D E P A R T A M E N T O D E S A L U D
O F I C I N A D E E P I D E M I O L O G Í A E I N V E S T I G A C I Ó N

Estado Libre Asociado de Puerto Rico
Departamento de Salud

SISTEMA DE VIGILANCIA DE INFLUENZA EN EL SISTEMA ESCOLAR Y GUÍAS CORRESPONDIENTES

M A R Z O 2 0 1 4
S A N J U A N , P U E R T O R I C O
V E R S I O N 2

Revisado por:

Julio L. Cádiz -Velázquez, MD, MPH
Sub-Director
Oficina de Epidemiología e Investigación

Mariela Alvarado, MPH
Epidemióloga de Influenza

Revisado y Visto Bueno de:

Brenda Rivera-García, DVM, MPH
Directora
Oficina de Epidemiología e Investigación

Hoy, 1 de marzo de 2014 en San Juan, Puerto Rico.

Contenido

Introducción 4

Sistema de vigilancia de Influenza 6

Vigilancia electrónica de patrones de ausentismo 6

Vigilancia de casos sospechosos en la unidad escolar 7

Definición de caso 7

Flujo de información del sistema de vigilancia 9

Otros asuntos 11

Anejos 12

1: CDC Draft and Interim Guidance for Schools

2: Materiales de referencia para la enfermera escolar

3: Formulario de Reporte de Enfermería a Director Escolar

4: Material educativo y otros materiales de referencia

5. Carta modelo para padres sobre notificacion de casos

Introducción

Objetivo:

- Proveer guías y recomendaciones que potencialmente reduzcan el riesgo de exposición a Influenza en la comunidad escolar.

Metas:

- Minimizar la interrupción de la rutina escolar incluyendo actividades educacionales, sociales y económicas.

El sistema escolar provee un sinnúmero de servicios al estudiante: educación, alimentación, cuido diurno, servicios de salud, además de facilitar una rutina diaria estable a estudiantes y padres por igual. Por tanto, es imprescindible que la meta sea el mantener las unidades escolares funcionando. Para lograr esto es necesario el contar con un sistema de alerta temprana (sistema de vigilancia) para Influenza, y más importante aún, contar con una comunidad escolar informada y consciente de sus responsabilidades como miembros de dicha comunidad.

La guía y recomendaciones para la prevención y manejo de infección por el virus de Influenza son documentos vivos, entiéndanse dinámicos, por lo cual están sujetos a cambios para ser atemperados a los hallazgos más recientes.

Las guías para el control y manejo en instituciones educativas publicadas por el CDC en relación al virus de Influenza, enfatizan las siguientes directrices como aquellas de primera instancia (anejo 1):

- Enfatizar la higiene de tos y estornudos
- Enfatizar y facilitar la higiene de manos
- Observar el periodo de exclusión de 7 días, o hasta 24 hrs. luego del último episodio febril sin uso de medicamentos para reducir o controlar la fiebre
- Limpieza rutinaria de los planteles
- Habilitar un cuarto de aislamiento
- Proveer equipo de protección personal a las enfermeras escolares
- Considerar profilaxis o tratamiento temprano con antivirales a personas de alto riesgo

De surgir cambios en la virulencia, modo de transmisión y/o la epidemiología de este virus, entonces se recomendaría se adopten medidas adicionales como:

- Extender el periodo de exclusión (≥ 7días)
- Permitir que personas de alto riesgo permanezcan en sus hogares
- Expandir la definición de caso e implementar una vigilancia activa en la unidad escolar
- Recomendar la cuarentena de familiares (hermanos (as)) de los casos sospechosos
- Aumentar las medidas de distanciamiento social dentro de la unidad escolar
- Cierre selectivo, reactivo, preventivo, de la unidad escolar
- Cancelar actividades grupales en la unidad escolar

Sistema de vigilancia de Influenza en las escuelas

El sistema de vigilancia de Influenza en las escuelas según recomendamos tiene dos componentes: vigilancia electrónica de patrones de ausentismo y la vigilancia de casos sospechosos en la unidad escolar.

Vigilancia electrónica de patrones de ausentismo:

Recomendamos la adaptación y uso del reporte electrónico conocido como "Informe diario de dinámica escolar" con el que cuenta el Departamento de Educación (DE). El mismo recopila información de asistencia de la matrícula, como la del personal de pedagogía, administrativo y demás personal de apoyo. Entendemos que el mismo podría ser modificado para obtener estadísticas de ausentismo en las unidades escolares. Recomendamos se incorporen las estadísticas de ausentismo de años anteriores de cada unidad escolar (tres años, preferiblemente cinco) para poder identificar cambios en estos patrones de forma oportuna.

El uso de este sistema facilitaría el reporte y análisis de datos de ausentismo de las sobre 1,500 unidades escolares dentro del sistema del DE, de forma oportuna para a su vez, tomar medidas de mitigación y/o respuesta ante un alza en ausentismo. Además, consideramos que la adaptación de este modelo de reporte electrónico para la vigilancia de patrones de ausentismo aumentaría la simplicidad, aceptabilidad, flexibilidad, representatividad y más importante la prontitud del sistema de vigilancia.

En términos generales los datos que deben ser recolectados son los siguientes:

- Porciento de ausentismo en la unidad escolar
- Porciento de estudiantes con síntomas gripales que visitan la enfermera escolar en la unidad escolar
- Porciento de estudiantes en la unidad escolar, despachados para el hogar con síntomas gripales

El análisis de los datos anteriormente mencionados, junto con otras estadísticas de la epidemiología de la enfermedad generados por el DS, son instrumentos útiles para el diseño de estrategias dirigidas al control y prevención de Influenza en el ámbito escolar. Recomendamos además, que de notar cambios en los patrones de ausentismo, se le de acceso al DS a la información del reporte de visitas a la enfermera escolar, o su equivalente (vigilancia de casos sospechosos) para ese periodo de tiempo y unidad escolar, esto con el fin de facilitar la investigación de brote o conglomerado de reportes. Se adjunta copia del formulario para el reporte de visita y otros materiales de referencia que serían entregados a la enfermera escolar y/o personal designado (anejo 2).

Vigilancia de casos sospechosos en la unidad escolar:

Todo sistema de vigilancia debe contar con una definición de caso que permita discernir entre los casos y los no casos (controles). Sugerimos la siguiente definición de caso para el sistema de vigilancia de Influenza en el sistema escolar:

Persona que presente con, o que en las pasadas 24 hrs reporte haber demostrado algunos de los siguientes signos o síntomas:

1. ***Fiebre mayor de 38°C ó 100°F y…***
2. *Tos o dolor de garganta*
3. *Otros signos o síntomas que pueden acompañar los anteriores son:*

Gotereo nasal	*Dolor muscular*	*Dolor de cabeza*
Escalofríos	*Fatiga*	*Vómitos y/o diarreas*

Para poder realizar este cernimiento los maestros, enfermeras escolares, además de personal administrativo debe estar familiarizado con la definición de caso, y con los signos y síntomas de la enfermedad. De el maestro o personal administrativo notar alguno de los síntomas antes indicados debe facilitar que el individuo sea evaluado por la enfermera escolar o el personal señalado para llevar a cabo esta función en la unidad escolar.

La enfermera escolar, o su equivalente, deberá a su vez cumplimentar un formulario (anejo 3) que someterá al director escolar para que este puede entrar los datos del número de estudiantes/ personas con síntomas gripales que visitan a la enfermera escolar en la unidad escolar y el de estudiantes/ personas en la unidad escolar, despachados al hogar con síntomas gripales.

También es importante que la enfermera escolar, o su equivalente, cuente con los siguientes recursos para llevar a cabo estas funciones: mascarillas quirúrgicas y respiradores N-95; termómetro; materiales para cumplir con la recomendaciones de higiene de manos y tos; recomendaciones para el manejo de casos sospechosos de infección con Influenza; etc.

De tener una persona que presente síndrome gripal recomendamos se sigan los siguientes procedimientos:

- Colocarle una mascarilla quirúrgica al ‘paciente’;
- Ubicarle en el área designada de aislamiento;
- Contactar a los padres o tutor en caso de ser un menor de edad y notificarles la situación para que le lleven a su casa, y/o referir el caso para que sea evaluado por su médico de cabecera, ya sea por vía telefónica o visita al consultorio;

- Indicar que el paciente debe permanecer en el hogar durante 7 días, o hasta 24 horas luego del último episodio febril sin uso de medicamentos para reducir o controlar la fiebre;
- Educar al paciente, sus padres o encargado, sobre las medidas de prevención a tomar para evitar el contagio en el hogar, incluyendo las medidas de distanciamiento social en el hogar;
- Notificar al director escolar de la situación; completar la documentación requerida.

Para propósitos de vigilancia epidemiológica en el ámbito escolar, un **brote** de Influenza se define como: ausentismo **por Influenza** igual o mayor al 10% de un determinado grupo (salón, grado, unidad, etc.) en un periodo de tiempo equivalente a un periodo de incubación , i.e., 7 días; por ejemplo:

- 3 personas en un salón/grupo de 30 en un periodo de 7 días;
- 1-2 personas en un salón/grupo de 10-20 en un periodo de 7 días.

En situaciones donde se identifique un brote por Influenza entonces el salón/grupo afectado debe ser excluido del ámbito escolar por un periodo de 7 días. En el caso de contactos directos asociados como lo son familiares y amigos, estos deben ser evaluado caso por caso.

Al completar el periodo de exclusión según recomendado, el individuo podrá re-incorporarse a la comunidad escolar sin necesidad de un certificado médico. Persona que haya sido enviada a su hogar por sospecha de Influenza y donde un médico documente que la persona NO es un caso sospechoso de Influenza (ya sea de temporada (estacional) o novel, ésta podrá retornar al plantel escolar una vez presente dicha documentación, o al completar el periodo de exclusión.

NOTA:
Es importante recalcar que NO se debe administrar ASPIRINA o productos que contengan aspirina, a personas con fiebre sospechosas de tener Influenza.

Flujo de información del sistema de vigilancia

Para optimizar el intercambio y análisis de la información se sugiere el siguiente esquema (figura 1):

- Director escolar completa el "Informe diario de dinámica escolar" en particular aquella parte rediseñada para ausentismo.

DEPARTAMENTO DE EDUCACIÓN
Estado Libre Asociado de Puerto Rico

Aug-4-2009

Código | Nombre de escuela o instituto | Región

Ingrese código de escuela o (1000) otras instituciones educativas

Cantidad de ausencias en la escuela o institución educativa

Estudiantes

Docentes

No docentes

Director

Cantidad de estudiantes o personal que visito la enfermeria o la oficina del director por razones de salud

Referidos al hogar

El Departamento de Educación no discrimina por razón de raza, color, sexo, nacimiento, origen nacional, condición social, ideas políticas o religiosas, edad o impedimento en sus actividades, servicios educativos y oprtunidades de empleo

Send

Esta parte ha de recopilar la siguiente información:

- Número de ausencias en la matrícula, personal de pedagogía, administrativo y otros personal de apoyo
- Número de estudiantes con síntomas gripales que visitan la enfermera escolar en la unidad escolar
- Número de estudiantes en la unidad escolar, despachados al hogar con síntomas gripales

- El DE brindará acceso, según sea necesario, a la bases de datos de ausentismo para realizar los análisis correspondientes o en su defecto brindará los datos ya analizados a personal previamente identificado asignado a la Oficina de Epidemiología e Investigación del DS. El DE facilitará además, estadísticas de ausentismo de años anteriores para poder establecer una base de comparación que permita determinar cambios en los patrones de ausentismo.

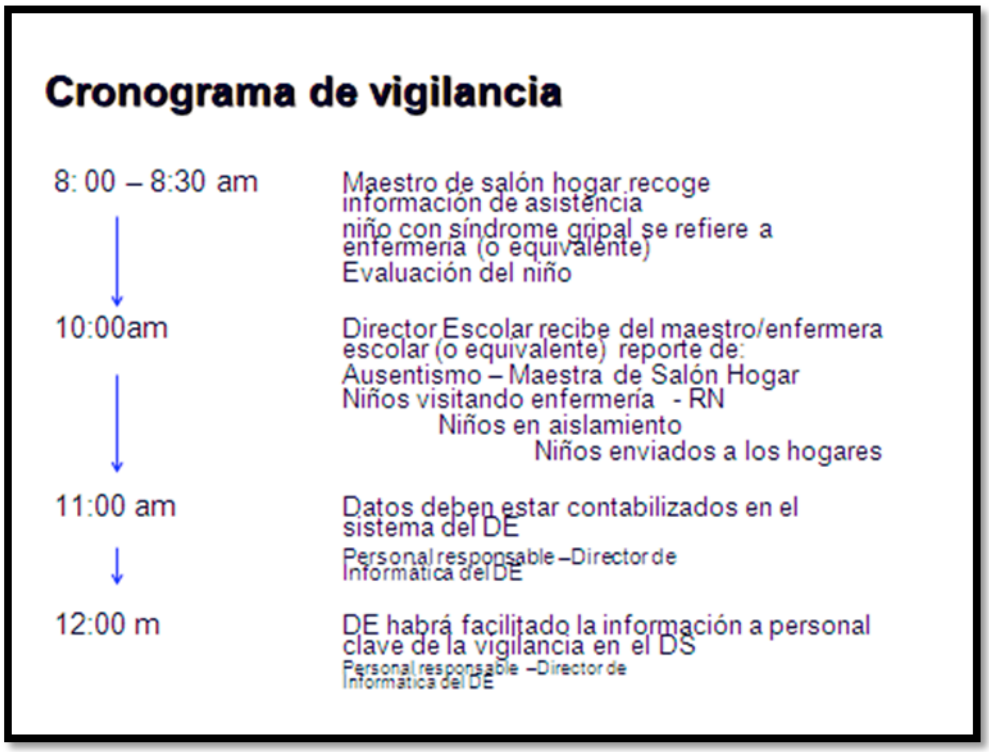
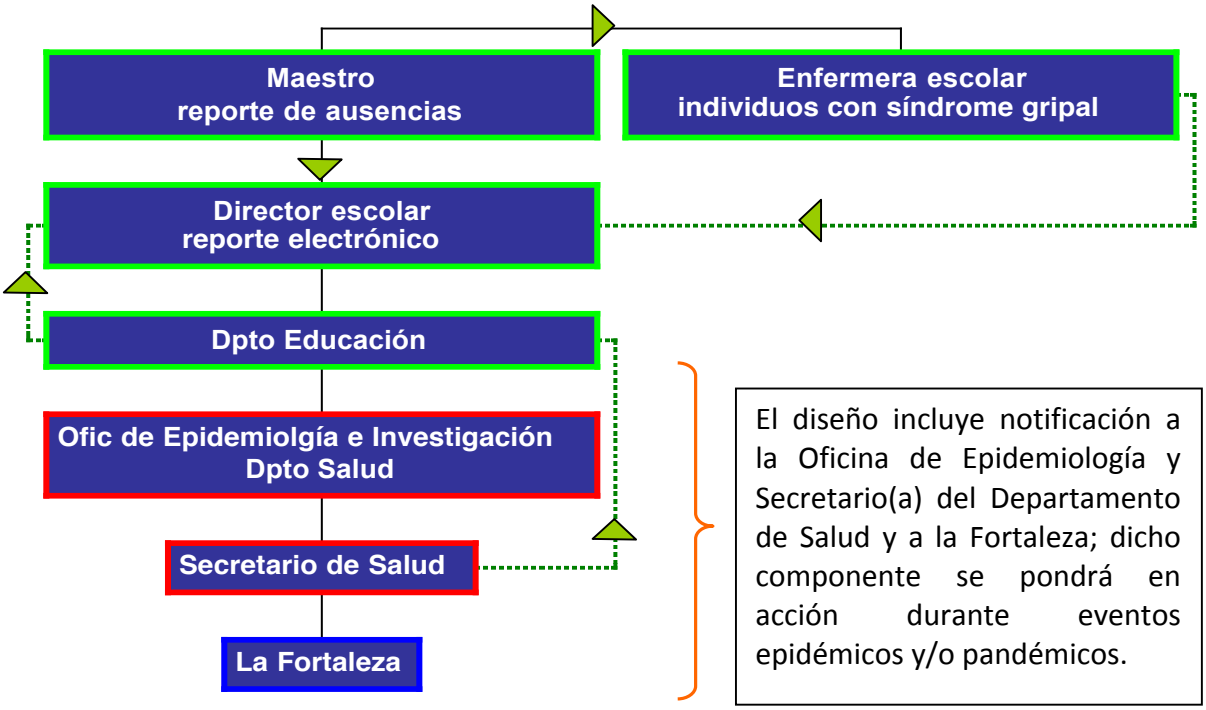


FIGURA 1:

Flujo de información sugerido para el sistema de vigilancia de Influenza en las escuelas



Otros asuntos

La comunicación efectiva a la comunidad escolar sobre las medidas tomadas por el DE para disminuir el riesgo de exposición al virus de Influenza, y sobre el rol protagónico que tienen los padres y maestros en la prevención de la transmisión, es imprescindible para lograr que las medidas de prevención y respuesta sean aceptables para la comunidad escolar.

Por tanto entre los mensajes que le sean provistos a los padres y maestros es esencial que se incluya el esbozar planes para el cuidado de los niños, familiares, etc., si se diese la situación de que un miembro de la familia enfermara con signos o síntomas consistes con Influenza, tuviese que cumplir con un periodo de exclusión, o en caso de cierre del plantel escolar.

Es de suma importancia además, el que la comunidad entienda que los objetivos y metas son las de mantener las escuelas abiertas, por tanto la sospecha de infección por Influenza en miembros de la comunidad escolar no conllevará el cierre inmediato de la unidad escolar. Estas situaciones serán evaluadas casos por caso, por oficiales del DE en conjunto con oficiales del Departamento de Salud y miembros de la comunidad escolar. Le incluimos material educativo y otras referencias para facilitar el proceso de diseminación de la información (ver anejo 4).

Es recomendable que se realice un censo para identificar los individuos de alto riesgo en las comunidades escolares y así poder orientarles mejor en caso de exposición a un caso sospechoso de infección con Influenza. Cuando se estén realizando estas funciones es importante que se cumpla con el derecho a confidencialidad del paciente según dispuesto por la ley HIPAA. Es aconsejable además, que la comunidad escolar identifique los centros centinela y facilidades de servicios médicos más cercanos (ver anejo 2).

A pesar de que el sistema de vigilancia que aquí se presenta ha sido diseñado para escuelas que responden al Departamento de Educación, no existe impedimento para que escuelas privadas adopten y adapten esta guía para su uso. La Oficina de Epidemiología e Investigación del DS está disponible para asistir en este proceso.

ANEJOS

ANEJO 1

CDC Draft and Interim Guidance for Schools

Update on School (K – 12) and Child Care Programs: Interim CDC Guidance in Response to Human Infections with the Novel Influenza A (H1N1) Virus

August 5, 2009, 5:00 PM ET

This document has been updated in accordance with the CDC Recommendations for the Amount of Time Persons with Influenza-Like Illness Should be Away from Others (http://www.cdc.gov/h1n1flu/guidance/exclusion.htm) . *This document provides interim guidance and will be updated as needed.*

This document provides interim guidance to child care programs and schools on suggested means to reduce the spread of the novel influenza A (H1N1) virus in their programs and facilities. However, recommendations may need to be revised as more information becomes available.

This document updates the previous document by reorganizing the information into information for K-12th grades versus child care programs. However, this document does NOT make any changes in guidance for these settings.

Background

This document provides updated interim guidance for schools and child care programs regarding the prevention of the spread of novel influenza A (H1N1) virus. For the purpose of this guidance, "child care programs" will be used to refer to both licensed and unlicensed child care programs providing family home or center-based child care. "Schools" will refer to both public and private institutions providing grade K-12 education to children and adolescents in group settings. Although child care programs and schools share common characteristics, there are differences between the two and some specific recommendations for child care programs are given in this guidance.

Initial cases of novel influenza A (H1N1) in the United States included school-aged students and were associated with travel to Mexico and school-based outbreaks. Early information from Mexico indicated that many previously healthy young adults were hospitalized with rapidly progressive pneumonia, frequently resulting in respiratory failure requiring mechanical ventilation and death.

Based on this initial information, CDC recommended consideration of school and child care program closure as an option to lessen the risk of infection with this novel influenza virus in order to protect students, staff, parents and other caregivers from a potentially severe disease as well as limit spread into the community.

New information on disease severity and the extent of community spread led to a revision of the school and child care program closure guidance. The large number of confirmed or probable cases of novel influenza A (H1N1) reported from almost states, with numerous disease clusters, indicates spread within communities that makes individual school and child care program closure less effective as a control measure. Most U.S. cases have not been severe and are comparable in severity to seasonal influenza. CDC and local and state health officials will continue to closely monitor the severity and spread of this novel H1N1 influenza outbreak.

At this time, CDC recommends the primary means to reduce spread of influenza in schools and child care programs focus on early identification of ill students and staff, staying home when ill, and good cough and hand hygiene etiquette. Decisions about school and child care program closure should be at the discretion of local authorities based on local considerations, including public concern and the impact of school or child care program absenteeism and staffing shortages.

TOP (#top)

Interim Recommendations: K-12 Schools

- School dismissal is not advised for a suspected or confirmed case of novel influenza A (H1N1) and, in general, is not advised unless there is a magnitude of faculty or student absenteeism that interferes with the school's ability to function.

- Students, faculty or staff with influenza-like illness (fever with a cough or sore throat) should keep away from others as much as possible, stay home, and not attend school or go into the community (except to seek medical care or for other necessities) for at least 24 hours after fever is gone (/h1n1flu/guidance/exclusion.htm) . (Fever should be gone without the use of a fever-reducing medicine.)
- Students, faculty and staff who appear to have an influenza-like illness at arrival or become ill during the day should be isolated promptly in a room separate from other students and sent home.
- Aspirin or aspirin-containing products should not be administered to any confirmed or suspected ill case of novel H1N1 influenza virus infection aged 18 years old and younger due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. (http://www.cdc.gov/h1n1flu/clinicians/ (http://www.cdc.gov/h1n1flu/clinicians/))
- Parents and guardians should monitor their school-aged children, and faculty and staff should self-monitor every morning for symptoms of influenza-like illness.
- Ill students should not attend alternative child care or congregate in other neighborhood and community settings outside of school.
- School administrator's should communicate regularly with local public health officials to obtain guidance about reporting of influenza-like illnesses in the school
- Schools can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

Students, faculty and staff should stringently follow sanitary measures to reduce the spread of influenza, including covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), frequently washing hands with soap and water, or using hand sanitizer* (/h1n1flu/qa.htm#antibacterial) if hand washing with soap and water is not possible.

TOP (#top)

Interim Recommendations: Child Care Programs

As for schools, closure of child care programs is not currently recommended due to novel H1N1 influenza in the community or the child care facility. Child care programs should follow the above recommendations for schools along with the other recommendations in this section.

