

Know What to Do About the Flu: Parents and Child Care Providers - Webcast

(links for viewing and download at end of transcript)

Lark McCarthy: Hello. I'm Lark McCarthy and welcome to "Know What to do about the Flu," a web series launched by HHS to help distribute timely and accurate information straight to you about the flu, everything from seasonal flu to the new H1N1 virus.

Our goal is to distribute the latest facts and important medical guidances so we can all be more effective in combating the spread of the flu and be better prepared should our families, our communities, or our workplaces become effected. Since the new H1N1 flu virus was discovered in April, the federal government has mounted an aggressive response including ongoing communication with hospitals, healthcare professionals, schools, parents, patient groups, and key leaders in Washington and across the country.

Early in July HHS hosted a flu summit to kick off nationwide fall flu preparedness efforts where federal officials laid out specific ways that state, tribal, local governments could start planning and preparing. Working together with agencies across the federal government, HHS and the Centers for Disease Control and Prevention have been rolling out important guidance for health professionals and everyday citizens on topics ranging from guidance for schools and institutions of higher learning to guidance for businesses and employers for the fall flu season.

HHS also created this "Know What to do about the Flu" webcast series to reach out directly to Americans at work and at home. Our last episode discussed the challenges the flu will have for pregnant women and new parents. Now you can view this epis...that episode or any past episode on our website www.flu.gov. Today we'll be discussing another important aspect about flu preparation: helping parents and early childhood programs respond to influenza during this upcoming flu season.

This guidance was just recently launched by the federal government and we'll have a panel of experts on hand to discuss the points made in the guidance. We'll also talk about how to help children with special medical conditions such as asthma and we'll answer questions that you in our viewing audience may have on the subject. Joining us today to discuss the guidance and the toolkit for early childhood programs is Roberta Lavin, director of the Office of Human Services Emergency Preparedness and Response within the Administration for Children and Families.

Roberta Lavin: Thank you. Lark: And from the CDC studio in Atlanta, Dr. Georgina Peacock, developmental pediatrician at the National Center on Birth Defects and Developmental Disabilities within the CDC's Coordinating Center for Health Promotion; Dr. David Callahan, medical epidemiologist and family physician with the CDC National Center for Environmental Health; and Dr. Ann Albright, director of the CDC Division of Diabetes Translation.

Welcome to you all, our guests in Atlanta and Dr. Lavin here in the studio. Good to have you. Before we begin our discussion let me take a moment to invite our audience to e-mail any questions you might have on the topics we're discussing today. We encourage you to e-mail us at HHSstudio@hhs.gov. Please include your first name, where you're from, and your brief question in that e-mail.

We'll try to answer as many of those questions as time permits. So let's start with Dr. Peacock and see if we can first get an update on the current situation regarding H1N1 and flu as we head into the fall and specifically how this is affecting children. Dr. Peacock.

Dr. Peacock: Sure. Well we know that...and many of you have heard about the 2009 H1N1 influenza infection and that we are seeing more visits to doctors for ill...influenza-like illness than we usually expect during this time of the year. We know that most children are having mild illness and the symptoms they're having include things like fever, sore throat, runny nose and in some instances diarrhea or vomiting. Despite this there are some children that are at higher risk for hospitalization and even some children that have died.

The children that are at highest risk for complications are children under the age of five and the children with certain medical conditions including asthma, diabetes, and neuro-developmental conditions including s...moderate to severe developmental delay, cerebral palsy, epilepsy, and some children that we would consider mad...med...medically fragile.

So as we go into this season we need to make sure that everybody is vaccinated against the seasonal flu, that when H1N1 vaccination becomes available that they are also, the children are also vaccinated for that, and that they are up-to-date on their routine immunizations for pneumococcal...pnu...against pneumococcal pneumonia.

Lark: All right. Thank you, Dr. Peacock for that overview. We're going to be talking more in-depth about that, but with that as the background we want to know that the federal government recently published guidance for childcare providers help them prepare and respond to the flu. So Captain Lavin, why don't you tell us about that guidance?

Roberta: Well currently we know that there are over ten million children in childcare every day. And those children in childcare...we need to provide guidance to the agencies. What this guidance specifically does is it is...addresses healthcare providers as well as childcare providers and it provides a menu of options that they can choose from to help the facilitates stay open as well as help reduce not only the incidents of the seasonal flu, but also the H1N1 flu.

Lark: All right. And we do want to note that we have a link to the guidance and the toolkit on our website, www.flu.gov. Dr. Peacock, let's get you to weigh in there. What steps can providers take to protect themselves from the flu?

Dr. Peacock: So the most important thing the providers can do is make sure that they are vaccinated against seasonal flu every year and in addition they should practice good hygiene, they should makes sure that they are washing their hands frequently and that they teach their children in the childcare or early childhood setting to wash their hands for the appropriate length of time, which would be about the time that it takes to sing the "Happy Birthday" song.

Lark: We should also...I should mention Captain Lavin also said, "Or the ABCs song" is also a good favorite, but whatever's something that they can relate to, something that they know for the appropriate amount of time. Roberta: Right. Correct.

Lark: Dr. Peacock, let me just ask you because you mentioned getting vaccinated for seasonal flu...should we walk through, you know, who's recommended to get, you know, the vaccine for seasonal flu as well as H1N1, the current priority groups?

Dr. Peacock: Sure. So for the H1N1 vaccine when that becomes available children under the age of five should receive that vaccination...as...chil...children from six months to twenty-four years should receive the H1N1 vaccination. In addition those from twenty-five up to sixty-five who have medical complications or medical...underlying medical conditions should also be vaccinated against H1N1. Pregnant women should be included in this group as well as healthcare providers. Not sure if any of our other speakers have anything to add.

Lark: Sure, please, if they'd like to weigh in. Dr. Callahan? Dr. Callahan: Approximately eight percent of children have asthma, and I'd like to remind parents with asthma to have their children with asthma vaccinated early in the season. Right now they can get the vaccine for seasonal flu and we expect in October they should be able to get the vaccine for H1N1 flu.

