Care Settings

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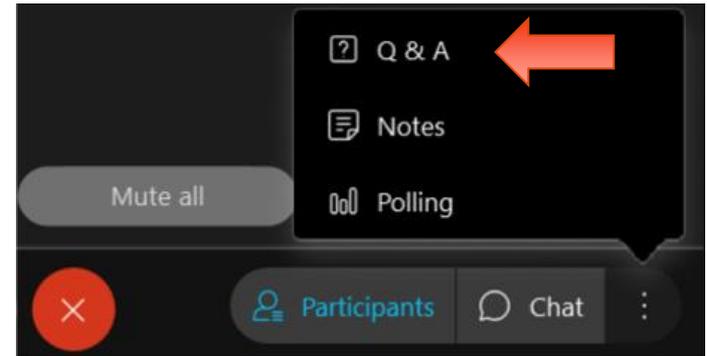
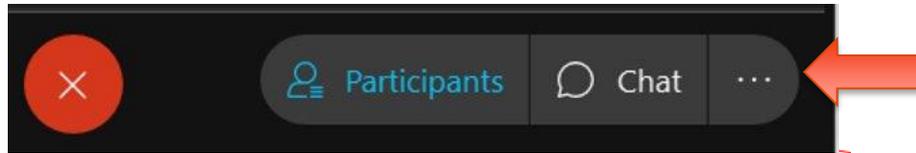
ACKNOWLEDGEMENTS

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HOUSEKEEPING

- All audio lines are muted
- Use the Q&A window to submit questions
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- Webinar recording and Slides will be made available



OBJECTIVES

- Review influenza as a **critical issue** for early education and child care providers this winter.
- Highlight tailored **influenza mitigation strategies** for use in early education and child care settings.
- Emphasize influenza **immunizations** in early education and child care programs.
- Learn ways to be **prepared** for seasonal flu during the COVID-19 pandemic.



OVERVIEW

- **Part I:** Remember influenza? – Reviewing key points
- **Part II:** Strategic vaccine recommendations
- **Part III:** Tailored strategies and preparedness
- **Part IV:** Question and Answer



PART I

Remember influenza? – Reviewing key points



Influenza in Children: A Rapid Review



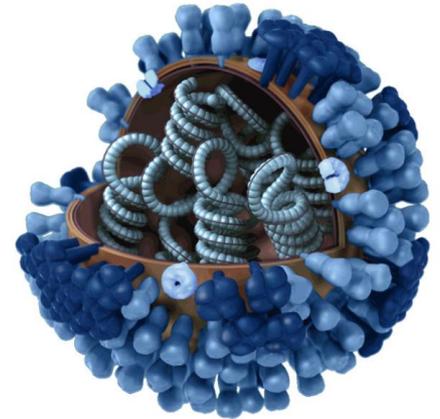
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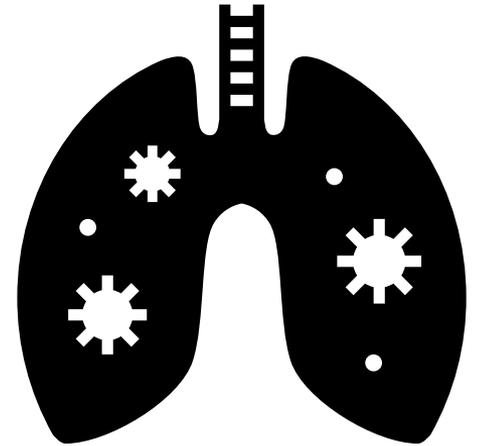
WHAT IS INFLUENZA (THE FLU)?

- Viral infection of respiratory system (nose, throat, lungs) with systemic (whole body) symptoms
- More serious than a common cold – weakens body
- Signs or symptoms include:
 - Sudden **fever**
 - **Headache**
 - **Body aches**
 - Chills
 - Sore throat
 - Stuffy, runny nose
 - Dry **cough**
 - Less energy than usual
 - Belly pain
 - Nausea/vomiting
 - Diarrhea
 - Pinkeye



INFLUENZA COMPLICATIONS IN CHILDREN

- **Pneumonia**
- Invasive **bacterial infections : MRSA (Staph)**
- **Myocarditis** (heart inflammation)
- **Encephalopathy**, Guillain Barré syndrome
- **Sepsis-like syndrome** in neonates
- **Makes asthma or heart disease worse**
- Reye syndrome if combined with aspirin
- **Death**



SPREAD OF INFLUENZA

- Influenza spreads by droplets projected into the air from coughing and sneezing.
- Droplets travel 3-6 feet then fall to the ground.
- To a lesser extent, influenza also spread by droplets falling onto surfaces which are touched by others.



IMPACT OF INFLUENZA IN CHILDREN



During the influenza season, children:

- Experience elevated disease and complications
- Have increased risk of hospitalization (<5yr)
- Have higher chance of seeking influenza-related medical care
- High risk = child care age group

10-40% of healthy children can be infected with influenza yearly



2019-2020 Flu Season: Burden and Burden Averted by Vaccination

During the 2019-2020 season, CDC estimates flu caused:

38
million
flu illnesses

400,000
flu hospitalizations

22,000
flu deaths

It could have been even worse without flu vaccines.

Nearly 52% of the U.S. population 6 months and older got a flu vaccine during the 2019-2020 flu season, and this prevented an estimated:

7.5
million
flu illnesses



More than the combined
population of Kentucky and
Kansas

105,000
hospitalizations



Enough people to fill
Michigan Stadium at the
University of Michigan

6,300
deaths



Equivalent to saving about
17 lives per day over the
course of a year

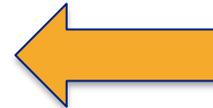
Imagine the impact if more Americans chose to get a flu vaccine.

Many more flu illnesses, flu hospitalizations, and flu deaths could be prevented.

The estimates for the 2019-2020 influenza season are preliminary pending additional data from the season.

<https://www.cdc.gov/flu/about/burden/index.html>

Why Should We Care About Flu?

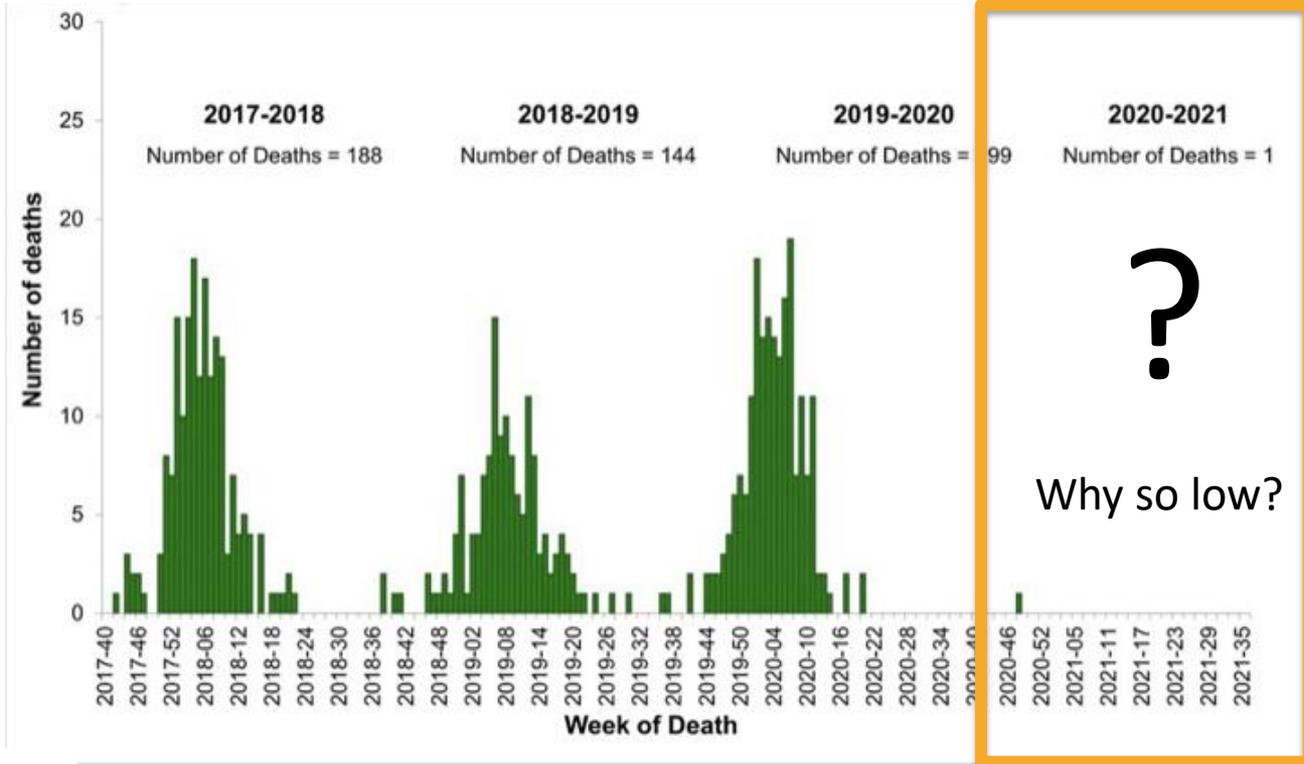


Vaccine Prevented

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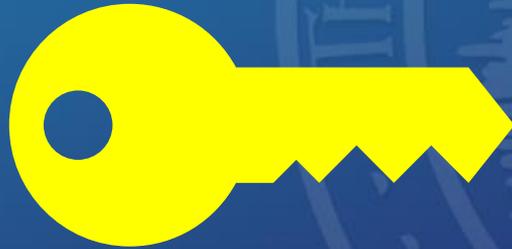


?