- Child care programs should work closely and directly with their local and State public health officials to make appropriate decisions and implement strategies in a coordinated manner.
- Child care providers should conduct daily health checks on all children. Although daily health checks have been recommended for child care programs before the current H1N1 flu situation, programs that do not conduct routine daily health checks should institute this practice. (See Caring for Our Children Standards 3.001 and 3.002 for information on how to do this http://nrckids.org/ (http://nrckids.org/))
- Ill children should stay home and not be taken out of one child care program and put into another child care program even temporarily.
- Childcare facilities should clean and sanitize frequently-touched surfaces, (such as desks, doorknobs, computer keyboards, toys) routinely and if they become visibly soiled.

  http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1076310 (http://nrckids.org/CFOC/HTMLVersion/Chapter_3.html#1076310)
  http://www.cdc.gov/h1n1flu/qa.htm (http://www.cdc.gov/h1n1flu/qa.htm)
  http://www.epa.gov/oppad001/influenza-disinfectants.html (http://www.epa.gov/oppad001/influenza-disinfectants.html)

- Child care programs can help serve as a focus for educational activities aimed at promoting ways to reduce the spread of influenza, including hand hygiene and cough etiquette.

Additional Links:

H1N1 Flu (Swine Flu): Resources for Parents and Caregivers (/h1n1flu/parents/)

Questions and Answers: H1N1 Flu (Swine Flu) and You (/h1n1flu/qa.htm)

(/h1n1flu/guidance_homecare.htm)

TOP (#top)

- Links to non-federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of

CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

This document provides guidance to help decrease the spread of flu among students and school staff during the 2009-2010 school year. This document expands upon earlier school guidance documents by providing a menu of tools that school and health officials can choose from based on conditions in their area. It recommends actions to take this school year and suggests strategies to use if CDC finds that the flu starts causing more severe disease. The guidance also provides a checklist for making decisions at the local level. Detailed information on the reasons for these strategies and suggestions on how to use them is included in the Technical Report. Based on the severity of 2009 H1N1 flu-related illness thus far, this guidance also recommends that students and staff with influenza-like illness remain home until 24 hours after resolution of fever without the use of fever-reducing medications.

For the purpose of this guidance, "schools" will refer to both public and private institutions providing grades K-12 education to children and adolescents in group settings. The guidance applies to such schools in their entirety, even if they provide services for younger or older students. Guidance for child care settings and institutions of higher education will be addressed in separate documents.

The guidance is designed to decrease exposure to regular seasonal flu and 2009 H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools. CDC will continue to monitor the situation and update the current guidance as more information is obtained on 2009 H1N1.

About 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States each day. By implementing these recommendations, schools and health officials can help protect one-fifth of the country's population from flu. Collaboration is essential: CDC, the U.S. Department of Education, state and local public health and education agencies, schools, students, staff, families, businesses, and communities all have active roles to play.

The decision to dismiss students should be made locally and should balance the goal of reducing the number of people who become seriously ill or die from influenza with the goal of minimizing social disruption and safety risks to children sometimes associated with school dismissal. Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education. Still, although the situation in fall 2009 is unpredictable, more communities may be affected, reflecting wider transmission. The overall impact of 2009 H1N1 should be greater than in the spring, and school dismissals may be warranted, depending on the disease burden and other conditions. (See the Technical Report for discussion of the kinds of circumstances that might warrant preemptive school dismissals.)

Recommended school responses for the 2009-2010 school year

Under conditions with similar severity as in spring 2009

- **Stay home when sick:** Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs. (For more information, visit http://www.cdc.gov/h1n1flu/guidance/exclusion.htm.)
- **Separate ill students and staff:** Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill students and staff wear protective gear such as a mask.
- **Hand hygiene and respiratory etiquette:** The new recommendations emphasize the importance of the basic foundations of influenza prevention: stay home when sick, wash hands frequently with soap and water when possible, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
- **Routine cleaning:** School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other non-detergent-based cleaners is not necessary.
- **Early treatment of high-risk students and staff:** People at high risk for influenza complications who become ill with influenza-like illness should speak with their health care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.
- **Consideration of selective school dismissal:** Although there are not many schools where all or most students are at high risk (for example, schools for medically fragile children or for pregnant students) a community might decide to dismiss such a school to better protect these high-risk students.

Under conditions of increased severity compared with spring 2009

CDC may recommend additional measures to help protect students and staff if global and national assessments indicate that influenza is causing more severe disease. In addition, local health and education officials may elect to implement some of these additional measures. Except for school dismissals, these strategies have not been scientifically tested. But CDC wants communities to have tools to use that may be the right measures for their community and circumstances.

- **Active screening:** Schools should check students and staff for fever and other symptoms of flu when they get to school in the morning, separate those who are ill, and send them home as soon as possible. Throughout the day, staff should be vigilant in identifying students and

other staff who appear ill.

- **High-risk students and staff members stay home:** People at high-risk of flu complications should talk to their doctor about staying home from school when a lot of flu is circulating in the community. Schools should plan now for ways to continue educating students who stay home through instructional phone calls, homework packets, internet lessons, and other approaches.
- **Students with ill household members stay home:** Students who have an ill household member should stay home for five days from the day the first household member got sick. This is the time period they are most likely to get sick themselves.
- **Increase distance between people at schools:** CDC encourages schools to try innovative ways of separating students. These can be as simple as moving desks farther apart or canceling classes that bring together children from different classrooms.
- **Extend the period for ill persons to stay home:** If influenza severity increases, people with flu-like illness should stay home for at least 7 days, even if they have no more symptoms. If people are still sick, they should stay home until 24 hours after they have no symptoms.
- **School dismissals:** School and health officials should work closely to balance the risks of flu in their community with the disruption dismissals will cause in both education and the wider community. The length of time schools should be dismissed will vary depending on the type of dismissal as well as the severity and extent of illness. Schools that dismiss students should do so for five to seven calendar days and should reassess whether or not to resume classes after that period. Schools that dismiss students should remain open to teachers and staff so they can continue to provide instruction through other means.

  Reactive dismissals might be appropriate when schools are not able to maintain normal functioning for example, when a significant number and proportion of students have documented fever while at school despite recommendations to keep ill children home.

  Preemptive dismissals can be used proactively to decrease the spread of flu. CDC may recommend preemptive school dismissals if the flu starts to cause severe disease in a significantly larger proportion of those affected.

Deciding on a course of action

CDC and its partners will continuously look for changes in the severity of influenza-like illness and will share what is learned with state and local agencies. However, states and local communities can expect to see a lot of differences in disease burden across the country.

Every state and community has to balance a variety of objectives to determine their best course of action to help decrease the spread of influenza. Decision-makers should explicitly identify and communicate their objectives which might be one or more of the following: (a) protecting overall public health by reducing community transmission; (b) reducing transmission in students and school staff; and (c) protecting people with high-risk conditions.

Some strategies can have negative consequences in addition to their potential benefits. In the particular case of school dismissals, decision-makers also must consider and balance additional factors: (a) how to ensure students continue to learn; (2) how to provide an emotionally and physically safe place for students; and (3) how to reduce demands on local health care services. The following questions can help begin discussions and lead to decisions at the state and local levels.

Decision-Makers and Stakeholders

Are all of the right decision-makers and stakeholders involved?

- State and/or local health officials
- State and/or local education officials
- State and/or local homeland security officials
- State and/or local governing officials (e.g., governors, mayors)
- Parent and student representatives
- Representatives of local businesses, the faith community, school-employee unions, and community organizations
- Teachers
- Health care providers and hospitals
- School nurses
- School food service directors
- Vendors that supply schools

Information Collection and Sharing

Can local or state health officials determine and share information about the following?

- Outpatient visits for influenza-like illness
- Hospitalizations for influenza-like illness
- Trends in the numbers of hospitalizations or deaths
- Percent hospitalized patients who require admission to intensive care units (ICU)
- Deaths from influenza
- Groups being disproportionately affected
- Ability of local health care providers and emergency departments to meet increased demand
- Availability of hospital bed, ICU space, and ventilators for influenza patients
- Availability of hospital staff
- Availability of antiviral medications

Can local education agencies or schools determine and share information about the following?

- School absenteeism rates
- Number of visits to school health offices daily
- Number of students with influenza-like illness sent home during the school day

Feasibility

Do you have the resources to implement the strategies being considered?

- Funds
- Personnel
- Equipment
- Space
- Time
- Legal authority or policy requirements

Acceptability

Have you determined how to address the following challenges to implementing the strategies?

- Public concern about influenza
- Lack of public support for the intervention
- People who do not feel empowered to protect themselves
- Secondary effects of strategies (for example, dismissing schools could impact child nutrition, job security, financial support, health service access, and educational progress)

This is an official U.S. Government Web site managed by the U.S. Department of Health & Human Services.

Draft CDC Guidance for School (K – 12) Responses to Influenza for the 2009 – 2010 School Year

Lisa Barrios, DrPH

July 30, 2009

Webinar Purpose

To provide state and territory health departments with a preview of the draft CDC Comprehensive School Guidance document and to solicit feedback and input.

Desired Webinar Outcome

State and territory health departments will understand the recommendations in the Draft CDC Comprehensive School Guidance document and will have provided valuable input to be used in revising the document so that it can go forward in the clearance and publication stages.

Webinar Methodology

- Moderated/Managed Bridge Line
  - Questions, comments, discussion, and state input will be held until the discussion period, after the document presentation
  - AT&T technical moderator will manage and announce questions and comments during discussion period
- Live Meeting
  - Allows remote attendees to see slides

Webinar Agenda

Event	Moderator/Presenter
1:30 – 1:45: Welcome and Introductions	Dr. Alvarado-Ramy
1:45 – 2:15: Briefing on the Draft Document	Dr. Barrios
2:15 – 3:25: Questions, Comments, Discussion, State Input	Dr. Alvarado-Ramy
3:25 – 3: 30: Closing	Dr. Alvarado-Ramy

- **Document Purpose**
  - Provide guidance on suggested means for reducing exposure of students and staff to influenza
- **Document Goals**
  - Decrease risk of hospitalization and death
  - Minimize disruption of day-to-day social, educational, and economic activities

- **Changes from previous guidance**
  - Recommends specific interventions for use this school year
  - Suggests interventions for use under conditions of greater severity and impact
  - Provides rationales, instructions, and caveats for use
  - Provides decision-making guidance

- **Background – U.S. Schools**
  - 55 million students
  - >130,000 public and private schools
  - 7 million adult teachers and staff
  - One-fifth of the U.S. population
  - U.S. schools' services to students
    - Educate
    - Feed
    - Child care
    - Health care
    - Stable routine

Summary

- A combination of interventions based on spring 2009 influenza activity, severity, and virulence
- A menu of additional interventions to consider
- Decisions will differ across communities and should be based on local goals, epidemiology, health care system capacity, feasibility, and acceptability
- Interventions determined through collaborative decision making involving education and public health agencies, parents, and the community
- CDC may recommend pre-emptive school dismissals in the future based on changes in virulence, severity, and impact

Recommended Responses	Additional Responses
Respiratory etiquette	Extended exclusion period (≥7 days)
Hand hygiene	Permit high-risk to stay home
Exclusion period (24hr-based)	Active screening/Expanded illness definition
Routine cleaning	Home quarantine of well siblings
Isolation room	Increase social distance
PPE for school nurses	Selective, reactive, or pre-emptive school dismissals
Antiviral prophylaxis & early treatment for high-risk persons	Cancel school-related mass gatherings

Collaboration

- Federal roles – CDC:
  - Monitor spread and severity
  - Identify promising methods to reduce morbidity and mortality
  - Assist state and local health agencies with implementation
  - Evaluate method effectiveness
  - Provide timely updates on what works
- Federal roles – Department of Education
  - Collaborate with federal and non-government entities to disseminate emerging guidance
  - Provide support to state and local education agencies
  - Work with CDC to monitor school dismissals

Collaboration (continued)

- State and local health agencies:
  - Collect and share relevant epidemiological data
  - Have regular channels of communication to share information
  - Jointly make decisions with school officials
- State and local education agencies
  - Work with public health and social service counterparts to ensure health and safety for students and staff
  - Disseminate emerging guidance
  - Promote teaching and learning – even if school is dismissed

Collaboration (continued)

- Students, staff, and families
  - Take personal responsibility for behaviors that will protect them and their communities, such as staying home when ill
- Local businesses
  - If employees are not able to stay home when children are ill, effectiveness of school-based interventions will be diminished
- Community-based and faith-based organizations can provide critical support

Collaboration (Continued)

- Schools
  - Examine and revise current plans and procedures
  - Communicate effectively with families and communities about:
    - What is being done to decrease exposure
    - Roles of families and communities to reduce exposure and keep schools open

Recommended Interventions for 2009-2010 school year

- Respiratory Etiquette
  - Cover nose and mouth to cough or sneeze
  - Discard tissue after use
- Hand Hygiene
  - Students and staff should be encouraged to wash hands often – especially after coughing or sneezing
  - Time, facilities and materials should be provided for students to wash hands as needed
  - Alcohol-based hand cleaners are also effective
    - If not allowed, other hand sanitizers may be useful

Recommended Interventions (Continued)

- Exclusion period
  - Individuals with ILI should remain home for at least 24 hours after they are free of fever or feverishness without the use of fever-reducing medications
  - 3 to 5 day exclusion period in most cases
  - Stay home until the end of this period and avoid contact with others
  - Can shed virus for more than 24 hours after fever goes away
  - Upon returning to school continue to follow
    - Hand hygiene
    - Respiratory etiquette

Recommended Interventions (Continued)

- Exclusion (Continued)
  - Exclusion recommended regardless of antiviral drug use
  - Decisions about extending period should be made at community level, in conjunction with local and state health officials
  - Longer exclusion period may be appropriate for people returning to a setting with high-risk persons

Recommended Interventions (Continued)

- Routine Cleaning
  - Viruses may spread when persons touch respiratory droplets on hard services and objects then touch their mouth, nose, or eyes
  - Not necessary to disinfect beyond routine cleaning
  - Regularly clean areas and items likely to have frequent hand contract
  - Clean when visibly soiled
  - Use detergent-based cleaners or EPA-registered disinfectants.

Recommended Interventions (Continued)

- Designate isolation room for ill persons
  - Move students and staff with ILI symptoms to isolation room immediately until they can be sent home
  - Have them wear surgical masks when near others
  - Staff with limited interactions with students and other staff should be designated to care for ill persons
- Appropriate personal protective equipment for school nurses when caring for persons with ILI
- Suggest high-risk students and staff discuss antiviral post-exposure prophylaxis and early treatment with their health care provider

Additional interventions based on increased severity and impact

- Specific measures being defined
  - Increased virulence
  - High rates of severe complications, hospitalizations, deaths
  - Pronounced surge in demand for healthcare services
- Feasibility and acceptability will vary across communities
- Other than school dismissal, not scientifically evaluated in community settings

Additional interventions (Continued)

- **Extended exclusion period**
  - Remain at home for at least 7 days. If still sick after 7 days, stay home until at least 24 hours after symptoms resolve.
- **Permit high risk students and staff to stay home**
  - Decide with health care provider
  - Decrease exposure in other ways
  - School and school board should consider ways to allow people to stay home
  - Schools should plan for continuing education for home-bound students

Additional interventions (Continued)

- Institute active fever and symptom screening
  - Sick students and staff should stay home
  - Ask all students about symptoms at beginning of day
    - Expanded illness definition
  - Be vigilant throughout the day
  - Students and staff who appear ill should be further screened by school nurse
- Home quarantine of well siblings
  - Remain home and monitored for at least 5 days from onset of illness in household member
  - Follow exclusion guidance for household members who becomes ill during this period

Additional interventions (Continued)

- Increase social distance within the school
  - Half day schedules
  - Outdoor classes
  - Rotating teacher between classrooms, rather than students
  - Postponing class trips that bring students together from multiple locations

Additional interventions (Continued)

- School dismissal
  - Collaborative decision-making
  - Clearly state reason for dismissing students and type of dismissal being implemented
  - **Selective dismissal**
    - Based on population and outbreak characteristics of schools
    - Local decision
  - **Reactive dismissal**
    - Based on excessive absenteeism, illness at school, inability to maintain school functioning
    - May reduce burden on health care system
    - Local decision

Additional interventions (Continued)

- School dismissal (Continued)
  - **Pre-emptive dismissal**
    - Goal is to decrease spread of influenza virus or reduce demand on health care system
    - Use early and in conjunction with other community interventions
  - Consider mixing of students across schools and districts and work collaboratively
  - Length of dismissal will vary depending on type of dismissal, severity and extent of illness but should be at least seven days and regularly reassessed

Additional interventions (Continued)

- School dismissal (Continued)
  - Plan early to address possible secondary effects
  - Allow school staff continued use of school facilities
    - May allow teachers to develop and deliver lessons and materials
    - Continue to follow infection control practices
  - Report dismissals to CDC, the U.S. Department of Education, and your state health and education agencies at www.cdc.gov/FluSchoolDismissal

Additional interventions (Continued)

- Cancel school-based mass gatherings
  - Sporting events, performances
  - If held, strongly advise the ill and high risk persons to stay away and
    - Provide hand washing and hand sanitizer
    - Provide tissues
    - Provide medical assessment and onsite care
    - Provide alternative participation options and venues

Deciding on a Course of Action

- CDC recommends that schools act to decrease exposure by using the most appropriate combination of interventions, based on local information, and in close collaboration with local and state health officials
- CDC will monitor data trends and make recommendations
- States and communities can expect to see variability from national picture
- Should consider proactive use of more intensive interventions based on other parts of the country

Deciding on a Course of Action (Continued)

- Are the appropriate decision-makers and stakeholders involved?
  - Identify decision-makers
  - Identify stakeholders
  - Establish and maintain a process for regular input and collaboration on decisions and for sharing data

Deciding on a Course of Action (Continued)

- What is the epidemiology of the influenza virus in your community?
  - Determine extent of spread
  - What is your rate of outpatient visits for ILI?
  - What is the local hospitalization rate?
  - What percent of hospitalized patients need ICU admission?
  - How many deaths are occurring and among what groups?
  - What are absenteeism rates?
  - How many visits are being made to school health offices daily?
  - How many students being sent home from school ill?

Deciding on a Course of Action (Continued)

- Does your health care community have the capacity to manage the current outbreak?
  - How busy are local care providers and emergency departments?
    - Can they keep up with demand?
  - Do you have enough ICU space? Ventilators?
  - Do you have enough surge staff to provide care?
  - Do you have enough antiviral medications to treat exposed high risk persons?

Deciding on a Course of Action (Continued)

- What is your main goal?
  - Do you want to decrease the impact of the virus on:
    - Persons with high risk conditions?
    - All students and staff?
    - The entire community?
  - How do you weigh individual protection vs. community protection?
  - What role does the demand for health care services play on your decisions?

Deciding on a Course of Action (Continued)

- How feasible are the interventions under consideration?
  - What resources are available?
  - What resources are needed?
  - How long will it take to implement?
  - How long can it be sustained?
  - Are changes to legal authority or policy needed?
    - How feasible are these changes?
  - Can you communicate effectively with target audiences about the interventions?

Deciding on a Course of Action (Continued)

- How acceptable are the interventions you are considering?
  - How are public or media concerns affecting the community?
  - What can you do to empower personal responsibility and protective action?
  - What secondary effects can you expect from the interventions under consideration? Can these secondary effects be mitigated?
  - Will the community support the interventions? What can you do to increase buy-in?

Questions, Comments, Discussion, State Input

If you have comments, questions or other input after the Webinar, please send them to Lisa Barrios at: LBarrios@cdc.gov

ANEJO 2

Materiales de referencia para la enfermera escolar

ALERTA DE SALUD

Nueva influenza H1N1

Esté atento a estos síntomas:

FIEBRE Y

- **Tos**
- **Dolor de garganta**
- **Moqueo o congestión nasal**

Puede haber otros síntomas como:

- **Dolor de cuerpo**
- **Dolor de cabeza**
- **Fatiga**
- **Escalofríos**
- **Diarrea**
- **Vómito**

Las personas con algunas afecciones médicas crónicas, los adultos mayores de 65 años, los niños menores de 5 años y las mujeres embarazadas pueden tener un mayor riesgo de enfermarse gravemente.

SI USTED CREE QUE TIENE LA INFLUENZA H1N1:

- **Quédese en su casa** o en su hotel si está viajando, excepto para ir al médico. No viaje ni vaya a la escuela o al trabajo.
- **Evite el contacto cercano** con otras personas por 7 días a partir del comienzo de los síntomas y hasta que hayan pasado 24 horas desde que desaparecieron.

