Managing Infectious Disease in Head Start

Kelly Towey: Hello and welcome. Thank you for joining us for today's webinar, Managing Infectious Disease in Head Start. This webinar is a joint presentation by the Head Start National Center on Health and Healthy Child Care America. My name is Kelly Towey and I'm a consultant for the National Center on Health.

Before we begin today's webinar, I'd like to highlight a few housekeeping items. First, a few webinar details. If you are using Wi-Fi and are not hard-wired, you may experience greater lag time during the presentation. The slides will advance automatically throughout the presentation. Attendees will not have control over the slides.

All attendee lines are muted, but if you have a question, we encourage you to type your question in the "Ask a question" box on your screen. If time permits, there will be a short question and answer session at the end of the webinar. If we don't have time to address your question during today's webinar, we will send you an answer directly via email over the next several weeks. If you are – to view the presentation in full screen, please click on the black button at the upper right-hand corner of the presentation slides.

After the webinar, you will be redirected to an online evaluation. Please take a few minutes to share your feedback on today's events. Only participants who complete the evaluation will receive a certificate of participation. If you are watching as a group, the person who logged in for the webinar will receive an email with a link to the survey. Please share this link with the rest of your group so that they can complete their evaluation to receive their certificate. If you need technical assistance during the webinar, please type your question in the "Ask a question" box for assistance.

During today's webinar, our speaker will be sharing information on the following: common infectious illnesses that may affect the children in Head Start and child care classrooms and the modes of transmission of these illnesses; ways that the spread of infectious illnesses can be prevented in Head Start and child care classrooms; and how attitude may prevent or encourage actions to control infectious illness in Head Start and child care.

And at this point, I'd like to introduce our speaker for today's webinar. Dr. Jonathan Kotch is a pediatrician who has been on the faculty of the Department of Maternal and Child Health of the UNC Gillings School of Public Health since 1978. Until his retirement in 2013, he was the Carol Remmer Angle Distinguished Professor of Children's Environmental Health. He has returned to the university as a part-time research professor of maternal and child health.

Dr. Kotch's research has focused on the causes and consequences of child maltreatment and the health and safety of children in and out of home – in out-of-home child care. He has authored or co-authored over 90 scientific articles and has edited three editions of the textbook, "Maternal and Child Health: Programs, Problems, and Policies in Public Health." At this time, I'd like to welcome Dr. Jonathan Kotch.

Dr. Jonathan Kotch: Thanks very much, Kelly; and hello everyone. This is Jonathan Kotch, as you just heard, professor of maternal and child health at the UNC Gillings School of Global Public Health. And the webinar is about how Head Start programs can prevent the spread of infectious disease among staff,

children, families, and volunteers. I would like to acknowledge the people who contributed to this presentation, including Patricia Isbell, Betsy Miller, and Kim Clear-Sandor.

Now, let's get started. Kelly, if you wouldn't mind, would you advance the slides, please, to the "Objectives." As you will see in this presentation, we have four objectives. I hope that when we are done you will be able to: 1) – Kelly – list five common infectious illnesses that may affect the children in Head Start and child care classrooms and the modes of transmission of each of the illnesses; and 2) – Kelly, would you... – describe two ways that the spread of infectious illness can be prevented in Head Start and child care classrooms; and 3) appreciate how attitude may prevent or encourage actions to control infectious illness in Head Start and child care; and finally, the fourth objective is to describe one activity to try with staff in your local programs.

So, Kelly, if you wouldn't mind going to the next slide. Here we see a description of the problem. Science and experience tell us that infectious disease, especially gastrointestinal disease, which means vomiting and diarrhea, and respiratory disease, including coughs, colds, sore throats, and runny noses, are increased among children who are cared for in out-of-home group settings. In addition, such children may be at increased risk for certain other infections that may be transmitted by insects or by body fluids. It's also true that children who are cared for in group out-of-home settings are more likely to experience infectious illnesses that are more severe and more prolonged. Next slide, please.

