

INFLUENZA (FLU) OUTBREAK DETECTION AND MANAGEMENT: GUIDELINES FOR SCHOOLS AND DAY CARE CENTERS

Guidelines for Schools and Daycare Centers

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OUTBREAK RESPONSE AND REPORTING

Sometimes so many people are out a school can't function and may decide to shut down. In general, public health is not going to ask a school to close its doors and is available to help control the outbreak. Follow the steps below to help prevent the spread of illness among students and staff.

✓	Tasks	Reference
	<p>Detect the presence of a potential outbreak</p> <p>A confirmed or suspected influenza outbreak = 20% or more students with influenza like illness (ILI) within 72 hours.</p> <p>ILI = fever + (cough or sore throat)</p>	<p>Review <i>Outbreak Prevention and Detection</i></p>
	<p>Notify</p> <p>Notify the Local Health Department (LHD) within 24 hours. LHD will confirm the presence of an outbreak.</p>	
	<p>Track</p> <p>Collect cases' symptom profiles and identifier using the case log.</p>	<p>Appendix 1</p>
	<p>Specimens</p> <p>Encourage ill people to visit their healthcare provider for testing. SBHC should attempt to send at least 2 specimens to the LHD for laboratory confirmation. 2 positive swab samples are needed to confirm an outbreak.</p>	<p>Appendix 2</p>
	<p>Educate</p> <ul style="list-style-type: none"> ○ Distribute Influenza Background sheet to teachers and staff and parents. Ensure all are aware of the outbreak, what symptoms to look for and how to keep germs from spreading. ○ Distribute Influenza outbreak letter for parents and guardians. ○ Distribute Influenza outbreak letter for teachers with medically fragile students. 	<p>Appendix 3 Appendix 4 Appendix 5</p>
	<p>Control Measures</p> <ul style="list-style-type: none"> ○ Have students stay home for 24 hours after fever is gone without using fever reducing medicines (e.g., Advil or Tylenol) and keep a distance from healthy people. ○ Deep clean bathrooms and frequently touched surfaces. ○ Enforce strict hand washing (supervised hand washing for younger students) and ensure access to alcohol-based hand sanitizer and sinks with soap. ○ Consider limiting visitors. ○ Post <i>Cover your Cough</i> Posters. 	<p>Appendix 6 Appendix 7</p>
	<p>Ending an Outbreak</p> <ul style="list-style-type: none"> ○ Work with LHD to maintain and review the <i>Flu Outbreak Case Log</i>. ○ The outbreak is over 8 days after the last case developed symptoms. 	
	<p>Next Steps</p> <p>Outbreaks are an excellent time to promote vaccination! Additional information is also available.</p>	<p>Appendix 8 Appendix 9</p>

OUTBREAK DETECTION

Outbreaks happen in schools and daycare centers when more students and staff are out sick than expected. When many people are sick, it's important that we take steps to keep the sickness from spreading. This toolkit is intended to be used for outbreaks of respiratory illness and influenza, or flu.

Oregon Administrative Rule 333-018-0000 requires that all *outbreaks* of any disease be reported to and investigated by the Local Health Department (LHD). An outbreak is defined as more cases than expected for a given population and time period.

Influenza-like illness (ILI) is defined as fever + (cough or sore throat).

A suspected influenza outbreak = 20% or more students in the same classroom with influenza like illness (ILI) or, if more widespread, 20% of the school or daycare facility within 72 hours.

If fewer than 20% of your students are ill but some have particularly severe symptoms (such as hospitalizations or physician diagnosed pneumonia), talk with your Local Health Department (LHD)

If multiple children in your facility are absent due to ILI, you may be experiencing an outbreak.

For example, if six children in a 30-person classroom or 60 children in a school of 300 are out sick with fever + (cough or sore throat), it should be reported to your LHD.

Schools and day care centers (DCCs) should encourage staff routinely to record medical reasons for school absences. This allows the school to determine quickly whether absences are due to a similar illness, such as influenza. Collecting this information is especially important during an outbreak.

For a list of county health department contact information, see

<http://www.oregon.gov/oha/ph/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>

For a complete list of reportable diseases, see

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/REPORTINGCOMMUNICABLEDISEASE/Pages/index.aspx>

Appendix 1: RESPIRATORY LINE LIST

Name of school or daycare center:	
Staff contact:	Facility type:
Date:	Outbreak number assigned by LHD:
Total no. of students:	Total no. of staff:

Please collect the following information for the first 10 students and staff who are out sick with flu-like symptoms. Once complete, cross out the names or identifiers from the line list and submit to the LHD.