TODAS LAS PERSONAS DEBEN:

- **Cubrirse la boca y la nariz** con un pañuelo desechable al toser o estornudar.
- **Lavarse las manos a menudo** con agua y jabón o usar un gel para manos a base de alcohol.
- **Evitar tocarse los ojos, la nariz o la boca.**
- **Evitar el contacto con personas enfermas.**

Para obtener más información:

- Visite www.cdc.gov/h1n1flu/espanol/
- Comuníquese con los CDC 24 horas al día, los 7 días de la semana
  - **1-800-CDC-INFO (232-4636)**
  - **TTY: (888) 232-6348**
  - **cdcinfo@cdc.gov**
- Comuníquese con su departamento de salud local o estatal

H1N1 Travel Health Alert Notice, 05-09

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS
CENTROS PARA EL CONTROL Y LA PREVENCIÓN DE ENFERMEDADES
GENTE. SEGURA. SALUDABLE

CDC SAFER • HEALTHIER • PEOPLE

203075-A

Influenza Porcina

Diferencias entre los síntomas de la gripe común y la influenza porcina

Síntomas		Gripe Común	Influenza
	Fiebre	No llega a 39°	Inicio súbito a 39°
	Dolor de cabeza	De menor intensidad	Intenso
	Escalofríos	Esporádico	Frecuentes
	Cansancio	Moderado	Externo
	Dolor de garganta	Pronunciado	Leve
	Tos	Menos intensa	Seca continua
	Moqueo	Fuerte y con congestión nasal	Poco común
	Dolores musculares	Moderado	Intenso
	Ardor de ojos	Leve	Intenso

Fuente: Organización Mundial de la Salud (www.who.int/es)

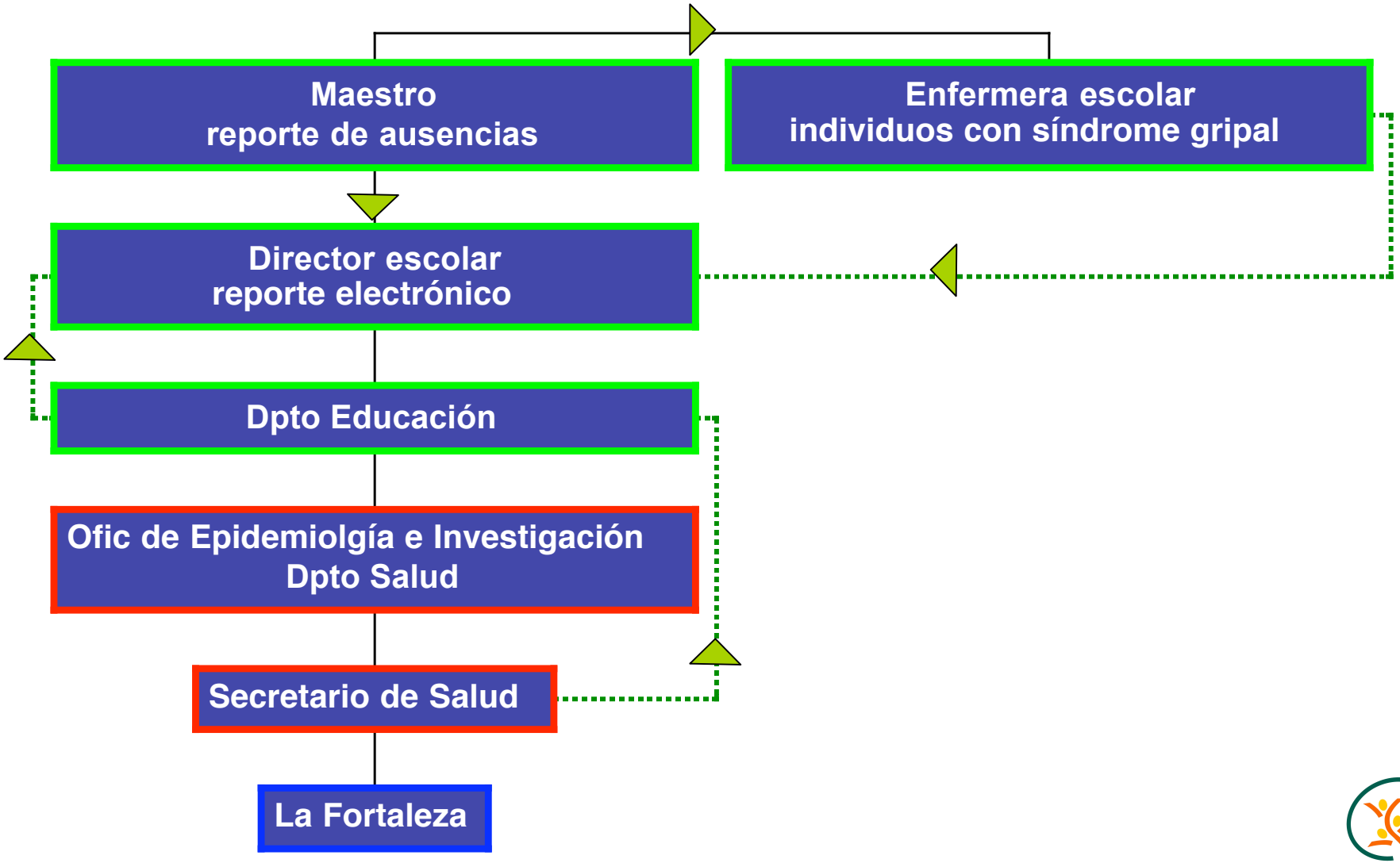
Definición de caso: vigilancia epidemiológica para Influenza en las escuelas

Persona que presente con, o que en las pasadas 24 hrs. reporte haber demostrado algunos de los siguientes signos o síntomas (ILI):

1. Fiebre mayor de 38°C ó 100°F y…
2. Tos o dolor de garganta
3. Otros signos o síntomas que pueden acompañar los anteriores son:

Gotereo nasal	Dolor muscular	Dolor de cabeza
Escalofríos	Fatiga	Vómitos y/o diarreas

Flujo de información sistema de vigilancia



Estado Libre Asociado de Puerto Rico
Departamento de Salud

DEPARTAMENTO DE EDUCACIÓN

Estado Libre Asociado de Puerto Rico

Aug-4-2009

Código | Nombre de escuela o instituto | Región

Ingrese código de escuela o (1000) otras instituciones educativas

Cantidad de ausencias en la escuela o institución educativa

Estudiantes

Docentes

No docentes

Director

Cantidad de estudiantes o personal que visito la enfermeria o la oficina del director por razones de salud

Referidos al hogar

El Departamento de Educación no discrimina por razón de raza, color, sexo, nacimiento, origen nacional, condición social, ideas politicas o religiosas, edad o impedimento en sus actividades, servicios educativos y oprtunidades de empleo

Send

Reporte de enfermera escolar de casos atendidos con síntomas gripales

Escuela/Institución:
Municipio:
Fecha de reporte:
Distrito escolar:
Nombre enfermera escolar o persona que reporta

Códigos
S-estudiante
D-director
M-maestro
T-trabajador social
O-orientador/consejero
P-psicólogo
B-biliotecario
A-administracioón
C-conserjes
E-comedor escolar
G-guardia escolar

Nombre	Fecha de Visita	Actividad que realiza	Grado (si aplica)	Edad	Comienzo de Síntomas	Referido a Médico o al hogar	Vistó al médico para la misma condición	Sintomas (Si/No)									Sospecha clinica de influenza	Familiares con quien convive el caso están enfermos con síntomas similares
	dd/mm/aa	(ver códigos)			dd/mm/aa	Si/No	Si/No	Fiebre	Tos	D. Garganta	D. Cabeza	Malestar corporal	Escalofríos	Náusea	Diarreas	Vómitos	Si/No	Si/No
Total de visitas																		
Total de referidos																		

Grupos de alto riesgo

- Embarazadas
- Menores de 5 años
- Menores de 19 años que tomen aspirina
- Personas mayores de 65 años
- Personas en 'nursing homes'
- Pacientes con enfermedades crónicas como diabetes, asma, cáncer o VIH, entre otras

Entre los nuevos casos se identificaron dos posibles perfiles de riesgo adicionales

- Personas extremadamente obesas
- Jóvenes que desarrollan cuadro respiratorio agudo.

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Persona con ILI en el plantel escolar

- Referirle a la enfermera escolar
- Colocarle una mascarilla quirúrgica al ‘paciente’
- Ubicarle en el área de aislamiento designada
- Contactar a los padres o tutor, notificar la situación para que le lleven a la casa y/o referir el caso para que sea evaluado por su médico cabecera, ya sea por vía telefónica o visita al consultorio
- Recomendar el paciente sea evaluado en el centro centinela más cercano

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Persona con ILI en el plantel escolar cont. (II)

- Indicar que el paciente debe permanecer en el hogar hasta 24 hrs. luego del último episodio febril sin uso de medicamentos para reducir o controlar la fiebre

- Educar al paciente, sus padres o encargado, sobre las medidas de prevención a tomar para evitar el contagio en el hogar, incluyendo medidas de aislamiento social en el hogar

- Notificar al director escolar de la situación

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Persona con ILI en el plantel escolar cont.(III)

- Al completar periodo de exclusión, la persona podrá re-incorporarse a la comunidad escolar sin necesidad de un certificado médico

- Persona que haya sido enviada para su hogar por sospecha de Influenza y donde un médico documente que la persona NO es un caso sospechoso de Influenza (temporada (estacional) o novel) ésta podrá retornar al plantel escolar una vez presente dicha documentación

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Departamento de Salud
Oficina de Epidemiología e Investigación

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Forma Correcta de Remover Guantes*

Retire un guante comenzando desde la muñeca y continuando por los dedos. Una vez removido el guante, agárrelo por la parte interior.

Utilice la parte interior del guante que removió para retirar el otro guante. Al retirarlo ambos guantes deben estar al revés.

Coloque el primer guante dentro del segundo. Disponga de ellos de forma apropiada. **No vuelva a utilizar un guante usado. Realice el lavado de manos.**

* Para disponer de guantes con fluidos (sangre, secreciones, etc.) debe disponerse en una bolsa designada para desperdicios biomédicos (bolsa roja/ rotulada).

Departamento de Salud
Oficina de Epidemiología e Investigación

Laboratorio de Salud Pública
Teléfono: 787-274-5724
Facsímil: 787-274-5710

Oficina de Epidemiología e Investigación

Nivel Central
Teléfono: 787-765-2929 ext. 3552 / 3556
Facsímil: 787-751-6937

Regiones

1. Metro	2. Bayamón	3. Arecibo	4. Caguas
Teléfono: **787-281-6144** Facsímil: 787-767-5310	Teléfono: **787-780-7973** Facsímil: 787-995-0123	Teléfono: **787-879-3246** Facsímil: 787-880-4880	Teléfono: **787-286-0880** Facsímil: 787-286-0780
Supervisora Enfermería: *Sra. Elizabeth Muñoz* Epidemióloga: *Sra. Norma I. Díaz*	Supervisora Enfermería: *Sra. Nidia E. Rovira* Epidemióloga: Srta. María del Pilar Díaz	Supervisora Enfermería: *Sra. Aurea A. Soto* Epidemiólogo: *Sr. Juan B. Méndez*	Supervisora Enfermería: *Sra. Mildred Rivera* Epidemióloga: *Sra. Sandra Claudio*
Pueblos: **Canóvanas, Carolina, Guaynabo, Loíza, Río Piedras, San Juan, Trujillo Alto**	**Pueblos:** **Barranquitas, Bayamón, Cataño, Comerio, Corozal, Dorado, Naranjito, Orocovis, Toa Alta, Toa Baja, Vega Alta**	**Pueblos:** **Arecibo, Barceloneta, Camuy, Ciales, Florida, Hatillo, Lares, Manatí, Morovis, Quebradillas, Utuado, Vega Baja**	**Pueblos:** **Aguas Buenas, Aibonito, Caguas, Cayey, Cidra, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa**

5. Fajardo	6. Ponce	7. Mayagüez	8. Aguadilla
Teléfono: **787-801-5922** Facsímil: 787-860-2690	Teléfono: **787-844-4682** Facsímil: 787-841-5058	Teléfono: **787-831-0262** Facsímil: 787-834-0095	Teléfono: **787-997-0155** Facsímil: 787-891-2045
Supervisora Enfermería: *Sra. María L. Robles* Epidemióloga: *Sra. Edna I. Ponce*	Supervisora Enfermería: *Sra. Miriam H. Torregrosa* Epidemióloga: *Sra. María V. Ramos*	Supervisora Enfermería: *Sra. María S. Pérez* Epidemiólogo: *Sra. Catherine Díaz*	Supervisora Enfermería: *Sra. Carmen M. Román* Epidemiólogo: *Sra. Catherine Díaz*
Pueblos: **Ceiba, Culebra, Fajardo, Luquillo, Río Grande, Vieques**	**Pueblos:** **Adjuntas, Arroyo, Coamo, Guánica, Guayama, Guayanilla, Jayuya, Juana Díaz, Patillas, Peñuelas, Ponce, Salinas, Santa Isabel, Villalba, Yauco**	**Pueblos:** **Añasco, Cabo Rojo, Hormigueros, Lajas, Las Marías, Maricao, Mayagüez, Rincón, Sabana Grande, San Germán**	**Pueblos:** **Aguada, Aguadilla, Isabela, Moca, San Sebastian**

Información:
www.salud.gov.pr

Aprobado por la Comisión Estatal de Elecciones
CEE-SA-08-3739

Que hacer si desarrolla síndromes gripales

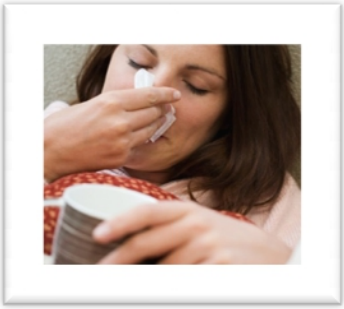
Adaptado de los CDC

Trasfondo

Una nueva variante del virus de la influenza H1N1 está causando enfermedad en los Estados Unidos y en algunos países en otra parte del mundo. Expertos en la materia del Centro para el Control y Prevención de Enfermedades (CDC por sus siglas en inglés) esperan que continúe el reporte de casos en los estados, por tanto cabe la posibilidad de que usted, algún familiar o amigo puedan enfermar en los próximos meses. Es por estas razones que le recomendamos conozca cuales son los síntomas y qué medidas tomar.

Signos y síntomas

Los signos y síntomas de esta variante del virus de la influenza H1N1 son parecidos a los síntomas de la influenza o gripe estacional: fiebre, tos, dolor de garganta, gotereo nasal, dolor en el cuerpo, dolor de cabeza, escalofríos y cansancio. Algunas personas también pueden tener diarreas y vómitos. Al momento se desconoce con certeza quienes son las personas a mayor riesgo de desarrollar complicaciones, sin embargo se considera que el patrón sea muy similar a aquel visto con la influenza de temporada. Tal como ocurre con la influenza estacional personas mayores de 65 años, niños menores de 5 años, mujeres embarazadas, y personas de cualquier edad con enfermedades crónicas como asma, diabetes, enfermedades cardiacas y personas con problemas de su sistema inmune (pacientes de cáncer, VIH positivos, etc.) se consideran están a mayor riesgo de desarrollar complicaciones de resultar infectados.



Evite el contacto con otros

Los signos y síntomas de la enfermedad pueden durarle una semana o más. Durante este tiempo es importante que permanezca en su casa y que evite el contacto con otras personas, excepto si necesita buscar ayuda médica.

Si tiene que salir de su casa utilice una mascarilla y/o pañuelos desechables para cubrirse al toser o estornudar. En términos generales evite el contacto con otros para evitar contagiarles. Al momento, el CDC entiende que esta nueva variante del virus se propaga muy similarmente al virus de la influenza estacional. Es por esto que decimos que la persona puede transmitir la enfermedad desde el día antes del comienzo de síntomas y hasta siete días después del inicio de la enfermedad. Los niños, especialmente los más pequeños, podrían ser contagiosos durante periodos más largos (10 días).

Hay tratamiento para aquellos que demuestran enfermedad severa

Se espera que la mayoría de los casos recuperen de la enfermedad sin consecuencias.

Si usted desarrollase signos o síntomas severos de enfermedad, busque atención médica de inmediato. Su médico determinará si usted debe realizarse la prueba de influenza o si debe recibir medicamentos. De haber transmisión sostenida de este virus en su comunidad es posible que no sea necesario el realizarse la prueba para la influenza.

Existen dos medicamentos antivirales recomendados para el tratamiento de la influenza H1N1. Estos medicamentos son oseltamivir (nombre comercial Tamiflu®) o zanamivir (nombre comercial Relenza®). Según avance la transmisión de la enfermedad es posible que haya escasez de estos medicamentos. Es por esto que los medicamentos serán administrados con prioridad a pacientes hospitalizados o a aquellos a riego de desarrollar complicaciones. Estos medicamentos son más eficaces si se inician dentro de los 2 días siguientes a la aparición de los síntomas, pero pueden ser administrados aún pasados estos dos días.

Signos de advertencia

Si se enferma y presenta alguno de los siguientes signos de advertencia, busque atención médica de inmediato.
En los niños, los principales signos de advertencia que requieren atención médica inmediata son:

- Respiración agitada o dificultad para respirar.
- Color azulado en la piel.
- El niño no toma suficientes líquidos.
- Vómitos severos o continuos.
- El niño no despierta ni interactúa con otros.
- El niño está molesto y no quiere que lo carguen.
- Síntomas similares a los de la influenza mejoran pero luego regresan con fiebre y una tos peor.

En los adultos, los principales signos de advertencia que requieren atención médica de emergencia son:

- Dificultad para respirar o quedarse sin aliento.
- Dolor o presión en el pecho o el abdomen.
- Mareo repentino.
- Confusión.
- Vómitos fuertes o constantes.
- Síntomas similares a los de la influenza mejoran pero luego regresan con fiebre y una tos peor.

Proteja a su familia, su comunidad y a usted mismo

- Manténgase informado. El Departamento de Salud estará rutinariamente actualizando la información sobre esta enfermedad, visite nuestra página de Internet www.salud.gov.pr.
- desechable al toser o estornudar. Bote el pañuelo desechable a la basura después de usarlo.
- Lávese las manos a menudo con agua y jabón, especialmente después de toser o estornudar. Los desinfectantes para manos a base de alcohol también son eficaces.
- Trate de no tocarse los ojos, la nariz ni la boca. Esta es la manera en que se propagan los gérmenes.
- Si usted se enferma, quédese en casa por 7 días después del inicio de la enfermedad o hasta luego de pasadas unas 24 horas sin haber tenido síntomas. No se acerque a otras personas de la casa para evitar contagiarlas.
- Aprenda cómo y quién debe ser el cuidador familiar de una persona enferma con el virus de influenza H1N1. Encontrará información al respecto en nuestra página de Internet.
- Siga las recomendaciones sobre los cierres de escuelas (distanciamiento social) y evite lugares o eventos concurridos.
- Considere desarrollar un plan de emergencia familiar como medida de precaución en la eventualidad de que usted o algún familiar enfermase con el virus de influenza H1N!.

Para más información puede comunicarse a la:

Línea PAS
1-800-981-0023

Oficina de Epidemiología e Investigación
787-690-8007

Oficina de Preparación y Coordinación de Respuesta en Salud Pública
787-690-6020

Recomendaciones para la prevención y manejo de Influenza en las escuelas, año escolar 2009-2010

- Enfatizar la higiene de tos y estornudos
- Enfatizar y facilitar la higiene de manos
- Observar el periodo de exclusión de 7 días ó 24 hrs. luego del último episodio febril sin uso de medicamentos para reducir o controlar la fiebre
- Limpieza rutinaria de los planteles
- Habilitar un cuarto de 'aislamiento'
- Proveer equipo de protección personal a las enfermeras escolares
- Considerar profilaxis o tratamiento temprano con antivirales a personas de alto riesgo

Estado Libre Asociado de Puerto Rico
Departamento de Salud

MAPA DE DISTRIBUCION DE LOS PROVEEDORES CENTINELAS

Rev. 16 de Julio de 2009

Departamento de Salud
Oficina de Epidemiología e Investigación

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Red de Proveedores Centinelas (51)

Región	Nombre del Proveedor	Teléfono	Dirección
Arecibo *(14)*	• Hospital Metropolitano Dr. Sulsoni	(787) 650-1030	Calle Palma #55, Arecibo, P.R.
	• Hospital Cayetano Coll y Toste	(787) 878-7272 ext. 1231 / 1041	Carr. 129 Km. 0.1, Ave. San Luis, Arecibo, P.R.
	• Hospital Castañer	(787) 829-5010	PR 135 - KM 64.2, Lares, P.R.
	• Hospital Montaña	(787) 650-1030	Hospital Montaña, Utuado, P.R.
	• CDT Manati	(787) 854-3774	Carr. #2, Manatí, P.R.
	• Hospital Metropolitano de Arecibo	(787) 650-0020	Southwest Health Corp., Zona Industrial Victor Reyes #2, Carr. 129, Arecibo, P.R
	• Community Health Service	(787) 898-2660, 898-2290	Ave. Muñoz Rivera #63, Camuy, P.R.
	• Hospital Castañer	(787) 829-5010	Carr. 135, K-64.2, Castañer, Lares, P.R.
	• Centro de Salud	(787) 897-1720, 897-1730	Carr 111, Km 1.9, Lares, P.R
	• C.D.T. Manati	(787) 854-2292, 854-3774	Carr. #2, Km 50, Manati, P.R
	• Hospital Doctor Center	(787) 854-3322, 854-1054	Carr. #2 Km 47.7, Manati, P.R.
	• Hospital Manati Medical Center	(787) 854-3700, 854-1446	Urb. Atenas, C/ Hernandez, Carr. #2, Int. 668, Manati, P.R.
	• C.D.T. Quebradillas	(787) 895-2670, 895-2660	C/ Luis Muñoz Rivera #114, Quebradillas, P.R
	• Hospital Wilma Vazquez	(787) 858-1580, 858-2500	Carr. 2 Km 39.5, Vega Baja, PR
Bayamón *(4)*	• Hospital Ramón Ruiz Arnau	(787) 787-5151 ext. 2222	Ave. Laurel #100, Santa Juanita, Bayamón, P.R.
	• HIMA San Pablo	(787) 620-4747 ext. 1897/ 5391	Calle Santa Cruz 70, Urb. Santa Cruz, Bayamón, P.R.
	• Hospital Hnos. Meléndez	(787) 620-8181 / (787) 474-8282 ext. 4306/ 4305	PR 2 KM 11.7, Bayamón, P.R.
	• PR Children Hospital	(787) 620-8181	PR 2 KM 11.7, Bayamón, P.R.
Caguas *(2)*	• Hospital San Juan Bautista	(787) 653-0550 ext. 2082 / 2090	Carr. 172, Urb.Turabo Gardens, Caguas, P.R.
	• Hospital HIMA- San Pablo	(787) 653-3434	Ave. Luis Muñoz Marín, Int. Degeatu, Urb. Mari Olga, Caguas,
Fajardo *(6)*	• Hospital HIMA- San Pablo	(787) 863-0505 ext. 2324	Ave. General Valero 404, Fajardo, P.R.
	• Caribbean Medical Center	(787) 801-0081 /(787) 801-0084	Ave. Osvaldo Molina 3151, Fajardo, P.R.
	• CDT Vieques- Susana Centeno	(787) 741-0392	PR 997 Km H.1 C/ Antonio G, Mellado Final, Vieques, P.R.
	• CDT Culebra	(787)742-3511	Calle William Font Final (Pueblo), Culebra, P.R.
	• CDT Luquillo	(787) 889-8800	Calle 14 de Julio #159, Luquillo, P.R.
	• CDT Río Grande	(787) 809-1010 / 1012/ 1013 / 1020	Calle Pimentel y Castro #200, Rio Grande, P.R.

Región	Nombre del Proveedor	Teléfono	Dirección
Mayagüez *(2)*	• Hospital Perea	(787) 834-0101 ext. 1051	Calle Dr. Basora #15, Mayagüez, P.R.
	• Hospital Bella Vista	(787) 834-6000 ext. 1016	Carr. 349 KM. 2.7 Cerro Las Mesas, Mayagüez, P.R.
Aguadilla *(2)*	• Buen Samaritano	(787) 658-0000 ext. 1361	Bo. Caimital Bajo, Ave. Severiano Cuevas, Aguadilla, P.R
	• San Carlos Boromeo	(787) 877-8000 ext. 2511	Carr. 110 Calle Concepción Vera Ayala 550, Moca, P.R.
Metro *(14)*	• Centro Pediátrico Country Club	(787) 633-8152	Ave. Campo Rico GO-7 Country Club, Carolina, P.R.
	• CDT Canóvanas	(787) 256-2525/2530	Corchado final, Canóvanas, P.R.
	• Hospital UPR Dr. Federico Trilla	(787) 757-1800 ext. 279 / (787) 701-1680	Ave. 65 Infantería, Carolina, P.R.
	• ASEM	(787) 777-3535 ext. 1504, 1500	Centro Médico, Río Piedras, P.R.
	• Hospital Metropolitano	(787) 782-9999 ext. 5156/5405	Carr. 21 #1785, Las Lomas, Río Piedras, P.R.
	• CDT Carolina	(787) 257-0320	Edif. Jesús T. CPiñero Calle Molinillo, Carolina, P.R.
	• Oficina Médica - Dr. Francisco Jiménez Pons	(787) 782-6868	Carr. 21 Q3 #14 Las Lomas, San Juan, P.R
	• CDT San Juan	(787) 444-9295	Varios CDT & Hospital Municipal
	• Concilio de Salud Integral de Loíza	(787) 876-2245 /2042 ext. 262	Loíza, P.R.
	• Hospital Previsteriano	(787) 721-2160/787-999-00204	Condado, San Juan, P.R.
	• Hospital de Niños San Jorge	(787) 727-1000 ext. 4175/4454	Santurce, San Juan, P.R.
	• Hospital Pavia Santurce	(787) 727-6060 ext. 3359/ 3421	Santurce, San Juan, P.R.
	• Hospital Pavia Hato Rey	(787) 754-0909 ext. 1583	Hato Rey, San Juan, P.R.
	• Hospital del Maestro	(787) 758-8383 ext. 2407/ 2179	Ave. Domenech, Rio Piedras, P.R.
Ponce *(6)*	• Hospital Dr. Pila	(787) 848-5600 ext.3181,3120, 3100	Ave. Las Américas 2431, Ponce, P.R.
	• Hosp. Metropolitano Dr. Tito Mattei, Yauco	(787) 856-1000 ext. 2613	Carr. 128, KM 2.1, Yauco, P.R.
	• Hospital Cristo Redentor	(787) 864-4300 ext.2291 / 787 686-0063 ext. 2378	Ave. Pedro Albizus Campos, La Hacienda, Guayama, P.R.
	• Hospital San Lucas	(787) 844-2080 ext. 1232,1300	Ave. Tito Castro, Carr. 14, Ponce, P.R.
	• Hospital San Cristobal	(787) 848-2100 ext.4333, 2155, 3046	Carr. 506, Coto Laurel, Ponce, P.R.
	• Hospital Damas	(787) 840-8686 ext. 6180	2213 Ponce By Pass, Ponce, P.R.