Why so low?

Influenza-Associated
Pediatric Deaths by Week of
Death
2017-18 season to 2020-2021
season

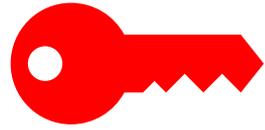
Influenza **KEY** POINTS



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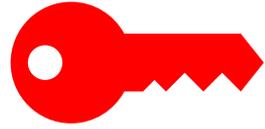




KEY POINT

Children consistently have the highest attack rates of influenza in the community during seasonal influenza epidemics.

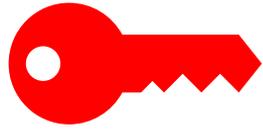




KEY POINT

Children play a pivotal role in transmission of influenza virus to their households and close contacts (eg, grandparents).

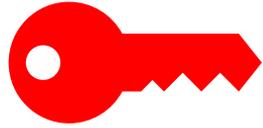




KEY POINT

Children < 5 years, (especially < 2 years) and children with certain underlying medical conditions are at increased risk of hospitalization and complications from flu.





KEY POINT

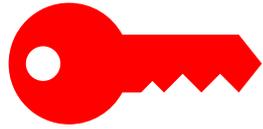
Vaccination Status in Influenza Associated
Pediatric Influenza Deaths in Children Older than
6 Months



Pediatric Deaths
from Influenza:
80% were
unvaccinated

■ Unvaccinated (80%) ■ Vaccinated (20%)





KEY POINT

Antiviral medications are important in the control of influenza but are NOT a substitute for influenza vaccination.



ANTIVIRALS FOR INFLUENZA

Drug (Trade Name)	Virus	Route	Treatment ^{a,b}	Chemoprophylaxis ^d	Adverse Effects
Oseltamivir (Tamiflu)	A and B	PO	Birth or older ^c	≥ 3 mo	Nausea, vomiting Skin reactions. Neuropsychiatric events
Zanamivir (Relenza)	A and B	Inhalation	≥ 7 y	≥ 5 y	Bronchospasm Skin reactions. Neuropsychiatric events
Peramivir (Rapivab)	A and B	IV	≥ 2 y	NA	Diarrhea Skin reactions. Neuropsychiatric events
Baloxavir (Zoflaxa)	A and B	PO	≥ 12 yr	NA	Nausea, vomiting Resistance

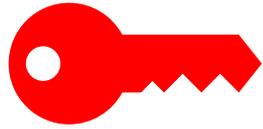
a. Treatment within 48 hr of onset of illness has greatest effect in reduction of symptoms and duration of illness

b. No antiviral is specifically approved for severe influenza, but observational studies support effect on reduction of complications, and most experts support use

c. FDA approved for children 2 wk of age and older but AAP supports use from birth in term and preterm infants

d. Chemoprophylaxis: High risk children who cannot get vaccinated or may not respond to vaccine; within 2 weeks after vaccination if circulation of influenza, contacts of HR patients, control of outbreaks





KEY POINT

The presence of an egg allergy in an individual is **NOT** a contraindication to receive an influenza vaccine.



EGG ALLERGY AND FLU VACCINES

- Egg allergy **does not increase risk** of anaphylactic reaction to vaccination with inactivated influenza vaccines.*
- Children with egg allergies can receive age-appropriate, licensed, recommended vaccine with **no special precautions similar to other routine vaccines**.
- Children with a history of allergic reaction to previous influenza vaccination:
 - Should be evaluated by an allergist.
 - Vaccine administration should be supervised by a health care provider who can recognize and manage allergic conditions.

*Based on 28 studies evaluating 4,315 egg-allergic subjects (656 with severe allergies)





Key Point:
Children Are More Vulnerable



WHY DO CHILDREN GET SICK AT CHILD CARE?

- Unique age group vs. other older children
- Immature immune system
 - Every cold virus is “new” to them
- Developmental
 - Everything in mouth (washing hands, covering mouth, close play, no personal space)



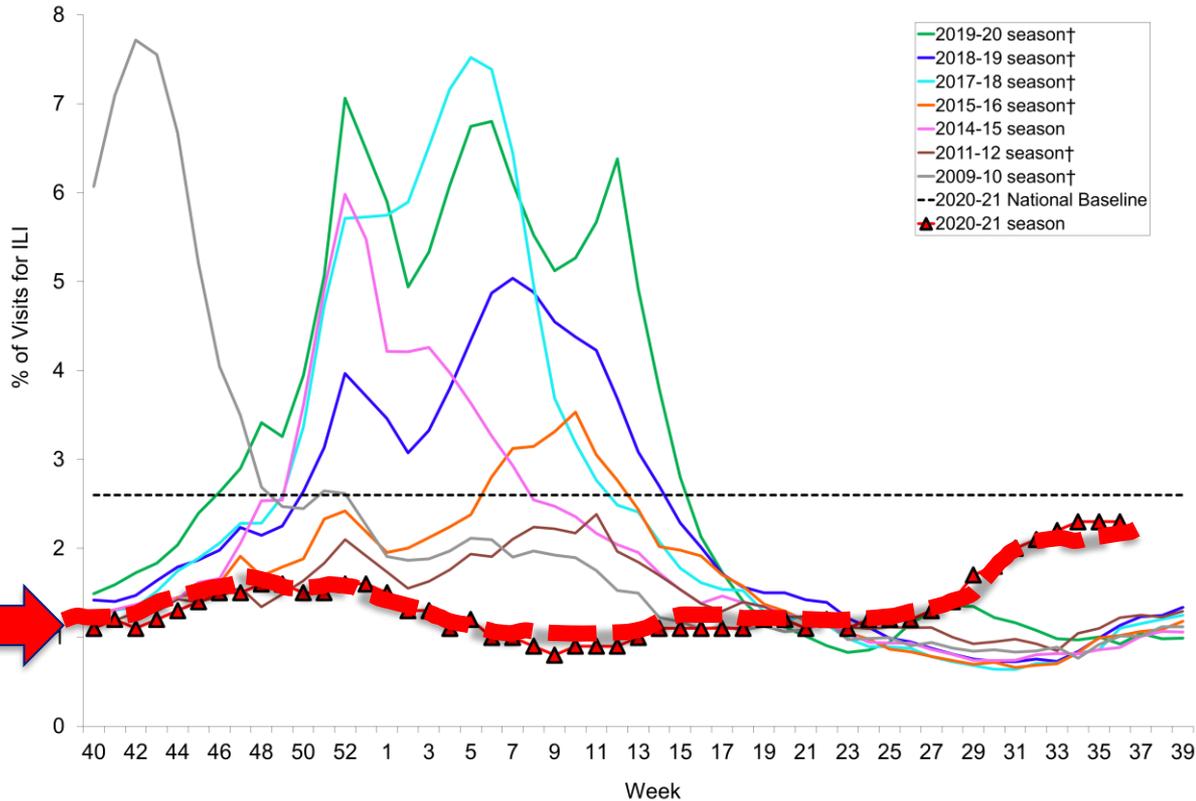
WHAT ABOUT INFLUENZA DURING THE COVID-19 PANDEMIC?