Here are a few photos taken through the microscope of some of the germs that can cause infectious disease to spread in early care and education settings. These include H1N1; and if you click, Kelly, you'll see the name of the first virus in the upper right-hand of the slide come into view. H1N1 is one of the varieties of seasonal flu we deal with every year. And the next one – again, clicking to see the name – is salmonella, which can cause diarrhea and vomiting. Next, pneumococcus, which can cause pneumonia and middle ear infection and some forms of meningitis. And lastly, in that column of four on the right, is a picture of the measles virus.

Unfortunately, some families have chosen to postpone or avoid the measles/mumps/rubella vaccination due to unfounded worries about side effects, which has resulted in a resurgence of measles in some communities. Also pictured here are norovirus, the most common cause of diarrhea in preschool children after rotavirus, and E. coli, another cause of diarrhea and vomiting. Fortunately, there is a new and very effective immunization available today for rotavirus. Next slide, please, Kelly.

Having mentioned some of the germs that can cause infectious disease to spread in early education settings, there's good news, too. Infectious illnesses such as pneumonia and influenza, which together were the leading causes of death among U.S. children in the early 20th century, have declined 99.7 percent. Common childhood illnesses such as diphtheria, whooping cough, measles, mumps, and rubella are rare except in communities where immunization rates are low, and polio is unheard of in our country today.

Although younger children are more susceptible to infectious illness because their immune systems are immature, as they grow older, the incidents of infectious disease decreases as their immune systems mature. Furthermore, children who experience more infectious disease at an early age in group out-of-home care have a decreasing incidence of infectious disease as they grow older. In fact, they have less infectious illnesses in kindergarten than children who were taken care of exclusively at home. Next slide, please.

In addition to the observation that illness incidence decreases with the child's age, it also decreases with years of attendance in out-of-home early care and education settings. It is reassuring to know, as well, that the germs that children are exposed to in Head Start and other group child care are the same as the germs that are infecting others in the community. There's nothing special or different about the infections that our children may pick up in Head Start classrooms, and 90 percent of those infections are mild and self-limited, requiring no special treatment. Next, please.

Nevertheless, there could be some bad consequences of this increased risk of infection. Being sick is no fun for the child or for the adults who may also become infected. There are short-term medical costs, possibly additional child care costs, and even lost wages if a parent has to stay home from work to care for a sick child. There may be more serious consequences in a few rare instances, including death. Significant diarrhea, if it causes dehydration in an infant, can be life-threatening.

Two of the viruses mentioned here, parvovirus and cytomegalovirus, or CMV, are very common in the population. Parvovirus causes slapped cheek disease, which is also called fifth disease. It is quite mild in children. CMV may cause few to no symptoms in young children either. But both of these viruses can cause birth defects if a pregnant woman is infected. A mild upper respiratory infection can lead to recurrent middle ear infection, which could temporarily affect a child's hearing.

Finally and not unimportantly, overuse of antibiotics by medical providers whose patients, families, are desperate to get their children back to the center could lead to antibiotic resistance among common bacteria.

Kelly, let me try to advance the slide myself. Yay, it works. Okay, I'm back. For those of you who are listening, my computer automatically decided to restart itself to update some Windows programs just about three minutes before we were supposed to begin.

So, here you see a picture of what I have entitled "The Ugly." We've gone through the good, the bad, and now we have seen what ugly can look like, although only from an infectious disease prevention perspective, of course. There are lots of ways that we will talk about that germs can be transmitted in Head Start and child care. In the case of center-based Early Head Start and child care, the leaky diaper is one of those ways that germs can be transmitted.

This pie chart shows the most frequent infectious disease symptoms that are reported by early care and education settings, starting with the most common respiratory symptoms, such as sore throat, runny nose, shortness of breath or cough, and also fever, gastroenteritis – in other words, vomiting and diarrhea – earaches, and rashes. However, these are not the symptoms that necessarily lead to absences. In fact, although respiratory symptoms are most common, it's rashes and gastrointestinal disease that more often keep children from attending their early education programs. This is more a reflection of exclusion policies than real risk of serious illness.

