STATE OF NEW HAMPSHIRE
SCHOOL NURSE TOOLKIT
FOR
ACUTE RESPIRATORY ILLNESS

July 2019

New Hampshire Department of Health and Human Services
Division of Public Health Services
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INTRODUCTION

Purpose

This document outlines the State of New Hampshire (NH) Department of Health and Human Services (DHHS), Bureau of Infectious Disease Control’s (BIDC) guidance on controlling, mitigating, and reporting outbreaks of acute respiratory illness in elementary and secondary school settings. This document also includes tools which a school nurse or an administrative staff member may use to communicate recommendations and best practices to students, staff, and families.

Authors

This document was developed in collaboration with NH Bureau of Infectious Disease Control:
NH Infectious Disease Surveillance Section
NH Infectious Disease Prevention, Investigation and Care Services Section

Scope

School-aged children are one of the populations at the highest risk for developing acute upper respiratory infections. Their immune systems are still developing so physical contact and exposure to other children makes the spread of these infections rapid and prevalent. Children spend the majority of their days in school, so enacting proper prevention and treatment measures can decrease the spread and severity of upper respiratory infections (URI).

Although there are several types of URI, the common cold and influenza (flu) are the most predominant URIs children experience, leading to more school absences and primary care provider visits than any other illness. These viral infections are spread by direct or indirect contact with droplets from an infected person that sneezes, coughs, or talks. Those who become infected are contagious one day before symptoms may even appear, and up to seven days after. Flu-like symptoms include fever, cough, sore throat, nasal congestion, muscle aches, headache, fatigue, vomiting, and diarrhea.

Contact Information

For questions about this document, please contact:
Bureau of Infectious Disease Control
Division of Public Health Services
NH Department of Health and Human Services
29 Hazen Drive, Concord, NH 03301-6504
Phone: (603) 271-4496
Website: https://www.dhhs.nh.gov/dphs/cdcs/forms.htm
DISEASE BACKGROUND

Case Definition

In the event of increased respiratory illness, case definition inclusion might consist of any or all of the following symptoms: myalgia (aches), headache, chills, fatigue, sore throat, sneezing, dry or productive cough, rhinorrhea (runny nose), and nausea accompanied by vomiting and diarrhea. Influenza-like-illness, in particular, may present with fever (temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or 100°F (37.8°C) or higher taken axillary.

Outbreak Report

By New Hampshire State Statute RSA 141-C, many communicable respiratory diseases and related positive laboratory results are reportable. Additionally, state statute requires that any suspect outbreak, cluster of illness, or any unusual occurrence of disease that may pose a threat to the public’s health must be reported to the NH Department of Health and Human Services, Bureau of Infectious Disease Control (BIDC) within 24 hours of recognition (Appendix B).

NH EPIDEMIOLOGY

Estimating the number of upper and lower respiratory tract infections in New Hampshire is difficult, as the vast majority of these infections is not etiologically defined and is not reportable. Therefore, the annual number of cases cannot be calculated for many viral and bacterial respiratory infections.

The Reportable Communicable Diseases in New Hampshire includes the following information on reportable respiratory illnesses during the last five years.

<table>
<thead>
<tr>
<th>Disease</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Haemophilus influenzae</em>, invasive disease</td>
<td>13</td>
<td>24</td>
<td>24</td>
<td>23</td>
<td>23</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td><em>Streptococcus pneumoniae</em>, invasive disease</td>
<td>82</td>
<td>101</td>
<td>96</td>
<td>101</td>
<td>96</td>
<td>106</td>
<td>119</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>22</td>
<td>27</td>
<td>12</td>
<td>32</td>
<td>29</td>
<td>63</td>
<td>76</td>
</tr>
<tr>
<td>Pertussis</td>
<td>267</td>
<td>131</td>
<td>84</td>
<td>41</td>
<td>60</td>
<td>75</td>
<td>143</td>
</tr>
<tr>
<td>Tuberculosis disease</td>
<td>9</td>
<td>15</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>19</td>
<td>12</td>
</tr>
</tbody>
</table>
OUTBREAK INVESTIGATION AND REPORTING

In reporting ARI, it is essential to designate a school contact person (e.g., school nurse, principal or administrative staff) who is responsible for disseminating absenteeism information. Reports may be made by phone to BIDC at 603-271-4496. After normal business hours or weekends, please make the phone report by calling the NH Hospital switchboard (603-271-5300) and request the Public Health Professional on-call to be paged. The Public Health Professional on call will then call you back to collect the report.