Lark: And Dr. Albright I know... Dr. Albright: And a... Lark: your specialty is diabetes and what would you recommend to parents right now with that seasonal flu vaccine now being available?

Dr. Albright: Yes, it's very very important that parents remember that their children with diabetes do need to get the seasonal flu vaccine each year and that as soon as the H1N1 vaccine is available, that they should also be right at the top of the list for that vaccination as well. Lark: Dr. Peacock tell us why is six months the age for getting a flu shot and we should know that means that babies under six months cannot...or it's not recommended that they get the flu shot, correct?

Dr. Peacock: That is correct and that's because there is no safety or efficacy data that's been submitted to the FDA for children under the age of six months and therefore the vaccine is not approved for that age group. That's why it's very important the caregivers of children who are under the age of six months are vaccinated. Lark: Dr. Callahan, tell us how vaccines work and why is it that sometimes people seem to get the flu anyway?

Dr. Callahan: That's a good question. That's a question that my patients ask me frequently. Vaccines stimulate the body to produce antibodies against the flu virus. Sometimes just by happenstance when somebody gets a flu shot they may develop a cold or perhaps allergies or other symptoms that they would have gotten anyway but they might attribute to the flu shot. The flu shot...the flu vaccine is...comes in two forms, one is a inactivated vaccine that's given as a shot and that one is a completely dead virus or a component of a dead virus. The other one is a live attenuated vaccine. This is a nasal spray that...that contains a live vaccine. And for some people who get that, they can get some mild symptoms immediately following the vaccine, but they will not develop influenza.

Lark: So is that something to discuss with your healthcare provider; which one would be better for you when you're getting your seasonal flu vaccine? Dr. Callahan: Exactly. The choice of vaccines should be discussed with one's healthcare provider. In children with asthma, they should not get the live attenuated vaccine, sometimes known as "flu mist." They should get the old fashioned injected flu vaccine.

Dr. Albright: And that's... Lark: Can you briefly explain why so that...that parents can understand that why...why one is recommended over the other? Is there a brief explanation?

Dr. Callahan: In some of the...both premarketing and post marketing data...in other words in our experiences with actual patients, we've seen children with asthma occasionally get asthma...worsening asthma symptoms in several days following getting the live, inhaled vaccine. So for that reason we go with the recommendation for the inactivated...injectable vaccine.

Lark: For the shot. The old-fashioned shot... Dr. Callahan: The old-fashioned shot. Lark: ...is that right? Dr. Callahan: Yes, ma'am. Lark: Okay. Does someone else want to weigh in on that question before we move on?

Dr. Albright: And for childr...for people with diabetes...children or adults the same would be true that people with diabetes should also not be getting the live vac...virus vaccine. Lark: So it's that same recommendation. So think the shot basically if you have a special medical condition, Dr. Albright, is that what you're saying?

Dr. Albright: That's certainly true in the two chronic conditions that we have mentioned, asthma and diabetes. Lark: All right. Dr. Peacock: So the...the live attenuated vaccine is for children that are healthy and over the age of two.

Lark: All right that's a...a good way for us to try to remember that. So let's talk a bit more about people with special medical conditions of any age. So are they part of the priority groups for the vaccine and what special conditions are included there? Dr. Albright: Yea... Lark: Dr...mmhm? Go ahead.

Dr. Albright: Yes, there...there are certainly lists of people who do have special medical conditions and they would be at the top of the list. I think it's important to remember with H1N1 that it is certainly younger people, pregnant women, and groups that have been mentioned already that are again at very high risk and then you add a chronic medical condition or special medical condition to that and it certainly increases their...their...their chance of...of concern and problem.

So, for certainly for younger people, and the list is...is somewhat extensive, but it's anything from cancer and blood disorders, people who may have chronic lung disease, certainly as you've heard diabetes and...and the chronic lung disease could include asthma, kidney disorders, liver disorders, some of the neurological issues, neuromuscular disorders as well as people who have weakened immune systems.

And so these groups of people cer...should certainly be getting the flu vaccine and really definitely be early in the process of getting that. As people get older, I can certainly speak to those who have diabetes, a...wo...over the age of

sixty-five, we're recommending that they will also be getting the vaccine but not as ea...would not be as high on the priority list.

When more vaccine may become available they may certainly be having the opportunity to do that but really right now we really are looking at those who have diabetes and some of these other chronic conditions under the age of sixty four.

Lark: Well as you said, it's...it's...its' a long list but it's important to know though that...that this would affect your decisions about the vaccine and getting your shots. Dr. Callahan: And I... Lark: Yes please.

Dr. Callahan: I'd like to encourage our...our listeners to see www.flu.gov because the recommendations for...for the H1N1 vaccine are somewhat different than the traditional seasonal vaccine. Since those guidelines differ, I encourage people to become familiar with the up-to-date recommendations at flu.gov. Lark: Right. Thank you so much for that reminder. Well Dr. Peacock what can parents do to help their childcare providers in minimizing the spread of the flu?

Dr. Peacock: So of course parents are always very good educators and so parents need to make sure that their children understand the importance of hand-washing, making sure that they wash their hands frequently and for the right amount of times, singing the "Happy Birthday" song or the "ABC" song, as we heard earlier.

They need to understand proper cough etiquette, which means that they should either be coughing into a tissue or they should cough into their sleeve and of course if they are sick then they should stay home from the childcare and so if they're sick with influenza-like illness they should stay home for...until their fever is gone for twenty-four hours.

Lark: Dr. Callahan please weigh in on that as well. What can parents do to help their childcare providers in minimizing the spread of the flu?

Dr. Callahan: Well the childcare providers should get a flu vaccine themselves. And also parents sh...of children should get their flu vaccine. And of course the...if the children are sick and stay home they are less likely to spread it and if the children get their flu vaccine, they're less likely to get the flu in the first place. All those will help protect the childcare setting.

Lark: Dr. Albright? Dr. Albright: Well I think those are probably good words of...of advice for...for all the people for whom this is an important vaccine to get. I think that's certainly true for children with chronic diseases as well.