The importance of infections in early education settings is not limited to the effects such infections might have on children and staff. Here, Dr. Ralph Cordell of the CDC has diagrammed how a child who was ill can infect his early care and education group, both adults and children, even though the indexed child, the one who introduced the infection into the classroom, probably picked up the infection from the community or from a family member who in turn picked up the infection from the community. The rate of spread of the infection through the community is magnified because the families of the other children in the classroom may get infected, too.

Now it's time to talk about how the germs that cause infectious disease in Head Start and child care are transmitted between children and between staff and children: the respiratory route; the fecal-oral route; the direct contact route; the body fluid route, including blood, urine, vomit, and saliva; and the vector-borne route. Here's a cross-section of a person, highlighting the organs of the respiratory tract. It is easy to see how germs can get from the nose or the mouth to the bronchial tubes or the lungs. Usually, however, they don't.

Most respiratory germs stay in the nose, sinuses, mouth and throat, or possibly the middle ear. The illnesses listed here under "upper respiratory" are the most common, and they include those most likely to be transmitted in early care and education settings. Pneumonia or bronchitis is rarely the result of an infection picked up in an early education setting.

This slide also lists those respiratory diseases that we have immunizations for. Thankfully, they are rarely transmitted in early care and education settings today. Not everyone realizes that meningitis is a respiratory disease spread the same way as the common cold, through contaminated droplets. Happily, Haemophilus influenza type B, or Hib, which used to cause more bacterial meningitis in preschool-aged children than any other germ, is rarely seen today thanks to a very effective immunization. Historically, Hib used to cause death and neurological consequences in child survivors, such as deafness; but no more, as long as children are immunized. Pneumococcus can also cause meningitis, and there is an immunization for some strains of that.

On the other hand, only kids with sickle cell disease or a rare condition called "complement deficiency" should receive the meningococcal vaccine. Unfortunately, the current meningococcal vaccine doesn't protect against type B meningococcus, the most common type among children under 5 years of age. If we could actually see what comes out of a child's mouth along with a cough or a sneeze, we might appreciate the respiratory route of infectious disease transmission more. The germs that are in this contaminated cloud of exhalation can wind up on surfaces and hands and be transmitted to others. Staff and children who are able to are encouraged to cough into their sleeves. Covering your mouth with your hand only transfers these germs to your hand.

The next most important route of transmission of infectious illness in early education is the fecal-oral route. Let us not mince words. We're talking about organisms that live in our intestines getting into our mouths. That usually requires the mediation of someone's hands, usually our own. These diseases, Hepatitis A, diarrhea and vomiting, hand, foot, and mouth disease, and pinworms, to name a few, are transmitted in this way. That is why it is so important that everyone wash hands after using the bathroom, changing diapers, when preparing food, and before eating.

The Head Start Program Performance Standards and Caring for Our Children, which I'll describe more completely later, specifically mention hand washing as necessary to prevent infectious diseases. E. coli and salmonella, which we mentioned before, are two of the germs that you may also have heard mentioned in the news when grocery stores send back fresh vegetables, meat, or poultry. These organisms originate with farm animals themselves and they can cause diarrhea and vomiting if children or staff eat contaminated food.

Properly preparing and serving fresh produce, meat, and poultry is essential to prevent food poisoning. Skin to skin contact is more important for babies, as this happy baby in touch with his father's hand demonstrates. But those hands have to be clean; otherwise, direct contact with another person's skin

puts infants and children at risk of cold sores, conjunctivitis, pink eye, impetigo, lice, scabies, ringworm, and more. Impetigo starts as a red sore that ruptures, oozes for a few days, and then forms a honey-colored crust. Sores mainly occur around the nose and mouth in infants and children. Ringworm, of course, is not a worm. It is a fungus which is transmitted by touch, but it looks like a red rash in the shape of a ring with clearer skin in the middle.