On the other side of this form, continue to keep a tally of new onset of illness, each day, until the outbreak ends.

	Name or Identifier	Age	Student	Staff	Grade	Onset date	Room number	Fever > 100 F	Cough	Sore throat	Pneumonia	Vomiting	Diarrhea	Bloody stool	Rash	ED visit	Hospitalized	Vaccinated for flu	Lab Confirmed	Other Lab results	Notes		
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

ABSENTEE TRACKING SHEET

Until the outbreak ends, please keep a tally of how many new students and staff are out sick each day, according to symptoms.

Date	Respiratory illness (e.g., Cough, sore throat, runny nose, sneezing, fever)		Gastrointestinal illness (e.g., Nausea, vomiting, diarrhea)		Other/unknown illness	
	Tally	Total	Tally	Total	Tally	Total

Appendix 2: OREGON STATE PUBLIC HEALTH LABORATORY TESTING

To confirm an outbreak of influenza, it is important to get at least 2 positive swab samples.

Here are a couple options for testing and specimen collection:

- Suggest that students and staff who are out sick visit their healthcare providers to be tested for flu. If students have been tested, report positive tests to Local Health Department (LHD)
- Work with Local Health department to:
 - Help school-based health center (SBHC) or school nurse to get a testing kit
 - Have someone from LHD do the specimen collection

Specimens will be tested at the Oregon Public Health Laboratory for free if collected by school or LHD staff.

If the SBHC or school nurse are able to collect specimens, follow the guidelines below.

Specimen Collection Guidelines

✓	Tasks
	Collect specimen(s) using nasopharyngeal or oropharyngeal (throat) swabs on a plastic shaft (wooden shaft swabs are not acceptable). Ideally, collect specimens within 3 days of illness onset and not later than 7 days after illness onset. Detailed instructions: http://www.oregon.gov/oha/PH/LaboratoryServices/CommunicableDiseaseTesting/Documents/np-collection.pdf
	Insert swabs into viral transport media. Do not submit a dry swab for testing.
	Label each swab with the date of collection; and name and date of birth of the ill person.
	Store specimen(s) at refrigerated temperatures pending transport. If specimen transport cannot occur within 2-3 days of specimen collection, freeze the specimen(s), preferably at -70° C, and ship on dry ice as soon as possible.
	Contact the LHD to arrange for pick up and transfer of the specimens to OSPHL.

Flu Background

What we know about seasonal influenza

In Oregon, seasonal influenza often peaks in January to March. Every flu season is different, and influenza can affect people differently. Even healthy children and adults can get very sick from the flu and spread it to others. Over a period of 30 years, between 1976 and 2006, CDC estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people.

Transmission

Influenza is a virus that spreads from person-to-person, through the air and on hard surfaces as well as in droplets from sneezes and coughs.

Risks

Most people will recover from the flu in less than two weeks. For some people, the flu can be a very serious, even deadly disease. Anyone could have complications from the flu, but those at highest risk are:

- People 65 and older
- Pregnant women
- Those with chronic medical conditions like asthma, diabetes, heart disease
- Young children
- Those with weak immune systems due to disease or medication, HIV, cancer or those on chronic steroids

Common complications for high-risk groups include:

- Pneumonia
- Sinus and ear infections
- Bronchitis

Worsening chronic conditions (e.g., asthma, chronic heart disease)

Signs and symptoms of flu

Illness from the flu can last for 10 days or more. People who have the flu often feel some or all of these signs and symptoms:

- Fever* or feeling feverish/chills
- Headaches
- Cough
- Fatigue (very tired)
- Sore throat
- Some people may have vomiting and diarrhea, though this is more common in children than adults.
- Runny or stuffy nose
- Muscle or body aches

1. *It is important to note that not every one with flu will have a fever.

Prevention

1. Flu vaccine for every one over 6 months!
2. Wash your hands often. Use alcohol based hand rubs when soap isn't available.
3. Limit close contact with sick people.
4. Limit your contact with others when sick.
5. Cover your nose and mouth when you cough or sneeze.
6. Avoid touching your eyes, nose and mouth.
7. Clean and disinfect surfaces that may have germs.