Lark: All right so we know that in childcare settings, of course, they have toys and equipment and so, Dr. Lavin, tell us about how often should those be washed? Do you have to do any special sort of disinfecting with, you know, the toys that you might find in a childcare setting?

Roberta: No you don't have to do special disinfecting with them but you do need to make sure that you do routine disinfecting that you would do routinely. Lark: Routinely.

Roberta: So you're following your routine, you're making sure that if you do see an item that's soiled, or, you know, if a kid...if you see the kid sneeze on the ball, then it's a good idea to clean the ball off. But routine cleaning and just making sure that every day that you wipe your...your toys and your equipment and things down that should help to protect you.

Lark: Do want to mention that we are starting to get questions that we've been receiving from our audience. It's not too late to submit a question. You can get it in to us quickly. Send it to HHSstudio@HHS.gov. Don't forget to tell us who you are and where you're from. Now we do want to mention that before the broadcast we actually had a question from Tammy from the tribal community of the Susanville Indian Rancheria.

It's a question that she wanted to ask during our conference call last week with Secretary Sebelius, so here's one of the questions from Tammy. "Now as a childcare center should we notify families if one of the children in our center has been confirmed as having the H1N1 flu?" Dr. Peacock?

Dr. Peacock: So that's a very good question and typically childcare centers do let parents know when children have a variety of different infections and so just like with those other infections, they should follow their routine practices of what they usually do to notify parents about illness.

Lark: Dr. Peacock and just to...to clarify, Dr. Callahan touched on it, but it was the question, you know, is the...oh, I'm sorry we going to go to our e-mail questions? Okay...I'm sorry. A little confused over which question we were going to, so I'm sorry. Let's go to our e-mail questions from our audience today. This is from Laurie in Gambrills, Maryland, "What specific precautions should childcare directors take to safeguard children and staff?" Captain Lavin, you want to weigh in on that first?

Roberta: Well I think that it's a lot of the same things that you do every day. So some of the things are simple. You teach the kids to wash their hands and wash their hands frequently. They already explained the "ABC" song or the "Happy Birthday" song. Teach the kids to sneeze...sneeze into the crease of their arm and...and not... Lark: Not in their hands.

Roberta: ...all over their friends. Lark: The worst place is out in the air or in the hands. Roberta: [Laughing] Exactly. Lark: Right, right.

Roberta: And so those are some little things. But using hand sanitizers are good but it's not just the kids that need to do it, it's the staff that need to do it. I think that all of us know that when we go to the restrooms, we watch people wash their hands and then walk out. Not good enough. It's not good enough for the kid; it's not good enough for the adult. Those are some of the things. Getting vaccinated and then again staying home if you're sick. This applies to not only the child but for the staff members.

Lark: We should me...in the guidance it also talks about the alcohol hand-based sanitizers that in the settings you may want to keep them out of reach of the children, but use them if there's not access to soap and water, so just...again that's in the guidance. I thought that was such an excellent point to...to remember that some things you want to keep out of the...

Roberta: Absolutely... Lark: ...for the young kids. Roberta: ...correct.

Lark: We have another question from our audience. This is from Joann for Dr. Lavin or for Dr. Peacock, "Do you have any specific recommendations for the cleaning of toys and other objects?" We touched on that but I think it...it's such an important question. You were saying, again, about cleaning the toys.

Roberta: I would say that you use the normal disinfectants that the childcare centers use every day to clean the toys with and some places may want to use them more often. I mean they...we have disinfectants, wipes that we have around. Lots of people have Lysol wipes around and if you see a toy that gets soiled or dirty just go ahead and wipe it off, but you don't need to do anything special. The routine disinfectants that you use all the time are good.

Lark: Dr. Peacock, do you want to weigh in on that? Dr. Peacock: Sure, well I was just going to add, I was thinking that, you know, if you have a child that is ill and has been playing with toys to make sure that those toys are clean and also that the childcare has thought about a place for sick children to be able to stay before their parents are able to come and pick them up so I just want to...

Lark: So it's almost in the same way that in pediatricians offices you sometimes have the "sick room" and the "well room" that is just maybe thinking about how you're using your space and having a plan for put...putting a child who may have flu-like symptoms. Is that what you're saying, Dr. Peacock?

Dr. Peacock: Exactly and then make sure and assign somebody to...th...that can take care of the children while they're waiting for their parents to come pick them up. But also urging the parents to come as soon as they... Lark: As soon as they can. Dr. Peacock: ...can. Right.

Lark: A question from Kim in White Earth, Minnesota, this is for you, Dr. Peacock, "What is...what are some of the early H1N1 signs that they should look for when a young child is sick?" What are the signs? Dr. Peacock: Sure, so as I mentioned before some of the signs of...of influenza include fever, cough, runny nose, congestion, body aches, or being really tired. And those are some of the symptoms, I don't know if there's any others that the other doctors want to add.

Dr. Callahan: Yes. For... Lark: Dr. Callahan, go right ahead.

Dr. Callahan: For children with asthma influenza's an important cause of asthma exacerbations or asthma attacks so a first sign of worsening of asthma a child should seek treatment f...by his physician. Ideally, children with asthma should go into this flu season well controlled.

They should already have an asthma action plan that they've developed with their physician and they should also have an arrangement so that should they develop flu symptoms such as fever or respiratory symptoms they should get in contact with their doctor right away. Children with asthma are a group that we would consider using antiviral medications early on i.e. ½ within the first forty-eight hours of symptoms.

Lark: Okay. And the antivirals you should explain, commonly known as Tamiflu, Relenza, just... Dr. Callahan: Tha...that's correct the...the two antivirals that work against H1N1 flu are Tamiflu and Relenza, also known as Oseltamivir and Zanamivir. Now for people with asthma in particular, because we've seen bronchospasm or asthma-like symptoms triggered by Relenza, we are recommending that Tamiflu be the antiviral of choice for children with asthma.

Lark: Okay. That's an im...important tip there. Dr. Albright any special indication or recommendation for children with diabetes?