Body fluids can cause infections. Saliva from a caregiver or another child can transmit the germs that contribute to early childhood caries; in other words, cavities. One child's toothbrush contaminating another can communicate respiratory or gastrointestinal illnesses. CMV is communicated via contaminated urine, so remember to wash your hands with soap and running water after handling a wet diaper. Sixty percent or more children older than 6 months to about 3 to 4 years of age are infected with CMV, but CMV infection can be asymptomatic or very mild. However, as I mentioned, it can be serious in congenital viral infection, and also it can cause serious illness in an immunocompromised child.

Hepatitis B and Hepatitis C are communicated by contact with contaminated blood, so knowing how to use universal precautions and cleaning up after a bloody nose or a cut remains important even though vaccination has cut the rates of Hepatitis B among children. Hepatitis C is rare in children, but it can be transmitted to a newborn if the mother has the infection.

So the Head Start Health Coordinators Orientation Guide recommends wearing non-porous gloves and washing with soap and running water after contact with blood and following professionally established guidelines such as the standards of the Occupational Safety and Health Administration of the U.S. Department of Labor when cleaning up a blood spill. I've included HIV in this list. Although it too can be transmitted by bodily fluids, I want to emphasize that there is not a single confirmed case of HIV being transmitted in an early education setting.

A vector is a living thing that can transmit disease. We know, for example, that ticks can transmit Lyme disease and Rocky Mountain spotted fever. Fleas are known to transmit Bubonic plague. Mosquitoes in the tropics transmit malaria, and in the U.S. transmit West Nile disease. Finally, the deer mouse can transmit hantavirus, which causes a particularly nasty lower respiratory illness called hantavirus pulmonary syndrome, which is common in the southwest United States.

This reminds us of the importance of integrated pest management techniques to keep insects and rodents out of buildings, to use insect repellant specifically recommended for children during outdoor activities, and to check for ticks in centers when children come back in after playing in or near heavily wooded areas.

So why are children in group early education settings at risk? Young age is a common risk factor. Not only are the youngest children in diapers, which can shed gastrointestinal organisms, they are also constantly putting their hands in their mouths. Children and adults in Head Start and child care are close together, making it easier to share germs. Crowding is a risk factor, as is mixing age groups. This is less of a problem in Head Start or preschool programs, but infants in center-based Early Head Start or infant-toddler programs may put older children in the same facility at risk of gastrointestinal illness.

If the same staff both change diapers and prepare or serve food, that is a risk as it is less experienced or less well-educated staff and also a low staff to child ratio that are also risk factors. There are risks associated with the physical environment as well. Sinks and toilets are easily contaminated and can cause illness transmission if hygiene and sanitation guidelines are not followed. Ventilation is important

to reduce the risk of respiratory transmission in crowded facilities. Poor hygiene in the kitchen can also transmit illness if food preparation areas are not properly cleaned and sanitized. Infectious disease may follow different patterns that sometimes make it difficult to know what to do.

We think of infectious disease as affecting adults and children equally, but that isn't always true. There are some illnesses, such as Hepatitis A, that are barely discernible in children but which can be serious in adults. Other infections, such as whooping cough, may affect young children more than their older siblings or parents. Finally, there is infection such as CMV, which does not necessarily cause any symptoms in a child but could leave a fetus who becomes infected in utero with a birth defect.

There are many opportunities that Head Start and child care programs have to recognize and manage infectious disease transmission. According to this document on ECLKC, or "e-click," staff can work with community-based health professionals to develop policies, training, and information about recognizing and managing infectious disease. They can observe children for signs of illness, not just at the time of the initial health check but throughout the day. They can care for ill children away from others until they can be picked up by a parent or guardian; and if necessary, they can help working families find a safe place for their children where they can be cared for until they recover and can return to their Head Start or child care program.