Care and treatment

In most cases people with flu have mild illness and need increased rest, fluids, and acetaminophen or ibuprofen for fever. Generally, people with signs of flu should stay home and avoid contact with others. Some people do need emergency care. Antiviral drugs are recommended for anyone in one of the high-risk groups mentioned above or who is sick enough to need hospital care. A health care provider will decide if antiviral drugs are necessary. People should get medical help right away if they have any of the following emergency signs:

In children

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms that improve but then return with fever and worse cough

In addition to the signs above, get medical help right away for any infant who has any of these signs:

- Are unable to eat
- Has trouble breathing
- Has no tears when crying
- Significantly fewer wet diapers than normal

Dear parent or guardian of [insert school/DCC name] student,

Students at [insert school/DCC name] are missing school because they may be sick with influenza or “flu”.

Please keep your student home if they have a fever of 100°F or higher and a cough or sore throat. Stay home until fever has been gone for 24 hours, without using fever reducing medicines (such as Advil or Tylenol).

If your child is medically fragile and is having flu symptoms, visit your healthcare provider.

They may prescribe antivirals to prevent complications.

If you haven't already, now is a good time to consider the flu vaccine for your child and others in your home.

For more information about flu, review the Flu Background sheet included with this letter.

If you have any questions, concerns, or need help, please contact [insert county name] at [county phone number].

Thank you,

[Signature line]



PUBLIC HEALTH DIVISION
Acute and Communicable Disease Prevention Section
971-673-1111
ohd.acdp@state.or.us

Dear, [Insert teacher name]

You are receiving this letter because you have one or more students who are medically fragile. As you may have heard, our school/daycare is having an outbreak of influenza or “flu”.

As an educator/caregiver, you play a critical role in preventing and managing outbreaks. Given the increased risk of complications for some of your students, we want you to have the information you need to prevent the spread of influenza.

If your medically fragile students have flu symptoms, encourage the parent or guardian to have the student visit their healthcare provider. They may be prescribed an antiviral medicine.

Please review the Flu Background sheet and the additional information below, encourage preventive actions in your classroom and monitor student illness and absences.

If you have questions, concerns or need help, please contact the school nurse or [insert county name]at [county phone number].

Thank you for your commitment to the health and safety of our students!

[Signature line]

Who is at a higher risk of flu complications?

- Children under the age of 5, especially those younger than 2
- Children with chronic health conditions such as:
 - Asthma
 - Diabetes
 - Neurologic and neurodevelopmental disorders
 - Chronic lung disease (such as cystic fibrosis)
 - Heart disease
 - Blood disorders
 - Endocrine disorders
 - Kidney or liver disorders
 - Morbid obesity
 - Metabolic disorders
- Children with suppressed immune systems such as:
 - Children receiving cancer treatment
 - Children with human immunodeficiency virus (HIV)
 - Children on chronic steroid therapy, or
 - Those with other immunosuppressive disorders



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How to Clean and Disinfect Schools to Help Slow the Spread of Flu

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. To help slow the spread of influenza (flu), the first line of defense is getting vaccinated. Other measures include covering coughs and sneezes, washing hands, and keeping sick people away from others. Below are tips on how to slow the spread of flu specifically through cleaning and disinfecting.

1. Know the difference between cleaning, disinfecting, and sanitizing.

Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by either cleaning or disinfecting surfaces or objects to lower the risk of spreading infection.



2. Clean and disinfect surfaces and objects that are touched often.

Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

3. Simply do routine cleaning and disinfecting.

It's important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for only 2 to 8 hours after being deposited on a surface. Therefore, it is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu. Also, if students and staff are dismissed because the school cannot function normally (e.g., high absenteeism during a flu outbreak), it is not necessary to do extra cleaning and disinfecting.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.



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Health and Human Services
Centers for Disease
Control and Prevention
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4. Clean and disinfect correctly.

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water, and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against influenza A virus.

If an EPA-registered disinfectant is not available, use a fresh chlorine bleach solution. To make and use the solution:

- Add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply of disinfectant, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Apply the solution to the surface with a cloth.
- Let it stand for 3 to 5 minutes.
- Rinse the surface with clean water.



If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time.

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

Routinely wash eating utensils in a dishwasher or by hand with soap and water. Wash and dry bed sheets, towels, and other linens as you normally do with household laundry soap, according to the fabric labels. Eating utensils, dishes, and linens used by sick persons do not need to be cleaned separately, but they should not be shared unless they've been washed thoroughly. Wash your hands with soap and water after handling soiled dishes and laundry items.

5. Use products safely.

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

6. Handle waste properly.

Follow your school's standard procedures for handling waste, which may include wearing gloves. Place no-touch waste baskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying waste baskets. Wash your hands with soap and water after emptying waste baskets and touching used tissues and similar waste.