DESINFECTA TUS MANOS
Y NO TE CONTAGIES

TU DEPARTAMENTO DE SALUD DISTRIBUYE MEDICAMENTOS CONTRA LA INFLUENZA A H1N1 LIBRE DE COSTO

Estado Libre Asociado de Puerto Rico
Departamento de Salud
www.salud.gov.pr

El Departamento de Salud está distribuyendo, a través de farmacias alrededor de todo Puerto Rico, los medicamentos antivirales recomendados para el tratamiento contra la **Influenza A H1N1**, para adultos y niños, GRATIS.

El medicamento se despachará libre de costo a aquellas personas que presenten en las farmacias indicadas una receta médica. Asegúrese de que su médico incluye en la receta su dirección completa. Para recibir el medicamento, se requiere que presente en la farmacia de su selección una identificación del paciente o de la persona que lo recibe. Los pacientes con plan médico de la Reforma no necesitan la contrafirma de su médico primario ni pre-autorización.

Centro de Información del Departamento de Salud para el virus A H1N1: 1-877-298-3298

Aguada
Nuestra Farmacia
San Francisco
Tel. 868-4940

Aguadilla
Farmacia El Edén
Tel. 882-2000
Walgreens Carr. 2
Tel. 882-8044

Aguas Buenas
Alternative Pharmacy, Inc.
(Farmacia San Antonio)
Tel. 732-3131

Aibonito
Farmacia Yamila
Tel. 735-2456

Añasco
Family Pharmacy Concepts
Tel. 826-2545

Arecibo
Fcia. López Reformada
Tel. 878-0535

Barceloneta
Pharmamed Pharmacy
Tel. 846-7100

Barranquitas
Farmacia Pedraza, Inc.
Tel. 857-4635

Bayamón
Farmacia Plaza 2
Tel. 785-3500
Walgreens Rexville
Tel. 799-4699
Walgreens Lomas Verdes
Tel. 269-4250
Walgreens Driving Plaza
Tel. 785-9176

Cabo Rojo
Farmacia El Combate, Inc.
Tel. 464-9877

Caguas
Farmacia Rey #6
Tel. 746-0530
Walgreens Ave. Degetau
Tel. 704-6464
Walgreens Bairoa
Tel. 744-1520
Walgreens Plaza Centro
Tel. 746-9888

Camuy
Farmacia San José
Tel. 898-2226

Canóvanas
Wal-Mart Canóvanas
Tel. 957-2715

Carolina
Super Farmacia
Tel. 257-8540
Walgreens Isla Verde
Tel. 982-0390
Walgreens Plaza Carolina
Tel. 257-8055
Walgreens Colobos
Tel. 701-0808

Cayey
Wal-Mart Cayey
Tel. 535-2122

Ciales
Farmacia Glamar I
Tel. 871-4170

Cidra
Elisie
Tel. 739-7935

Coamo
Farmacia Baldorioty
Tel. 825-2555

Comerío
Farma Coop
Domingo Santiago
Tel. 875-2540

Corozal
Farmacia Mabel
Tel. 859-2105

Dorado
Farmacia Dorado
Tel. 796-1155

Fajardo
Super Farmacia Libertad
Tel. 863-0810
Wal-Mart Fajardo
Tel. 801-0504

Florida
Mi Farmacia
Tel. 822-2425

Guánica
Farmacia Guaniqueña
Tel. 821-6323

Guayama
San Carlos
Tel. 864-0116

Guayanilla
Farmacia La Ventana
Caribe Coop
Tel. 835-3525

Guaynabo
Farmacia Nueva
Tel. 720-2626
Walgreens Las Cumbres
Tel. 287-3725
Walgreens Santa María
Tel. 287-0528
Walgreens San Patricio
Tel. 792-2144

Gurabo
Farmacia Navarro
Tel. 687-2566

Hatillo
San Marcos
Tel. 898-2525
Wal-Mart Hatillo
Tel. 817-1125

Hato Rey
Farmacia Plaza 8
Tel. 756-8761

Hormigueros
Farmacia Belmonte
Tel. 849-0749

Humacao
Farmacia Marisel I
Tel. 852-4180
Farmacia Marisel II
Tel. 850-9246
Wal-Mart Humacao
Tel. 852-9620

Isabela
Farmacia Carimar
Tel. 872-2860

Juana Díaz
Super Fcia. Juana Díaz
Tel. 837-2139

Lajas
Farmacia San Pedro
Tel. 899-8719

Lares
Farmacia Expreso
Tel. 897-4159
Farmacia El Centro
Tel. 869-3340

Las Marías
Fcia. La Inmaculada
Tel. 827-0343

Las Piedras
Farmacia Ana
Tel. 733-2671

Loíza
Farmacia Medianía
Tel. 876-1927
Jardines de Loíza
Tel. 876-3106

Manatí
Farmacia del Pozo
Tel. 854-2041
Wal-Mart Manatí
Tel. 621-0487

Maunabo
Tu Farmacia Familiar
Tel. 861-4855

Mayagüez
Farmacia Post
Tel. 832-2045
Wal-Mart Mayagüez
Tel. 265-1090

Moca
El Divino Niño
Tel. 818-4839

Morovis
Farmacia Lideliz
Tel. 862-3610

Naguabo
Farmacia Freddy
Tel. 874-3122
La Milagrosa
Tel. 874-5092

Naranjito
Mi Farmacia
Tel. 869-1604

Orocovis
Farmacia Minelly
Tel. 867-1430

Patillas
Farmacia Jomary
Tel. 839-2730

Peñuelas
Farmacia Ileana
Tel. 836-1058

Ponce
Farmacia El Tuque
Tel. 846-2805
Farmacia El Apotecario
Tel. 844-2135
Walgreens Ave. Maruca
Tel. 812-5978
Walgreens Ave. Fagot
Tel. 841-2135

Quebradillas
Farmacia Nuevo
Concepto
Tel. 895-3060

Rincón
Farmacia Raisa
Tel. 823-2929

Río Grande
Farmacia Santa Teresa
Tel. 887-2475

Río Piedras
First Pharmacy #1
Tel. 740-3015
Walgreens 65 Inf.
Tel. 768-4400

Sabana Grande
Farmacia Nored
Tel. 873-6019

Salinas
Farmacia Garrod
Tel. 824-7777

San Germán
Súper Farmacia Mayi
Tel. 892-1485

San Juan
Farmacia Litheda
Tel. 761-4205
Farmacia Rey #2
Tel. 296-1616
Farmacia Rey #3
Tel. 790-9009
Farmacia Rey #5
Tel. 749-0438
Super Farmacia
Villa Prades
Tel. 767-2097
Walgreens Ashford
Tel. 725-7895
Walgreens Calle Loíza
Tel. 728-0033

San Lorenzo
Farmacia San Luis
Tel. 736-2771

San Sebastián
Farmacia Central
Tel. 896-1115
Farmacia
San Sebastián
Tel. 896-4650

Santurce
Fcia. El Botiquín
de la 26
Tel. 982-2323

Toa Alta
Farmacia
San José #1
Tel. 870-1434

Toa Baja
Farmacia
La Amistad
Tel. 780-2054

Trujillo Alto
Farmacia
San Justo
Tel. 755-1085

Utuado
Farmacia Maestre
Tel. 894-2075

Vega Baja
Farmacia Asturiana
Tel. 858-4215
Farmacia Triple R
Tel. 855-6033

Vieques
Farmacia
San Antonio
Tel. 741-8397

Villalba
Farmacia
San Antonio
Tel. 847-1096

Yabucoa
Cima Drug
Pharmacy
Tel. 893-4455

Yauco
Farmacia
La Concepción
Tel. 856-0233

Recomendaciones adicionales para la prevención y manejo de Influenza

De surgir cambios en el comportamiento del virus, el CDC recomendará se adopten las siguientes medidas adicionales:

- Extender el periodo de exclusión (≥ 7días)
- Permitir que personas de alto riesgo permanezcan en sus hogares
- Expandir la definición de caso e implementar una vigilancia activa en la unidad escolar
- Recomendar la cuarentena de familiares (hermanos (as)) de los casos sospechosos
- Aumentar las medidas de distanciamiento social dentro de la unidad escolar
- Cierre selectivo, reactivo, preventivo, de la unidad escolar
- Cancelar actividades grupales en la unidad escolar

Estado Libre Asociado de Puerto Rico
Departamento de Salud

ANEJO 3

Formulario de Reporte de Enfermería a Director Escolar

Reporte diario de enfermería de personas con síntomas gripales

Fecha:

Escuela:

Matrícula escolar:

Enfermera que reporta:

Síntomas gripales (ILI) :
Persona que presente con, o que en las pasadas 24 hrs reporte haber demostrado algunos de los siguientes signos o síntomas:

1. Fiebre mayor de 38°C ó 100°F y...
2. Tos o dolor de garganta
3. Otros signos o síntomas que pueden acompañar los anteriores son:

Gotereo nasal
Escalofríos
Dolor muscular
Fatiga
Dolor de cabeza
Vómitos y/o diarreas

Total de casos atendidos en enfermería con síntomas gripales: _____

Total de los anteriores enviados a la casa/médico: _____

ANEJO 4

Material educativo y otros materiales de referencia

Páginas

Visite las siguientes páginas electrónicas:

Departamento de Salud de Puerto Rico:
www.salud.gov.pr

Información sobre Pandemia de Influenza:
www.pandemicflu.gov

Lista de Contactos

Departamento de Salud
787-274-7676

Oficina de Epidemiología e Investigación
787-274-6831

Regiones:

Aguadilla	787-891-6255
Arecibo:	787-879-3246
Bayamón:	787-995-0125
Caguas:	787-286-0880
Fajardo:	787-801-5922
Mayagüez:	787-831-0262
Metro:	787-281-6144
Ponce:	787-844-4682

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Oficina de Preparación y Coordinación de Respuesta en Salud Pública
Programa de Planificación de Pandemia de Influenza
PO Box 70184
San Juan, Puerto Rico 00936-8184

Teléfono: 787-773-0600
Facsímil: 787-773-0622

Correo Electrónico:
cpbs@salud.gov.pr

Oficina de Epidemiología e Investigación
PO Box 70184
San Juan, Puerto Rico 00936-8184

Teléfono: 787-274-6831
Facsímil: 787-751-6937

Infórmese sobre

Influenza de Temporada

Influenza de Temporada

La influenza de temporada es una enfermedad respiratoria causada por los virus de la influenza A, B y C.

Puede causar una enfermedad que varía de leve a grave e incluso provoca la muerte en ciertos casos.

Las personas de edad avanzada, los niños pequeños y quienes padecen de ciertos problemas de salud tienen un mayor riesgo de sufrir complicaciones graves debido a la influenza. La influenza generalmente empieza de manera súbita e incluye los siguientes signos y síntomas:

- Fiebre
- Tos
- Dolor de garganta
- Congestión nasal
- Dolor de cabeza
- Malestar corporal
- Cansancio
- Diarrea y vómito (más frecuente en los niños)

Es necesario que lo vea un médico para determinar si tiene influenza u otra infección que pudo haber sido causada por la misma.

La influenza es una enfermedad que se propaga de persona a persona cuando una persona infectada tose o estornuda. También puede contagiarse al tocar superficies contaminadas con el virus y luego tocarse los ojos, la nariz o la boca. La mejor manera de protegerse y proteger a los demás contra la influenza es vacunándose todos los años.

Los siguientes pasos pueden ayudarle a evitar la propagación de enfermedades respiratorias:

- Cúbrase la nariz y la boca con pañuelos desechables cuando tosa o estornude.
- Trate de no tocarse los ojos, la nariz ni la boca.
- Lávese las manos frecuentemente (entre 15 a 20 segundos) con agua y jabón o algún desinfectante a base de alcohol, especialmente después de toser o estornudar.
- Evite acercarse a personas que estén enfermas.
- Si le da influenza, quédese en casa y no vaya al trabajo, a la escuela ni a reuniones sociales.

Recomendaciones importantes...

Si le da influenza, descanse, tome mucho líquido, y evite fumar y tomar bebidas alcohólicas. Puede tomar algún medicamento como acetaminofén para reducir la fiebre y los dolores musculares. Nunca dé aspirina a los niños o jóvenes que tengan síntomas de influenza y en particular, si tiene fiebre.

Páginas

Visite las siguientes páginas electrónicas:

Departamento de Salud de Puerto Rico:
www.salud.gov.pr

Información sobre Pandemia de Influenza:
www.pandemicflu.gov

Lista de Contactos

v

Departamento de Salud
787-274-7676

Division de Epidemiología e Investigación
787-274-6831

Regiones:

Aguadilla	787-891-6255
Arecibo:	787-879-3246
Bayamón:	787-995-0125
Caguas:	787-286-0880
Fajardo:	787-801-5922
Mayagüez:	787-831-0262
Metro:	787-281-6144
Ponce:	787-844-4682

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Oficina de Preparación y Coordinación
de Respuesta en Salud Pública
Programa de Planificación
de Pandemia de Influenza
PO Box 70184
San Juan, Puerto Rico 00936-8184

Teléfono: 787-773-0600
Facsímil: 787-773-0622

Correo Electrónico:
cpbs@salud.gov.pr

Oficina de Epidemiología e Investigación
PO Box 70184
San Juan, Puerto Rico 00936-8184

Teléfono: 787-274-6831
Facsímil: 787-751-6937

Infórmese sobre

Pandemia de Influenza

Pandemia de Influenza

Adaptado de los Centros para el Control y Prevención de Enfermedades (CDC)

- Una pandemia ocurre cuando hay más casos de una enfermedad de lo que se esperaría en varios paises del mundo a la vez. La influenza pandémica se presenta cuando un nuevo tipo de virus contra el cual los humanos no tienen defensas naturales, se disemina alrededor del Mundo, ocasionando que muchas personas se vean afectadas.

- La aparición de un nuevo subtipo de influenza A es el primer paso hacia el desarrollo de una pandemia. Sin embargo, el nuevo subtipo del virus deberá también tener la capacidad de propagarse fácilmente de persona a persona.

- En los paises de Asia afectados por la influenza aviar se han presentado casos de la enfermedad en humanos, principalmente en personas que conviven con aves enfermas.

- No se puede predecir la gravedad de la próxima pandemia. Se estima que entre el 15% y el 35% de la población podría verse afectada.

- Una pandemia durará mucho más que la mayoría de las emergencias de salud pública y podría incluir "olas" de actividad gripal, separadas por varios meses.

- Probablemente no sería posible disponer de una vacuna en las primeras etapas de una pandemia porque es necesario identificar la cepa pandémica antes de comenzar la producción de las vacunas.

- Se estima que puede ocurrir una reducción del número de trabajadores de la salud y socorristas. Los recursos podrían verse limitados. Es importante planificar actividades de preparación que permitan responder al problema de salud pública de manera rápida y efectiva.

Los siguientes pasos pueden ayudarle a evitar el contagio de la influenza:

- Cúbrase la nariz y la boca con pañuelos desechables cuando tosa o estornude.

- Trate de no tocarse los ojos, la nariz ni la boca.

- Lávese las manos frecuentemente (entre 15 a 20 segundos) con agua y jabón o algún desinfectante a base de alcohol, especialmente después de toser o estornudar.

- Evite acercarse a personas que estén enfermas.

- Si le da influenza, visite su médico o sala de emergencia. Siga las indicaciones médicas, guarde reposo, no asista a su trabajo, a la escuela ni a reuniones sociales.

Recomendaciones para el proceso de preparación ante una Pandemia de Influenza

En preparación para una Pandemia de Influenza, usted tiene que conocer tanto la magnitud de lo que puede pasar, así como las acciones que puede tomar para disminuir el impacto de ésta en usted y su familia. Esta lista de actividades le ayudará a recopilar la información y los recursos necesarios en caso de una Pandemia de Influenza.

Planifique para una Pandemia de Influenza:

1. Almacene agua y comida es importante para usted tener suficientes provisiones disponibles en su casa.

2. Pregúntele a su doctor y a su compañía de seguro médico si puede facilitar el acceso a sus medicamentos de mantenimiento por al menos un mes extra.

3. Almacene y tenga disponible medicamentos sin receta y otros artículos de primera necesidad como: analgésicos, remedios para el malestar estomacal, medicamentos para la tos y el catarro, medicamentos contra alergias, líquidos con balance de electrolitos y vitaminas.

4. Hable con sus familiares sobre cómo quisieran recibir cuidado médico si se enfermaran y qué necesitarían para recibir cuidado médico en el hogar.

5. Hágase voluntario de grupos comunitarios como la Cruz Roja Americana.

6. Involucre a la comunidad en la preparación ante una pandemia de influenza.

Para limitar el contagio y prevenir infecciones:

–Enséñele a sus hijos a lavarse las manos frecuentemente con agua y jabón y sirva de modelo haciéndolo usted también.

–Enséñele a sus hijos a cubrirse la boca con servilletas desechables cuando tosan o estornuden.

–Enséñele a sus hijos a limitar el contacto con otras personas si están enfermas.

Infórmese...

...Prepárese

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Oficina de Preparación y Coordinación
de Respuesta en Salud Pública
Programa de Planificación de Pandemia de Influenza
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-773-0600 Facsímil: 787-773-0622

Oficina de Epidemiología e Investigación
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-274-6831 Facsímil: 787-751-6937

Adaptado del Departamento de Salud y
Servicios Humanos de los Estados Unidos

Hoja de Información de Salud en Caso de una Emergencia Familiar

Es importante pensar en las situaciones de salud que podrían presentarse si ocurre una Pandemia de Influenza y cómo podría afectarle a usted y a su familia. Por ejemplo, si una clínica de vacunación se instala en su comunidad, puede ser necesario que usted le provea información sobre su historial médico, especialmente si tiene una condición crónica o es alérgico(a) a algún medicamento o a alguna comida.

Cree un plan para emergencias de salud utilizando esta información. Complete la información para cada miembro de la familia en el espacio proporcionado. Esta información puede ayudar en caso de otras emergencias de salud.

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Miembro de la familia	Tipo de sangre	Alergias	Condiciones médicas actuales	Medicamentos y dosis

Oficina de Preparación y Coordinación de Respuesta en Salud Pública
Programa de Planificación de Pandemia de Influenza
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-773-0600 Facsímil: 787-773-0622
Correo Electrónico: cpbs@salud.gov.pr

Oficina de Epidemiología e Investigación
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-274-6831 Facsímil: 787-751-6937

¿Cómo detener la propagación de gérmenes?

Adaptado del Departamento de Salud y
Servicios Humanos de los Estados Unidos

¿Cómo se propagan los gérmenes?

Se propagan principalmente de una persona a otra por medio de gotitas respiratorias provenientes de la tos y los estornudos de una persona infectada. Estas partículas se desplazan por el aire y se depositan en la boca o en la nariz de las personas alrededor.

Los gérmenes pueden propagarse cuando una persona toca las gotitas respiratorias de otra persona en una superficie, como lo es un escritorio y luego se toca los ojos, nariz o la boca antes de lavarse las manos.

¿Cómo detener la propagación de gérmenes?

- Cubrirse la boca y la nariz cuando estornude o al toser, utilice un pañuelo desechable y luego tírelo.
- Lavarse las manos con frecuencia
  - Utilice jabón y agua caliente frotando sus manos y restregando todas las superficies.
  - Lávese las manos por 15 a 20 segundos (tiempo que le toma cantar Feliz Cumpleaños o recitar el abecedario).
  - Puede usar toallitas húmedas con alcohol o gel desinfectante para las manos.
- Evitar tocarse los ojos, la nariz o la boca
  - Los gérmenes pueden vivir por un tiempo considerable (algunos pueden vivir por 2 horas o más) en superficies como las manijas de puertas, escritorios y mesas.
- Quedarse en casa cuando esté enfermo(a) y consultar a un médico cuando sea necesario.
- Practicar otros hábitos de higiene:
  - Dormir suficiente
  - Hacer ejercicio
  - Controlar el estrés
  - Tomar muchos líquidos y alimentarse nutritivamente
- Recordarles a los niños que deben practicar hábitos de higiene
  - Supervise y dé ejemplo para que los(as) niños(as) practiquen estas medidas para controlar la transmisión de gérmenes.

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Oficina de Preparación y Coordinación de Respuesta en Salud Pública
Programa de Planificación de Pandemia de Influenza
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-773-0600 Facsímil: 787-773-0622
Correo Electrónico: cpbs@salud.gov.pr

Oficina de Epidemiología e Investigación
PO Box 70184
San Juan, Puerto Rico 00936-8184
Teléfono: 787-274-6831 Facsímil: 787-751-6937

Listas de planificación para la influenza pandémica en los distritos escolares (K-12)

Los documentos en formato PDF requieren Adobe Acrobat Reader®. Si tiene problemas con los documentos en PDF, por favor descargue la última versión de Reader®.

Listas de planificación para la influenza pandémica en los distritos escolares (K-12) (PDF - 123.95 KB)
Las agencias de educación locales (LEA, por sus siglas en inglés) tienen un papel integral en la protección de la salud y la seguridad del personal, estudiantes y familias del distrito. El Departamento de Salud y Servicios Humanos (HHS, por sus siglas en inglés) y los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) han confeccionado la siguiente lista para colaborar con las LEA para que desarrollen y/o mejoren los planes para prepararse y responder ante una pandemia de influenza.

Crear una relación sólida con el departamento de salud local es fundamental para llevar a cabo un plan significativo. Las actividades claves para la planificación en esta lista se basan en los planes de emergencia existentes que el Departamento de Educación de los EE.UU. recomienda para los distritos escolares (Información práctica para planificar una crisis: Guía para escuelas y comunidades (PDF) (1.56MB). Se puede encontrar información adicional sobre la influenza pandémica en www.pandemicflu.gov.