Dr. Albright: Yes. It's certainly much...many of the things that you heard...some of the similar issues for kids with diabetes would apply as those with asthma. We would certainly want to have the children well controlled. When your diabetes is not well controlled; you're at more risk for developing infections and developing illnesses. Once you have an illness or infection, it's really very important that people continue to take their medications as prescribed unless their healthcare provider will offer an...a change to that prescription.

It's not uncommon for people to think that if they're not eating exactly the way they usually do that they will cut down on their diabetes medications and unfortunately illness itself can make the blood glucose increase. So it is important to have...know your sick day rules, to have a plan.

And so if you're not able to keep down the usual foods that you eat it's imp...especially important that you consume some fruit juice or caloric liquids that can replace the carbohydrates in your...your meals and then also to be consuming additional calorie-free liquids every four hours. And...important to check your temperature every four hours as well so that...and go to see a healthcare professional if your fever gets over a hundred and one.

And in the case of...particularly children with diabetes and those that have Type 1 diabetes, it's important to check your urine for ketones. This is a signal that your diabetes is very much out of control to a dangerous point and so if whenever you're ill it's important to be sure that you're checking those ketones as well. So keep those fluids in. Sips of...of liquid, both caloric and non-caloric to keep those carbs up and get in to see the doctor if your fever raises over 100...increases over 101.

Lark: Yeah Dr. Albright continuing in that same vein then, you know, people with diabetes there are special things that they need to know about this flu and their possible response. And are kids any more at risk than older diabetics?

Dr. Albright: Well for seasonal flu it's really the very young and the very old who are especially at risk. For the H1N1 influenza it...it again appears to be those who are younger there...there's some thought that there may be some immunity for those who are older; that's certainly being investigated. So, I think it...that is a little bit of a difference between those. The...the similarity is you need to get both vaccines, both seasonal flu and H1N1 vaccine.

It's just a question of who may be first in the priority list with H1N1 it tends to be those who are younger and with seasonal flu for those with diabetes it, again, hits hard everybody should get seasonal flu, but it's especially hard-hitting for those who are very young and very old.

Lark: So Dr. Peacock, let's talk about the vaccine because p...you know parents are going to be concerned about it. So what testing has been done on this vaccine for kids, especially for children with special medical conditions like diabetes or asthma that we've just been discussing.

Dr. Peacock: So tha...the vaccine is produced by the same methods and the same facilities that do the testing for the seasonal influenza vaccine. And the seasonal influenza vaccine has been given to millions of children without any safety concerns and we have no reason to expect that there should be any safety concerns with this 2009 H1N1 influenza vaccine.

Lark: Mmhm. So we'll take another question from one of our viewers. This is from Tonya, "How childcare...how can childcare providers make the distinction between the common cold and the flu?" How can do they do that and do they need to do that? Who wants to weigh in on that first?

Dr. Peacock: So that's a very good question. We know that children get many different viral infections pre...particularly in the fall and the winter periods that present with the same symptoms, with fever, with cough, with runny nose. And so it's important that parents talk with their child's car...care...healthcare provider if they are concerned about their child and they feel that their child is ill and needs to get medical care. Lark: Mm.

Dr. Callahan: And with asthma, the difference may be somewhat less. The important part with influenza, at least with H1N1 influenza is that it can be treated with the antivirals. However, both regular viral infections such as those caused by the cold virus, the rhinovirus, are also important causes of asthma exacerbations and children who are developing asthma symptoms due to a cold need to see a doctor as well. So if they're getting sick with a respiratory infection, they should see their doctor.

Lark: And would the recommendation still be, Captain Lavin, to keep a sick child home? Roberta: Yes. Lark: Okay.

Roberta: Most childcare programs actually have very good policies in place about what you do if you have a sick child and whether or not that sick child is sent home. And one of the things the guidance does point out is that for children that they should be checking them every day and doing...and doing health checks to see if the children are sick when they come in to the childcare facilities.

Lark: Right. Roberta: So...

Lark: And again that is part of the guidance, doing what you call the daily health check, it gives things to...

Roberta: Right. The guidance does list a link to a site that gives an example of what a daily health check would include so I would recommend that childcare facilities follow their current policies and current plans and that they also take a look at the example of what a daily health check would look like.

Lark: Dr. Peacock why don't you give us just a couple, you know, examples of what would be in a daily health check?

Dr. Peacock: Sure. Well I know that at my child's childcare what they do in their daily health check is they start at the head and they go all the way down and they...they use it as a teaching moment, so they use it as a moment to talk about where your eyes are and where your nose is and at the same time they're looking for rashes, they're ma...looking for symptoms of a runny nose, symptoms of a fever and so it's a really good way to start off the day.

There's a routine to that; children expect it. And that's a good way to find out whether we have the children st...children are sick and that they need their parents to be called... Lark: Right. Dr. Peacock: ...so that they can go home.

Lark: And again the guidance also gets even to behavioral, if a child is acting differently, not, you know, seems a little lethargic, so it talks about, right, physical things that you can observe but also just how is the child acting that day because sometimes children who can't express that they're not feeling well, you may first see it in terms of their behavior.

Dr. Peacock: A... Lark: Dr. Peacock, that's also in the guidance, correct?

Dr. Peacock: Absolutely. And so just like adults like you and I, if we're feeling sick we don't tend to eat as much, we don't...we don't have as much energy and we would see those same symptoms in children and because they're not always able to communicate that they're feeling ill, we need to, as caregivers, be looking for those more subtle symptoms.

Lark: We have another question from Tonya. Dr. Lavin, we'll start with you. It's about the hand sanitizers and whether they are safe to use for staff and for children. Any concerns about the alcohol-based hand sanitizers and children?

Roberta: Well, it's like anything else. There are some people that don't like certain products or they can be sensitive to a certain product. In general...

Lark: In general. Roberta: ...there should not be any problem for adults using the hand sanitizers or for children that are able to already do their own hand-washing. But just remember that you always...most people that have infants or little bitty kids...