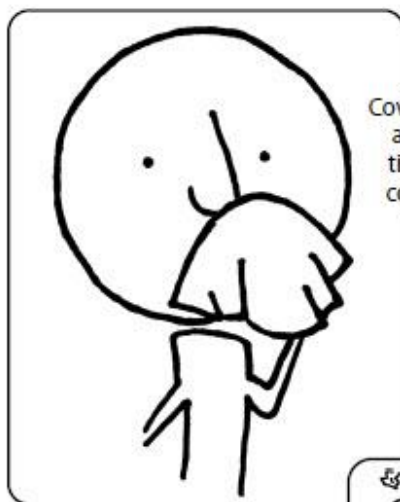
www.cdc.gov/flu/school

1-800-CDC-INFO

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Stop the spread of germs that make you and others sick!

Cover your Cough



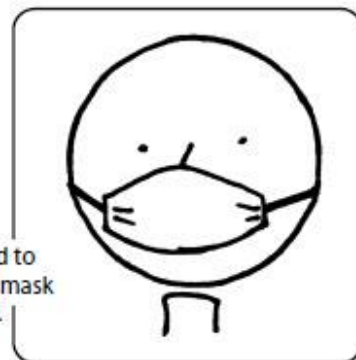
Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your elbow, not your hands.



Put used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing or sneezing



Wash with soap and water.

or

clean with alcohol-based hand cleaner.



Original design courtesy of Melissa Depp of the CDC



Appendix 8: VACCINATION PROMOTION

An outbreak is a good time to remind students and families to get vaccinated. Vaccination is the best method for preventing the flu. The vaccine can keep you from getting the flu, make the illness less severe if you do become sick, and keep you from spreading the flu to family and other contacts.

Sample Social Media Messages

- It's not too late to get a flu vaccine if you haven't already! Get a flu vaccine. It is the best and most important action to protect yourself and your loved ones against flu. For more information, visit <http://www.cdc.gov/flu/consumer/index.html>.
- It's not too late to get a flu vaccine! CDC recommends everyone 6 months and older get a flu vaccine every year. Flu vaccines are offered in many locations including doctor's offices, clinics, health departments, retail stores, pharmacies, health centers, as well as by many employers and schools. Find a location near you offering flu vaccines! <http://vaccine.healthmap.org/>
- Still haven't gotten your flu vaccine? Even if you have already gotten sick with one flu virus, you can still benefit from vaccination. The flu vaccine protects against three or four different flu viruses, depending on which flu vaccine you get. It's not too late to get your flu vaccine this flu season. Learn more: <http://www.cdc.gov/flu/consumer/vaccinations.htm>.
- Symptoms of the flu can include fever, cough, sore throat, runny/stuffy nose, body aches, headaches, chills and fatigue. Some people may also have vomiting and diarrhea. Protect yourself and your family from the flu this year. It's not too late to get a flu vaccine! <http://www.cdc.gov/flu/about/disease/complications.htm>

FORGOT YOUR FLU SHOT? IT'S NOT TOO LATE!

**GET YOUR
FLU VACCINE TODAY.**

#FIGHT FLU



IT'S NOT TOO LATE



GET A FLU VACCINE TO

#FIGHT FLU



Influenza Background and Definitions

While Influenza, or flu, affects people of all ages each year, children are particularly vulnerable to becoming ill and at risk for developing complications. Flu can spread quickly in school and daycare settings, where children are in close contact and share space and belongings. Students can also take flu home where it can spread to adults and other family members. School and day care staff can play a critical role in preventing and managing flu outbreaks by encouraging preventive actions and monitoring student illness and absences.

High-risk groups

Some children are at higher risk for developing complications from the flu, including:

- Children under age 5, especially those younger than 2
- Children with chronic health conditions such as:
 - asthma,
 - diabetes,
 - neurologic and neurodevelopmental disorders,
 - chronic lung disease (such as cystic fibrosis),
 - heart disease,
 - blood disorders,
 - endocrine disorders,
 - kidney or liver disorders,
 - morbid obesity, or
 - metabolic disorders
- Children with suppressed immune systems such as:
 - children receiving cancer treatment,
 - children with human immunodeficiency virus (HIV),
 - children on chronic steroid therapy,
 - children on long-term aspirin therapy, or
 - those with other immunosuppressive disorders

It is especially important that children in these high-risk groups receive flu vaccines and are protected by limiting contact with sick people and encouraging frequent hand washing.

Transmission

Symptoms begin 1-4 days after someone is first exposed to someone with flu

- In healthy adults, flu viruses spread most easily in the first two days after infection, and continues to spread for 5 to 9 days.
- Children can spread illness to others easier than adults. In children, flu viruses begin spreading just before symptom onset and can persist up to two weeks after infection.