They should document signs and symptoms as well as actions taken because this information is critical for families, health providers, and the community-based health workers who may be called upon to help contain the spread of the illness. They should know how to minimize the spread of illness to other children and staff, and they can discuss with parents their ill child's condition: whether he or she is too sick to attend, the need for medical evaluation and treatment, and when to return.

We know that it is not our role as staff to diagnose a child's illness. But for many staff, some of the key things to do in dealing with a child believed to have an infectious disease is to make that child comfortable, contain the spread of the infection, contact the parents or guardian, and refer families to a health care provider if necessary.

Among the challenges, as indicated in the objectives, to – effectively reducing transmission of infectious disease in Head Start and in child care is developing a positive attitude toward the importance of managing infectious disease in Head Start and child care and a positive attitude toward one's own ability to make a difference. This includes an addition to knowledge and awareness of the problem, the ability to communicate effectively about infectious disease identification and control, and also to demonstrate the behaviors that we know can reduce the risk of transmission of infection in Head Start, Early Head Start, and child care.

Preventing infectious disease transmission in Head Start and child care classrooms will take more than just knowledge. Even having the right information isn't the same thing as having knowledge. One must also demonstrate appropriate behaviors in implementing that knowledge, and that means having an attitude that motivates one to succeed. Know what you can do and know that what you do can make a difference.

In the remaining parts of this webinar, I'm going to talk about the responsibilities of Head Start and child care programs with respect to identifying and controlling infectious disease in four categories: disease prevention, health education, resource and referral, and policy development. It is important to acknowledge that programs can accomplish these things in partnership with families and health

professionals in the community. Preventing infectious disease starts with knowing each child's health status.

According to the federal regulations that govern Head Start and Early Head Start programs, together with parents and within 90 days of each child's entry, will make sure that the child as an ongoing source of continuous, accessible health care, hopefully a medical care home; that the child is up-to-date on preventive and primary health care and immunizations based on each state's EPSDT requirements. Each child must follow the recommended schedule of well child visits. One source of this schedule is Bright Futures, a publication of the American Academy of Pediatrics, which is the standard for children's preventive health services under the Affordable Care Act.

Finally, programs are expected to see to it that a child begins treatment for any health condition that the child might already have upon entry into Head Start or Early Head Start. And at the foot of this slide, you can see the complete title of Caring for Our Children. And, again, I'll show you what that book looks like in a little bit.

So, prevention of infectious disease starts with immunizations. Immunizations are considered the number one public health intervention of the 20th century and one of the top 10 interventions of the first decade of the 21st century. I've shared a list of those diseases that are preventable with immunizations. And Head Start and child care children must be up-to-date on their immunizations or have a plan to complete their age-appropriate immunizations within 90 days of the beginning of school.

One study of children under 5 in New York proved that the decrease in illness that was observed in Hib – that's Haemophilus influenza type B disease – after the immunization became available occurred first among children in out-of-home child care than it did among non-child care attenders thanks to the regulation requiring children in child care settings to get the Hib immunization; and the source for that information is an article that appeared in Pediatrics in 1994 by Schulte and others.

Disease prevention also requires attention to sanitation and hygiene. This means proper hand washing and toileting techniques, and in the case of classroom-based infant and toddler care, proper diapering. Cleaning and sanitizing eating and food preparation surfaces, sinks, and toilets with every use is a must. That means surfaces must be cleaned first and then sanitized with an appropriate disinfectant. Just spraying a disinfectant on a dirty surface won't remove, immobilize, or kill all the germs that potentially can cause infection. Finally, follow professionally established guidelines, also known as universal precautions, when dealing with cleaning up body fluids, including blood, vomit, feces, urine, nasal discharge, and saliva.

Despite our best efforts, children will get sick. To manage illness among children in the classroom, start with a plan that keeps children separated into age groups. This automatically would be the case in Head Start. Classroom-based Early Head Start programs that may share facilities with programs for older children will have to avoid close contact between infants and toddlers in diapers on the one hand and toilet-trained preschoolers on the other so the youngest children do not shed germs among the older children.