The BIDC Public Health Professional will work closely with the school contact person to control the outbreak. Usually this involves the Public Health Professional talking with the school to establish methods to identify and count cases, clarify and update specific case definitions and exclusion periods and coordinating the exchange of information between the school and BIDC.

Absenteeism surveillance is the systematic collection and analysis of student absence data. These data should differentiate between absenteeism rates due to illness or from other causes. Data describing student absences due to illness may be used to monitor disease trends and to detect and respond to clusters and outbreaks. Implementing an effective absenteeism surveillance system is key to monitoring acute respiratory illness in the student population and will help in instituting prevention measures.

An abnormally large absenteeism level may help identify a respiratory illness outbreak. This level is often identified by the school health office surveillance system. School nurses should record the following information on the initial outbreak investigation form:

- Total number of students at the school
- Number of ill students
- Number of students with current ARI outbreak symptoms
- Total number of staff at the school
- Number of ill staff (if known)
- Number of ill staff with current ARI outbreak symptoms (if known)
- Date of disease onset for first recognized case
- Presenting disease symptoms
- Hospitalization and/or death among cases
ONLINE ABSENTEE AND INFLUENZA-LIKE ILLNESS SURVEILLANCE TRACKING

Influenza-Like Illness (ILI) Reporting System for New Hampshire Schools is available to schools for the reporting influenza-like illness (ILI) in the school setting. The ILI Reporting System for NH Schools will assist the nurse or administrative staff in tracking the rates of absences and at the end of the year this data could be supplied back to the school for their own seasonal surveillance.

To use absenteeism surveillance data: please utilize this website link to report absentee surveillance data to the state [https://business.nh.gov/Influenza/InfluenzaReporting.aspx](https://business.nh.gov/Influenza/InfluenzaReporting.aspx)

There is also an example of the letter that explains absenteeism surveillance as Appendix A.
PREVENTION AND RESPONSE

Guidance on Acute Respiratory Illness for Elementary and Secondary Schools

NH Department of Health and Human Services (NH DHHS) Objective:
- Protect yourself, family, friends, and the community from acute respiratory illness (ARI).

Recommendations for students and staff:
- Maintain general health and hygiene activities in your school. Instruct and remind students and staff to carefully wash hands using soap (and or use alcohol based hand sanitizer if not visibly soiled). Encourage the importance of coughing and sneezing into the elbow. In addition, remind everyone not to share drinks or utensils with one another.
- Any ill children or staff should stay home until they no longer have a fever without the use of anti-fever medications.
- Education regarding proper hand washing techniques should be conducted twice every school year.
- School officials should ensure that soap, paper towels, and hand sanitizers be readily available and well stocked. Frequently touched surfaces should be cleaned regularly.
- Any student presenting respiratory symptoms (e.g., fever/chills, coughing, sore throat, runny or stuffy nose), general malaise, headaches, muscle aches, vomiting, or diarrhea should contact a health care provider.
- Infected individuals should avoid public places and only leave home in case of emergency or to seek medical attention (e.g., pharmacy, clinical visit).
- If an infected individual or caretaker must leave their home, protective measures should be implemented (e.g., face mask, tissues, or handkerchief) to cover all coughs and sneezes.
- Students and staff recovering from respiratory illness should be symptom-free for at least 24 hours prior to returning to school. It is recommended that individuals see a health care provider before returning.
- School nurses should report higher than normal absenteeism to NH DHHS Bureau of Infectious Disease Control at 603-271-4496, or utilize the reporting website (additional information on page 3).
- Please use attached parent letter template as an informational tool (Appendix C and D).
Recommendations to decrease respiratory illness in schools include:

- Maintain general health and hygiene activities in your school. Remind all students and staff of the importance of covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if tissues aren’t available). Frequent hand washing with soap and water, or using alcohol-based hand sanitizers, should be promoted in your school.
- Display posters in the school to promote hand hygiene. Hand washing posters can be downloaded from the CDC website at: https://https://www.cdc.gov/handwashing/posters.html
- Identify ways to increase social distances (the space between people). If possible, move desks further apart, rotate teachers between classrooms while keeping the same group of students in one classroom, and postpone class trips.
- Maintain good ventilation in shared school areas (e.g., open windows, keep air duct systems clean, etc.).
- Ensure that school staff takes steps to routinely clean and disinfect surfaces in the classroom (e.g., doorknobs, desks, keyboards). Schools can use standard products according to directions on the product label and per school protocol. Additional information can be found at: https://www.cdc.gov/flu/school/cleaning.htm
- Provide education about symptoms, mode of transmission, and prevention to parents, students, and staff.
- Remind those attending school and family members to assess, each morning, all people around them and especially all school-aged children for symptoms of respiratory illness.
- Encourage all students, staff, and faculty with respiratory illness to stay home and not attend school.
- If staff notes a student with visible signs of respiratory illness upon arrival at school the following should occur:
  - Isolate the child from other children.
  - Have the child wear a surgical mask if tolerated.
  - Limit the number of people who come into contact with the child.
  - Adults in contact with an ill child should use a surgical mask and continue to wash hands frequently.
  - Contact a parent or guardian and request the child be picked up as soon as possible.
  - Inform the parents or guardian about symptoms observed in the child and what is required for the child to return to school (see case definition section).
  - Ask the parent or guardian to relay observations made by school staff to the child's primary health care professional.
Appendix A: Surveillance and Online Tracking Letter

Dear School Nurse:

School administrative staff and nurses are valuable members of any school system and are often the first to note unusual levels of absenteeism. High levels of absenteeism may indicate the presence of a larger health event in the community for which the New Hampshire Bureau of Infectious Disease Control (BIDC) can offer assistance in mitigating. When health events are identified early, students and staff can be connected to resources, such as fact sheets and recommendations for cleaning, in order to help students and staff return to a normal routine as quickly as possible.

School staff and nurses also play a critical role in managing connections between schools and healthcare providers or other agencies, as well as collecting and monitoring school health data, which may help inform efforts for preventing disease outbreaks.

To inform public health activities and response in New Hampshire, all public and private schools are asked to voluntarily report daily aggregate counts for student absenteeism and those absent with influenza like illness (ILI). If absenteeism due to ILI is not collected, schools can simply enter “0” or check the box indicating these data are not available.

The tool for reporting your school’s absenteeism data can be found at the following website: [https://business.nh.gov/Influenza/InfluenzaReporting.aspx](https://business.nh.gov/Influenza/InfluenzaReporting.aspx).

No username or password is required and total time spent entering these data each day should be less than one minute. Your efforts will help identify health issues in the community, open a path to resources at BIDC should your school or community need assistance, and continue to strengthen the partnership between the Department of Education and the Department of Health and Human Services.

If you have any questions or concerns, please contact Kenneth Dufault at 603-271-5165 or Kenneth.Dufault@dhhs.nh.gov.

Thank you for your continued support of public health.

Kenneth Dufault
Emergency Preparedness Surveillance Specialist
Bureau of Infectious Disease Control
Appendix B: NH Reportable Disease List

