Q: Will the Marin County Office of Education website be updated as the H1N1 situation changes?
Yes, it will be updated as new guidance is received from PH and CDC. The Frequently Asked Questions will be updated after the conference call. Go to MARINSCHOOLS.ORG, click in the right-hand corner on “H1N1 Influenza Update” and then click on the link for Frequently Asked Questions.

Q: How does novel H1N1 flu compare to seasonal flu strains?
So far, H1N1 does not appear to be any more severe than seasonal flu. Remember that seasonal flu can cause severe illness; 200,000 Americans are hospitalized and 36,000 die each year as a result of seasonal flu. Just like seasonal flu, H1N1 spreads easily from person to person, especially in crowded settings like schools. Unlike seasonal flu, older adults are not as likely to become ill from H1N1. Most of the people infected with H1N1 have been children and adults under 65 years of age.

Q: What are the symptoms of H1N1 flu?
A fever of 100° F or greater/feels warm/has flushed appearance/is sweating or shivering AND has a sore throat and/or a cough. Symptoms of flu are the same regardless of age: fever, aches, cough, sore throat, sneezing or runny nose, and sometimes diarrhea and vomiting. Keep your child at home.

Q: Who is at highest risk of severe illness or even death?
For both seasonal and novel H1N1 flu, the following people are at risk for complications: Pregnant women, children under 5 years of age, people 65 years and older, people under 19 years of age on chronic aspirin therapy, and people of any age who are immunosuppressed or have chronic medical conditions such as asthma, diabetes, cardiac or pulmonary illness, or neurodevelopmental disorders such as cerebral palsy. Obesity is a possible risk factor for severe H1N1 illness. Fortunately, people at high risk for complications can receive both a seasonal and H1N1 flu vaccine to protect them from becoming ill.

Q: If someone falls into a high-risk category, should they remain at home even when not ill?
If the H1N1 remains at its current severity level, it is not necessary to remain at home when not ill. But follow recommendations for prevention strategies and be sure to see your healthcare provider at the first sign of an influenza like illness (fever to 100° F or higher, and cough and/or sore throat). However, if the H1N1 flu situation becomes more severe, high-risk individuals may need to protect themselves from becoming ill by staying away from large groups of
Another effective way to protect yourself from illness is to be vaccinated for both seasonal and H1N1 flu.

Q: When should my ill child see the doctor?
Seek immediate care if your child has difficulty breathing or is breathing fast, turns bluish, isn’t drinking enough fluids, has severe vomiting, is hard to wake up or lethargic, or is so irritable that he/she doesn’t want to be held. Also seek care if the fever breaks and then later returns, sign of a possible bacterial infection. If your child has a chronic medical condition that puts him/her at high risk of complications, consult with your healthcare provider at the first sign of an influenza like illness. It is important to see a provider early, as medication for flu is most effective when taken within the first 48 hours of illness.

Q: Should I stay home from work if my child is ill with influenza-like illness?
No. Only the child must stay at home and you may go to work if you are free of any flu like symptoms.

Q: When are patients most contagious?
People shed virus and are contagious from one day before symptoms appear to 7 days after the onset of symptoms for seasonal flu. Young children may be infectious for up to 10 days. The incubation period for H1N1 is presumed to be similar. It is important to keep your kids home from school when they are ill. A University of Washington study found the average school student with influenza like illness infects two to three classmates.

Q: Someone is sick in my office. How long until I know if I caught the flu?
The incubation period for H1N1 and seasonal flu, the amount of time between being exposed to the infection and developing illness, is estimated to be 1-4 days.

Q: What is meant by a “close contact”?
A “close contact” is defined as household members and intimate contacts of an ill person. Close contacts are not casual or group contacts such as school classmates and co-workers.

Prevention and Response

Q: Is using hand sanitizer as good as regular hand washing for preventing infection?
CDC recommends hand washing with regular soap for 20 seconds. If soap and water are not available and hands are not visibly soiled, hand sanitizers with 60% alcohol may be used, if allowed. It is not necessary to use anti-bacterial or anti-viral soap.