Children who arrive at the doorstep with signs of illness that are identified during the daily health check should be excluded from the center with instructions for how to determine when it is safe for them to return. There should be a place for children who become sick during the day to be isolated from other children until they can be picked up by a parent or guardian. Working parents may need help finding a

safe, caring place where their children can recover from an acute illness. Head Start and child care programs should have policies and procedures in place for recording all instances of illness in the center and for reporting such illness events to parents and, when necessary, to public health authorities.

Finally, among our prevention techniques, Head Start and child care programs need to develop their disease prevention policies in order to address the features of the physical environment that could help reduce infectious disease transmission, document their protocols for hygiene and sanitation, and for how and when to exclude or isolate sick children. They need to know how to handle illness among the Head Start staff, and they need to be thorough and consistent in reporting and recording infectious illness events. And finally, they need to have policies addressing immunizations.

Head Start health service managers and other child care providers have special roles with respect to infectious disease prevention. These include preparing health education materials for staff and families; communicating information about infectious disease transmission, including encouraging that positive attitude that will help staff and families feel motivated to do whatever they can to control infectious disease; and assisting staff to implement those behaviors that will contribute to reducing the risk of disease transmission in the Head Start program. Health service managers also have important roles as liaisons between the Head Start program and health care organizations and providers in the community.

Here is a book from the American Academy of Pediatrics that can be very helpful for health service managers, program directors, and staff that have responsibility for preventing infectious disease in Head Start and child care. As you heard earlier from Kelly, each program that's signed up for this webcast can get a free copy of this book from the Healthy Child Care America campaign of the American Academy of Pediatrics; and Kelly will reiterate what you have to do to get one of these books.

The book includes chapters on how infection spreads; infection control measures; health of teachers and staff; how to recognize the ill child; criteria for inclusion and exclusion; a chart with signs and symptoms for different illnesses; a description of the role of the child care health consultant, which I'll discuss in just a moment; immunizations; outbreaks; sample letters and forms; and quick reference sheets for information that you may need in a hurry.

The next strategy for infectious disease control in Head Start and child care is health education. Health education is another disease control responsibility of the Head Start program and other child care settings. Head Start and child care can provide health ed for children and families as well as staff. Health education and healthy behaviors can be integrated into daily routines and the health service manager can provide written materials, as we have discussed above.

Furthermore, the Head Start program can provide information and technical assistance on infectious disease prevention at staff meetings or staff development workshops. The program can provide training or technical assistance on new or existing licensing regulations or new health initiatives. The program can develop sections for a newsletter or a news article on infectious disease prevention in Head Start. And lastly, this program can develop and display posters and other audio-visual materials addressing infectious disease control.

Then there is policy development. Policy development at the program level is another important responsibility for Head Start programs. Programs need such policies to implement the program standards of 45 CFR, Chapter 13, Part 1304.22, which is entitled "Child Health and Safety," which outlines the program requirements with respect to hygiene and sanitation. Such policies should be

culturally competent and family-centered. The health services manager can be a great assistance to the director and the staff in the development and revision of these policies. Sorry, just double checking the slides.

Yet another responsibility of the program is resource and referral. Head Start and other child care settings can be a link between children and families on the one hand and community resources on the other. This linkage would be facilitated by providing families with contact information for community health resources and by making referrals for families to such resources and providers. An important role for the health service manager would be to follow up such referrals to be sure that they were accomplished successfully.

This slide also mentions that programs and the health services managers should serve on Health Services Advisory Committees; and in fact, community professionals and other community resources can refer people for membership on the Health Services Advisory Committee as well. Head Start and child care programs can maintain lists of community-based services that address infectious disease prevention and control, including not just health care providers and health departments but also Indian Health Service, American Indian and Alaska Native agencies, and Migrant health services as appropriate. And again, representatives of these agencies can be invited to serve on the Head Start Health Services Advisory Committee.