State of New Hampshire Reportable Infectious Diseases

<table>
<thead>
<tr>
<th>Acute Flaccid Myelitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired immune deficiency syndrome (AIDS)</td>
</tr>
<tr>
<td>Acinetobacter (Acinetobacter baumannii)</td>
</tr>
<tr>
<td>Anthrax (Bacillus anthracis)</td>
</tr>
<tr>
<td>Anaerobic infection, including EEE, WNV, Dengue, Powassan, Zika*</td>
</tr>
<tr>
<td>Anaplasmosis (Anaplasma phagocytophilum)</td>
</tr>
<tr>
<td>Bovine [Clostridium perfringens]*</td>
</tr>
<tr>
<td>Botulism [Clostridium botulinum]*</td>
</tr>
<tr>
<td>Brucellosis [Brucella abortus]</td>
</tr>
<tr>
<td>Campylobacteriosis [Campylobacter species]</td>
</tr>
<tr>
<td>Carbapenem-resistant enterobacteriaceae</td>
</tr>
<tr>
<td>Chlamydial infection [Chlamydia trachomatis]</td>
</tr>
<tr>
<td>Cholera [Vibrio cholerae]*</td>
</tr>
<tr>
<td>Coccidioidomycosis [Coccidioides immitis]</td>
</tr>
<tr>
<td>Creutzfeldt–Jakob disease*</td>
</tr>
<tr>
<td>Cryptosporidiosis [Cryptosporidium parvum]</td>
</tr>
<tr>
<td>Cytomegalovirus infection [Cytomegalovirus]*</td>
</tr>
<tr>
<td>Diphtheria [Corynebacterium diphtheriae]*</td>
</tr>
<tr>
<td>Ehrlichiosis [Ehrlichia species]</td>
</tr>
<tr>
<td>Escherichia coli O157 infection and other shiga toxin producing E. coli</td>
</tr>
<tr>
<td>Giardiasis [Giardia lamblia]</td>
</tr>
<tr>
<td>Gonorrhea [Neisseria gonorrhoeae]</td>
</tr>
<tr>
<td>Haemophilus influenzae, invasive disease, sterile site*</td>
</tr>
<tr>
<td>Hantavirus Pulmonary Syndrome [Hantavirus]*</td>
</tr>
<tr>
<td>Hemolytic Uremic Syndrome (HUS)</td>
</tr>
<tr>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B, Hepatitis B surface antigen in a pregnant woman</td>
</tr>
<tr>
<td>Hepatitis C (new diagnosis from providers only, no lab reporting)</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV), including perinatal exposure</td>
</tr>
<tr>
<td>Human immunodeficiency Virus-related CD4+ counts and all viral loads</td>
</tr>
<tr>
<td>Legionellosis (Legionella pneumophila)</td>
</tr>
<tr>
<td>Leprosy, Hansen’s disease [Mycobacterium leprae]</td>
</tr>
<tr>
<td>Listeriosis [Listeria monocytogenes]</td>
</tr>
<tr>
<td>Lyme disease [Borrelia burgdorferi]</td>
</tr>
<tr>
<td>Malaria (Plasmodium species)</td>
</tr>
<tr>
<td>Meningococcal disease, invasive (Neisseria meningitidis)</td>
</tr>
<tr>
<td>Mumps</td>
</tr>
<tr>
<td>Neisseria meningitidis, invasive disease, sterile site*</td>
</tr>
<tr>
<td>Pertussis [Bordetella pertussis]*</td>
</tr>
<tr>
<td>plague [Yersinia pestis]</td>
</tr>
<tr>
<td>Pneumococcal disease, invasive (Streptococcus pneumoniae)</td>
</tr>
<tr>
<td>Pneumocystis pneumonia [Pneumocystis jiroveci previously carinii]</td>
</tr>
<tr>
<td>Poliomyelitis [Polo]</td>
</tr>
<tr>
<td>Poliovirus</td>
</tr>
<tr>
<td>Rabies in humans or animals*</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever [Rickettsia rickettsii]</td>
</tr>
<tr>
<td>Salmonellosis [Salmonella species] (report S. Typhimurium, S. Enteritidis, S. Gallei, S. Paratyphi, S. Typhi within 24 hours)</td>
</tr>
<tr>
<td>Shigellosis [Shigella species]</td>
</tr>
<tr>
<td>Syphilis, including Congenital Syphilis Syndrome [Treponema pallidum]</td>
</tr>
<tr>
<td>Tetanus [Clostridium tetani]</td>
</tr>
<tr>
<td>Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]</td>
</tr>
<tr>
<td>Trichinella spiralis</td>
</tr>
<tr>
<td>Tuberculosis disease [Mycobacterium tuberculosis]</td>
</tr>
<tr>
<td>Tuberculosis infection, latent (lab reporting only, no provider reporting)</td>
</tr>
<tr>
<td>Typhoid fever [Salmonella typhi]</td>
</tr>
<tr>
<td>Typhus [Rickettsia prowazekii]</td>
</tr>
<tr>
<td>Varicella</td>
</tr>
<tr>
<td>Vibrio cholerae</td>
</tr>
<tr>
<td>Vibrio vulnificus</td>
</tr>
<tr>
<td>Yersiniosis [Yersinia enterocolitica]</td>
</tr>
</tbody>
</table>

Disease Reporting Guidelines

- Diseases with an asterisk (*) and in red must be reported within 24 hours of diagnosis or suspicion of diagnosis.
- All suspect and confirmed cases must be reported within 72 hours of diagnosis or suspicion of diagnosis.
- Reports are handled under strict confidentiality standards.