Q: Are there medications that my child or I can take if we become ill with the flu?
Two medications exist for the treatment of H1N1, oseltamivir (Tamiflu) and zanamivir (Relenza). Due to virus resistance patterns, different medications are used for seasonal flu. Most people with either seasonal or H1N1 flu will recover with rest and fluids and won’t need medications. In order to prevent further
medication resistance, it is important that people who don’t need medication don’t receive it. However, people at high risk of complications should consult with their healthcare provider at the first sign of an influenza like illness. They are candidates for antiviral treatment, which is most effective when started within the first 48 hours of illness. The same medications used to treat ill people can also be used to prevent illness in people who have been exposed to the illness but are not yet sick.

Q: Are physicians prescribing Tamiflu as a prevention for siblings of ill children?
It is up to the Health Care Provider (HCP) to make the decision whether to prescribe Tamiflu. Individuals at high risk are the only category of people to whom it might be prescribed as a prophylactic. There is no reason to give it to people who are not at high risk for complications who have been exposed. Some physicians are using a “watch and wait” approach. The use of Tamiflu for pregnant women has not been studied and there is a concern about its safety.

Q: Why isn’t everybody tested for flu when they are ill?
Almost all flu strains circulating right now are H1N1. Testing will not change treatment, as the test results come back too late to start treatment. Your provider may choose to do a rapid flu test in the office. This test is less accurate for H1N1 than it is for seasonal flu.

Q: What should I do if I suspect my child has H1N1 flu?
Make sure you keep your child at home, and alert your school of his/her absence. Students should remain home for 24 hours after their fever resolves, without the use of medications. There is no need to go to the doctor's office or the emergency room or to have your child tested unless the symptoms are severe (high fever, difficulty breathing or other symptoms that don't improve after several days) or your child is at risk of complications. In most cases, symptoms are mild and go away without any treatment. Do give your child fluids and over-the-counter pain and fever relievers as necessary. Note that children under 19 years old should not receive aspirin.

Q: What if I have a medical condition and believe I may have been exposed to someone with H1N1 flu?
Call your health care provider if you are in the group of individuals at high risk for complications and were a close contact to someone with the flu. The same medications used to treat ill people can also be used to prevent illness in people who have been exposed to the infection but are not yet sick.

Q: Do I have an obligation to notify my friends or employer if my child or I get sick?
It is important to let any close contacts that you or your child may have exposed know that you had an influenza-like illness. This is especially important if you have been around someone who's at high risk for complications from flu. Families should tell the school if their child has an influenza-like illness.

Q: How long should sick kids stay out of school or after school care?
Children should stay home for 24 hours after the fever breaks, without the use of fever-reducing medicine. This is an important step to limit the spread of
illness in your community. Children especially can be contagious for over a week, so stay home if you are still sick even after the fever breaks. Note that children should receive only non-aspirin fever and pain reducers such as ibuprofen or acetaminophen.

**H1N1 Flu Vaccination**

Q: How soon does the H1N1 vaccination provide protection from illness?
   Immunity, or protection to flu, develops about 1-2 weeks after the last vaccination. It is unknown at this time whether one or two doses will be required for H1N1 flu. If two doses are required, they will be given 3-4 weeks apart. Note that the vaccination for H1N1 does not protect people from seasonal flu, and vice versa. In order to be protected from both types of flu, both types of vaccinations need to be given.

Q: What are the priority groups for the H1N1 flu vaccine?
   If there is an initial shortage of H1N1 flu vaccine, the CDC recommends that vaccinations be given to the following priority groups:
   • Pregnant women
   • People who live with or care for children younger than 6 months of age
   • Children 6 months through 24 years of age
   • Adults 25-64 years of age who have chronic medical conditions
   • Healthcare workers and emergency medical services personnel
   If there is a severe shortage of vaccine, these target groups will be further prioritized.