A word about child care health consultation, which is mentioned in the American Academy of Pediatrics book "Managing Infectious Diseases in Child Care and Schools," which I referred to above. Consultation, generally speaking, is a process into which equals – in this case, the consultant and the client – enter voluntarily. Together they identify the focus of consultation, agree on goals, select, implement, and evaluate strategy to address and achieve those goals.

The child care health consultant specifically - in this definition of child care health consultant from the third edition of "Caring for Our Children," is a health professional specializing in children with community health and early education experience who has special training to help and support early care and education programs improve their program's health and safety for children, staff, and families.

Child care health consultants should be able to demonstrate that they have been trained according to the curriculum of the National Training Institute for Child Care Health Consultants or another source based on "Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education."

And as I mentioned, I wanted to share with you what this book, "Caring for Our Children," looks like. This is a screenshot of the front page of the book. The book was written by experts from the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Early Care and Education programs. This book can be accessed as an online reference or downloaded for free from the website underneath the screenshot that you can see now, nrckids.org. That's all you need to type into your URL window and you'll be guided to how to find this book. And as I said, you can download it and print it for free; or if you prefer, you can purchase a copy from the American Academy of Pediatrics website, aap.org.

So take a moment, if you can, to jot down any ideas for what you might do with the information presented in this webinar. Think about what you might do, who might be the audience for such an activity, and when you think it can be accomplished. Now that we're done, let's review the objectives.

We should be able to think of five infectious diseases that are common in Head Start and child care classrooms and how they are transmitted. For example, gastroenteritis. In other words, vomiting and diarrhea is transmitted by the fecal-oral route. Conjunctivitis, which is more commonly called pink eye, can be transmitted by touch. The flu can be transmitted by the respiratory route, and so on. What else can you think of?

Two ways to prevent the spread of infectious illness in your classroom could be by enforcing immunization requirements and by meticulous attention to hand washing recommendations. What are some other ways? We have discussed how an attitude of support and encouragement can help parents and staff accept their roles in a team effort to reduce the risk of infectious disease in the classroom.

First, of course, I hope I convinced you that you can do something about reducing the transmission of infectious disease in your program. Finally, I hope you will come up with an activity, such as the staff in service or reaching out to community-based health providers and agencies, that you'll try for yourself. Lastly, think about how a flock of geese flying in formation actually reduces the burden on any one goose flying alone. As each goose flaps its wings, it creates an uplift for the birds that follow. Flying in a V formation, the whole flock adds 71 percent greater range than if each bird flew alone.

Together we share a common sense of direction and knowledge and attitudes that will make reducing infectious disease in the Head Start classroom easier for all of us. People who share a common sense of direction and community can get where they are going quicker and easier because they're traveling on the thrust of one another. When this presentation is available for each of you who has registered online, you'll be able to see the list of references that I used to put this presentation together; and the list, as I said, will be available to you when all those slides are posted on the National Center for Health website.

Thank you for all that you do to keep children and families healthy and safe and for participating in this webinar. This slide lists my contact information in case anyone is interested in communicating with me directly. And lastly, here's information about the contact for National Center on Health. And with this, I'm going to turn the webinar back over to Kelly to handle any questions that may occur. Thank you all very much.

Kelly: Thank you, Dr. Kotch, for sharing this wealth of information on infectious disease. It does look like we have time for a few questions; and if we do not answer your question on today's webinar, we will send you an email with the answer to your question. To start out with, we had a few questions about pink eye, Dr. Kotch, one of which is: "What are some of the indications for excluding a child from Head Start because of pink eye?"

Dr. Kotch: Thank you, Kelly. The indications for excluding children with pink eye from Head Start should be the same as indications for excluding any mild viral infection. And those usually have to do with whether or not the child can actively participate in classroom activities in a normal way, whether or not the child's condition would not require staff to pay special attention and take time away from other children, whether the child has a fever, and what the child's medical provider has recommended.