Lark: Mmhm. Roberta: ...they always have hand wipes around that they use for those. Lark: That they use, so...

Roberta: And it's fine to use those hand wipes to...to wipe the little ones' hands off if they're...if they're too small to be doing it themselves.

Lark: Dr. Callahan, this is from Cecelia in Washington, D.C., "For children with asthma, how can we tell the difference between flu symptoms, colds, and allergies?"

Dr. Callahan: That's a question that my...my patients ask me very frequently as well. Many patients get to know their seasonal allergy symptoms. Many many children with asthma have allergies as well and they also know what a cold feels like. In fact, when they get a cold they should be moving up the scale on their asthma action plan. Now flu is something that many people, many children, have not had before.

It makes people noticeably sicker, or typically does. So if...if the symptoms are associated with a fever or extreme tiredness or muscle aches, a bad headache, sometimes conjunctivitis, that's an indication that it might be the flu. I think the bottom line is, though, if a child or the child's parent is concerned, it's a good time to get in touch with his or her doctor and discuss the symptoms and what the approm...appropriate treatment plan should be.

Lark: And so any concern at all, call your doctor. Don't wait. Don't wait. Dr. Callahan: Yes. Lark: This question, Dr. Peacock, is from Susan from Lexington, Massachusetts, "Why are children with neurological disabilities (as opposed to other kinds of disabilities) at risk?" And I think the presumption is more at risk, so.

Dr. Peacock: So from a study that was released about a week ago, we did see that particularly children with some neurodevelopmental conditions were at risk for complications including death from the flu. And these included children that had risks...they had conditions such as cerebral palsy, epilepsy, cognitive deficits or mild to...moderate to severe developmental delay.

And children with these types of conditions seem to be at higher risk for complications from the flu. So the important thing is if they're showing these signs and symptoms of the flu and the parents are concerned, they should talk with the child's health...healthcare provider. Lark: And Susan has...has an excellent follow up of, "What steps then should parents take to protect the children who have neurological disabilities and what conversation should these parents have with the schools (or the...the daycare setting)?"

Dr. Peacock: So the...the messages are the same. So the messages are that we need to teach children how to wash their hands well, to make sure that th...they are keeping their cough either using a tissue or using the crease of their arm and that the...the...the childcare is aware when there is a child with a chronic medical condition in the childcare setting. To know that those children may be at higher risk...

Lark: Right, so they should certainly be...have the conversations... Dr. Peacock: ...for complications. Lark: ...as to the awareness of the higher risk and the concern about complications should they get the flu. Dr. Peacock: Absolutely. So these groups of children with chronic medical conditions should be in touch with their healthcare providers as soon as parents or caregivers become concerned about the symptoms that they're having.

Lark: Dr. Callahan, this question is from Elena from Washington, "What is the best way to protect children who are allergic to eggs?"

Dr. Callahan: The flu vaccine is produced in eggs so persons with an egg allergy should not get the flu shot, particularly if they have a severe egg allergy. But if it's any egg allergy at all, discuss it with your...with your family doctor. In...in some cases in people who have an egg allergy and cannot get the flu vaccine, they may be candidates for early treatment with anti-viral medication should they develop symptoms. But as a general rule, people with...with allergies to eggs should not get the flu shot.

Lark: Dr. Callahan, this question's from Antoinette, "How severe is the impact to children with asthma versus adults with asthma?"

Dr. Callahan: That's a good question as well. We know that overall the H...the 2009 H1N1 influenza is disproportionately affecting children. So we can say that children with asthma are disproportionately affected. As far as more specific epidemiologic and surveillance data, we're still collecting those data. But we anticipate that if...if the pattern that we've seen in other populations, which is children get the d...get 2009 H1N1 more readily than adults, we'll see that in children with asthma as well.

Lark: Just to...just a follow-up on what you say there about the pattern that we're seeing? Is the...is the general feeling that it has more closely mimicked seasonal flu in terms of its mildness or is there still concern that severity of the disease will...will still happen 1/2 that it com...could become a more severe form of flu?

Dr. Callahan: Well we've been lucky so far. So f...so far based on our experiences in the spring and also in our work in the southern hemisphere, it seems that the s...severity of this flu overall is about the same as that of seasonal flu. The difference being we're seeing more children affected than adults. And we've also been lucky that this virus so far has proven to be relatively stable.

That said, we don't know what the future will hold. There is a possibility that the virus could become more severe, really, at any point in the future. CDC will continue to monitor the patterns of the disease. Lark: Right. And the guidance does make it clear that the recommendations for childcare centers could change if H1N1 does become more severe, correct?

Dr. Callahan: That's correct and we encourage childcare providers and childcare centers to keep up to date with flu.gov or www.cdc.gov/flu. Lark: Mmhm. Dr. Peacock a question from Marty, "How do you keep a child undergoing cancer treatment well this winter?"

Dr. Peacock: So I think a lot of the things we've been talking about today. Now we know that children with cancer are in a high risk pop...high risk group just like these other children with chronic medical conditions. The most important thing again for them is for them to talk with their doctor to make sure that they have a plan for if a child is exposed or if a child develops symptoms for...from influenza.

Lark: All right. Thank you so much. Dr. Callahan, a question from Veronica, "My two-year-old has asthma and I'm so worried about her getting the flu. At what point should I keep her home from daycare?" And I think we are hearing that so much. Many parents are just plain worried, Dr. Callahan. Address that worry.

Dr. Callahan: Yeah. I...I understand that both as a...as a parent and also as a...a doctor with a lot of patients...a lot of young patients with asthma. First of all, it's important, this would be a good time right now to make an appointment with your family doctor or pediatrician and go over your asthma action plan. Make sure that your asthma therapies are up-to-date. That you're taking your controller medications on a regular basis as your doctor prescribes and that you have an adequate supply of what we call your rescue medications.

Your...your fast-acting medications. Also the...if the child...if a child with asthma gets sick, just like any other child, that child should stay home. There's also a parent and the parent's doctor should use their judgment about keeping a child away from mass gatherings or school if there's a lot of children who have the flu in that setting.