	Cold	Flu	COVID-19
Respiratory virus?	Yes	Yes	Yes
Symptoms	Mild (runny nose congestion)	More intense (fever, body and head aches, more)	Similar to cold and flu; loss of taste and smell
Can lead to hospitalization or death?	No	Yes	Yes
Vaccine available?	No	Yes	Not Yet for Young Kids
Can identify with a test?	Sometimes	Yes	Yes

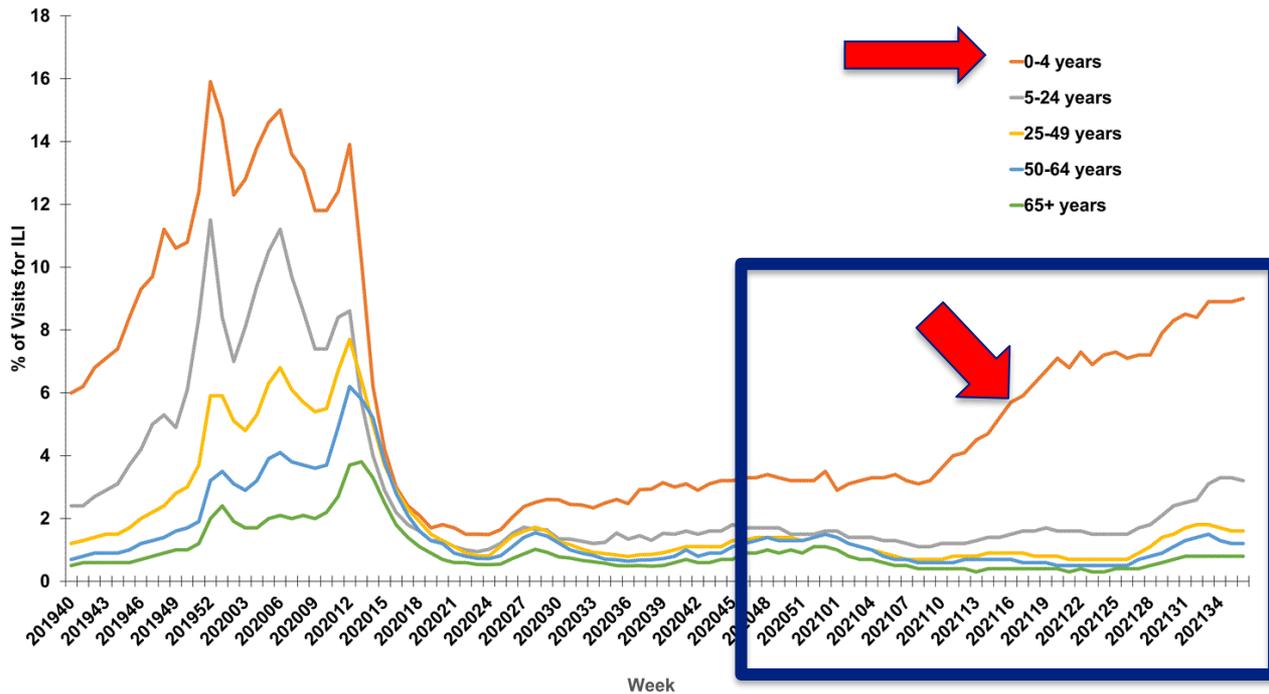


Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2020-2021 and Selected Previous Seasons



2020-21 Flu Season
(During Pandemic)

Percentage of Visits for Influenza-Like Illness (ILI) by Age Group
 Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
 Weekly National Summary, 2019-2020 and 2020-2021 Seasons