Secciones de la lista

- Planificación y coordinación
- Operaciones esenciales y continuidad del aprendizaje de los estudiantes
- Políticas y procedimientos para el control de la infección
- Planificación de las comunicaciones

1. Planificación y coordinación:

Tareas	Sin comenzar	En curso	Finalizada
• Identificar la autoridad responsable que declara la emergencia de salud pública a nivel local y estatal y que pone en marcha oficialmente el plan de respuesta ante la influenza pandémica en el distrito.	○	○	○
• Identificar para todas las partes interesadas, las autoridades legales responsables de ejecutar el plan operativo de la comunidad, especialmente aquellas autoridades responsables de la identificación de casos, aislamiento, cuarentena, restricción de circulación, servicios de atención médica, atención de emergencia y ayuda mutua.	○	○	○
• Como parte del plan para el manejo de crisis del distrito, tratar la preparación para la influenza pandémica involucrando a todas las partes interesadas pertinentes del distrito (por ej.: la agencia principal de respuesta ante emergencias, los administradores del distrito, los representantes de la salud pública local, los profesionales de la salud escolar y mental, los docentes, el director de servicios alimentarios y los representantes de los padres). Este comité será responsable de la articulación de las prioridades estratégicas y de la supervisión del desarrollo del plan operativo del distrito para la pandemia.	○	○	○
• Trabajar con los departamentos de salud local y/o estatal y otros miembros de la comunidad para establecer las estructuras organizativas tales como el Sistema de Comando de Incidentes (ICS, por sus siglas en inglés), para manejar la ejecución del plan para gripe pandémica del distrito. El Sistema de Comando de Incidentes o ICS es una estructura organizativa estandarizada que establece una jerarquía y la terminología y los procedimientos comunes a seguir como respuesta ante un incidente. Se debería asegurar la compatibilidad entre el ICS establecido del distrito y los ICS del departamento de salud local/estatal y del departamento de educación del estado.	○	○	○
• Delimitar la confiabilidad y la responsabilidad al igual que los recursos para las partes interesadas clave que se involucren en la planificación y la ejecución de los componentes específicos del plan operativo. Asegurar que el plan incluya los cronogramas, los artículos a entregar y la medidas para la ejecución.	○	○	○
• Trabajar con los departamentos de salud local y/o estatal y las agencias de educación estatales para coordinar con sus planes para pandemia. Asegurarse	○	○	○

que la planificación para la pandemia está coordinada con el plan para pandemia de la comunidad, al igual que con el plan del departamento de educación del estado.

- Someter a prueba los vínculos entre el Sistema de Comando de Incidentes de la comunidad y los Sistemas de Comando de Incidentes del departamento de salud local/estatal y del departamento de educación del estado.
- Contribuir con el plan operativo del departamento de salud local en cuanto a la capacidad de la atención médica y de otros servicios para actuar en casos de emergencia para cubrir las necesidades de la comunidad (por ej.: las escuelas designadas como hospitales de emergencia, las escuelas que brindan alimento a las poblaciones más vulnerables, la comunidad que utiliza el personal de la atención médica y de la salud mental de las LEA). Es probable que se desarrollen por lo menos dos ciclos (alrededor de 6-8 semanas cada uno) de la enfermedad pandémica en un área afectada durante varios meses.
- Incorporar en el plan para influenza pandémica los requerimientos de los estudiantes con necesidades especiales (por ej.: los estudiantes de bajos recursos que dependen del servicio alimenticio de la escuela para sus comidas diarias), aquellos que se encuentran en sitios especiales (por ej.: las instalaciones de los juzgados de menores) al igual que quienes no hablan el idioma inglés como su lengua materna.
- Participar en los ejercicios de planificación de la comunidad para una pandemia.
- Trabajar con el departamento de salud local para encargarse de brindar los servicios de apoyo psicológico para el personal, los estudiantes y sus familias durante y después de una pandemia.
- Pensar conjuntamente con el departamento de salud local en el desarrollo de un sistema de vigilancia que alertaría al departamento de salud local sobre el aumento considerable del ausentismo entre los estudiantes.
- Implementar un ejercicio o práctica para someter su plan para pandemia a prueba y revisarlo periódicamente.
- Compartir lo aprendido en el desarrollo de su plan de preparación y respuesta con otras LEA y escuelas privadas dentro de la comunidad para mejorar los esfuerzos de respuesta de la comunidad.

arriba

2. Operaciones esenciales y continuidad del aprendizaje de los estudiantes

- Elaborar las situaciones que describan el impacto potencial de una pandemia en el aprendizaje de los estudiantes (por ej.: ausencias de estudiantes y docentes), los cierres de las escuelas y las actividades extracurriculares basándose en los diferentes niveles de la enfermedad en los estudiantes y el personal.
- Desarrollar los procedimientos alternativos para asegurar la continuidad de la enseñanza (por ej.: la enseñanza a larga distancia basada en la Web, los llamados en cadena, las clases y las tareas por correo, la enseñanza a través de las estaciones de radio o televisión locales) ante la eventualidad del cierre de las escuelas.
- Desarrollar la continuidad del plan de operaciones para mantener las funciones esenciales de la escuela incluyendo la nómina de pagos y la comunicación continua con los estudiantes y los padres.

arriba

3. Políticas y procedimientos para el control de la infección

- Trabajar con el departamento de salud local para implementar políticas y procedimientos efectivos para la prevención de la infección que limiten la diseminación de la influenza en las escuelas del distrito (por ej.: la promoción de la higiene de las manos, el protocolo para el manejo de la tos y el estornudo). Lograr que la buena higiene sea un hábito ahora, para ayudar a proteger a los niños contra cualquier enfermedad infecciosa como la influenza.

- Brindar suficientes suministros para la prevención de infecciones, como por ejemplo jabón, productos para la higiene de las manos a base de alcohol y sin agua (que contengan al menos un 60% de alcohol), pañuelos desechables y cesto de basura.
- Establecer las políticas y los procedimientos para las licencias por enfermedad de los estudiantes y del personal que sean únicas para la influenza pandémica (por ej.: las licencias que no sancionan o son liberales).
- Establecer las políticas de licencias por enfermedad para el personal y los estudiantes presuntamente enfermos o que se enfermaron en la escuela. El personal y los estudiantes de quienes se sospecha o se sabe que han contraído la influenza pandémica no deben permanecer en la escuela y sólo deben regresar después de que sus síntomas hayan desaparecido y se encuentren en buena condición física para retornar a la escuela.
- Establecer las políticas para el transporte de los estudiantes enfermos.
- Asegurarse que el plan para pandemia de la LEA para los centros de salud escolares se ajusta a los recomendados para los sitios de atención médica (Remitirse a www.hhs.gov/pandemicflu/plan/sup4.html).

arriba

4. Planificación de las comunicaciones

Tareas	Sin comenzar	En curso	Finalizada
Evaluar la prontitud para cubrir las necesidades de comunicaciones en la preparación para una pandemia de influenza, incluyendo la revisión regular, el sometimiento a prueba y la actualización de los planes de comunicación.			
Desarrollar un plan de distribución para la comunicación con el personal, los estudiantes y las familias, incluyendo los voceros principales y los vínculos a otras redes de comunicación.			
Asegurar el nivel cultural, de lenguaje y de lectura adecuados en todas las comunicaciones, incluyendo en los comités de planificación a los líderes comunitarios que representan a los diferentes idiomas y/o grupos étnicos, solicitando su participación tanto en la planificación de los documentos como en la distribución de los mensajes de salud pública dentro de sus comunidades.			
Desarrollar y probar las plataformas (por ej.: las líneas de acceso directo, los llamados en cadena, los sitios Web especializados, la radio o televisión local) para la comunicación sobre el estado, y las acciones de la pandemia al personal de la escuela, los estudiantes y las familias del distrito.			
Desarrollar y mantener actualizados los contactos de comunicación de las partes interesadas claves del sector de la salud pública y de la educación y utilizar la red para brindar actualizaciones regulares durante el transcurso del desarrollo de la influenza.			
Asegurar la provisión de los sistemas o canales de comunicación excesivos que permitan la transmisión y recepción ágil de la información.			
Asesorar al personal, a los estudiantes y a las familias sobre dónde encontrar información actualizada y confiable relacionada con la pandemia que provenga de fuentes de la salud pública local, estatal y federal.			
Distribuir información sobre el plan de respuesta y preparación para la pandemia de las LEA (por ej.: la continuidad de la enseñanza, las medidas de contención comunitaria).			
Distribuir la información proveniente de fuentes de la salud pública que abarca el control de la infección de rutina (por ej.: la higiene de las manos, el protocolo para el manejo de la tos y el estornudo), los principios de la influenza pandémica (por ej.: los signos y los síntomas de la influenza, las formas de transmisión), al igual que las estrategias de respuesta y protección personal y familiar (por ej.: la orientación para la atención en el domicilio de los estudiantes y los miembros de la familia).			
Anticiparse al miedo y la ansiedad potenciales del personal, los estudiantes y las familias que pueda resultar de los rumores o la información errónea.			

arriba

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Preguntas más Frecuentes sobre la Influenza de temporada y la Influenza AH1N1 en el ambiente escolar

¿Por qué es importante que los padres colaboren en el esfuerzo de prevención?

El Departamento de Educación y el Departamento de Salud tienen como propósito:

- Mantener las unidades escolares funcionando
- Minimizar interrupción de rutina escolar: actividades educacionales, sociales y económicas
- Contar con un sistema de alerta temprana (sistema de vigilancia) para Influenza
- Mantener a la comunidad escolar informada y consciente de su rol como miembros de dicha comunidad

¿Cómo colaboro con las autoridades de salud y el sistema educativo?

- Desarrolle planes alternos de cuidado si su hijo se enferma (¿Quién lo cuidará mientras usted trabaja?
- Enséñele y practique con su hijo las medidas de higiene de manos y higiene de tos
- Si su hijo está enfermo no lo envíe a la escuela
- Identifique los servicios médicos más cerca de usted
- Manténgase informado. Si tiene acceso al internet visite la página del Departamento de Salud: www.salud.gov.pr o llame a la línea PAS libre de costo 1-800-981-0023

¿Qué sucederá cuando en la escuela de mi hijo se identifique un caso sospechoso de influenza?

Los casos serán reportados al sistema de vigilancia del Departamento de Educación y Departamento de Salud. No obstante se realizará la investigación pertinente de los contactos en el salón de clase y se harán recomendaciones y se llevarán a cabo las medidas de salud pública establecidas.

¿Qué debo hacer si mi hijo desarrolla síntomas gripales en el hogar?

NO lo envíe a la escuela, contacte a su médico y al director de la escuela. Siga las recomendaciones ofrecidas por el Departamento de Salud.

¿Cómo se contagia la influenza AH1N1?

Se contagia a través de:

- gotas y partículas pequeñas que salen de la nariz y la boca cuando la persona habla, tose o estornuda, o
- por medio de contacto con superficies contaminadas con estas gotas.

¿Cuáles son los síntomas de la influenza de temporada o influenza AH1N1?

Los síntomas de la influenza son:

- **Fiebre**
- Tos
- Dolor de garganta
- Dolor en el cuerpo
- Escalofríos
- Fatiga
- Vómitos y diarreas

¿Qué puedo hacer para evitar contagiarme?

- Mantener una distancia de 6 pies (equivalente a 6 losetas) cuando hable. Esto porque se ha visto que las gotitas respiratorias que salen de una persona al toser o estornudar no viajan más de esta distancia
- Lavarse las manos frecuentemente con agua y jabón líquido (preferiblemente **NO** jabón de barra). De no tener acceso a éstos, los "hand *sanitizers"* con más de un 60% de alcohol también sirven
- Use un pañuelo desechable al estornudar o toser, luego bótelo al zafacón y lávese las manos inmediatamente
- Si está enfermo, quédese en casa
- Evite el contacto con personas enfermas

¿Qué quiere decir periodo de incubación? ¿Cuál es el periodo de incubación de la Influenza AH1N1?

El periodo de incubación es el periodo desde que la persona se infecta con el virus hasta que desarrolla los síntomas. El periodo de incubación de la Influenza A (H1N1) es de 1 a 7 días.

¿Por cuánto tiempo puede una persona enferma transmitir el virus?

Un adulto puede transmitir el virus desde un día antes de desarrollar síntomas hasta siete (7) días después. En niños este periodo puede extenderse hasta (10) días después.

¿Cuán severo es el virus?

Por el momento, la mayoría de las personas presentan síntomas leves. Sin embargo hay grupos de personas que están a mayor riesgo de complicaciones si se enfermaran con este virus. Estos grupos son:

- Menores de 5 años de edad
- Mayores de 65 años de edad
- Personas menores de 18 años que estén en tratamiento con aspirina a largo plazo
- Mujeres embarazadas
- Adultos y niños con enfermedades crónicas (pulmonares, cardiovasculares, del hígado, de la sangre, neurológicas/ neuromusculares y desórdenes metabólicos ([diabetes])
- Adultos y niños con sistema inmune deprimido (incluyendo HIV o por medicamentos)
- Residentes de asilos o facilidades de cuidado crónico
- Obesos
- Jóvenes que desarrollen cuadro respiratorio agudo

¿Hay tratamiento para la influenza AH1N1?

Existen dos medicamentos (antivirales) que al momento son efectivos contra el virus de influenza AH1N1. Los antivirales son: Oseltamivir (nombre comercial Tamiflu) y Zanamivir (nombre comercial Relenza).

¿Hay una vacuna para la influenza AH1N1?

Aunque ya se está trabajando en desarrollarla, hasta octubre de 2009 **NO** estará disponible. Una vez esté disponible se le dará prioridad de acceso a la vacuna a las mujeres embarazadas y otros grupos.

¿Si me da la influenza A (H1N1) me puede volver a dar?

Si a usted le da este virus, usted desarrollaría inmunidad **a este virus en específico.** Sin embargo hay otros tipos de virus de influenza diferentes que **sí** podrían afectarlo.

¿Cuánto tiempo dura el virus en una superficie?

El virus puede durar en superficies de 2-8 horas. Por lo tanto si usted toca una superficie contaminada y luego se lleva las manos a la boca, nariz u ojos usted puede auto infectarse.

¿Sirve el gel de alcohol *("hand sanitizer")* para limpiarse las manos?

Lo más recomendable es usar agua y jabón (preferiblemente líquido, no de barra) para lavarse las manos. Sin embargo, de no tenerlos disponibles los "gels" a base de alcohol sirven para limpiarse las manos, siempre y cuando tengan 60% o más de alcohol.

¿Cuántas veces consecutivas se puede usar el gel de alcohol *("hand sanitizer")* para limpiarse las manos?

Si sus manos están visiblemente sucias debe lavarlas con agua y jabón. Sin embargo, el gel de alcohol *("hand sanitizer") se puede utilizar de 5 a 6 veces consecutivas.*

¿Actualmente se recomienda el uso de mascarillas desechables para salir a lugares públicos?

En estos momentos **no se recomienda si no está enfermo**. Sin embargo, esto podría cambiar en el futuro según cambie la situación en P.R. Al momento lo más efectivo para evitar el contagio es seguir las medidas preventivas como higiene de tos y de manos y mantenerse alejado de personas enfermas.

¿Puedo comer carne de cerdo?

Comer carne de cerdo es completamente seguro. El virus **NO** se transmite por comer carne de cerdo.

¿Puede una mascota de la familia transmitir el virus?

Al momento los perros, gatos y aves no transmiten el virus de influenza AH1N1

¿Sirve de algo tomar vitamina C?

La vitamina C no tiene ningún efecto contra este virus.

Ayude a protegerse contra la

Influenza de Temporada

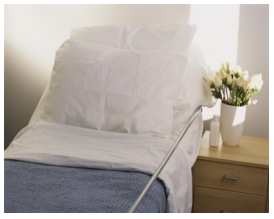
1 Cubra su nariz y su boca con toallas desechables cuando tosa o estornude.

2 Disponga de las toallas desechables usadas inmediatamente.

3 De no tener toallas desechables utilice su antebrazo, no utilice sus manos para cubrirse.

4 Lave siempre sus manos con agua y jabón. Frote sus manos durante 20 segundos.

5 Si enferma, quédese en su hogar.



Estado Libre Asociado de Puerto Rico
Departamento de Salud

Para información adicional puede comunicazrse a la Oficina de Epidemiología al 787-765-2929 ext. 3552 / 3556

Departamento de Salud

Qué hacer para mantenerse saludable ante la situación de la influenza A/H1N1

Adaptado de los cdc

- **Manténgase informado**. El portal del Departamento se actualiza diariamente o tan pronto se tenga nueva información.
- **Se cree que la influenza se propaga principalmente de persona a persona** cuando las personas infectadas tosen o estornudan.
  - **Tome medidas diarias para mantenerse saludable.**
    - **Cúbrase la boca y la nariz con un pañuelo desechable al toser o estornudar. Bote el pañuelo a la basura después de usarlo.**
    - **Lávese las manos a menudo con agua y jabón, especialmente después de toser o estornudar. Los desinfectantes para manos a base de alcohol también son eficaces.**
    - **Trate de no tocarse los ojos, la nariz ni la boca. Esta es la manera como se propagan los gérmenes.**
    - **Quédese en casa si se siente enfermo. Los CDC recomiendan que se quede en casa, que no vaya al trabajo o a la escuela y que limite el contacto con otras personas para evitar infectarlas.**
- **Siga las recomendaciones de salud pública**.
- Como medida de precaución **elabore un plan emergencia para su familia**. Este plan debe incluir almacenamiento de provisiones de alimentos, medicinas, mascarillas, desinfectantes a base de alcohol y otros artículos esenciales.
- Para enfrentar el estrés y la ansiedad, manténgase en contacto con su familia y amigos, sea optimista y busque consuelo en sus creencias personales y espirituales.
- Para obtener más información puede acceder a www.salud.gov.pr

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Questions and Answers about CDC Guidance for State and Local Public Health Officials and School Administrators for School (K-12) Responses to Influenza during the 2009-2010 School Year

Q. How does CDC's new flu guidance for schools differ from the previous school guidance documents?

The new guidance applies to any flu virus circulating during the 2009-2010 school year, not only 2009 H1N1 flu. The new guidance recognizes the need to balance the risks of illness among students and staff with the benefits of keeping students in school. It offers specific steps for school staff, parents, and students to take given the current flu conditions as well as for more severe flu conditions. The new guidance also provides information for making decisions at the community level about when to use these strategies aimed at schools.

In addition, this guidance recommends that, based on current flu conditions, students and staff with flu-like illness stay home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medications (any medicine that contains ibuprofen or acetaminophen). This is a shorter time period from the previous guidance which recommended that sick students and staff stay home 7 days after symptoms begin. The 7 day period away from school for sick students and staff would still be recommended under more severe flu conditions. In addition, this longer period should be used in healthcare settings and in any place where a high number of high-risk people may be exposed, such as childcare facilities for children younger than 5 years of age.

Q. Why should we be concerned about the spread of flu in schools?

Students can get sick with flu and schools may act as a point of spread, where students can easily spread flu to other students and their families. So far, with 2009 H1N1 flu, the largest number of cases has been in people between the ages of 5 and 24-years-old.

Q. Which students and staff are at higher risk for complications from flu?

Anyone can get the flu (even healthy people), and serious problems from the flu can happen at any age. However, children under the age of 5 years, pregnant women, people of any age with chronic medical conditions (such as pulmonary disease, including asthma, diabetes, neuromuscular disorders or heart disease), and people age 65 years and older are more likely to get complications from the flu.

Q. How will schools and communities decide what steps to take?

CDC and other public health agencies will be monitoring national data on the number of people who seek care for flu-like illness, as well as the number of hospitalizations and deaths. CDC will also look at the geographic spread of flu-like illness and will look for changes in the characteristics of the virus. By comparing data on a weekly basis with seasonal flu trends and trends from the 2009 H1N1 flu during the spring, CDC will be able to provide advice to state and local agencies on appropriate steps to take. States and local communities can expect the impact of flu in their communities to be different from that seen in other parts of the country. States, communities, and schools should consider:

- who needs to be involved in the decision-making process and include those people in regular communications,
- the severity of flu and the impact in the community and in the schools, and
- the goals, feasibility, and community's acceptability of the action steps being considered.

Q. What can families, students, and school personnel do to keep from getting sick and spreading flu?

Families, students, and school staff can keep from getting sick with flu in three ways:

- Practicing good hand hygiene. Students and staff members should wash their hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand cleaners are also effective.
- Practicing respiratory etiquette. The main way that the flu spreads is from person to person in the droplets produced by coughs and sneezes, so it's important to cover your mouth and nose with a tissue when you cough or sneeze. If you don't have a tissue, cough or sneeze into your elbow or shoulder, not into your hands.
- Staying home if you're sick. Keeping sick students at home means that they keep their viruses to themselves rather than sharing them with others.

Students, staff, and their families must take personal responsibility for helping to slow the spread of the virus by practicing these steps to keep from getting sick with flu and protecting others from getting the flu.

Q. What is the best way to practice good hand hygiene?

- Washing your hands with soap and water for at least 20 seconds (the time it takes to sing "Happy Birthday" twice) is the best way to keep your hands from spreading the virus.
- Alcohol-based hand cleaners containing at least 60% alcohol are also effective.
- If soap and water are not available and alcohol-based products are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful for cleaning hands. However, they may not be as effective as alcohol-based

sanitizers.

Q. What steps can schools take to keep students and staff from getting sick?

Schools should take the following steps to help keep students and staff from getting sick with flu. These steps should be followed ALL the time, and not only during a flu pandemic.

- Encourage respiratory etiquette by providing staff and students
  - education and reminders about covering coughs and sneezes, and
  - easy access to tissues and running water and soap or alcohol-based hand cleaners.
- Remind staff and students to practice good hand hygiene and provide the time and supplies for students and staff to wash their hands when needed.
- Send sick students and staff home. Advise students, staff, and families that sick people should stay at home until at least 24 hours after they no longer have a fever or signs of a fever. This should be determined without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen). They should stay home until at least 24 hours after they no longer have a fever even if they are using antiviral medicines. Schools should revise their policies and incentives to avoid unknowingly penalizing students who stay home when they are sick (e.g., perfect attendance awards).
- Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Additional disinfection beyond routine cleaning is not recommended. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.
- Move students and staff who become sick at school to a separate room until they can be sent home. Limit the number of staff who take care of the sick person and provide a surgical mask for the sick person to wear if they can tolerate it.
- Have Personal Protective Equipment (PPE) such as masks available and ensure it is worn by school nurses and other staff caring for sick people at school.
- Encourage sick students and staff at higher risk of complications from flu to get a medical evaluation as soon as possible. Taking antiviral medicines early might prevent severe complications from the flu, such as hospitalization or death.
- Consider dismissing students if a large proportion of staff are at higher risk of flu-related complications. This strategy would be applicable to very few schools nationwide. Settings where this strategy might be appropriate are in schools for pregnant women and schools with many medically fragile children.

Q. What should I do if I'm pregnant and I work or attend a K-12 school?

Pregnant women working in or attending schools should follow the same guidance as the general public about staying home when sick, hand hygiene, respiratory etiquette, and routine cleaning. Pregnant women are at higher risk of complications from flu and should speak with their doctor as soon as possible if they develop a flu-like illness to find out whether they should take antiviral flu medicines. Any person at high risk for flu complications should do the same. Early treatment with antiviral flu medicines is recommended for pregnant women who have the flu. Pregnant women and their doctors should know that they are part of the first priority group to receive the 2009 H1N1 flu vaccine.