In fact, as you might remember from the slide that had those pie charts, pink eye is frequently excluded from child care, not because it's a serious illness but because of the policies or exclusive practices of individual programs; and probably more children are excluded from care because of pink eye than really need to be.

Kelly: Great. Thank you. Our next question is, "Is it a good idea to keep infants separated from toddlers to age 3 years?"

Dr. Kotch: I think it is. Again, it's a function of that age cohorting phenomenon. You know, even though toddlers are still in diapers themselves, you know, their immune systems are getting more mature, they don't need that additional exposure to respiratory illness and gastrointestinal that the youngest children and infants are more likely to have. So separating infants from everybody else, I think, remains a good strategy to control infectious disease transmission.

Kelly: Okay. And our next question is, "Could you talk a little bit more about the daily health check?

Dr. Kotch: Well, I believe – and I might not be the best expert on this, but I believe that a daily health check is expected among Early Head Start or Head Start programs according to the child health and safety standards that are in the Head Start Program Performance Standards publication. So I need to look at that again to be sure, but the daily health check is, you know, a child comes with a parent and you want to be sure the child doesn't have a fever. You would ask the parent that. You wouldn't take a temperature. You would want to be sure that the child slept well, had a normal breakfast, and was acting normally.

You just give the child a once-over and you see that the child looks healthy and looks as well as the child did the day before, and basically get the information that you can just at the door as the child enters the program. So I know sometimes it doesn't work out for parents, but you'd like to be able to ask the parents two or three simple questions about the child's health status before the parent turns around and leaves. There isn't any real indication that any hands-on examination is necessary, but a good visual check and directing questions to parents, I think, are indicated for all the children.

Kelly: And can you talk a little bit about why immunization requirements differ from state to state?

Dr. Kotch: Right, the Head Start Program Performance Standards require that programs insist that all of their children are immunized according to EPSDT standards for their individual state. EPSDT is Early Periodic Screening Diagnosis and Treatment program, and that's a part of Medicaid. Even children who are not in Medicaid still, from the Head Start point of view, need to have the immunizations up-to-date according to those EPSDT standards. And those standards can be different from state to state. So each individual state establishes its own EPSDT immunization requirements.

Those are the requirements that Head Start programs have to follow, and therefore, the immunization requirements can differ from state to state. For example, in my own state, I don't think we require the rotavirus immunization, which is a way of way of preventing diarrhea, but other states probably do require rotavirus. So that's just one example. Rotavirus is a very recent immunization, and so some states have adopted it and some states have not.

It is also possible for individual programs to improve upon their state's immunization requirements. On the recommendation of the Health Services Advisory Committee, an individual Head Start program can require more immunizations if they think that the state's EPSDT requirements aren't good enough.

Kelly: Thank you. We have one more question here. Says, "Bed bugs are becoming a problem in our community. Are they a vector for any contagious illnesses other than spreading bed bugs?"

Dr. Kotch: Well, the answer to that is no. You know, they're a pain, but they don't spread anything else. Just bites and itches.

Kelly: Okay. Well, if we did not have time to answer your question during today's webinar, we will be answering your questions via email. And also, just to bring our attention back to our screen, if you have any further questions about the topic, please feel free to contact either Healthy Child Care America at the contact information on the screen or the Head Start National Center on Health using the contact information on the screen.

I want to remind you that when the webinar ends, there will be a survey poll that can be taken immediately. There will also be a follow-up email sent to everyone who has watched live with instructions to share the Survey Monkey link to everyone in your group who watched today's webinar. Also, with each of the surveys, there will be an opportunity to provide your program's contact information if you want to receive a copy of the book "Managing Infectious Diseases in Child Care and Schools;" and these are being made available, as Dr. Kotch mentioned, through Healthy Child Care America, and please note that it will be only one copy per program. So remember to fill out your contact information if you wish to receive one. And remember that if you're watching the webinar as a group that each person must complete the evaluation form in order to receive your certificate.

Again, thank you for joining us for this webinar, and we will look forward to you participating in future events. Thank you.