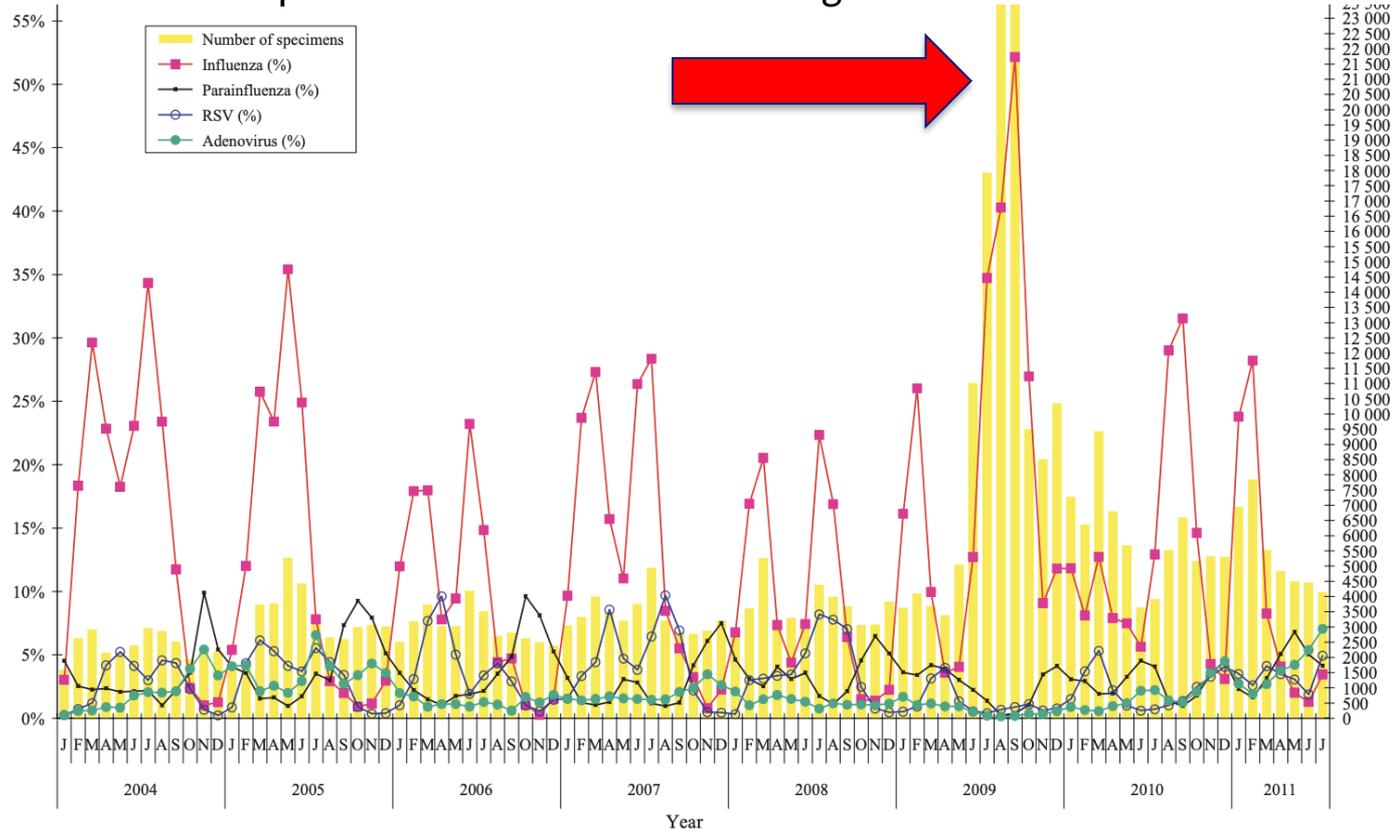


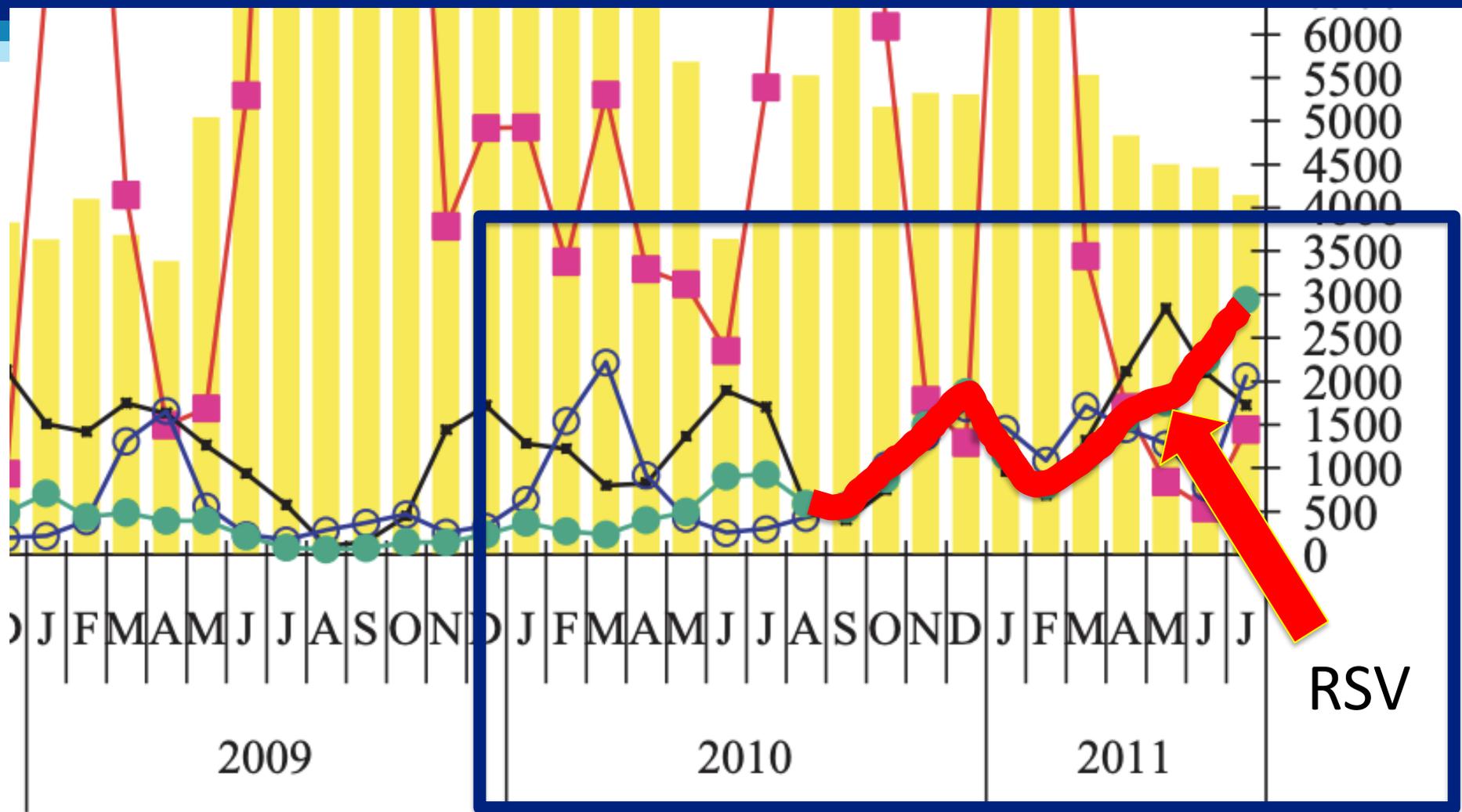
WHAT ABOUT THIS WINTER?

- Southern Hemisphere (eg, Australia) wintertime can often give us a preview.
- However, difficult to tell from southern hemisphere data because of COVID lockdowns/masking.
- What can the past history about other viruses tell us?

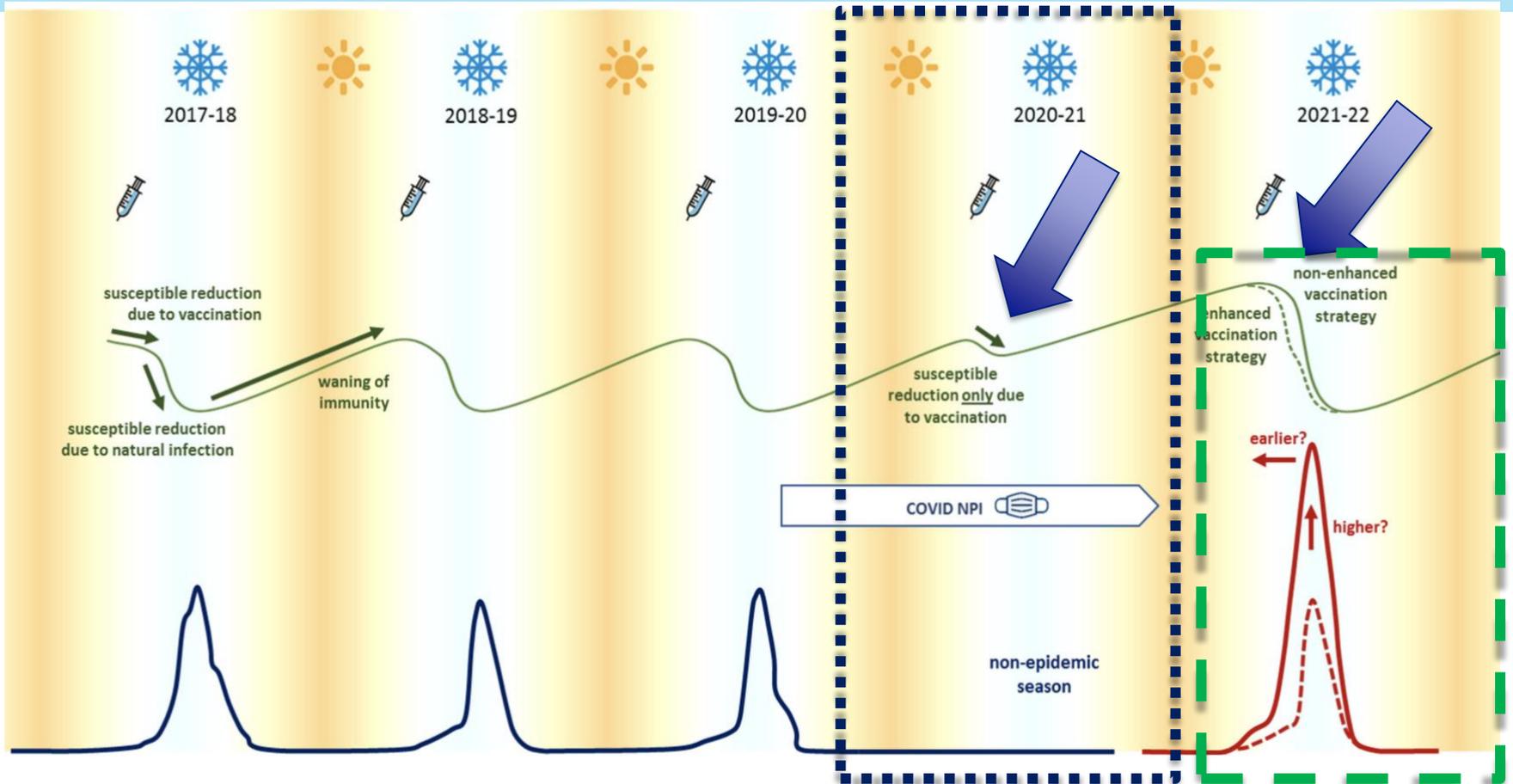


Other Examples? RSV virus was low during H1N1 Influenza but . . .





ClicMak GC, Wong AH, Ho WY, Lim W. The impact of pandemic influenza A (H1N1) 2009 on the circulation of respiratory viruses 2009-2011. *Influenza Other Respir Viruses*. 2012;6(3):e6-e10. doi:10.1111/j.1750-2659.2011.00323.xk to add text



PART II

Vaccine Recommendations and Types Available for 2021-2022



AAP ANNUAL INFLUENZA VACCINE RECOMMENDATIONS

- AAP recommends annual influenza vaccination for all children 6 months and older.
- Flu shot and nasal spray vaccines are recommended with no preference for either.
- Children should receive the flu vaccine as soon as it is available (NOW!).
- Some children 8 years of age and younger might need two doses of flu vaccine this year. Consider planning ahead for children who need two doses.



INFLUENZA VACCINATION CAN PROTECT CHILDREN AGAINST SEVERE INFLUENZA AND DEATH

- **PICU Hospitalization**

- 44 cases vs. 172 PICU and 93 community controls (children 6 mo–17 yrs) in 21 PICUs, 2010-2012 (US PALISI)
- Vaccinated children were **74%** (95% CI 19-91%) **or 82%** (95% CI 23-96%) **less likely to be admitted to PICU for influenza** vs. PICU or community controls
- 1 dose only (when 2 needed), was NOT protective

- **Death**

- 359 influenza associated deaths among children 6 mo–17 years
- 26% received flu vaccine vs. 48% in comparative survey cohort
- **Overall VE against death: 65%** (95% CI 54%-74%)
- **Children with high-risk conditions VE: 51%** (95% CI 31%-67%)
- **Children without high-risk conditions VE: 65%** (95% CI 47% to 78%)



WHAT IS THE QUADRIVALENT FLU VACCINE?

A quadrivalent influenza (flu) vaccine is designed to protect against four different flu viruses, including two influenza A viruses and two influenza B viruses.



Why was quadrivalent flu vaccine developed?

For many years, flu vaccines were designed to protect against three different flu viruses: an influenza A(H1N1) virus, an influenza A(H3N2) virus and one influenza B virus, even though there are two different lineages of B viruses that circulate during most seasons. Adding a B virus from the second lineage was done to give broader protection against circulating flu viruses.