Q. What are fever-reducing medications and when would I stop giving them to my child?

Fever-reducing medications are medicines that contain acetaminophen (such as Tylenol) or ibuprofen (such as Motrin). These medicines can be given to people who are sick with flu to help bring their fever down and relieve their pain. Aspirin (acetylsalicylic acid) **should not** be given to children or teenagers who have flu; this can cause a rare but serious illness called Reye's syndrome.

A sick student can return to school after 24 hours have passed with a normal temperature (98.6 degrees Fahrenheit or 37 degrees Celsius) without the use of fever-reducing medications. As the sick person begins to feel better you may decide to stop giving fever-reducing medicines. Continue to monitor their temperature until the temperature has been normal for 24 hours.

Q. Can the virus live on surfaces, such as computer keyboards?

- Yes, flu viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose. However, it is not necessary to disinfect these surfaces beyond routine cleaning.
- Clean surfaces and items that are more likely to have frequent hand contact with cleaning agents that are usually used in these areas. Some states and localities have laws about specific cleaning products used in schools. School officials should contact their state health department and department of environmental protection for additional guidance.

Q. How do I recognize a fever or signs of a fever?

A fever is a temperature taken with a thermometer that is equal to or greater than 100 degrees Fahrenheit (38 degrees Celsius). If you are not able to measure a temperature, the sick person might have a fever if he or she

- feels warm,
- has a flushed appearance, or
- is sweating or shivering.

Q. How long should a sick student or staff member be kept home?

In the current flu conditions, students and staff with symptoms of flu should stay home for at least 24 hours *after* they no longer have fever or do not feel feverish, without using fever-reducing drugs. If the flu conditions become more severe, CDC recommends that a sick person stay home for 7 days. A person who is still sick after 7 days should stay home until 24 hours after the symptoms have gone away. In addition, this longer period should be used in healthcare settings and in

any place where a high number of high-risk people may be exposed, such as childcare facilities for children less than 5 years of age.

Sick people should stay at home, except to go to the doctor's office, and should avoid contact with others. Keeping people with a fever at home may reduce the number of people who get infected. Because high temperatures are linked with higher amounts of virus, people with a fever may be more contagious.

Q. Should family members of sick students stay home too?

Not unless the flu conditions are determined to be more severe. If flu conditions are more severe, school-aged children should also stay home for 5 days from the time someone in their home became sick. It is possible that family members could already be sick with flu and not be showing symptoms yet. The 5-day period provides enough time to know if anyone else is sick with flu. Parents should continue to monitor their health and the health of the sick child, as well as the health of their other children.

Q. What additional steps should schools and families take to keep students and staff from getting sick in the event that the flu is more severe?

In addition to the steps that schools should be taking all the time, if flu conditions become more severe, schools and families should consider adding the following steps.

- Extend the time sick students or staff stay home to at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.
- Schools should allow high risk students and staff to stay home. These students and staff should make this decision in consultation with their doctor.
- Schools should conduct active symptom screening of students and staff upon arrival at school. Any sick students or staff should be separated from others, offered a surgical mask, and sent home.
- If a household member is sick, parents should keep any school-aged children home for 5 days from the time the first person in the home became sick. Parents should monitor the health of their other children for fever and other symptoms of the flu.
- Schools should find ways to increase social distances (the space between people) at school if possible.
- Schools should work closely with their county and state public health officials to decide how and when to dismiss students. If the decision is made to dismiss students, schools should notify public health and education agencies by submitting a report about the dismissal at www.cdc.gov/FluSchoolDismissal. Students should be dismissed for 5 to 7 days and near the end of this period, communities should reassess to determine if students can return to school.

Q. What can schools do to increase social distance during a more severe flu outbreak?

School officials should think creatively about ways to increase the space between people, but still keep students in school. Not everything will be feasible for all communities, but it is important to consider some options for social distancing if schools are going to remain open. Some options are—

- rotating teachers between classrooms while keeping the same group of students in one classroom,
- canceling classes that bring students together from multiple classrooms,
- holding classes outdoors,
- postponing class trips,
- discouraging use of school buses and public transit,
- dividing classes into smaller groups,
- moving desks farther apart, and
- moving classes to larger spaces to allow more space between students.

Q. What is the difference between a school dismissal and school closure?

A school closure means closing the school and sending all the students and staff home. In a school **dismissal,** the school may stay open for staff while the children stay home.

Keeping school facilities open allows teachers to develop and deliver lessons and materials and other staff to continue to provide important services.

Q. What are the different types of school dismissals?

There are three types of school dismissals:

- **Selective dismissal** is used when all or most students in the school are at higher risk for complications once infected with flu. For example, a school for medically fragile children or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.
- **Reactive dismissal** is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.
- **Preemptive dismissal** is used early during a flu response in a community to decrease the spread of the flu before many students and staff get sick. This is based on information about the spread of **severe flu** in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

No matter what type of school dismissal is chosen, all school-related mass gatherings should be canceled or postponed in order to decrease the spread of flu among students, their families and staff. This includes sporting events, school dances, performances, rallies, commencement ceremonies, and other events that bring large groups of people into close contact with one another.

Q. What is a medically fragile child?

For this guidance, a medically fragile child is a child who needs intensive, life sustaining medical assistance or therapy, and needs assistance with daily living (for example, a child who uses an oxygen tank, has trouble moving, is fed through a tube, needs suctioning, or is on a ventilator). Many of these children need skilled nursing care and special medical equipment. These medically fragile children may have chronic lung disease, severe cerebral palsy, muscular dystrophy, immunodeficiency, or problems with their metabolism.

Q. How will the decision be made to dismiss schools?

The decision to dismiss students will be made at the community level. School officials should work closely with their local and state public health and government officials to make sound decisions, based on local conditions. The decision should consider

- the number and severity of cases in an outbreak (looking at national, regional, and local data),
- the risks of flu spread and benefits of dismissal,
- the problems that school dismissal can cause for families and communities, and
- different types of dismissal (selective, reactive, and preemptive).

CDC may recommend preemptive dismissals based on information that the outbreak is becoming **more severe**. An increase in flu spread without an impact on disease outcomes will not lead to the use of preemptive dismissals in most cases.

Q. How will communities know if the flu is more severe and that they need to consider taking additional action steps?

CDC and other public health agencies will be monitoring national data on the number of people who seek care for flu-like illness, as well as the number of hospitalizations and deaths. CDC will also look at the geographic spread of flu-like illness and will look for changes in the virus. In addition, CDC will compare data on a weekly basis with seasonal flu trends from other years and with data collected during the spring 2009 outbreak. State and local health departments will also be on the lookout for increases in severe illness in their areas.

Q. How long will schools have to stay dismissed?

The length of time school should be dismissed will vary depending on how severe the flu is and how many people are sick. When the decision is made to dismiss students, CDC recommends doing so for 5-7 calendar days. Near the end of this period, communities should reassess the severity and impact of the flu, the benefits of keeping students home, and the consequences of doing so. Based on this reassessment, communities can decide whether to extend the school dismissal for another week or to reopen the school. However, if a flu outbreak is determined to be severe, a longer time period may be recommended.

Q. Why would one school dismiss students and another school continue to remain open?

School action steps should vary based on the severity of the pandemic and the impact it is having in the school. Decisions for school dismissal will be made at the community level, based on the number and severity of cases in the school and community. Because the impact of flu on a community will differ from location to location, the steps that are taken will also be different.

Also, certain schools may have a large number of students who are at high risk for complications from the flu (such as a school for pregnant teens). These schools may decide to close based on the local situation while other schools in the community remain open.

Q. What can a parent do to prepare for flu during the 2009-2010 school year?

- Plan for child care at home if your child gets sick or their school is dismissed (for a minimum of 5 school days).
- Plan to monitor the health of the sick child and any other children by checking for fever and other symptoms of flu.
- Update emergency contact lists.
- Identify a separate room in the house for care of sick family members. Consider designating a single person as the main caregiver for anyone who gets sick.
- Pull together games, books, DVDs and other items to keep your family entertained while at home.
- Talk to your school about their flu pandemic or emergency plan.
- Get your family vaccinated for seasonal flu and 2009 H1N1 flu when vaccines are available.

Q. What can a school do to prepare for flu response during the 2009-2010 school year?

- Review and revise existing pandemic plans and focus on protecting high risk students and staff.
- Update student and staff contact information as well as emergency contact lists.
- Identify and establish a point of contact with the local public health agency.
- Develop a plan to cover key positions, such as the school nurse, when staff stay home because they are sick.
- Set up a separate room (a sick room) for care of sick students or staff until they can be sent home.
- Purchase Personal Protective Equipment (PPE) such as masks for nurses and other staff providing care for sick people at school. Provide training for this staff about basic infection control and the use of PPE.
- Develop an education campaign to encourage hand hygiene and respiratory etiquette.
- Develop communication tools (e.g., letters to parents) that can be used to send sick students home, dismiss students, help families identify students who are at high-risk of complications from flu, help staff members self-identify who is at high risk of complications from flu, or cancel mass gatherings. Remind parents and staff how long sick students and staff should remain at home.
- Identify ways to increase social distance (the space between people).
- Review school policies and awards to encourage social distancing and avoiding any incentives for people or staff to go to school when they are sick (e.g., cancel perfect attendance awards).
- Develop a school dismissal plan and options for how school work can be continued at home (e.g., homework packets, web-based lessons, phone calls), if school is dismissed or students are sent home when sick. Communicate this plan

to all community members who would be affected.

- Collaborate with the local health department, community organizations, local businesses, and social services on a plan for response.
- Help families and communities understand the important roles they can play in reducing the spread of flu in schools.

Q. What can local businesses do to help families and schools during a flu response?

Local business support is essential. If employees are not able to stay home when a child is sick without losing pay or losing their job, it will be even more difficult for families and schools to follow these school-based public health steps and ensure appropriate care for their children at home. Businesses and employers should offer flexible leave policies that support public health steps to decrease the spread of flu. Employers should explore telework alternatives when possible given the nature of the business. Telework refers to activity of working away from the usual workplace (often at home) through telecommunications or other remote access means (e.g., computer, telephone).

Q. What can community- and faith-based organizations do to help families and schools during a flu response?

Community-based and faith-based service organizations can help teach their members about how to stay healthy. They also can offer support to families by providing meals, transportation, and other services to make it easier to stay home if a family member is sick or school is dismissed.

Q. How does CDC's Guidance for School Response apply to my child at boarding school?

This guidance only applies to nonresidential K-12 schools. If you would like to learn more about what to do if your child lives away at school, please see CDC's Guidance on Day and Residential Camps: www.cdc.gov/h1n1flu/camp.htm. More information about residential students is available in the Guidance for Institutions of Higher Education: www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm. Continue to monitor CDC's website for information about flu. CDC will continue to update the website and guidance recommendations as more is learned about the 2009 H1N1 influenza or flu conditions change.

Q. How does CDC's Guidance for School Response apply to my child at college?

This guidance only applies to K-12 schools. If you would like to learn more about what to do if your child is in a college or university, please visit the Guidance for Institutions of Higher Education: www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm. Continue to monitor CDC's website for information about flu. CDC will continue to update the website and guidance recommendations as more is learned about the 2009 H1N1 influenza or flu conditions change.

Este es un sitio Web oficial del gobierno de los Estados Unidos administrado por el Departamento de Salud y Servicios Humanos de los EE. UU..

Recomendaciones para los padres sobre cómo hablar con sus hijos sobre las preocupaciones en torno a la nueva influenza A/H1N1

Adaptado del CDC

Como padres de familia, usted sabe lo difícil que puede ser para los niños entender situaciones que causan estrés, como lo que está ocurriendo en la actualidad con la nueva influenza A/H1N1. Las situaciones de estrés pueden causar a menudo que los niños se preocupen y tengan muchas preguntas sobre el por qué de lo que está pasando y cómo se puede solucionar. Es importante recordar que usted debe cuidar su salud y su bienestar así como la salud de sus hijos. Si usted maneja bien una situación de estrés, sus niños también podrán manejarla mejor. La actitud de confianza y de calma que usted inspire le ayudará a su hijo a calmar las preocupaciones y a sentirse seguro y a salvo.

A continuación hay consejos útiles sobre lo que puede hacer por sus niños:

- Mantenga las actividades tan rutinarias y normales como sea posible aún cuando haya cambios en su actividad diaria (debido al cierre de cuidos o escuelas).
- Pregúntele a su hijo sobre lo que ha escuchado hablar de la nueva influenza A/H1N1. Responda a las preguntas en forma abierta y honesta, a un nivel que el niño pueda entender. Sea concreto y no evite las preguntas difíciles.
- Permita que su hijo exprese sus sentimientos y preocupaciones. Déjele saber que está bien sentirse con miedo o enojado. Haga preguntas de forma que usted pueda ayudarle a su hijo a identificar y manejar sus sentimientos.
- Los niños siempre necesitan sentirse protegidos y amados. Cuando tienen inquietudes sobre alguna situación y están asustados puede que necesiten más afecto y atención.
- Limite la exposición a los medios de comunicación y las conversaciones entre adultos sobre la nueva influenza A/H1N1. Si su hijo está viendo televisión, trate de que vean juntos la televisión o asegúrese de poder responder las preguntas sobre lo que han escuchado.
- Promueva la adopción de conductas saludables: comer y dormir bien, jugar al aire libre, practicar la higiene de manos e higiene de tos.
- Use estos consejos como una oportunidad para dejarle saber a su hijo lo que puede hacer para no contraer la nueva influenza A/H1N1.

Departamento de Salud
Oficina de Epidemiología e Investigación
Teléfono: 787.274.6831 Facsímil: 787.751.6837

Puede acceder este documento completo en:
http://www.cdc.gov/h1n1flu/espanol/padres/padres-hablar-con-hijos.htm

Hoja informativa

Buenos hábitos de salud para la prevención de la Influenza

Tomado de los Centros para el Control y Prevención de Enfermedades

La **mejor manera de prevenir la influenza o gripe estacional es vacunarse** anualmente, pero tener buenos hábitos de salud como cubrirse la boca al toser o lavarse las manos a menudo puede ayudar a prevenir enfermedades respiratorias como la influenza. También hay **medicamentos antivirales contra la influenza** que pueden usarse para tratar y prevenir esta enfermedad.

1. Evite el contacto cercano con otras personas.

Evite acercarse a personas enfermas. Si se enferma, manténgase alejado de otras personas para protegerlas y evitar que ellas también se enfermen.

2. Quédese en casa si está enfermo.

Si es posible, quédese en casa y no vaya al trabajo, la escuela ni a lugares públicos si está enfermo. De esta manera, ayudará a evitar que otros se contagien de su enfermedad.

3. Cúbrase la boca y la nariz.

Cúbrase la boca y la nariz con un pañuelo cuando tosa o estornude. Esto puede evitar que quienes estén cerca de usted se enfermen.

4. Límpiese las manos.

Lavarse las manos a menudo le ayudará a protegerse contra los gérmenes.

5. Trate de no tocarse los ojos, la nariz ni la boca.

Con frecuencia, los gérmenes se propagan cuando una persona toca algo contaminado con esos gérmenes y luego se toca los ojos, la nariz o la boca.

6. Tenga buenos hábitos de salud.

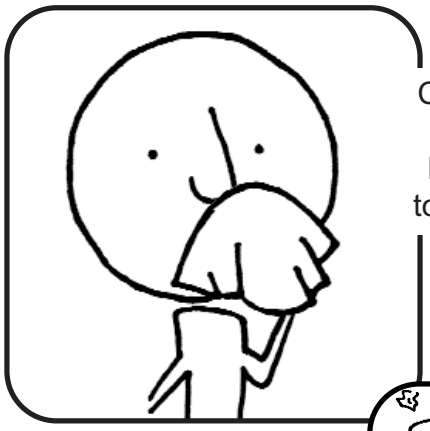
Duerma lo suficiente, sea activo físicamente, controle el estrés, beba muchos líquidos y coma alimentos nutritivos.

Estado Libre Asociado de Puerto Rico
Departamento de Salud

Para más información puede comunicarse con la Oficina de Epidemiología e Investigación al 787-274-6831
www.salud.gov.pr

¡Pare la propagación de gérmenes que lo enferman a usted y a otras personas!

Cubra su tos



Cubra su boca y nariz con un kleenex cuando tosa o estornude

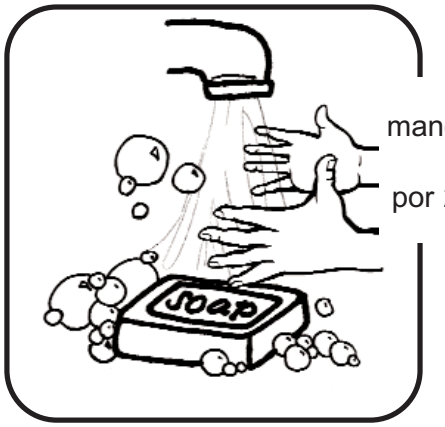
or

tosa o estornude en la manga de su camisa, no en sus manos.

Deseche el kleenex sucio en un basurero.

Lávese las manos

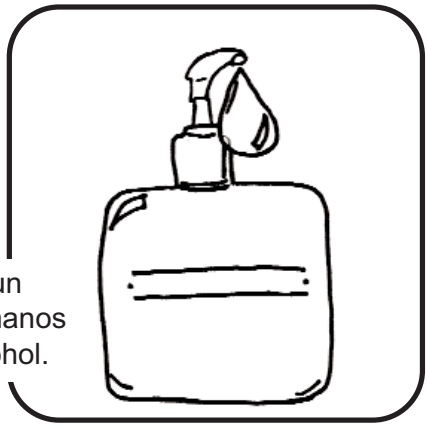
después de toser o estornudar.



Lávese las manos con jabón y agua tibia por 20 segundos

o

límpielas con un limpiador de manos a base de alcohol.



Minnesota Department of Health
717 SE Delaware Street
Minneapolis, MN 55414
612-676-5414 or 1-877-676-5414
www.health.state.mn.us

Minnesota Antibiotic Resistance Collaborative

3.1 HEALTH PROMOTION IN CHILD CARE

DAILY HEALTH CHECK

STANDARD 3.001
CONDUCT OF DAILY HEALTH CHECK

Every day, a trained staff member shall conduct a health check of each child. This health check shall be conducted as soon as possible after the child enters the child care facility and whenever a change occurs while that child is in care. The health check shall address:

a) Changes in behavior (such as lethargy or drowsiness) or appearance from behaviors observed during the previous day's attendance;
b) Skin rashes, itchy skin, itchy scalp, or (during a lice outbreak) nits;
c) If there is a change in the child's behavior or appearance, elevated body temperature, determined by taking the child's temperature;
d) Complaints of pain or of not feeling well;
e) Other signs or symptoms of illness (such as drainage from eyes, vomiting, diarrhea, and so on);
f) Reported illness or injury in child or family members since last date of attendance.

The facility shall gain information necessary to complete the daily health check by direct observation of the child, by querying the parent or legal guardian, and, where applicable, by conversation with the child.

RATIONALE: Daily intake procedures to appraise each child's health and to ascertain recent illness or injury in the child and family reduce the transmission of communicable diseases in child care settings and enable the caregivers to plan for necessary care while the child is in care at the facility.

COMMENTS: This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. The health consultant (see Health Consultants, STANDARD 1.040 through STANDARD 1.043) should train the caregiver(s) in conducting a health check, using a checklist. See Appendix F, for a sample symptom record. See Appendix G, for American Academy of Pediatrics' *Recommended Childhood Immunization Schedule*. Contact information is located in Appendix BB.

Assessment by querying the parent should be at the time of transfer of care from the parent to the facility. If this happens outside the facility (when the child is put on a bus or in a car pool, for example), the facility should use some means of communication, such as written notes, checklists, conversations between bus drivers and parents, and daily log books.

See STANDARD 3.068, regarding exclusion from child care.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

STANDARD 3.002
DOCUMENTATION OF THE DAILY HEALTH CHECK

The facility shall keep, for at least 3 months, a written record of concerns it identifies for each child during the daily health checks.

RATIONALE: Although the vast majority of communicable diseases of concern in child care have incubation periods of less than 21 days, lags in reporting, non-apparent infections, and the slow-to-develop nature of some outbreaks suggest keeping data for 3 months.

COMMENTS: For additional information on daily health assessment, see also Incidence Logs of Illness, Injury, and Other Problems, STANDARD 8.061 through STANDARD 8.064 and Child Records, STANDARD 8.046 through STANDARD 8.052.

TYPE OF FACILITY: *Center; Large Family Child Care Home*

PREVENTIVE HEALTH SERVICES

STANDARD 3.003
ROUTINE HEALTH SUPERVISION

The facility shall require that the children have routine health supervision by the child's health provider, according to the standards of the American Academy of Pediatrics (AAP). Such health supervision includes routine screening tests, immunizations, and documentation and plotting on standard growth (if younger than 24 months of age) graphs of height and weight assessment and head circumference.

School health services are acceptable to meet this standard if they meet the AAP's standards for school-age children and if the results of such examinations are shared with the child care provider as well as with the school health system. With parental consent, pertinent health information shall be exchanged among the child's routine source of health care and all participants in the child's care, including any school health program involved in the care of the child.

RATIONALE: Provision of routine preventive health services helps detect disease when it is most treatable and through immunization, to prevent diseases for which effective vaccines are available. When children are receiving care that involves the school health system, such care should be coordinated by exchange of information with parental permission among the school health system, the child's usual source of health care, and the child care provider so that all participants in the child's care are aware of the child's health status and follow a common care plan.

The plotting of height and weight measurements by health care providers or school health personnel on a reference growth chart will show how children are growing over time and how they compare with other children of the same chronological age and sex (1). Growth charts are based on data from national probability samples representative of children in the general population. Their use by health care providers will direct the child care provider's attention to unusual body size, which may be a result of disease or poor nutrition that requires modification of feeding practices in the child care setting (2).
COMMENTS: Some infants and toddlers identified as showing signs of neglect and failure to thrive because of lack of food or inconsistent feeding practices are enrolled in facilities for both promotional and preventive health services. Periodic and accurate height and weight measurements that are plotted and interpreted by a person who is competent in performing these tasks provide an easily obtainable indicator of health status. If such measurements are made in the child care facility, the data from the measurements should be shared by the facility with everyone involved in the child's care, including parents, caregivers, and the child's health care provider. The health consultant can provide staff training on growth assessment. See Health Consultants, STANDARD 1.040 through STANDARD 1.043.

See Appendix H, for *Recommendations for Preventive Pediatric Health Care*. See STANDARD 3.004, on follow-up for nutrition and growth problems and nutrition assessment data; and STANDARD 8.047 through STANDARD 8.052, on files to be kept for each child in care.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

5) The mother of the child should have an HIV test immediately and a follow-up test six months later.

b) Inform the mother who expressed the human milk of the bottle switch and ask:

1) If she has ever had an HIV test and, if so, if she would be willing to share the results with the parents of the exposed child;

2) If she does not know if she has ever had an HIV test, if she would be willing to contact her obstetrician and find out, and if she has, share the results with the parents;

3) If she has never had an HIV test, if she would be willing to have one immediately and a follow-up test six months later and share results with the parents;

4) If the mother has had a previous test more than six months prior to the incident, if she would be willing to have a test immediately and a follow-up test six months later and share results with the parents;

5) When the human milk was expressed and how it was handled before being brought to the facility.