Influenza virus spreads person-to-person by two main routes:

- Droplets – large particles spread through coughing, sneezing, or talking. They can be inhaled and reach the upper airways but do not reach the lungs.
- Contact – This occurs when someone touches secretions from an infected person, either directly or on a contaminated object.

Signs and symptoms

Is it a cold or flu?

Signs and symptoms	Influenza	Cold
Symptom onset	Abrupt	Gradual
Fever	Usual	Rare
Aches	Usual	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common	Mild to moderate
Headache	Common	Rare

The chart above was adapted from a CDC graphic found here <https://www.cdc.gov/flu/about/qa/coldflu.htm>

Flu can last 10 days or more. Serious complications from flu include pneumonia, inflammation of the heart or brain, and, rarely, death. Young children, people over age 65, and those with chronic medical conditions or weakened immune systems are at increased risk.

Treatment

Most people with the flu have a mild illness and can recover with rest, fluids, and a fever-reducing over-the-counter medication such as ibuprofen. While ill, it is very important that individuals stay home and limit contact with other people to prevent spread.

If you think you have the flu you should discuss antiviral treatment with your doctor. Antiviral drugs are recommended for anyone ill with influenza who is in a high-risk group or who requires hospital care. These drugs are available by prescription only. They can reduce the severity and duration of symptoms, and decrease the risk of complications.

Some people do need emergency care for the flu. Warning signs to look for in children include:

- Fast breathing or shortness of breath
- Bluish skin color
- Not drinking plenty of fluids
- Being highly irritable, such as a small child not wanting to be held
- Flu-like symptoms that improve, but then return with a fever and a worse cough
- Fever with a rash
- Infants with any of the following symptoms should be seen by a healthcare provider immediately:
 - Unable to eat
 - Difficulty breathing
 - Has no tears when crying
 - Significantly fewer wet diapers
 - Not waking up from a nap or not interacting with others

Additional resources for schools & day care centers

Teaching children about the flu: lesson plans and activities for child care and early childhood programs, CDC: <https://www.cdc.gov/flu/pdf/freeresources/updated/teachingchildrenflu.pdf>

Flu Fighter Coloring Book, NFID: <http://www.nfid.org/coloring-book>

Ready Wrigley Activity Book, CDC: https://www.cdc.gov/flu/pdf/freeresources/family/ready_wrigley_flu.pdf

Get your school ready for pandemic flu, CDC: <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/gr-pan-flu-ed-set.pdf>

CDC flu documents for distribution to parents in English and translations to Amharic, Arabic, Burmese, Dzongkha, Farsi, Karen, Kirundi, Nepali, Oromo, Somali, and Spanish:

<https://www.cdc.gov/immigrantrefugeehealth/resources/index.html>

Resources for parents of school-aged children

Flu information sheet for parents & their children, CDC:

<https://www.cdc.gov/flu/pdf/freeresources/family/flu-information-for-parents-activity-sheet.pdf>

Flu vaccine information for parents, CDC: <https://www.cdc.gov/flu/pdf/freeresources/family/only-flu-shots-update.pdf>

What to do if your child gets the flu, CDC: https://www.cdc.gov/immigrantrefugeehealth/pdf/seasonal-flu/what_to_do_english_508.pdf

Flu vaccine locator: <https://vaccinefinder.org/>

Flu guide for parents of children or adolescents with chronic health conditions:

https://www.cdc.gov/flu/pdf/freeresources/updated/chronichealth_fluguide_brochure.pdf

Additional information about Influenza

Influenza, or “flu” is not a single disease. It is a family of viruses that cause similar respiratory illnesses. There are three types of influenza viruses that affect humans: A, B, and C. Each year, seasonal influenza epidemics in the United States are caused by types A and B. New or different type A viruses can cause influenza pandemics. Type A influenza can be further differentiated into subtypes by proteins on the virus’ surface: hemagglutinin (H) and neuraminidase (N), which contribute to the naming of each subtype based on which hemagglutinins and neuraminidase proteins are present.

In recent years H1N1 and H3N2 have been the main influenza A viruses circulating in the United States. In 2009, the “swine flu” epidemic was caused by a new and significantly different H1N1 strain, now called “2009 H1N1”. It replaced the H1N1 strain that previously circulated. Influenza type B viruses are not broken down into subtypes, but are categorized by lineage and strains. The most prevalent B viruses circulating in recent years are the B/Yamagata and B/Victoria lineages, named after the geographic origin. In general, type A influenza is much more common than type B influenza.