Lark: All right, so that's something to keep in mind so even though your...your childcare center may be open, but they've had a case of the flu, then you may have to use your judgment about keeping your child home even if your child is well, corre...is that what you're saying basically?

Dr. Callahan: That's correct. That...that's something to consider. Lark: Thank you so much. Dr. Albright, a question from Ann in Georgia, "What are specific steps that people with diabetes should take if they get the flu?"

Dr. Albright: Yeah this is a...again I think kind of reinforcing what we refer to as those "sick day rules." It...it is...it's important to remind people, too, that unfortunately too few people with diabetes do get the flu vaccine $\frac{1}{2}$ seasonal flu, and then hopefully it won't be the case with the H1N1 vaccine when it becomes available so, first and foremost...

Lark: Are you saying historically that a lot of diabetics don't get their seasonal flu shot? Dr. Albright: That...that's correct... Lark: Okay.

Dr. Albright: ...and they are at very high risk for...for very serious outcomes. When people with diabetes get the flu, the...the death rate...the mortality rate is...is...is significantly elevated in those that have diabetes, so I'm kind of starting from square one -- Be sure to get your vaccine. And then if indeed if you do get the flu, it really is, again, and paying attention to those sick day rules.

Knowing...looking at your plan of management, knowing what you need to do for continuing your medications, that, again, that's probably the one of the ones, one of the issues where people do make the most adjustments. People with diabetes do adjust their medications, particularly people who have Type 1 diabetes who use insulin. There may be those with Type 2 diabetes who also adjust their insulin. They're more likely to make those medication adjustments.

Some who use oral medications may also think, "Well let me skip a dose because I'm not eating," and you can get yourself into trouble if you do that. So it's important to really talk to your healthcare provider about cutting back on dose if necessary, replacing those carbohydrates so that you are able to keep your blood sugars in a healthy range. The...the serious consequences of...of an infection and an illness in and of itself elevate -- the stress of those infections elevate your blood glucose levels, so your blood sugars.

So th...your blood sugar control gets a little challenging and difficult during periods of illness. So it's again keeping those fluids in, both those that contain carbohydrate and calories and those that are non-caloric so you can stay hydrated. People get into serious problems with dehydration when they're ill and have diabetes.

Monitoring for fever and...and as I said earlier, really keeping an eye on those ketones because if you really are having moderate or large ketones, that requires a trip to the emergency room. That is a life-threatening condition and you really do need to...to get right in there. So keep...keep close tabs with your healthcare provider and monitor frequently. Monitor your blood sugar frequently. It's the best way to stay on top of things.

Lark: And of course we're talking about the diabetic child here. That means that the parent or the guardian really has to help them with this monitoring. Dr. Albright: If they're younger. I have...patients I have the pleasure to work with can monitor as very young children. But it is certainly important for parents to be engaged, know what those readings are; help make those adjustments along with the medical professional as needed.

Lark: Okay. Such important information there. Captain Lavin, a question for you from Jacqueline, "Are there any resources available to help me convince grandparents of small children to get the vaccine?" Great question.

Roberta: [Laughs.] Absolutely. I think that, again, there is...there are great resources on the flu.gov website for parents. And the...the guidance that's for parents is equally good for grandparents that are the caregivers of the child. So I would say go to flu.gov and look at the guidance that says it's for parents and know that if you're the caregiver...

Lark: ...if you're the caregiver... Roberta: ...or the guardian of the child, that that guidance applies to you. Lark: We hope that that does help. And just say it is...it is for the children, right? That you're protecting... Roberta: Absolutely. Lark: ...yourself, you're helping protect them.

Roberta: That is correct. Lark: A question from Huda in Minneapolis, this is for [inaudible], "Are there resources available for non-English speakers?"

Roberta: Absolutely. A lot of the information on flu.gov and other websites, even, is in multiple languages. So there's plenty of information out there that is for the non-English speaker and there's more becoming available every day.

Lark: Another question for you, Dr. Lavin. This is from one of our viewers, "How long should a child remain out of childcare if they are sick and should the child stay home if another person in the house has the flu?" So why don't we deal with that first part. How long do you keep them out of childcare if they're sick?

Roberta: Well, there are two rules of thumb. One is, if you think they have the flu, then you really are looking at seven days. But one of the things you want to specifically do is you want to watch the temperature and you want to make sure that they are not running a fever for at least twenty four hours and that means not running a fever not taking a fever-reducing medication. So it doesn't count...

Lark: And we should point out that was a change from the initial... Roberta: Right. Lark: ...because the initial it was the seven days and then they said well you look at the fever. Twenty four hours with no fever... Roberta: That is correct.

Lark: ...with no fever reducing medication. Roberta: With no fever reducing medication, which basically... Lark: But again, use your common sense though, if the child still just isn't feeling well, then keep them home a little bit longer. Roberta: Absolutely. They should stay home a little bit longer.

Lark: All right, so what if they child is in [inaudible] but another person in the house has the flu, what's the recommendation? Child's okay, but somebody in the house has the flu. Roberta: Somebody in the house has the flu, you want to watch that child ideally for five days. So, and... Lark: In other words, the recommendation would be to keep them home or just alert the daycare center that someone in the house has the flu.

Roberta: If you can keep them home, it would be a good idea that they can stay home for five days. And I think the parents have to make...have a conversation with their childcare providers in advance and make sure they understand what the guidelines are of their childcare facility. Lark: All right, understand those. Anyone else want to weigh in there in Atlanta on that particular question about if someone in the home is sick, should the child stay home? Dr...

Dr. Peacock: So I think that the important thing is to understand the signs and symptoms of influenza-like illness to make sure we're protecting people from transmission, so making sure that if a child is symptomatic that they do not spread that infection to somebody else.

I did want to mention because the fever-reducing medications came up, it's also very important that children never receive aspirin or they never take aspirin-containing medications. In addition, parents should not use over the counter cough or cold medications under the age of five without first consulting their child's doctor. So those were just two little things that I wanted to add in about medications.