RATIONALE: Baseline HIV testing on all parties concerned is necessary to rule out the current existence of the HIV virus. A repeat test at six months after exposure is necessary to ensure that sero-conversion (a previously negative blood test becomes positive), to the HIV virus has not occurred. The mother of the baby who drank the wrong bottle is asked to be tested at baseline and six months to ensure any potential positive tests are not the result of a mother-child exposure. The mother who's expressed breast milk was fed to the baby is encouraged to have a baseline HIV test and then repeated in six months, as a recent exposure to the HIV virus may not be evident on the baseline test.

Instances in which one child is mistakenly fed another child's bottle should be rare if proper procedures are used; more common occurrence is for one child to feed from a bottle that another child has dropped or that was put down. Risk of HIV transmission from expressed human milk that another child has drunk is believed to be low because:

a) In the United States, women who are HIV-positive and aware of that fact are advised not to breastfeed their infants;

b) Compounds present in human milk act, together with time and cold temperatures, to destroy the HIV present in expressed human milk (34, 35).

COMMENTS: While the risk of HIV transmission through human milk is low, it is still a concern. There is probably an even greater risk of transmitting
hepatitis B, hepatitis C, or CMV (cytomegalovirus).

HIV testing may not account for a potential exposure to the virus from the time in between the previous test and the exposure. An infant should be tested up to 9 months after the exposure if the status of the donor mother is unknown. If an infant is exposed to expressed human milk from the wrong mother, that infant should complete the hepatitis B vaccination series, if he/she has not already.

For additional information on human milk, see STANDARD 4.017.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

3.3 SANITATION, DISINFECTION, AND MAINTENANCE

STANDARD 3.028
ROUTINE FREQUENCY OF CLEANING AND SANITATION

The routine frequency of cleaning and sanitation in the facility shall be as indicated in the table below. This frequency shall be increased from baseline routine frequencies whenever there are outbreaks of illness, there is known contamination, visible soil, or when recommended by the health department to control certain infectious diseases. All surfaces, furnishings, and equipment that are not in good repair or that have been contaminated by body fluids shall be taken out of service until they are repaired, cleaned, and, if contaminated, sanitized effectively.

RATIONALE: Since children will touch any surface they can reach (including floors), all surfaces in a child care facility may be contaminated and can spread infectious disease agents. Therefore, all surfaces must be properly sanitized.

Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) that contaminate environmental surfaces remain infectious for variable periods of time, and infection has been acquired by touching articles and surfaces contaminated with infectious respiratory secretions (33).

Regular and thorough cleaning of rooms prevents the transmission of diseases (17). Many communicable diseases can be prevented through appropriate hygiene and sanitation procedures. Bacterial cultures of environmental surfaces in child care facilities have shown fecal contamination, which has been used to gauge the adequacy of facilities' sanitation and hygiene measures. Therefore, a reasonable effort should be made to clean respiratory secretions from environmental surfaces. However, to continuously maintain tabletops and toys free of contamination from respiratory tract secretions is an unrealistic goal. Meals and snacks are often served on the same tables used for play. Children frequently remove food from their plates and eat directly from the surface of the table. This behavior should be discouraged, and cleaning and sanitizing prior to eating may reduce the risk of transmitting disease.

Mops should be assumed to be contaminated since they are used to remove contamination from other surfaces.

COMMENTS: Levels of fecal coliforms in the environment have been shown to increase during outbreaks of diarrheal illnesses. Increasing the frequency of cleaning and sanitizing may reduce environmental contamination. Doubling the frequency is somewhat arbitrary, and health officials may recommend a more frequent cleaning schedule in certain areas, depending on the nature of the problem.Head gear can be placed in the dryer. Another way to prevent transmission of lice nits is to have children wear disposable shower caps before playing with hats. See *Pediculosis capitis* (head lice), STANDARD 6.038.

The bleach solution used for sanitizing the child care environment is also appropriate for sanitizing mops and rags. Detachable mop heads and reusable rags may be cleaned in a washing machine and dried in a mechanical dryer or hung to dry.

Compliance with these procedures is measured by staff interviews and by observation of practices when contamination occurs. See also STANDARD 3.026, for information regarding exposure to blood and bodily fluids.

For more information on frequency of cleaning and sanitizing, see page 106 for a frequency chart adapted from *Keeping Healthy,* 1999 from the National Association for the Education of Young Children. Contact information is located in Appendix BB.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

SANITATION, DISINFECTION, AND MAINTENANCE OF TOILET LEARNING/TRAINING EQUIPMENT, TOILETS, AND BATHROOMS

STANDARD 3.029
POTTY CHAIRS

Use of potty chairs shall be discouraged. If potty chairs are used, they shall be emptied into a toilet, cleaned in a utility sink, sanitized after each use, and stored in the bathroom. After the potty is sanitized, the utility sink shall also be sanitized.

RATIONALE: Sanitary handling of potty chairs is difficult and, therefore, their use in child care facilities is not recommended.

Potty chairs should not be washed in a sink used for washing hands.

COMMENTS: If potty chairs are used, they should be constructed of plastic or similar nonporous synthetic products. Wooden potty chairs should not be used, even if the surface is coated with a finish. The finished surface of wooden potty chairs is not durable and, therefore, may become difficult to wash and sanitize effectively.

For more information on potty chairs, see
STANDARD 5.124.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

STANDARD 3.030
EQUIPMENT USED FOR CLEANING AND SANITIZING

Utility gloves and equipment designated for cleaning and sanitizing toilet learning/training equipment and flush toilets shall be used for each cleaning and shall not be used for other cleaning purposes. Utility gloves shall be washed with soapy water and dried after each use.

RATIONALE: Contamination of hands and equipment in a child care room has played a role in the transmission of disease (17).

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

AREA	CLEAN	SANITIZE	FREQUENCY
Classrooms/Child Care/Food Areas			
Countertops/tabletops, Floors, Door and cabinet handles	X	X	Daily and when soiled.
Food preparation & service surfaces	X	X	Before and after contact with food activity; between preparation of raw and cooked foods.
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every 3 months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use, or use disposable, one-time utensils or toys.
Toys that are not contaminated with body fluids. Dress-up clothes not worn on the head. Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, wash cloth and machine-washable cloth toys. (None of these items should be shared among children.)	X		Weekly and when visibly soiled.
Blankets, sleeping bags, Cubbies	X		Monthly and when soiled.
Hats	X		After each child's use or use disposable hats that only one child wears.
Cribs and crib mattresses	X		Weekly, before use by a different child, and whenever soiled or wet.

Phone receivers	X	X	Weekly.
Toilet and Diapering Areas			
Handwashing sinks, faucets, surrounding counters, soap dispensers, door knobs	X	X	Daily and when soiled.
Toilet seats, toilet handles, door knobs or cubicle handles, floors	X	X	Daily, or immediately if visibly soiled.
Toilet bowls	X	X	Daily.
Changing tables, potty chairs (Use of potty chairs in child care is discouraged because of high risk of contamination).	X	X	After each child's use.
General Facility			
Mops and cleaning rags	X	X	Before and after a day of use, wash mops and rags in detergent and water, rinse in water, immerse in sanitizing solution, and wring as dry as possible. After cleaning and sanitizing, hang mops and rags to dry.
Waste and diaper containers	X		Daily.
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X	Immediately, as specified in STANDARD 3.026.

Adapted from *Keeping Healthy,* National Association for the Education of Young Children. 1999.

STANDARD 3.031
RAGS AND DISPOSABLE TOWELS USED FOR CLEANING

Disposable towels shall be preferred for cleaning. If clean reusable rags are used, they shall be laundered separately between uses for cleaning. Disposable towels shall be sealed in a plastic bag and removed to outside garbage. Cloth rags shall be placed in a closed, foot-operated receptacle until laundering.

RATIONALE: Materials used for cleaning become contaminated in the process and must be handled so they do not spread potentially infectious material.

COMMENTS: Sponges generally are contaminated with bacteria and are difficult to clean. Therefore, use of sponges in child care facilities for cleaning purposes is not recommended.

TYPE OF FACILITY: *Center; Large Family Child Care Home; Small Family Child Care Home*

STANDARD 3.032
ODORS

Odors in toilets, bathrooms, diaper changing and other inhabited areas of the facility shall be controlled by ventilation and sanitation. Toilets and bathrooms, janitorial closets, and rooms with utility sinks or where wet mops and chemicals are stored shall be mechanically ventilated to the outdoors with local exhaust mechanical ventilation to control and remove odors. Chemical air fresheners shall not be used.

RATIONALE: Chemical air fresheners may cause nausea or an allergic response in some children. Ventilation and

Control del virus de la gripe pandémica en superficies ambientales en hogares y lugares públicos

Esta hoja de información explica la manera en que la limpieza y la desinfección de superficies en hogares y lugares públicos (como escuelas) pueden ayudar a prevenir la diseminación de la influenza (gripe) pandémica. Esta hoja de datos será actualizada según sea necesario.

Cómo se diseminan los virus de gripe

- Una pandemia de gripe es el brote de una enfermedad provocada por un nuevo virus de gripe que se disemina por todo el mundo. Debido a que el virus es nuevo para las personas, casi todos estarán en riesgo de contraerla.
- La principal forma en que enfermedades como el resfrío y la gripe se diseminan es de persona a persona al toser o estornudar. Esto puede suceder cuando las gotitas salpicadas al toser o estornudar por una persona infectada se mueven por el aire y entran en contacto con la boca o nariz de las personas que se encuentran cerca.
- Las gotitas de una persona infectada también puede entrar en contacto con superficies ambientales (como la parte superior de mesas). El virus puede luego diseminarse desde esas superficies si una persona toca las gotas y luego se toca los ojos, boca o nariz antes de lavarse las manos.
- El virus también se puede diseminar cuando una persona infectada tose o estornuda en sus manos y luego toca una superficie (como un teléfono, control remoto o juguete) antes de lavarse las manos. Otra persona se puede contagiar si toca esa superficie y luego se toca los ojos, boca o nariz antes de lavarse las manos. Los virus de la gripe y otros gérmenes pueden vivir hasta 2 horas o más en superficies ambientales duras como mesas, picaportes y escritorios. Por lo general las superficies se tocan con mucha mayor frecuencia de lo que se pueden limpiar y desinfectar. Por lo tanto, es importante que se lave las manos a menudo, que mantenga las manos alejadas del rostro y dichas superficies limpias para ayudar a prevenir la diseminación de gérmenes.

Cómo detener la diseminación del virus de la gripe pandémica desde superficies ambientales

Adopte buenas prácticas de higiene

- Cúbrase la nariz y la boca con un pañuelo al toser o estornudar; arroje el pañuelo usado en un cesto de basura y lávese las manos.
- Cúbrase la nariz y la boca con la parte superior de la manga (no con las manos) si no tiene un pañuelo y necesita toser o estornudar.
- Límpiese las manos lo antes posible después de toser, estornudar o limpiarse la nariz.
  - Lávese las manos con agua y jabón durante 15 - 20 segundos; o
  - Utilice paños para las manos a base de alcohol o gel desinfectante para manos a base de alcohol (60-95% de alcohol); frótese las manos con los mismos hasta que el líquido o gel se seque.
- Límpiese las manos con frecuencia cuando usted u otras personas estén enfermos, especialmente si se toca la boca, nariz y ojos.
- Siempre límpiese las manos antes de comer.
- Lleve consigo paños para las manos a base de alcohol o gel desinfectante para manos a base de alcohol (60-95% de alcohol) para limpiarse las manos cuando salga de su casa.
- Enseñe a sus hijos a adoptar estas prácticas de higiene porque los gérmenes a menudo se diseminan en la escuela.

Limpie y desinfecte las superficies duras y artículos en hogares y escuelas

- Siga cuidadosamente las instrucciones cuando use desinfectantes y limpiadores.
  - Preste atención a cualquier advertencia de peligro e instrucciones de las etiquetas para el uso de artículos de protección personal (como guantes de limpieza).
  - No mezcle desinfectantes y limpiadores salvo que las etiquetas indiquen que es seguro hacerlo. Combinar ciertos productos (como limpiadores con lejía y amoníaco) puede ser dañino, provocando lesiones graves o la muerte.
- Mantenga limpias y desinfectadas las superficies duras como mesadas de cocina, mesas, escritorios y superficies del baño.
  - Limpie la superficie con un producto comercial que sea tanto detergente (limpie) como desinfectante (mate los gérmenes). Estos productos se pueden usar cuando las superficies no se encuentran visiblemente sucias.
  - Otra forma de hacer esto consiste en lavar la superficie con un limpiador general para el hogar (jabón o detergente), enjuagar con agua y posteriormente aplicar un desinfectante. Este método debe ser utilizado para superficies visiblemente sucias.
  - Use desinfectantes en superficies que se tocan con frecuencia. Limpie la superficie según se explica anteriormente antes de usar desinfectantes.
    - Si no hay desinfectantes disponibles, use una solución de lejía preparada agregando 1 cucharadas de lejía en un cuarto de galón (4 tazas) de agua; utilice un paño para aplicar esta preparación en superficies y deje reposar por 3 – 5 minutos antes de enjuagar con agua limpia. (Para una provisión mayor de desinfectante,

agregue ¼ taza de lejía en un galón [16 tazas] de agua).
        - Utilice guantes para protegerse las manos cuando trabaje con soluciones de lejía muy concentradas.

- Mantenga limpias y desinfectadas las superficies que tocan más de una persona. Ejemplos de estas superficies incluyen picaportes, manijas de la puerta del refrigerador y microondas.
    - Limpie con un producto combinado de detergente y desinfectante. O utilice un limpiador primero, enjuague minuciosamente la superficie y luego prosiga a aplicar un desinfectante.
    - Utilice paños desinfectantes para limpiar los artículos electrónicos que se tocan a menudo, como teléfonos, computadoras, controles remotos y videojuegos portátiles.
    - Utilice paños desinfectantes para limpiar las manijas de las puertas del auto, el volante y la palanca de cambio.

Siga prácticas recomendadas de lavandería

- Suavemente junte las prendas de vestir, ropa de cama y ropa blanca sin crear mucho movimiento o sacudir; por ejemplo, no agite las sábanas cuando las quite de la cama.
- Límpiese las manos después de agarrar prendas de ropa sucia.
- Utilice ciclos de lavado, detergentes y agregados para la ropa (como suavizante) como lo hace habitualmente; siga las instrucciones de la etiqueta para el uso de detergentes y agregados.
- Seque las prendas de ropa como lo hace habitualmente, seleccionando la temperatura de la secadora según los distintos tipos de tela de la carga. Los artículos se pueden secar en tendederos o al aire libre cuando no se indique el secado a máquina.
- Límpiese las manos antes de sacar ropa limpia de la lavadora o secadora, especialmente después de haber tosido o estornudado en las manos.

Siga prácticas recomendadas de eliminación de desechos

- Arroje los pañuelos en cestos de basura después de usarlos para toser, estornudar o limpiarse la nariz.
- Ubique los cestos de basura al alcance.
- Evite tocar pañuelos usados y otros desperdicios cuando vacíe cestos de basura.
- Límpiese las manos después de vaciar los cestos de basura.

Información adicional

Los productos desinfectantes (paños desinfectantes y desinfectantes líquidos) disponibles en tiendas de comestibles, ferreterías y proveedores de productos comerciales de limpieza han sido registrados por la Agencia de Protección Ambiental (EPA, por sus siglas en inglés). Siempre siga cuidadosamente las instrucciones cuando utilice estos productos. Para más información acerca de los desinfectantes registrados por la EPA, visite www.epa.gov/oppad001/chemregindex.htm. Para obtener más información acerca de la limpieza y desinfección de superficies para protegerse contra el virus de influenza pandémica, consulte la "Guía provisional sobre control ambiental del virus de la influenza pandémica". Para conocer más acerca de la influenza pandémica, visite www.pandemicflu.gov.

Este es un sitio Web oficial del gobierno de los Estados Unidos administrado por el Departamento de Salud y Servicios Humanos de los EE. UU..

Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places

This fact sheet explains how cleaning and disinfecting surfaces in homes and public places (like schools) can help to prevent the spread of pandemic influenza (flu). This fact sheet will be updated as needed.

How Flu Viruses Spread

- A flu pandemic is an outbreak of illness caused by a new flu virus that spreads around the world. Because the virus is new to people, nearly everyone will be at risk of getting it.
- The main way that illnesses like colds and flu are spread is from person to person by coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person move through the air and make contact with the mouth or nose of people nearby.
- Droplets from an infected person can also make contact with environmental surfaces (like the tops of tables). The virus can then be spread from those surfaces if a person touches the droplets and then touches his or her own eyes, mouth, or nose before washing his or her hands.
- The virus also can be spread when an infected person coughs or sneezes into his or her hands and then touches a surface (like a phone, remote control, or toy) before washing his or her hands. Another person could become sick if he or she touches that surface and then touches his or her own eyes, mouth, or nose before washing. Flu viruses and other germs can live 2 hours or longer on hard environmental surfaces like tables, doorknobs, and desks. Surfaces are likely to be touched much more often than they can be cleaned and disinfected. Thus, it is important to wash your hands often, keep your hands away from your face, and keep such surfaces clean to help prevent the spread of germs.

How to Stop the Spread of Pandemic Flu Virus from Environmental Surfaces

Use good hygiene practices

- Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a waste basket and clean your hands.
- Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- Clean your hands as soon as possible after coughing, sneezing, or blowing your nose.
  - Use soap and water and wash your hands for 15 - 20 seconds; or
  - Use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers; rub these on the hands until the liquid or gel dries.
- Clean your hands often when you or others are sick, especially if you touch your mouth, nose, and eyes.
- Always clean your hands before eating.
- Carry alcohol-based hand wipes or alcohol-based (60-95% alcohol) hand-sanitizing gels with you to clean your hands when you are out in public.
- Teach your children to use these hygiene practices because germs are often spread at school.

Clean and disinfect hard surfaces and items in homes and schools

- Follow label instructions carefully when using disinfectants and cleaners.
  - Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves).
  - Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- Keep hard surfaces like kitchen countertops, tabletops, desktops, and bathroom surfaces clean and disinfected.
  - Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty.
  - Another way to do this is to wash the surface with a general household cleaner (soap or detergent), rinse with water, and follow with a disinfectant. This method should be used for visibly dirty surfaces.
  - Use disinfectants on surfaces that are touched often. Clean the surface as explained above before using disinfectants.
    - If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3 – 5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water.)
    - Wear gloves to protect your hands when working with strong bleach solutions.
- Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves.
  - Clean with a combination detergent and disinfectant product. Or use a cleaner first, rinse the surface thoroughly, and then follow with a disinfectant.
  - Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games.
  - Use sanitizer cloths to wipe car door handles, the steering wheel, and the gear shift.

Use recommended laundry practices

- Gently gather soiled clothing, bedding, and linens without creating a lot of motion or fluffing; for example, do not shake sheets when removing them from the bed.
- Clean your hands after handling soiled laundry items.
- Use washing machine cycles, detergents, and laundry additives (like softener) as you normally do; follow label instructions for detergents and

additives.

- Dry the cleaned laundry items as you normally do, selecting the dryer temperature for the types of fabrics in the load. Line- or air-drying can be used to dry items when machine drying is not indicated.
- Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed on your hands.

Use recommended waste disposal practices

- Toss tissues into waste baskets after they have been used for coughs, sneezes, and blowing your nose.
- Place waste baskets where they are easy to use.
- Avoid touching used tissues and other waste when emptying waste baskets.
- Clean your hands after emptying waste baskets.

Additional Information

Disinfectant products (sanitizer cloths and liquid disinfectants) available from grocery stores, hardware stores, and commercial cleaning product suppliers have been registered with the U.S. Environmental Protection Agency (EPA). Always follow label instructions carefully when using these products. For more information about EPA-registered disinfectants, visit www.epa.gov/oppad001/chemregindex.htm. For more information about cleaning and disinfection of surfaces to protect against pandemic influenza virus, consult "Interim Guidance on Environmental Management of Pandemic Influenza Virus." To learn more about pandemic influenza, visit www.pandemicflu.gov.

This is an official U.S. Government Web site managed by the U.S. Department of Health & Human Services.

Interim Guidance on Environmental Management of Pandemic Influenza Virus

Contents

Summary
Introduction
Management of Environmental Surfaces
Laundry
Routine Solid Wastes and Regulated Medical Wastes
References
Appendix - Public Fact Sheet: Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places

Summary: Environmental Management
Influenza A and B viruses can persist on both nonporous and porous environmental surfaces for hours to days depending on a variety of human and environmental factors. The secondary spread of infectious virus from environmental reservoirs to susceptible persons is accomplished primarily via hand transfer (i.e., hand contact with contaminated surfaces and then touching mucous membranes of the eyes, nose, and mouth). Proper handwashing or hand hygiene, coupled with respiratory hygiene and cough etiquette is the principal means of interrupting this transfer. Routine cleaning and disinfection strategies used during influenza seasons could be applied to the environmental management of pandemic influenza, if such an event were to occur. Laundry and solid waste management could be performed as usual.

While some assumptions can be made about the behavior of a pandemic virus, the exact characteristics of the virus cannot be known in advance. Influenza viruses are genetically variable, and transmissibility is difficult to predict. As a result, this guidance is subject to change as the unique epidemiologic characteristics of a pandemic influenza virus become known during the course of the pandemic period. Although seasonal influenza A and B viruses are not thought to spread predominantly via airborne routes of transmission, it is possible that a pandemic influenza virus may exhibit properties that would facilitate airborne transmission. Should this occur, environmental management strategies may be revised to incorporate measures to prevent exposure to infectious aerosols.

top of page

Introduction

Influenza viruses are transmitted person to person predominantly via mucous membrane exposure to infectious respiratory secretions discharged initially as large droplets (a form of direct contact). These droplets can transmit influenza virus to susceptible persons present in the occupied space within 6 feet from the source patient. Large droplets, however, tend to settle out of the air in a relatively short period and eventually come to rest on a variety of environmental surfaces. Environmental surfaces in homes, healthcare facilities, schools, and other places of business include, but are not limited to, large housekeeping surfaces (e.g., floors, walls, windows, tables and countertops), equipment and appliances, and surfaces frequently touched by hand (e.g., door handles, light switches, bathroom and kitchen surfaces, phones, computers). Aerosolization of virus (i.e., production of tiny particles) from respiratory secretions can occur, but exposure to these particles is not considered to be a primary means of spread.