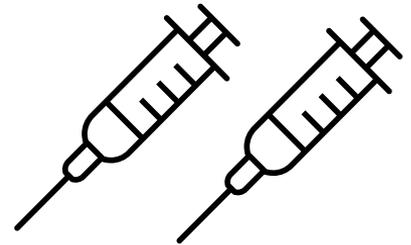
WHEN SHOULD A CHILD GET THE FLU VACCINE?

- Children needing only 1 dose of influenza vaccine, regardless of age, should receive vaccination ideally by the end of October.
- Data available to date on waning immunity do not support delaying vaccination in children.

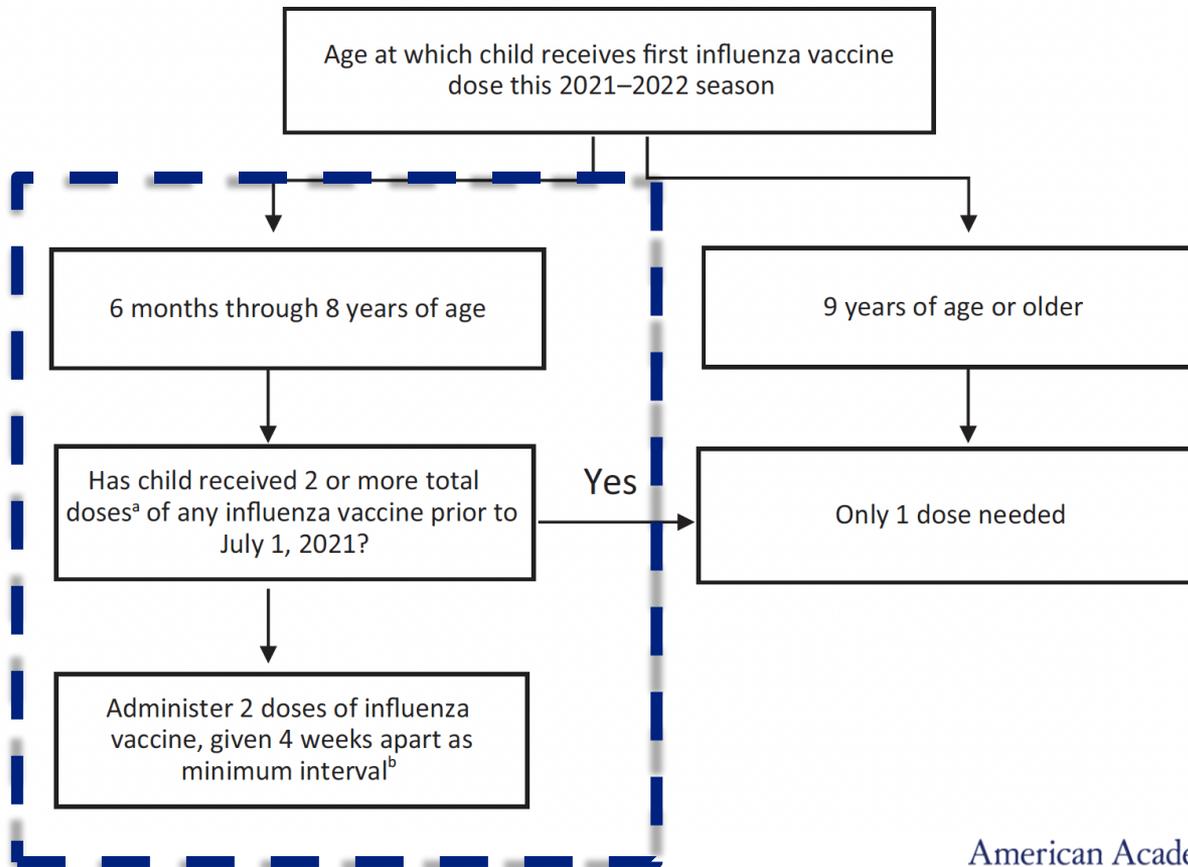


WHEN DOES A CHILD NEED TWO SHOTS?

- Children
 - 6 months through 8 years of age who are receiving influenza vaccine for the **first time**,
 - Or only 1 dose ever before July 1, 2021,
 - Or vaccination status is unknown
- Offer vaccination as soon as available
- Should receive 2 doses of vaccine 4 weeks apart, ideally by the end of October



Child care
age



WHY VACCINATE IN EARLY EDUCATION AND CHILD CARE SETTINGS?

- You care for the most vulnerable population
 - Younger children at higher risk of influenza complications – death, hospitalization, school absence, doctor visits, ear infections
 - Children < 6 months old are too young to be vaccinated
- Typical flu prevention methods difficult
 - Nonpharmaceutical interventions - Physical distancing, hand washing, masking, sneezing in arm and washing of hands after
 - Exclusion – Affects parents' ability to work
 - Infection control – Influenza is spread by coughing, sneezing, and touching things
- Children bring influenza home to families and spread it into communities



DO CHILD CARE CENTERS REQUIRE THE INFLUENZA VACCINE?

In a 2016 study of randomly selected US child care centers, directors reported the following about influenza vaccine:

- For children
 - Only 24% of directors required the flu vaccine
 - 60% of centers did not track flu vaccination
- For adult caregivers
 - Only 13% of directors required the flu vaccination
 - 51% of centers did not track flu vaccination
- Child care provider vaccination rates are low
 - 22%, 30% (Ohio) 2009-10
 - 58%, 47% (St Louis) 2013-15



How Can We Fight the Flu in Early Education and Child Care Settings?

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PART III

Tailored Strategies and Preparedness



BENEFIT OF INFECTION CONTROL

- Pretty good for school-age children (>50%)
- Not very good for 0–5-year olds
 - 17-35% reduction in respiratory or influenza-like illness, depending on the intervention
 - Hourly hand sanitizer use (Pandejpong, 2012)
 - Standard regimen only benefited children < 2yrs (Roberts, 2000)
 - Other studies show only ~10% decrease in absence (Uhari 1999; Lennell 2008)



INFECTION CONTROL TO PREVENT INFLUENZA?

- Not as effective as immunization.
- BUT . . . Don't stop doing it!!
 - Helps to prevent other infections.
 - More effective at reducing diarrheal disease.
- Practice should not change for flu season.
 - Consider more frequent alcohol-based hand sanitizer or hand washing.
 - Droplet spread through the air limits effectiveness of infection control against influenza.

AT BEST -
Reduces respiratory
illness by 25%.



HAND WASHING

- Must be learned!
- Teaching children – make it a LESSON activity
- Focusing on just-in-time reminders and training for staff



USE HAND SANITIZER



BE AN ADVOCATE – REMIND PARENTS ABOUT VACCINATIONS



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MASKS



- Masks are highly effective for flu and COVID-19
- Can be used in children 2 or older



REMINDERS TO PARENTS

- Parents look to YOU for advice and expertise
- Send out reminders
 - Flyers in backpacks
 - Emails
 - Texts



INFECTION PREVENTION AND CONTROL METHODS

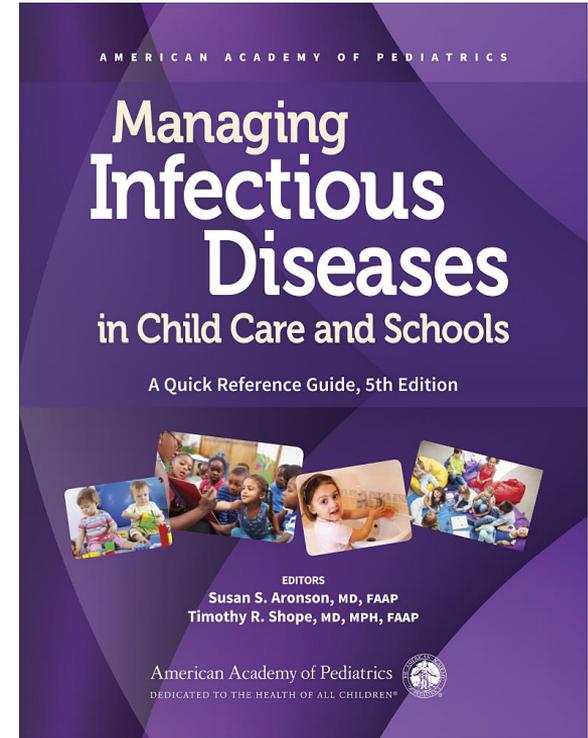
- Surface cleaning, sanitizing, and disinfecting
- Cough and sneeze etiquette
- Ventilation
- Some recommendations covered in Caring for Our Children, 4th Edition at: <http://nrckids.org/CFOC/Database/3>



INFECTION CONTROL MEASURES

User-friendly content in Managing Infectious Diseases in Child Care and Schools, 5th edition released 2019

- Purchase from <https://shop.aap.org/>
- Nearly 3 out of 4 US licensed child care centers use this reference



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EXCLUSION FOR INFLUENZA – WHO TO EXCLUDE?