Lark: All right. Two important things and that is in the guidance there. So no aspirin for children and what was the second...? And no cough medication unless it is under a doctor's supervision, is that correct? Dr. Peacock: Absolutely. So if you're under the age of five making sure that the parent talks to the child's doctor before administering any co...over the counter cough or cold medicine.

Lark: Okay, great. So no, I'm so glad that you brought that up. And Dr. Peacock, here's a question for you from Joyce, "Why is epilepsy targeted as a priority group for the H1N1 virus?"

Dr. Peacock: So epilepsy falls under that category of neurodevelopmental conditions and we know that some children with epilepsy may be at increased risk for developing complications from the flu. Some children with neurodevelopmental conditions have more difficulty protecting their airway, they may not be able to cough as well as other children, or they may have more secretions. And so those are the types of things that may put this child at greater risk for complications from influenza.

Lark: Okay, so just an important thing to know that if you have a child who has epilepsy. Dr. Lavin, this is from Molly in Chatfield, Minnesota, "Is there a plan already out there that a daycare center should follow?"

Roberta: Well, there's guidance out there. And one of the things the toolkit provides them is some guidance that they can follow. But every state has its own rules and regulations for childcare facilities and childcare facilities really need to work with their local public health departments and others to develop their own plan.

Many, if not most, already have plans in place about what they do with sick children. And this is another way of addressing...it's just another illness. So I think that they have to follow the plans that they have and if they need help then they need to reach out to their local resources.

Lark: And I mean...and certainly for any reason if you're...because for example the guidance makes it clear it's talking about home-based care if they don't have a plan, encourage them to get one, to develop one. Roberta: Absolutely. And again, the toolkit is out there and the toolkit provides a fair number of links to other resources that they can use that can help them.

Lark: That could certainly be a mo... Roberta: If they don't have a plan already. Lark: ...del. Right. This question is for you, Dr. Callahan from Bob in Vermont, "Could you clarify what you said about all parents with children in childcare?" Okay...about getting vaccinated.

Dr. Callahan: Caregivers of children, particularly children under the age of six months, should receive a vaccine. Th...those with young children under six months are in a priority group. As...just like in any flu season, however, as more vaccine becomes available all parents should get a flu shot. Any...anybody who's taking care of a child or somebody with a high-risk medical condition should get a flu shot...a flu vaccine.

Lark: Get the flu vaccine. All right, so it's recognizing that first, it will be the priority group and your recommendation, though, is that if vaccine is still available, even if you're not in the priority group to get it for H1N1, is that correct? Dr. Callahan: Absolutely, yes.

Lark: I think that's what the viewer was asking, all right. Anyone else want to weigh in on that? No? Because I saw a picture pop up there of Dr. Albright. So this next...

Dr. Albright: Yeah I think I just wanted to actually emphasize something that we haven't mentioned yet, and that is we...people who are on...who have chronic diseases who require daily medication, certainly whether it's asthma or in the case of diabetes, it really is important for people to be also sure that they have adequate supply of those medications. This is especially important if indeed H1N1 or the seasonal flu gets especially difficult.

And we're almost in emergency preparedness situation, and so I think that's something that people often forget. They're...they're not often thinking about something like a...a flu really resulting in something we might equate with a natural disaster and so it is important for people to have adequate supplies of their medications. Adequate in the case

of diabetes testing strips. Again, a supply of food and water since this is a metabolic disease where they have to be able to eat regularly.

So it is important to be sure your...you're preparing in that regard as well as developing a plan for a facility. It's important to have that plan for...for additional medications. Lark: And what's an adequate supply? Can you give us some idea? Dr. Albright: We usually encourage people to have a two-week supply and in some cases that they may already have that in their prescription, but often times people wait until the end...

Lark: Right they wait until the last day... Dr. Albright: ...of their prescription. Right. Exactly. So don't do that. Lark: Yes.

Dr. Albright: If at all possible think...think ahead when you're at a two week supply with your insulin in particular, syringes, pump supplies if you use an insulin pump, and again strips and those kinds of things for checking your blood sugar. Be sure you really look at that two week supply.

Lark: Two week supply, good rule of thumb. And again you can tweak that, discuss it with your provider. But two week supply. Don't wait till the end of the prescription... Dr. Albright: Right.

Lark: ...or...or your other supplies. Dr. Albright or Dr. Peacock, this is from Laurie in Minneapolis, "Is it important to know whether you or your child has H1N1 versus any other type of flu?" Dr. Peacock, why don't you begin?

Dr. Peacock: Sure. So that...that's a good question and we are not testing everybody to see if they ha...indeed have H1N1 influenza because there are many children and many...many people who have H1N1 influenza. But it's up to the child's healthcare provider to decide whether or not that they're going to do that testing.

But the important thing for parents, I think, and childcare providers is to look for those signs and symptoms and make sure that children who are becoming very ill or children that need medical attention, get to their medical provider as soon as possible. I did want to mention, because we were talking about planning just a little bit ago, I think it's really important for parents to have a plan for what will happen if their childcare closes or if their child becomes sick, so that they...

Lark: Oh, please yes. Dr. Peacock: ...have an alternative childcare plan for their child because the more planning we can do ahead of time, the better things will go when parents are faced with these types of issues. So I just wanted to bring that up, to add to that list of things to plan for.

Lark: Oh absolutely. Well what...what's your back-up plan, right? If your childcare center... Dr. Peacock: Absolutely. Lark: ...does close. Roberta: Right.

Dr. Callahan: I can add a little bit about the need for testing. As of right now, as of this...this week in September, over ninety-eight percent of the circulating flu virus is 2009 H1N1, so we're going into that with a...with a known. And that's something that we will be following as the...this flu season develops.

Lark: All right. Thank you Dr. Callahan for that. This question's from Kate in Massachusetts, Captain Lavin, "In the childcare community are there any concerns about poisoning with the alcohol-based gels?"

Roberta: I have not heard, actually, I haven't even heard that question. So, I...I haven't heard that concern. And I'm not sure if the...the person is actually asking, "Am I concerned about it?" or "Is there any generalized concern?" So to my knowledge there has not been a generalized concern, but I would ask my colleagues at CDC...