Management of Environmental Surfaces

Background: Environmental Reservoirs and Hand Transfer of Virus

Influenza A and B viruses can persist on dry environmental surfaces, both porous and nonporous. Laboratory studies conducted to evaluate this persistence document survival periods that vary widely in length, depending on environmental factors. Low relative humidity levels (e.g., < 50%) and cool, ambient temperatures are associated with longer periods of activity. Influenza A virus can survive on hard, nonporous surfaces (e.g., stainless steel, hard plastic) for 24 – 48 hours and on porous materials (e.g., cloth, paper) for < 8 – 12 hours in ambient temperatures (1). Virus persistence on surfaces increases up to 72 hours when those surfaces are moist or wet (2). Early laboratory studies with the PR-8 strain of influenza virus recovered infectious virus from cotton fabric after several weeks (3). However, the extent to which these surfaces and materials contributed to actual spread of infection was not determined. Influenza virus persistence on hands also varied widely. One early study demonstrated that dried influenza virus can persist on hands for at least 3 hours (4), whereas more recent studies have shown that virus can remain stable on the hands for ≤ 5 minutes (1). Infectious virus can be transferred to hands from nonporous surfaces for at least 2 – 8 hours during periods of heavy viral shedding in respiratory secretions (1). Virus transfer from porous materials to the hands is much less efficient, being severely affected by rapid drying. In this instance, infectious virus was transferred at detectable levels to the hands for only 15 minutes (1).

A recent study has demonstrated the potential for widespread dispersion of influenza viruses to a variety of frequently touched surfaces in homes and child care centers (5). This study used reverse transcriptase polymerase chain reaction (RT-PCR) to detect influenza virus A RNA on surfaces. While this study did not evaluate the viability of influenza virus, it did demonstrate the extent to which virus can contaminate the environment, especially when infected persons are present and actively shedding virus in respiratory secretions. Influenza viral RNA was detected frequently on surfaces such as refrigerator handles, phone receivers, TV remotes, and other surfaces in kitchens (e.g., microwave ovens). Viral RNA was found less frequently on toys in day care centers, and this may be due to day care center policies addressing the routine cleaning of toys (5).

Environmental surfaces can serve as reservoirs of infectious virus, although there is no evidence that influenza virus infection can be transmitted **directly** from environmental surfaces. While there is little or no evidence to support the potential for significant resuspension of influenza viruses into the air from objects and surfaces, hand transfer of virus from surfaces to mucous membranes is estimated to be an important factor in the transmission of influenza virus infection among groups of people (e.g., coworkers, family members). Transfer of non-influenza respiratory viruses from objects and environmental surfaces to hands has been demonstrated in several laboratory studies (6 – 8). Another study using

bacteriophage ΦX174 showed how virus can be spread in a simulated household setting via the hands of volunteer participants (9).

Cleaning and Disinfection of Environmental Surfaces

Cleaning and disinfection can reduce the numbers of viruses present on environmental surfaces, which can help to minimize hand transfer of virus (10). Influenza viruses are enveloped, lipid-containing viruses, and as such are readily sensitive to a wide variety of chemical disinfectants (Figure 1) (11). While historically there has been a clear distinction between pandemic strains of influenza viruses and seasonal influenza viruses based on antigenic specificity, there is no new evidence to suggest that pandemic influenza viruses are biophysically or biochemically different than seasonal influenza virus. Although pandemic influenza viruses may cause severe disease, influenza viruses are among the least resistant microorganisms to chemical disinfection. Therefore, routine cleaning and disinfection strategies used during influenza seasons could be applied for the environmental management of pandemic influenza.

Figure 1. Relative Resistance Levels of Microorganisms to Chemical Disinfection (High to Low Levels in Descending Order)

Bacterial Spores
↓
Mycobacteria
↓
Non-lipid or small viruses
↓
Fungi
↓
Vegetative bacteria
↓
Lipid or medium-sized viruses
(influenza viruses)

Cleaning with soap or detergent in water is the first step in surface treatment. Cleaning will remove soil and organic matter that would otherwise reduce the effectiveness of the disinfection step that follows. There is no indication for cleaning procedures that differ from what is done routinely. Any commercially available soap or detergent can be used. Water can be cold or warm, or as recommended on the label of the cleaning product used (if a specific temperature is listed).

Influenza viruses can be inactivated by many low- or intermediate level disinfectants containing any of the following ingredients (12):

- chlorine or hypochlorite
- aldehydes
- quaternary ammonium compounds [quats]
- phenolics
- alcohols
- peroxygen compounds

Use of disinfectants registered by the U.S. Environmental Protection Agency (EPA) is recommended whenever these are available. Lists of all registered disinfectants can be found at http://www.epa.gov/oppad001/chemregindex.htm. Many, if not all, of these products indicate potency for several target pathogens on the label. There are approximately 400 registered disinfectants with human influenza A and/or B listed on the product label, and all will inactivate influenza viruses when used according to manufacturer instructions.

top of page

(i) Cleaning and Surface Disinfection Strategies in Healthcare Facilities:

The basic strategies for management of environmental surfaces in healthcare facilities are discussed in the CDC/HICPAC "Guidelines for Environmental Infection Control in Health-Care Facilities," published in 2003 (13). Additional guidance is available from the World Health Organization (14). The guidance that follows is drawn from these resources.

- Environmental Services staff should use appropriate personal protective equipment (PPE) (i.e., household gloves) as needed when preparing disinfectant and cleaning solutions and when applying these solutions by hand to wipes and/or surfaces.
- Clean and disinfect surfaces that are touched routinely by hand (e.g., doorknobs, bed rails, bedside- and over-bed tables, bathroom surfaces, safety/pull-up bars, television controls, call buttons) on a more frequent schedule than that used for large housekeeping surfaces.
- Follow manufacturer instructions for proper use of disinfectants, especially with regards to the proper concentration of product and the time the product should be in contact with the surface being disinfected.
- Consult medical equipment instructions for appropriate methods of cleaning and disinfection for these items, and consider using barrier coverings for equipment that may be hard to clean or has accessible electronic components.
- Clean large housekeeping surfaces (e.g., floors) in patient-care areas with detergent/disinfectants in accordance with manufacturer instructions on a regular basis as per facility policy (i.e., at least daily and terminally cleaned at patient discharge).
- Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas (e.g., use wet dusting techniques, wipe application of cleaning and/or disinfectant solutions).
- Detergent and water are adequate for cleaning surfaces in nonpatient-care areas (e.g., administrative offices).
- Follow facility procedures to ensure the cleanliness of cleaning and/or disinfectant solutions, rinse water, mop heads, and cloths (e.g., separate buckets for solutions and rinse water, frequent exchanges of solutions, replacing soiled mops heads and cloths with clean items, using microfiber mopping methods).
- Avoid placing influenza patients in rooms with carpeting if possible; use vacuums equipped with HEPA filtration when vacuuming carpets in patient-care areas.
- Educate patients, staff, and visitors about the importance of handwashing and hand hygiene, emphasizing "hand awareness" (i.e., touching nose, mouth, or eyes after touching a potentially contaminated surface or object) (15, 16).

top of page

(ii) Cleaning and Surface Disinfection in Homes, Schools, and Businesses:

The adherence to good personal hygiene, proper hand hygiene, respiratory hygiene, and cough etiquette is especially important for preventing the spread of influenza in non-healthcare settings in the community (16). Schools may dismiss classes, and businesses may consider implementing social distancing as an influenza control strategy early on during a moderate or severe influenza pandemic (17, 18). While school remains in session and when businesses reduce onsite staffing, environmental infection control for non-healthcare settings focuses on regular

cleaning for most surfaces and targeted use of disinfection for surfaces touched frequently by hand:

- Keep housekeeping surfaces and countertops clean of visible soil by cleaning with detergents and water or proprietary cleaners, followed by rinsing with water. Repeated application of disinfectants to table and desktop surfaces is unnecessary. Frequent use of room air deodorizers to disinfect the air is not recommended.
- Follow label instructions carefully when using disinfectants and cleaners, noting any hazard advisories and indications for using personal protective items (such as household gloves). Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- Clean and disinfect bathroom surfaces on a regular basis using EPA-registered detergent/disinfectants. Alternatively, clean surfaces first with detergent and water and then disinfect with an EPA-registered disinfectant in accordance with manufacturer instructions. (Note: Disinfectant products available in grocery stores or hardware stores are all EPA-registered.)
- If EPA-registered disinfectants are not available, use a dilute solution (1:100 volume/volume, approximately 600 parts per million [ppm]) of household chlorine bleach (sodium hypochlorite) to disinfect bathroom surfaces. To prepare this solution, add ¼ cup of bleach to a gallon of clean water, or 1 tablespoon of bleach to a quart of clean water. Apply to a cleaned surface, preferably with a cloth moistened with the bleach solution, and allow the surface to remain wet for minimally 3 – 5 minutes (13).
- Clean and disinfect commonly touched surfaces in the home with a detergent/disinfectant in accordance with label instructions (e.g., microwaves, refrigerator door handles, door handles).
- Wipe frequently touched electronic items (e.g., remote controls, hand-held gaming devices) with hand-sanitizer cloths.
- Carry hand-sanitizer cloths in cars to use on hands and surfaces in cars.

top of page

Laundry

Although influenza viruses can persist on porous materials, the transfer of these viruses from sheets, bedding, and clothing is not as efficient a process as that involving non-porous surfaces (1). Therefore, management of laundry in healthcare facilities and in the home can be accomplished with existing procedures appropriate for these settings (13, 14):

- Handle soiled clothing and linens during collection with a minimum amount of agitation and fluffing;
- Healthcare workers and laundry personnel should follow established facility safety procedures (minimum recommendation is for glove use) when handling soiled linens.
- Handwashing or hand hygiene should be done in the home after sorting laundry and adding the clothing and linens to the washer.
- Use detergents, laundry additives, and appropriate water temperature as per routine laundry procedures. Follow manufacturer instructions for detergent and bleach use.
- Use a temperature setting for drying clothes and linens appropriate for the fabrics in the load. Line- or air-drying can be used to dry items when machine drying is not indicated.
- Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed onto your hands.

top of page

Routine Solid Wastes and Regulated Medical Wastes

There is no evidence to suggest that either pandemic influenza virus or seasonal influenza viruses can be spread via contact with either routine solid wastes or regulated medical wastes generated either in a healthcare facility or in a home, school, or business. Therefore, current waste management strategies can continue to be used while influenza viruses are in circulation (13, 14):

- Healthcare Facilities:
  - Use Standard Precautions when working with solid waste that may be contaminated with influenza virus outside of patient isolation areas.
  - Use PPE as is currently required by your state (e.g., gloves) when handling open waste containers.
  - No changes in waste containment need be made during periods of influenza activity (e.g., single bag lining for routine clinic wastes, appropriate labeled containment for regulated medical wastes).
  - Current medical waste treatment procedures can be used to treat regulated medical waste in accordance with state and federal regulations.
  - Treated medical waste can be safely deposited in municipal solid waste landfills as per normal procedures.
- Homes, Schools, and Businesses:
  - Disposable tissues used to contain coughs, sneezes, or nasal discharges can be tossed in waste receptacles; no special precautions are required.
  - Handwashing or hand hygiene should be done after emptying these waste containers.
  - Barring specific state routine solid waste or medical waste regulations to the contrary, these wastes are considered routine solid wastes in the community that can be sent to municipal solid waste landfills without treatment.

top of page

References

1. Bean B, Moore BM, Sterner F, Peterson LR, Gerding DN, Balfour HH Jr. Survival of influenza viruses on environmental surfaces. *J Infect Dis* 1982; 146: 47-51.

2. Barker J, Stevens D, Bloomfield SF. Spread and prevention of some common viral infections in community facilities and domestic homes. *J Appl Microbiol* 2001; 91: 7-21.

3. Edward DG. Resistance of influenza virus to drying and its demonstration on dust. *Lancet* 1941; 241: 664-6.

4. Parker ER, MacNeal WJ. Persistence on influenza virus on the human hand. *J Lab Clin Med* 1944; 29: 121-6.

5. Boone SA, Gerba CP. The occurrence of influenza A virus on household and day care center fomites. *J Infect Dis* 2005; 51: 103-9.

6. Hall CB, Douglas RG Jr, Geiman JM. Possible transmission by fomites of respiratory syncytial virus. *J Infect Dis* 1980; 141: 98-102.

7. Brady MT, Evans J, Cuartas J. Survival and disinfection of parainfluenza viruses on environmental surfaces. *Am J Infect Control* 1990; 18: 18-23.

8. Ansari SA, Stringthorpe VS, Sattar SA, Rivard S, Rahman M. Potential role of hands in the spread of respiratory viral infections: Studies with human parainfluenza virus 3 and rhinovirus 14. *J Clin Microbiol* 1991; 29: 2115-9.

9. von Rheinbaben F, Schünemann S, Groß T, Wolff MH. Transmission of viruses via contact in a household setting: Experiments using bacteriophage ΦX174 as a model virus. *J Hosp Infect* 2000; 46: 61-6.

10. Sattar SA, Jacobsen H, Springthorpe VS, Cusack TM, Rubino JR. Chemical disinfection to interrupt transfer of rhinovirus type 14 from environmental surfaces to hands. *Appl Environ Microbiol* 1993; 59: 1579-85.

11. Favero MF, Bond WW. Chemical disinfection of medical and surgical materials. In: Disinfection, Sterilization, and Preservation, 4th Edition, SS Block (ed.). Lea & Febiger; Philadelphia, PA; 1991: p. 617-41.

12. Prince HN, Prince DL. Principles of viral control and transmission. In: Disinfection, Sterilization, and Preservation, 5th Edition, SS Block (ed.). Lippincott, Williams & Wilkins; Philadelphia, PA; 2001: p. 543-71.

13. Centers for Disease Control and Prevention. Guidelines for environmental infection control in health-care facilities: Recommendations of CDC and the Healthcare Infection Control Advisory Committee (HICPAC). *MMWR* 2003; 52 (No. RR-10): 1-48. (See also the full text version of this guideline at http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html).

14. World Health Organization. Avian influenza, including influenza A (H5N1), in humans: WHO interim infection control guideline for health care facilities (amended 24 April 2006). Accessed 13 September 2006 at: http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en/index.html

15. Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. *MMWR* 2002; 51 (RR-16): 1-45.

16. Centers for Disease Control and Prevention. Stopping the spread of germs at home, work, and school. Accessed 5 October 2006 at: http://www.cdc.gov/flu/protect/stopgerms.htm

17. World Health Organization Writing Group. Nonpharmaceutical interventions for pandemic influenza national and community measures. *Emerg Infect Dis* 2006; 12: 88-94.

18. Centers for Disease Control and Prevention. Interim pre-pandemic planning guidance: Community strategy for pandemic influenza mitigation in the United States – Early, targeted, layered use of nonpharmaceutical interventions. Accessed 29 May 2007 at: http://www.pandemicflu.gov/plan/community/community_mitigation.pdf

top of page

Appendix - Public Fact Sheet
Control of Pandemic Flu Virus on Environmental Surfaces in Homes and Public Places

This fact sheet explains how cleaning and disinfecting surfaces in homes and public places (like schools) can help to prevent the spread of pandemic influenza (flu). This fact sheet will be updated as needed.

How Flu Viruses Spread

- A flu pandemic is an outbreak of illness caused by a new flu virus that spreads around the world. Because the virus is new to people, nearly everyone will be at risk of getting it.
- The main way that illnesses like colds and flu are spread is from person to person by coughs and sneezes. This can happen when droplets from a cough or sneeze of an infected person move through the air and make contact with the mouth or nose of people nearby.
- Droplets from an infected person can also make contact with environmental surfaces (like the tops of tables). The virus can then be spread from those surfaces if a person touches the droplets and then touches his or her own eyes, mouth, or nose before washing his or her hands.
- The virus also can be spread when an infected person coughs or sneezes into his or her hands and then touches a surface (like a phone, remote control, or toy) before washing his or her hands. Another person could become sick if he or she touches that surface and then touches his or her own eyes, mouth, or nose before washing. Flu viruses and other germs can live 2 hours or longer on hard environmental surfaces like tables, doorknobs, and desks. Surfaces are likely to be touched much more often than they can be cleaned and disinfected. Thus, it is important to wash your hands often, keep your hands away from your face, and keep such surfaces clean to help prevent the spread of germs.

How to Stop the Spread of Pandemic Flu Virus from Environmental Surfaces

Use good hygiene practices

- Cover your mouth and nose with a tissue when you cough or sneeze; put the used tissue in a waste basket and clean your hands.
- Cover your mouth and nose with your upper sleeve (not your hands) if you do not have a tissue and need to cough or sneeze.
- Clean your hands as soon as possible after coughing, sneezing, or blowing your nose.
  - Use soap and water and wash your hands for 15 - 20 seconds; or
  - Use alcohol-based hand wipes or alcohol-based (60-95% alcohol) gel hand sanitizers; rub these on the hands until the liquid or gel dries.
- Clean your hands often when you or others are sick, especially if you touch your mouth, nose, and eyes.
- Always clean your hands before eating.
- Carry alcohol-based hand wipes or alcohol-based (60-95% alcohol) hand-sanitizing gels with you to clean your hands when you are out in public.
- Teach your children to use these hygiene practices because germs are often spread at school.

Clean and disinfect hard surfaces and items in homes and schools

- Follow label instructions carefully when using disinfectants and cleaners.

    - Pay attention to any hazard warnings and instructions on the labels for using personal protective items (such as household gloves).
    - Do not mix disinfectants and cleaners unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can be harmful, resulting in serious injury or death.
- Keep hard surfaces like kitchen countertops, tabletops, desktops, and bathroom surfaces clean and disinfected.
    - Clean the surface with a commercial product that is both a detergent (cleans) and a disinfectant (kills germs). These products can be used when surfaces are not visibly dirty.
    - Another way to do this is to wash the surface with a general household cleaner (soap or detergent), rinse with water, and follow with a disinfectant. This method should be used for visibly dirty surfaces.
    - Use disinfectants on surfaces that are touched often. Clean the surface as explained above before using disinfectants.
        - If disinfectants are not available, use a chlorine bleach solution made by adding 1 tablespoon of bleach to a quart (4 cups) of water; use a cloth to apply this to surfaces and let stand for 3 – 5 minutes before rinsing with clean water. (For a larger supply of disinfectant, add ¼ cup of bleach to a gallon [16 cups] of water.)
        - Wear gloves to protect your hands when working with strong bleach solutions.
- Keep surfaces touched by more than one person clean and disinfected. Examples of these surfaces include doorknobs, refrigerator door handles, and microwaves.
    - Clean with a combination detergent and disinfectant product. Or use a cleaner first, rinse the surface thoroughly, and then follow with a disinfectant.
    - Use sanitizer cloths to wipe electronic items that are touched often, such as phones, computers, remote controls, and hand-held games.
    - Use sanitizer cloths to wipe car door handles, the steering wheel, and the gear shift.

Use recommended laundry practices

- Gently gather soiled clothing, bedding, and linens without creating a lot of motion or fluffing; for example, do not shake sheets when removing them from the bed.
- Clean your hands after handling soiled laundry items.
- Use washing machine cycles, detergents, and laundry additives (like softener) as you normally do; follow label instructions for detergents and additives.
- Dry the cleaned laundry items as you normally do, selecting the dryer temperature for the types of fabrics in the load. Line- or air-drying can be used to dry items when machine drying is not indicated.
- Clean your hands before removing clean laundry from the washer or dryer, especially if you have coughed or sneezed on your hands.

Use recommended waste disposal practices

- Toss tissues into waste baskets after they have been used for coughs, sneezes, and blowing your nose.
- Place waste baskets where they are easy to use.
- Avoid touching used tissues and other waste when emptying waste baskets.
- Clean your hands after emptying waste baskets.

Additional Information

Disinfectant products (sanitizer cloths and liquid disinfectants) available from grocery stores, hardware stores, and commercial cleaning product suppliers have been registered with the U.S. Environmental Protection Agency (EPA). Always follow label instructions carefully when using these products. For more information about EPA-registered disinfectants, visit www.epa.gov/oppad001/chemregindex.htm. For more information about cleaning and disinfection of surfaces to protect against pandemic influenza virus, consult "Interim Guidance on Environmental of Pandemic Influenza Virus." To learn more about pandemic influenza, visit www.pandemicflu.gov.

This is an official U.S. Government Web site managed by the U.S. Department of Health & Human Services.

ANEJO 5

Texto sugerido carta informativa comunidad escolar

A continuación texto sugerido para comunicarle a la comunidad escolar sobre: (a) posible contacto cercano con personas sospechosas de tener Influenza y (b) exclusión del ámbito escolar por casos de influenza. Le recomendamos coloque los mensajes en papel timbrado de la institución que representa.

Esperamos esta información le ayude a diseñar los mensajes para los padres/encargados de aquellos con contacto cercano con personas sospechosas de estar enfermas con Influenza y para exclusión del ámbito escolar. Pueden acompañar la circular con los opúsculos diseñados por el DS como: "¿Qué hacer si desarrollo síntoma?", "Hablando con sus hijos de la Influenza", "Alerta de Salud", entre otros. Estos son de fácil acceso a través de nuestra página web www.salud.gov.pr

(a)

Es posible que una persona con síntomas gripales haya estado en contacto cercano con su niño(a) durante estos días. Le recomendamos observe a su hijo(a) por los próximos 7 días; mientras tanto su hijo(a) puede continuar asistiendo a la escuela. No obstante, ***si éste desarrolla síntomas como****: fiebre alta (38 grados Celsius o 100 grados Fahrenheit) y tos o dolor de garganta; o algún otro síntoma como, dolor en el cuerpo, dolor de cabeza, vómitos, diarreas, estornudos o escalofríos,* ***NO*** *lo envié a la escuela. Si su hijo(a) desarrollase síntomas compatibles con los antes mencionados, consulte a su médico de cabecera. Le agradecemos además, informe al director escolar de la situación.*

Si su usted o su niño(a) pertenece a alguno de los grupos de alto riesgo (mujer embarazada, niño menor de 5 años, niños menores de 19 años en terapia de aspirina o con alguna condición crónica de salud como: asma, diabetes, enfermedades del sistema inmune o cáncer) contacte a su médico de antemano para informarle de la situación, y para que le oriente sobre qué medidas de prevención particulares a su condición debe tomar.

(b)

La siguiente es para notificar que como medida preventiva y conforme a las guías establecidas por el Departamento de Salud para el control de casos de Influenza en el ámbito escolar hemos decidido despachar por los próximos 7 días el salón/grupo al cual pertenece su hijo(a).

Hemos identificado un 10% o más de personas en el salón/grupo con síntomas gripales y/o con diagnóstico confirmado de Influenza. Le recomendamos observe a su hijo(a) por el periodo de tiempo de exclusión, ***si desarrollase síntomas como****: fiebre alta (38 grados Celsius o 100 grados Fahrenheit) y tos o dolor de garganta; o algún otro síntoma como, dolor en el cuerpo, dolor de cabeza, vómitos, diarreas, estornudos o escalofríos, consulte a su médico de cabecera. Le agradecemos además, informe al director escolar de la situación.*

Si su usted o su niño(a) pertenece a alguno de los grupos de alto riesgo (mujer embarazada, niño menor de 5 años, niños menores de 19 años en terapia de aspirina o con alguna condición crónica de salud como: asma, diabetes, enfermedades del sistema inmune o cáncer) contacte a su médico de antemano para informarle de la situación, y para que le oriente sobre qué medidas de prevención particulares a su condición debe tomar.

El periodo de exclusión comenzará el (COLOCAR FECHA AQUÍ) y concluirá el (COLOCAR FECHA AQUÍ); a menos que se indique lo contrario los estudiantes y personal deben presentarse a la escuela el día (COLOCAR FECHA AQUÍ).