Disease Reports Must Include

1. Name of the disease
2. Name of the person reporting
3. Patient information: name, date of birth, age, sex, race, ethnicity, address, telephone number, occupation, place of employment, date of illness onset
4. Diagnostic test information: type of test performed, specimen type(s), date, results
5. Treatment: date, medication, dosage

How to Report a Disease

New Hampshire Department of Health and Human Services, Division of Public Health Services, Bureau of Infectious Disease Control

Business Hours: 603-271-4496
Toll Free (In NH only): 1-800-852-3345 x 4496

After Hours: 603-271-5300
Toll Free (In NH only): 1-800-852-3345 x 5300
Fax: 603-271-0545
**Do not fax HIV/AIDS Reports**

Electronically: Call during Business Hours to request an account in the NH Electronic Disease Surveillance System (NHEDSS)

Reporting requirements are in accordance with Administrative Rules He-P 301 adopted Fall 2016
www.dhhs.nh.gov/dphs/cdcs
Appendix C: Sample Letter to Parents

Dear Parent:

Flu season is approaching. We are asking for your help to prevent the spread of flu in our school. The flu spreads from person to person and children in schools are among the most affected. We want to keep the school open during the flu season and we cannot do it without you. Here are a few ways to help:

- Know the signs of the flu: Signs may be fever greater than 100 degrees, cough, sore throat, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.
- Keep sick children at home. Children should stay at home for at least 24 hours after the last signs of a fever without the use of medicine. They should not return to school within 24 hours of the last sign of vomiting or diarrhea. Those who have a constant cough should stay home until medicine relieves it. Any child that is sick at school should go home.
- Report their absence to the nurse. If your child is out sick with the flu or flu-like illness, please let the nurse know.
- Teach your children to wash their hands. Hand washing with soap and water or using hand sanitizer is the best way to reduce the spread of germs.
- Teach your children to cover their coughs and sneezes with a tissue or their elbow.
- Teach your child not to share personal items like their food or water bottles.

Our school works closely with the Bureau of Infectious Disease Control (BIDC) to monitor flu events. For more information, visit www.flu.gov, or call 1-800-CDC-INFO for the most current information about the flu. We will notify you of any changes to our school’s plan to prevent the spread of the flu this season.

Sincerely,

[School administrator’s name and signature]
Posters and Handouts
STAY HEALTHY!
Follow these simple tips, every day

COVER your mouth when you cough or sneeze—use your sleeve
ONLY use your own glass and utensils—don’t share
USE soap and warm water to wash hands often
GET plenty of sleep, exercise, and eat a healthy diet
HOME is where you belong when you’re sick, not at work or school

Stay Healthy-Cover Your Cough
How To Clean and Disinfect Schools To Help Slow the Spread of Flu

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

1. Know the difference between cleaning, disinfecting, and sanitizing.
   Cleaning removes dirt, grime, and germs from surfaces or objects. Disinfecting works by using soap or detergent and water to physically remove germs from surfaces. Sanitizing, the process of killing germs on a surface after cleaning, can further lower the risk of spreading infection.

2. Clean and disinfect surfaces and objects that are touched often.
   Follow your school’s standard procedures for routine cleaning and disinfecting. Typically, this means daily cleaning and disinfecting, including desks and other surfaces that are touched often, such as doorknobs, light switches, countertops, computer keyboards, keyboards, scissors, and other objects on students’ desks. In addition, surfaces that are touched often should be cleaned and disinfected using EPA-registered disinfectants and sanitizers. Always follow the label directions on the product. It is important to note that many disinfectants and sanitizers are not effective against all types of germs.

3. Simply do routine cleaning and disinfecting.
   It is important to make sure cleaning and disinfecting activities are not too frequent or too infrequent. Daily cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting practices, including wiping down walls and ceilings, frequently used on doorknobs, and those found in classrooms, may be unnecessary or impractical. These practices can irritate eyes, noses, throats, and skin, and may cause nausea, vomiting, and other adverse side effects.

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

   If an EPA-registered disinfectant is not available, use a bleach solution. To make a bleach solution:
   - Add 1 tablespoon of bleach to 1 quart (4 cups) of water.
   - Use a large, shallow container, such as a bucket, and mix the solution using a cloth or sponge.
   - Apply the solution to the surface with a cloth or sponge.
   - Rinse the surface with clean water.

   The surfaces are not water-soluble, so standard cleaning and disinfecting practices are insufficient to remove or kill them. Special cleaning and disinfecting practices, including wiping down walls and ceilings, frequently used on doorknobs, and those found in classrooms, may be unnecessary or impractical. These practices can irritate eyes, noses, throats, and skin, and may cause nausea, vomiting, and other adverse side effects.