- Can't tell which children have influenza?
 - Overlap of symptoms of influenza versus other viruses (eg, COVID)
 - Most kids with fever and respiratory symptoms do not have influenza (even in a flu epidemic)
 - Given COVID-19 – likely many will require testing for COVID-19 and quarantine if fever



EXCLUSION FOR INFLUENZA – WHO TO EXCLUDE?

- Which children with respiratory symptoms should be excluded?
 - Must exclude if not participating in activities and requiring too much care.
 - Exclude children with fever and respiratory symptoms because the amount of flu virus (if they have it) is greatest in these children.
 - Meets other exclusion criteria described in *Managing Infectious Diseases, 5th ed.*



STRATEGY: IMPROVE ACCESS

- On-site immunizations (for children and staff)
 - Health Department or child care health consultant
 - Passport Health, Inc.
www.passporthealthusa.com/vaccinations/
- Make it convenient for staff to get it
 - Find information about local sites
 - Give scheduled time off
- Make annual flu vaccine part of the routine – a habit



Improving Preparedness During the COVID-19 Pandemic

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WHY IS PLANNING FOR PANDEMIC FLU, COVID-19, AND OTHER INFECTIOUS DISEASES NEEDED?



- To protect your center in an emergency
- Saves lives and reduces adverse consequences
- Prepare ahead to make difficult decisions
- Keep your center and business open



WHAT TO CONSIDER FOR PLANNING?

- Who oversees the plan?
- Where will you receive info/updates?
- In a pandemic, child care/schools might close or recommend longer exclusion times.
- Will your existing communication plan work?
- Do parents have alternate care arrangements?
 - Resources: Child Care Aware, Save the Children



DISASTER CHECKLIST
FOR CHILD CARE PROFESSIONALS

Save the Children. Get Ready. Get Safe.

Child care professionals are often the first line of response for children in their care. You need to know how to respond quickly and calmly in an emergency. Use this checklist to plan ahead in case of disaster.

MAKE A PLAN
Help ensure that all staff, parents and guardians are informed and know how to respond to various types of emergencies.

PLANS SHOULD INCLUDE:

- How to evacuate and move kids to a safe location
- How to notify parents and/or guardians
- How to reunite kids with parents and/or guardians
- How to assist infants and kids with special needs in emergencies

HAVE A COMMUNICATION STRATEGY
Electricity may be lost when disaster strikes. You may not have access to phone, internet or important information. Plan ahead on how you'll communicate with staff, parents and guardians.

WHEN DEVELOPING YOUR COMMUNICATIONS PLAN:

- Find a way to store and access vital records in case power is lost
- Know two ways to contact a parent and/or guardian
- Have a contact outside of your area for each child
- Provide parents with a way to contact your facility during and after a disaster
- Ensure local emergency agencies know your location
- Plan how to get reopening information to parents post-disaster

EACH CHILD IS UNIQUE
MAKE SURE YOU KNOW THE SPECIAL AND/OR MEDICAL NEEDS OF ALL THE CHILDREN IN YOUR CARE

<https://www.savethechildren.org/content/dam/usa/reports/emergency-prep/caregiver-disaster-checklist.pdf> add text

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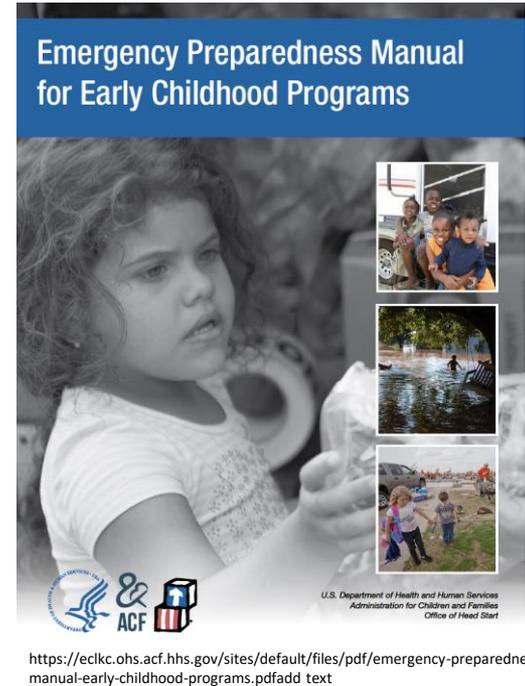
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WHAT SHOULD A PANDEMIC FLU PLAN INCLUDE?

Planning/Coordination

- Definition of a pandemic influenza
- Identify key staff to develop, practice, review plan
- Monitor pandemic threat
- Who has legal authority to close program?
 - Varies by state (county health dept, state health dept, CDC, state child care bureau, etc.)
- Identify key community contacts
- Collaborate with other child care programs in the area



WHAT SHOULD A PANDEMIC FLU PLAN INCLUDE?

Communications Plan

- Identify key contacts
- How to keep in touch with staff and families (email, social media, phone)
- Vendors (you will need supplies and services)

Infection Control (always – but not applicable if closed)

- Hand/cough hygiene
- Cleaning/sanitizing/disinfection
- Exclusion
- Education



WHAT SHOULD A PANDEMIC FLU/COVID-19 PLAN INCLUDE?

PREPARING FOR PANDEMIC INFLUENZA AT OUR CENTER			
<i>Use this template to support your plan and make it available and visible to staff. Update as needed.</i>			
KEY CONTACTS	Name of Organization	Name & Title	Phone/Email
State/Local Health Department			
State/Local Professional Development Provider			
Child Care Health Consultant			
Immunization Clinics			
Mental Health Consultant			
Mental Health Clinics			
Meal Services			
Back-Up Suppliers			
Temporary Staffing Agencies			
Substitute Teachers			
Other Contacts			

Operations

- How to deal with program closings and staff absences
- Plans to continue basic functions
 - Payroll
 - Plans for continued learning if program is closed



What about COVID?

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ISSUES WITH COVID-19 IN EARLY EDUCATION AND CHILD CARE

- Difficult to enforce hand hygiene, respiratory etiquette (masking, coughing in arm), and physical distancing in young children.
- Masking recommended for children ≥ 2 years old – primary defense along with surface sanitizing and disinfecting.
- Vaccine won't be available for young children until likely next year.
- Difficult to run the business: program closures, staff shortages, parents scared so enrollment down.
- Some programs have brought in older children.