Lark: Please, please weigh in on ... Roberta: ...their opinion. Lark: ...that because, again, parents are simply concerned. They want to do what's best for their children. Want to keep them out of harm's way. Any concerns about poisoning with alcohol-based gels?

Dr. Peacock: So the important thing is to keep alcohol-based san...hand sanitizers away from young children. Any

child, or maybe a child with a developmental disability who may not have the judgment to be able to not understand that you can't ingest that, it should be kept away from them. So we should encourage hand-washing with soap and water if that's available. And hand sanitizer is something that can be used. It just needs to be used safely, which means kept out of the risk of someone ingesting that by accident.

Lark: Okay, anyone else want to weigh in on that? I think a good rule of thumb, there. All right, Dr. Albright a question for you from Skip in Washington, D.C., "In terms of a Type 1 diabetic and being sick, should the Type 1 diabetic begin immediately testing for ketones or only with a fever and when is the trigger to begin testing ketones?"

Dr. Albright: It's really a good idea to be checking for ketones really when your blood sugar's elevated, fever or no fever. So we would certainly encourage checking for ketones when blood sugars are getting up into the high 190s, into the 200s and...and certainly any higher than that. So it really is a function of blood glucose number versus a fever.

Lark: Okay, so good thing to know. So don't wait until you have the fever, is... Dr. Albright: Right. Lark: ...the bottom line. Don't wait. All right, question, Dr. Lavin, for you from Sharon in Williston, Vermont, "If a childcare home provider has a family member who has the flu, do you recommend that the program stay open or close?"

Roberta: Well. I would actually recommend that they work with their local public health department to make that determination. I...each childcare provider in a home-based setting is a different setting. You would have to know what the home...how the home was designed, where the sick person actually was and there are so many variables that I would actually just recommend that they work with their local public health...public health department.

Lark: Right. The specific facts, say, "Here's the circumstance," and then get a loc...local recommendation... Roberta: Yes.

Lark: ...basically. Dr. Peacock, this is for you from Denise, "As an in-home childcare provider with a past history of paricarditis, should I receive the H1N1 vaccine?" Dr. Peacock: So in the priority groups for H1N1 vaccine, people that have chronic medical conditions should also be vaccinated if they're between the ages of 25 and 64.

Lark: All right. Anyone else want to weigh in on that one about in home childcare provider with a past history...a special medical condition? Okay, all right. Just want to be sure. I thought...I thought I heard something there in my earpiece. All right this question is from Latoya and this will be anyone at CD-He, CDC, Dr. Callahan maybe you could begin for us, "I have a child with sickle cell. Should we get the H1N1 flu shot and the seasonal flu shot?" Sickle cell.

Dr. Callahan: Yes. Children with sickle cell have a chronic illness, they're at greater risk for complications from influenza, whether it be 2009 H1N1 or the seasonal flu. So they should be getting the seasonal flu shot every year and this year they should also be getting the 2009 H1N1 in...vaccination when it comes out. So both of them.

Lark: Just quickly, we're out of time has gone as always, just things that, because I know, Dr. Peacock there were things that kept occurring to you wanted to be sure to mention, anything that we didn't cover today we certainly want to mention the guidances are...are quite extensive, but is there anything that last chance to highlight for our audience because as we know these parents and childcare givers have so much concern and they want to keep the kids safe. Dr. Lavin, anything you just want to point out quickly?

Roberta: The only thing that I would quickly point out is just remember as childcare providers, this is a teaching opportunity for the kids. You have the opportunity to kee...teach them good cough practices and good hand hygiene, it will serve them well the rest of their life. Lark: The rest of their life. What a great point. Dr. Peacock?

Dr. Peacock: Another important message I think is that people need to be vaccinated, particularly when they're in those priority groups both for seasonal flu and for the H1N1 influenza. We also need to make sure that they are up-to-date on their routine immunizations for the pneumococcal vaccine. And so...and then my final message is that if children have chronic medical or underlying medical conditions that they should be talking with their...the parents should be talking with their healthcare provider if they are concerned that their child is becoming ill.

Lark: Dr. Callahan?

Dr. Callahan: Yeah. I would...I...I would endorse that and I would also say for children with any chronic illness, now's a good time to make an appointment with their clinician, with their healthcare provider and make sure that their disease is under as good control as possible just going into the flu season. The other thing is we as providers and as parents, we know our children well and when something is not going right, that's a good time to get in touch with our doctor.

Lark: Mmhm. Dr. Albright?

Dr. Albright: I would just again want to reinforce the fact that we've talked about various kinds of plans, plans with your daycare provider, plans in your family, plans as an individual particularly when you have a chronic disease. In...in the case of diabetes, blood glucose matters.

And it really is important that in order to heal properly and to recover, you really do need to keep a good handle on those blood glucose values, so th...don't forget those sick day rules and be sure they're...that you're able to use those. And if people forget exactly what things they should be paying attention to, CDC does have great information, certainly the...the general flu website and also people can go to cdc.gov/diabetes and get some specific information that will be helpful to those who have diabetes.

Lark: Right. Thank you. Thank you so much for that information. And that is all the time we have today. I do want to thank our experts for joining us, Roberta Lavin, director of the Office of Human Services and Emergency Preparedness and Response with NACF, thank you so much;

Dr. Georgina Peacock, developmental pediatrician at the National Center on Birth Defects and Developmental Disabilities within the CDC's Coordinating Center for Health Promotion; Dr. David Callahan, medical epidemiologist and family physician with the CDC National Center for Environmental Health; and Dr. Ann Albright, director of the CDC Division of Diabetes Translation.

Thank you so much. We hope that you've gained some information from this webcast and we will be making it available on-demand shortly and soon afterwards it will be available as an archived webcast. You can find it at www.flu.gov. We hope you will browse the site to find other information specific to your needs. I'm Lark McCarthy, we'll see you next time on Know What to do about the Flu.

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