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

   Do not mix cleaners and disinfectants unless the label directs it is safe to do so.

   For more information, visit the CDC website:

   www.cdc.gov/flu/school

   1-800-CDC-INFO August 2014

6. Handle waste properly.
   Follow your school’s standard procedures for handling waste, which may include wearing gloves. Discourage students from bringing in their own supplies, such as snacks, drinks, and personal items. Avoid touching these items after use. Avoid touching items with contaminated hands. Avoid touching multiple objects with the same hands. Avoid touching your face with your hands after touching objects in class or leaving the classroom.

   Always wash your hands with soap and water after eating, using the bathroom, and before and after contact with any objects. Avoid touching your face with your hands after touching objects in class or leaving the classroom.

   www.cdc.gov/flu/school

   1-800-CDC-INFO August 2014
Flu Information
The Flu: A Guide for Parents

Protect your child
The flu is a highly contagious illness caused by a virus. It can spread quickly in school settings. The virus spreads by droplets that are tiny and tend to settle on surfaces. It is easily transmitted from person to person. The virus attaches to cells in the nasal passages and multiplies. The flu is sometimes confused with a common cold, but the flu is more severe. It has a shorter incubation period, and the symptoms are more likely to involve fever, cough, and muscle aches.

What are the signs?
Symptoms of the flu may include:
- Fever over 101°F
- Stuffy nose
- Headache
- Body aches
- Chills
- Runny nose
- Sore throat
- Cough

Some people develop complications from the flu, such as pneumonia, and some may become severely ill. If you have a child with a chronic health problem, they are at risk of complications from the flu. If you have a child with a chronic health problem, they may be at risk of complications from the flu. If you have a child with a chronic health problem, they may be at risk of complications from the flu. If you have a child with a chronic health problem, they may be at risk of complications from the flu.

If your child is sick
What can I do if my child gets the flu?
If your child has the flu, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu. If your child has the flu, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu. If your child has the flu, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu.

- Hygiene: Keep your child’s hands clean, and make sure they wash their hands frequently. Encourage them to cover their mouth and nose when they cough or sneeze.
- Medication: If your child has a fever, give them acetaminophen or ibuprofen to help reduce fever and pain. Make sure to follow the recommended dosage for children.
- Rest: Encourage your child to rest and get plenty of sleep.
- Fluids: Make sure your child drinks plenty of fluids to stay hydrated.
- Moisturizing: Keep the air in your home moist by using a humidifier or taking a warm bath.

If your child has a flu-like illness, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu. If your child has the flu, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu. If your child has the flu, there are several things you can do to help make them feel better. First, don’t let them go to school if they have the flu.

How can I protect my child from the flu?
- Get your child vaccinated: The flu vaccine is the best way to prevent the flu. Get your child vaccinated before the flu season starts.
- Practice good hygiene: Encourage your child to wash their hands frequently and cover their mouth and nose when they cough or sneeze.
- Avoid close contact: Keep your child away from people who have flu-like symptoms.
- Stay home when sick: If your child has symptoms of the flu, keep them home from school or work.

In conclusion, the flu is a highly contagious illness that can spread quickly. It is important to take measures to prevent the flu and to take care of yourself if you or your child becomes sick. The flu vaccine is the best way to prevent the flu. Get your child vaccinated before the flu season starts. Practice good hygiene by washing your hands frequently and covering your mouth and nose when you cough or sneeze. Avoid close contact with people who have flu-like symptoms. Stay home when you are sick. If you or your child has symptoms of the flu, keep them home from school or work.

Handout for Parents about the Flu

NH Department of Health and Human Services
Division of Public Health Services
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NH School Nurse Toolkit/ARI
July 2019
GERMS ARE EVERYWHERE!

You can stop germs from spreading by washing your hands:

- when your hands are dirty
- before eating or cooking
- after using the bathroom
- after blowing your nose or coughing
- after touching pets or other animals
- before and after visiting a sick relative or friend
- after playing outside
- especially during flu and cold season

Hand washing steps:

1. WET your hands with clean water.
2. SOAP up your hands.
3. SCRUB your hands front and back, between your fingers, and under your nails for at least 20 seconds.
4. RINSE your hands with clean water.
5. DRY your hands using a clean towel or air dry them.

Handwashing Poster