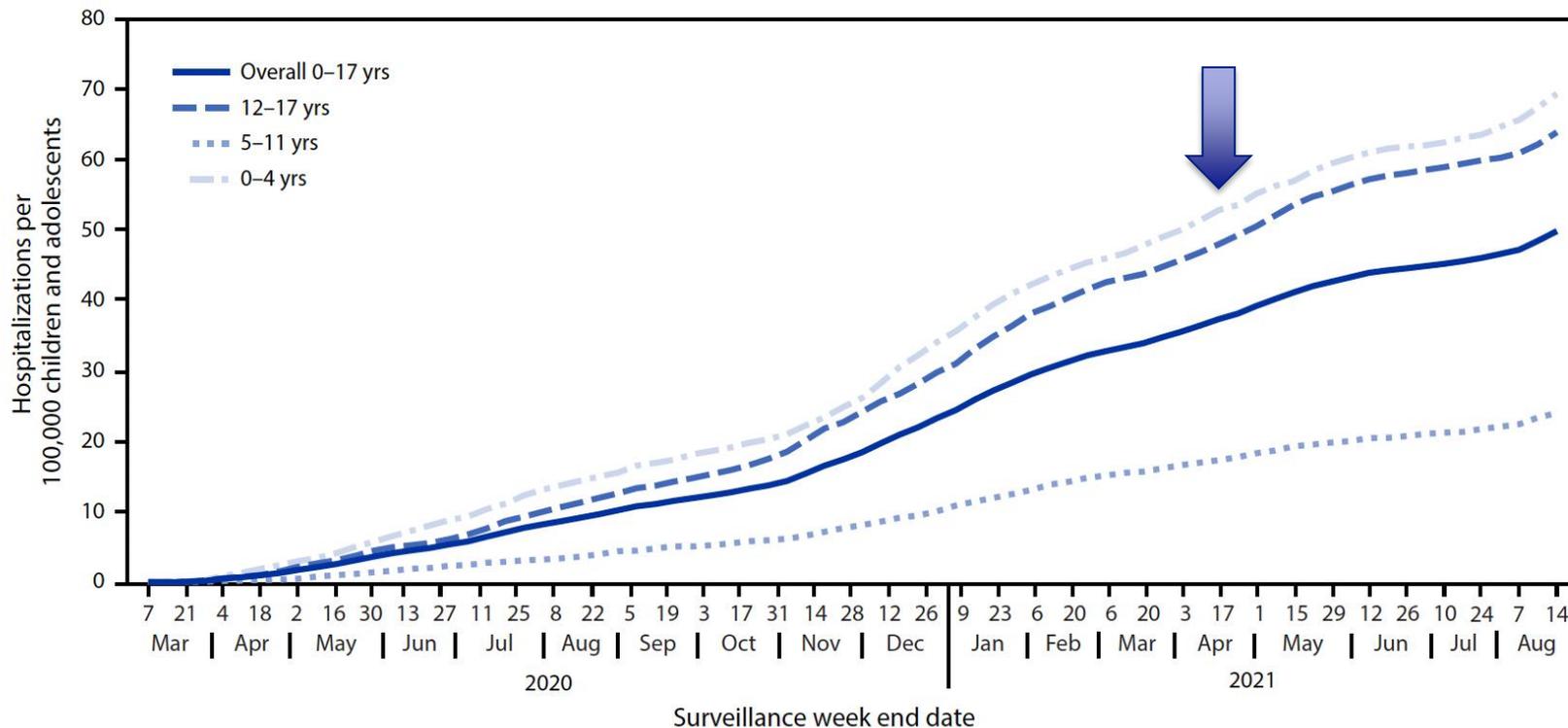


WHAT IS THE ROLE OF GROUP CHILD CARE DURING COVID-19?

- Critical infrastructure
 - Woefully underprepared if high levels of influenza and COVID-19
 - Funding depends on parents
 - More funding support needed (government)
- Provides a means for parents to return to work
- Relatively safe environment for children and caregivers
- Won't be possible if there is also influenza this winter – **MUST**
promote influenza immunization!!!



FIGURE 1. COVID-19–associated cumulative hospitalizations per 100,000 children and adolescents,* by age group — COVID-NET, 14 states,† March 1, 2020–August 14, 2021



* Rates are subject to change as additional data are reported.

† Select counties in California, Colorado, Connecticut, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah.

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COVID-19 HOSPITALIZATION

- Weekly COVID-19–associated hospitalization rates among children and adolescents rose nearly five-fold during late June–mid-August 2021, coinciding with increased circulation of the highly transmissible SARS-CoV-2 Delta variant.
- The proportions of hospitalized children and adolescents with severe disease were similar before and during the period of Delta predominance.
- Hospitalization rates were 10 times higher among unvaccinated than among fully vaccinated adolescents.



COVID DEATHS (CDC) – 1/20 THROUGH 10/2

Data as of	Age group	COVID-19 De...	Indicator	Sex	Race or Hisp...	Start Week	End Week
10/06/2021	0-4 years	181	Age	All	All	01/04/2020	10/02/2021
10/06/2021	5-18 years	406	Age	All	All	01/04/2020	10/02/2021



INFECTION PREVENTION & CONTROL RESOURCES

- Germ Prevention Strategies (<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Germ-Prevention-Strategies.aspx>)
- Hand Washing: A Powerful Antidote to Illness (<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Hand-Washing-A-Powerful-Antidote-to-Illness.aspx>)
- Cloth Face Coverings for Children During COVID-19 (<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx>)
- Make Hand Washing Fun (<https://www.youtube.com/watch?v=tQntTnCbfg4>)



AAP RESOURCES

- Interim guidance during the COVID-19 pandemic

www.aap.org/covid-19

- Child Care During COVID-19
- Return to School Considerations

- AAP Immunizations Webpage

<https://www.aap.org/en/patient-care/immunizations/>

- AAP Influenza Webpage

<https://www.aap.org/en/patient-care/influenza/>



PANDEMIC INFLUENZA RESOURCES

- Creating a Pandemic Influenza Preparedness Plan: A Guide for Child Care Centers and Family Child Care Homes
(<https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/community-mitigation.html>)
- Guidance for School Administrators to Help Reduce the Spread of Seasonal Influenza in K-12 Schools
<https://www.cdc.gov/flu/school/guidance.htm>
- Supplemental Interim Guidance for School Administrators Associated with Possible Outbreaks of H3N2 Influenza Virus (“H3N2v”)
<https://www.cdc.gov/flu/swineflu/variant/h3n2v-schools.htm>
- Caring for our Children Standard 9.2.4.4 - Written Plan for Seasonal and Pandemic Influenza
(<http://nrckids.org/CFOC/Database/9.2.4.4>)
- 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)



TAKE HOME POINTS

- Influenza is the most common cause of vaccine-preventable deaths in children.
- Children spread influenza to caregivers, families and community.
- Immunization is by far the best influenza prevention tactic.
- Infection control is also important but not as effective as immunization.
- Child care programs have an important role and opportunity to improve immunization rates.
- The seasonal flu/COVID-19 plan should be reviewed and updated regularly.



PART IV

Question and Answer



FAQ:

- Should ill children receive the influenza vaccine?



FAQ: COVID AND INFLUENZA VACCINES

- Can COVID and FLU vaccine be given at the same time?

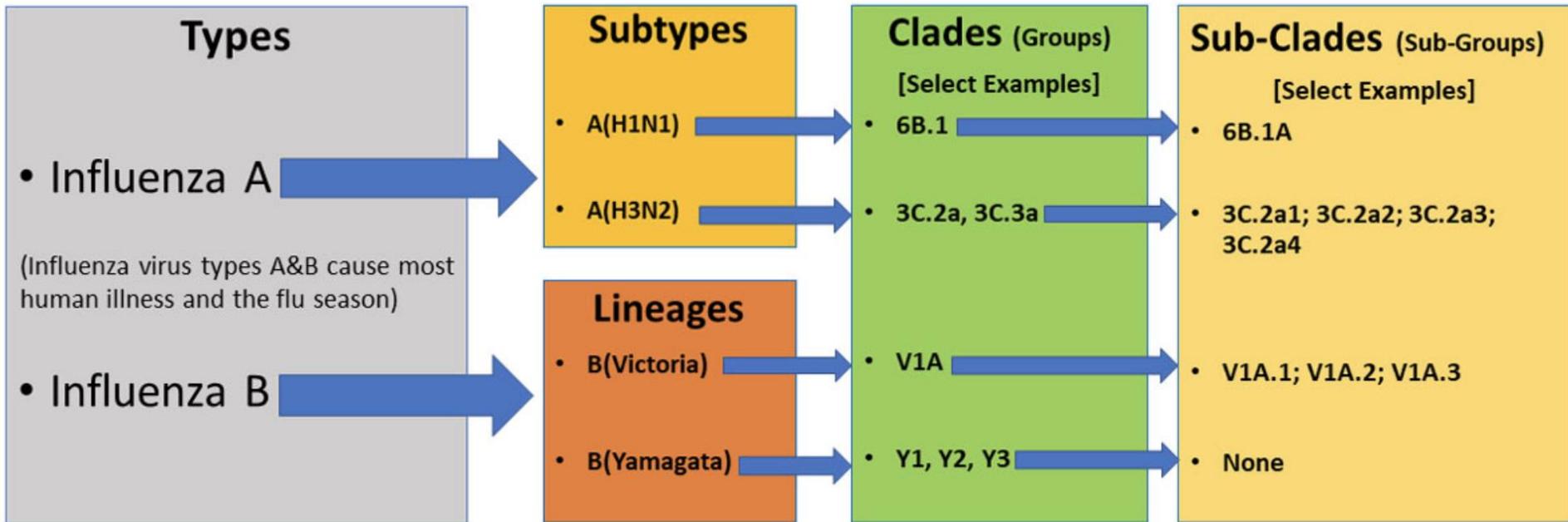


FAQ: WHAT ARE THE DIFFERENT VARIATIONS OF INFLUENZA?

- Main ones are A and B
- C = mild; D= cattle



Human Seasonal Influenza Viruses



FAQ: MATERIALS IN SPANISH?

- Yes!
- CDC





Información sobre la influenza

La influenza:

Guía para padres



¿Qué es la influenza?

La influenza (también conocida como gripe) es una enfermedad respiratoria contagiosa causada por los virus de la influenza, que infectan la nariz, la garganta y los pulmones. La influenza es diferente a un resaca y generalmente se presenta de manera repentina. Cada año, los virus de la influenza hacen que millones de personas se enfermen y cientos de miles sean hospitalizadas, y causan miles — o decenas de miles — de muertes en los Estados Unidos.