Q: Is it safe to get both the seasonal flu shot and the H1N1 flu shot at the same time.
   The injectable forms of both vaccines contain killed virus and can be given at the same time. The nasal spray forms contain live virus and cannot be given simultaneously. People with certain medical conditions are not eligible to receive the nasal forms. Seasonal flu vaccine is available now and the H1N1 vaccine will not be available until mid-October. People should go ahead and get their seasonal flu shot instead of waiting to get both shots together.

Q: I think I had H1N1 flu over the summer. Do I still need the vaccine?
   Yes, even people who had an influenza-like illness this spring or summer should receive a vaccine, especially if they fall in a priority group. Most people who experienced a flu-like illness were not tested for H1N1 and cannot be certain of the cause of their infection.

Q: Can you catch flu from the flu shot? You hear people say, "I was sick the day after the shot!"
   No, it is not possible for a flu shot to give you influenza, as it is made with killed virus. You may develop a low fever as your body responds to the vaccine, as well as some soreness and pain at the site of injection. The flu shot also will not protect you from the common cold or other infections that can mimic the flu.
Q: Does the vaccine contain thimerosal
Thimerosal, a mercury containing compound, is used as a preservative in multi-dose vials of flu vaccine. Single dose vaccines and nasal sprays do not contain thimerosal. Both the seasonal flu and H1N1 flu vaccines will be made in multiple formulations, including some without thimerosal. Pregnant women and young children can receive thimerosal-free vaccine.

Q: How many days after receiving the vaccination before it provides protection against H1N1 influenza?
People are immune 8 to 10 days after receiving the vaccine. Those who are 9 years old and younger will receive two doses; 10 and older receive only one.

Q: Teachers have asked how they can be moved into the higher priority group to receive the H1N1 vaccine.
Priority groups were identified last summer by the Centers for Disease Control (CDC). Teachers are not in the priority group unless they are teaching children <6 months of age or fall into the priority category for other reasons (pregnant, chronic medical condition, etc.).

Q: In a regular classroom, should parents be notified of absenteeism due to cases of H1N1?
No. The school does not have to notify parents. Consider notifying students, staff, and groups of individuals who had close contact with cases and who have medical conditions that put them at risk of flu complications.

Q: Why aren’t schools notifying parents when there is a case of H1N1?
H1N1 flu is widespread but currently is about the same severity as seasonal flu. Notifying parents won’t accomplish anything. Many people have already been exposed to the virus. If students are not in close contact with an infected child, they are not at high risk. More practical approach is to remind parents what precautions to take during flu season, and to keep kids home when sick.

Q: When do you want schools to report influenza-like illness to Public Health?
There is no threshold for reporting. Report to PH you are seeing absenteeism due to ILI that is significantly higher than normal. It’s better to contact DPH sooner than later. Contact the Public Health Nurse at 473-2623 or email: mcuevas@co.marin.ca.us or Shanna Cronan, PHN at 473-7805

Q: What kind of percentage rate is important to report?
It is not a specific percentage, but report when numbers increase / or an unusual absenteeism rate is noticed for this time of year compared with previous years.

Q: How often should we clean water fountains at school?
Routine cleaning is sufficient; same cleaners, same precautions, same frequency. If younger children are putting their mouth around the spout, you may need to turn off the water fountain.
Q: How is the decision to close a school made?  
Unlike in the spring, the CDC no longer recommends that local public health officers order a school to close if there is one case of H1N1 flu on campus. Instead, schools must determine the best course of action by balancing the risks of flu in their community against the disruption that school closure or student dismissal will cause in both education and the wider community. School and public health officials will carefully consider all factors and make the decision to close a school jointly.

Q: How do I find out if my school is closed?  
Most schools have a communications plan for closures and will notify you if they close. You can also call the school or check its website or the MCOE website at: http://www.marinosaurs.org/