La influenza puede ser muy peligrosa para los niños. Los CDC estiman que cada año la influenza causa la hospitalización de entre 5000 y 26 000 niños menores de 5 años por la influenza cada año en los Estados Unidos. La vacuna contra la influenza es segura y ayuda a proteger a los niños contra la enfermedad.

Lo que deben saber los padres

¿Qué tan grave es la influenza?

Aunque la enfermedad de la influenza puede variar entre leve y grave, es frecuente que los niños necesiten atención médica. Los niños menores de 5 años y los de cualquier edad con ciertos problemas de salud de largo plazo tienen alto riesgo de presentar complicaciones por la influenza como neumonía, bronquitis e infecciones de oído o sinusitis. Algunos de los problemas de salud que se sabe que hacen que los niños sean más vulnerables a la influenza incluyen el asma, la diabetes y los trastornos del cerebro o del sistema nervioso.

¿Cómo se propaga la influenza?

Se cree que los virus de la influenza se propagan principalmente a través de las gotitas que se forman cuando una persona con la enfermedad tose, estornuda o habla. Estas gotitas pueden llegar a la boca o la nariz de las personas que estén cerca. Una persona también puede contraer la influenza al tocar algo que tenga el virus y luego tocarse los ojos, la nariz o la boca.

¿Cuáles son los síntomas de la influenza?

Los síntomas de la influenza pueden incluir fiebre, tos, dolor de garganta, moqueo o congestión nasal, dolor en el cuerpo, dolor de cabeza, escalofríos, cansancio y, en algunos casos, vómitos y diarrea (más frecuentes en los niños que en los adultos). Algunas personas con influenza no presentan fiebre.



Proteja a su hijo

¿Cómo puedo proteger a mi hijo de la influenza?

La primera y mejor manera de protegerse contra la influenza es ponerse la vacuna anual contra la influenza y ponerla a su hijo.

- La vacunación contra la influenza se recomienda para todos los

personas de 6 meses en adelante todos los años. Tanto la vacuna inyectable como la vacuna en atomizador nasal existen como opción para la vacunación contra la influenza.

- Es particularmente importante que se vacunen los niños pequeños y los que tengan ciertos problemas de salud de largo plazo.
- También se deben vacunar las personas que cuiden a niños que están en alto riesgo de presentar complicaciones por esta enfermedad. (Los bebés con menos de 6 meses de edad tienen un alto riesgo de presentar complicaciones graves, pero son demasiado pequeños para ser vacunados contra la influenza.)
- Las mujeres embarazadas también deben vacunarse para protegerse y proteger al bebé. Las investigaciones han mostrado que la vacunación contra la influenza protege al bebé durante varios meses después de que nace.

Los virus de la influenza cambian constantemente, por lo tanto, las vacunas son actualizadas para que protejan contra los virus que, según indiquen las investigaciones, tengan mayores probabilidades de causar la enfermedad durante la siguiente temporada de influenza.

¿Son seguras las vacunas contra la influenza?

Las vacunas contra la influenza se hacen usando estrictas medidas de seguridad y producción. Millones de personas los han recibido de manera segura durante décadas. Tanto la vacuna inyectable como la vacuna en atomizador nasal son opciones de vacunación contra la influenza. Hay distintos tipos de vacuna contra la influenza aprobados para personas de diferentes edades. Cada persona debe pensar la vacuna que sea adecuada para su edad. Los CDC y la Academia Estadounidense de Pediatría recomiendan que todos los niños de 6 meses de edad en adelante reciban una vacuna anual contra la influenza.

¿Cuáles son los beneficios de recibir una vacuna contra la influenza?

- La vacunación contra la influenza puede prevenir que usted y su hijo se enfermen. Cuando los virus de la vacuna coinciden con los que están circulando, la vacunación ha mostrado reducir en aproximadamente la mitad el riesgo de enfermarse.
- Las vacunas contra la influenza pueden prevenir que su hijo sea hospitalizado por esta enfermedad. Un estudio reciente mostró que la vacunación redujo en un 74 % el riesgo de hospitalizaciones de niños en la unidad de cuidados intensivos pediátricos relacionadas con la influenza.
- La vacunación contra la influenza puede prevenir que su hijo muera por esta enfermedad. En un estudio en el que se usaron los datos de temporadas de influenza recientes se halló que en los niños con afecciones de alto riesgo la vacuna redujo en la mitad el riesgo de muerte asociada a la influenza y que en aquellos sin afecciones lo redujo en casi dos tercios.

YO ME VACUNO
protejo a...

Mi Familia

- Protege a tu familia contra la gripe (influenza) al vacunarte.
- Se recomienda que todas las personas, a partir de los 6 meses, se vacunen contra la gripe.
- La vacuna contra la gripe te protege contra esta enfermedad durante toda la temporada.

Para más información en español visite:
<http://www.cdc.gov/flu>

Protegeré a mi bebé.
Me vacunaré contra la influenza.

No se puede vacunar a los bebés menores de 6 meses contra la influenza, pero ellos presentan un alto riesgo de sufrir complicaciones a causa de la enfermedad. Ellos dependen de usted para que los proteja. Vacúnese.

Aún que usted sea saludable, si vive o cuida de alguien que presente alto riesgo de sufrir complicaciones serias debido a la influenza, usted debe vacunarse. Los grupos de alto riesgo incluyen a los bebés y a las mujeres embarazadas.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Para obtener más información, visite
<http://www.flu.gov> or <http://www.cdc.gov/flu>

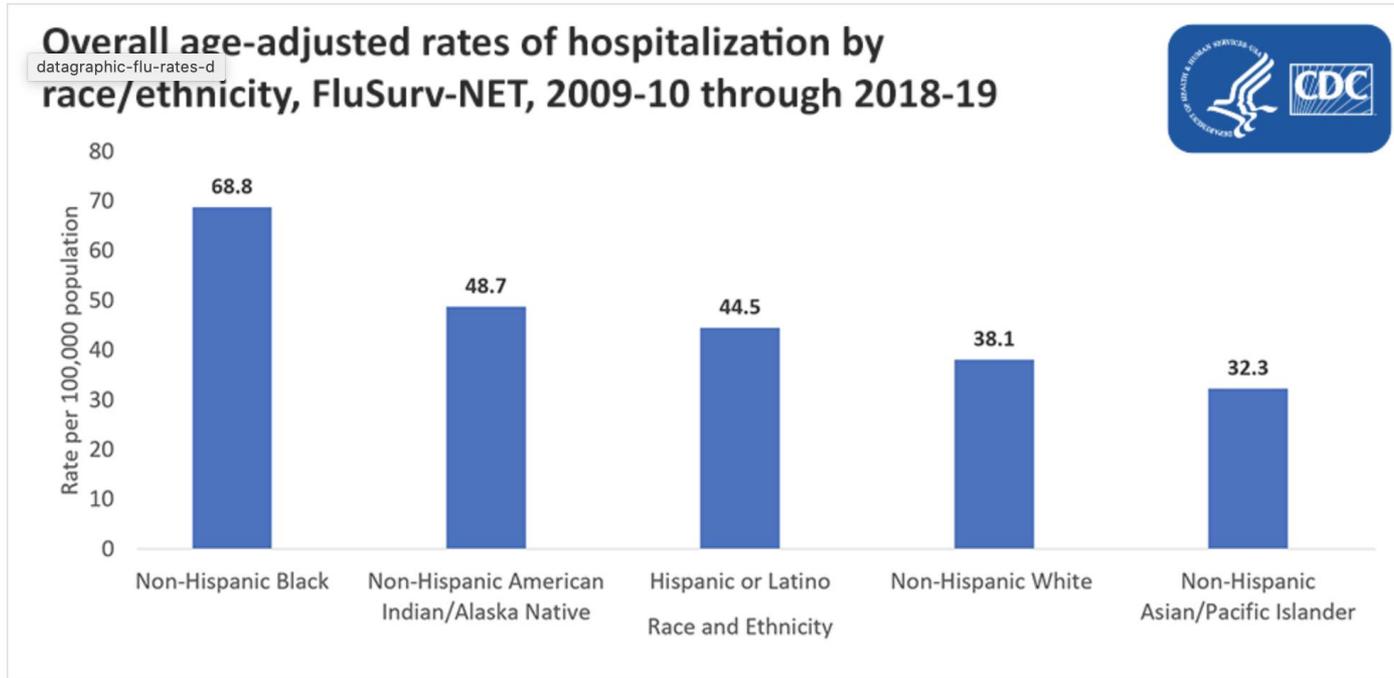
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HEALTH DISPARITIES?



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<https://www.surveymonkey.com/r/NCECHWebinarFeedback>

