



California Childcare Health Program (CCHP)

E-News for

Child Care Health Consultants

October 2009

Table of Contents

- [Greetings](#)
 - [Announcements](#)
 - [Resources](#)
 - [Reports](#)
 - [Research](#)
-

The CCHP-CCHC eNews is a bi-monthly newsletter that provides timely information about resources, reports, and research that support the work of Child Care Health Consultants (CCHCs) working to improve the health and safety of children in early childhood education settings in California. Past issues are available at <http://www.ucsfchildcarehealth.org/html/healthline/enews.htm>

Greetings

As we move into flu season, everyone has questions about how the new flu virus, H1N1, will affect children and staff in early childhood settings. While the virus seems to cause mild illness in most people, children younger than two and pregnant women seem especially vulnerable to more serious illness. New reports also suggest that individuals with this flu virus may be contagious for considerably longer than those with seasonal flu. When children stop coughing may be a better indicator that they are no longer contagious than the end of their fever. For up-to-date information on H1N1 that is specific to ECE programs, go to CCHP's web page devoted to H1N1: http://ucsfchildcarehealth.org/html/pandr/swine_flu.htm. If you have questions, don't hesitate to call the Healthline at 1-800-333-3212.

Announcements

Crib Recalls

The Consumer Product Safety Commission has asked for help publicizing the renewed recall of Simplicity bassinets, particularly to child care providers and parents. The notice is online at www.cpsc.gov/cpsc/pub/prerel/prhtml09/09319.html.

New Health and Safety Materials Posted on CCHP's Website

Survival Tips Posters

- [Preventing the Flu](#)
- [Prevención de la Gripe](#)

Fact Sheets for Families

- [Bed Bugs – What You Need to Know](#)

- [Chinches de cama – lo que necesita saber](#)
- [Cerebral Palsy](#)
- [Parálisis cerebral](#)
- [Failure to Thrive](#)
- [Trastorno de crecimiento](#)
- [Integrated Pest Management of Ants](#)
- [Control Integrado de Plagas de Hormigas](#)
- [Picky Eaters](#)
- [Niños quisquillosos con las comidas](#)

Health and Safety Notes

- [Healthy Schools Act of 2000 Extended to Child Care](#)
- [Ley de Salud en las Escuelas](#)
- [Integrated Pest Management \(IPM\) of Mosquitoes in Early Childhood Education \(ECE\) Settings](#)
- [Control de Plagas Integrado \(IPM\) de Mosquitos en establecimientos de Cuidado y Educación de Niños Pequeños \(ECE\)](#)
- [Integrated Pest Management of Rodents in ECE Settings](#)
- [Desratización integrada en los establecimientos de cuidado de niños *Revised!*](#)
- [Integrated Pest Management \(IPM\) of Yellowjackets in Early Childhood Education \(ECE\) Settings](#)
- [Control Integrado de las avispas chaqueta amarilla en establecimientos de servicios de cuidado de niños](#)
- [Diabetes in the Child Care Setting *Revised!*](#)
- [La diabetes en el establecimiento de cuidado de niños *Revised!*](#)
- [Excluding Children Due to Illness *Revised!*](#)
- [Exclusión de niños por enfermedad *Revised!*](#)
- [Runny Nose in the Child Care Setting \(The Snuffly Child or Green Gooky Nose\) *Revised!*](#)
- [Niños con narices sucias en establecimientos de cuidado de niños *Revised!*](#)
- [Sanitize Safely and Effectively: Bleach and Alternatives in Child Care Programs *Revised!*](#)
- [Cómo higienizar de forma segura y efectiva: El uso de blanqueador y de otros productos alternativos en los programas de servicios de cuidado de niños *Revised!*](#)

Illness Sheets

- [Influenza *Revised!*](#)
- [La gripe *Revised!*](#)
- [Molluscum Contagiosum](#)
- [Molusco contagioso](#)

AAP Publishes Updated Recommendations for Routine Use of Trivalent Seasonal Influenza Vaccine and Antiviral Medications for the Prevention and Treatment of Influenza in Children

The American Academy of Pediatrics (AAP) recommends annual trivalent seasonal influenza immunization for the following groups:

- All children, both healthy and with conditions that increase the risk of complications from influenza, aged 6 months through 18 years
- Household contacts and out-of-home care providers of children with conditions that place them at high risk
- Health care professionals
- Pregnant women

School-aged children bear the greatest influenza disease burden and are at significantly higher risk of needing influenza-related medical care compared with healthy adults. In addition, reducing influenza transmission among school-aged children is expected to reduce transmission of influenza to household contacts and community members. Immunization of the close contacts of children will help to reduce the spread of influenza to young children, who are at serious risk of influenza infection, hospitalization, and complications. The risk of influenza-associated hospitalization of healthy children younger than 24 months has been shown to be equal to or greater than the risk in previously recognized high-risk groups.

Seasonal influenza vaccine should be offered to all children as soon as vaccine is available, a protective response to immunization remains throughout the influenza season.

Children younger than 9 years who are receiving the flu vaccine for the first time should receive a second dose during the same season and children younger than 9 years who received only 1 dose of trivalent seasonal influenza vaccine in the first season they were vaccinated should receive 2 doses of trivalent seasonal influenza vaccine the following season and 1 dose each season thereafter.

This recommendation applies only to the influenza season that follows the first year that a child younger than 9 years receives influenza vaccine. Data are not available for other trivalent seasonal influenza vaccine-Administration scenarios.

Health care providers can give both the H1N1 (swine) and seasonal flu shots in a single visit but if the vaccines are given in the nasal spray form, the H1N1 and the annual flu vaccinations may not be given together.

Three New Reports Suggest H1N1 Contagious Much Longer Than Seasonal Flu

Results of three separate studies from Canada, Singapore and Mexico are suggesting that H1N1 flu patients are still contagious many days after their fever subsides. One of the Canadian researchers said that a better indicator of a patient becoming non-contagious may be when coughing stops rather than after fever ends. It is not yet clear whether the findings will lead the CDC to update its advice on how long H1N1 flu patients should avoid social contact.

www.google.com/hostednews/ap/article/ALeqM5gYDsaLjbKHLVu5v0Z5S73VqEliAOD9ANC7BO0

Current Recommendations From the CDC on H1N1 Flu

Among all age groups, children less than 5 years old had the highest 2009 H1N1 hospitalization rates and the second-highest 2009 H1N1 incidence rates during April 15–July 24, 2009. Children less than 5 years of age also have high hospitalization rates for seasonal flu; the risk for severe complications from seasonal flu is highest among children less than 2 years of age. **Importantly, infants less than 6 months of age represent a particularly vulnerable group because they are too young to receive the seasonal or 2009 H1N1 influenza vaccine; as a result, individuals responsible for caring for these children constitute a high-priority group for early vaccination.** Other groups at higher risk for complications of flu include pregnant women and people of any age with certain medical conditions such as diabetes, heart disease, asthma, and kidney disease. Visit

www.cdc.gov/h1n1flu/qa.htm for more information.

CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season

Influenza vaccination is the primary means of preventing flu but infection control measures also can reduce the spread of flu. Early childhood settings present unique challenges for infection control because of the close interpersonal contact, shared toys and other objects, and limited ability of young children to understand or practice good respiratory etiquette and hand hygiene. Thus, parents, early childhood providers, and public health officials should be aware that, even under the best of circumstances, transmission of infectious diseases such as flu cannot be completely prevented in early childhood or other settings. No policy can keep everyone who is potentially infectious out of these settings. www.flu.gov/professional/school/childguidance.html.

Technical Report for State and Local Public Health Officials and Child Care and Early Childhood Providers on CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season

This Technical Report provides explanations of the strategies presented in the [CDC Guidance on Helping Child Care and Early Childhood Programs Respond to Influenza during the 2009–2010 Influenza Season](http://www.flu.gov/professional/school/childguidance.html) and suggestions on how to use these strategies. The guidance is designed to decrease

exposure to seasonal flu and 2009 H1N1 flu and limit the disruption of the essential service early childhood provides to families. <http://www.cdc.gov/h1n1flu/childcare/technical.htm>

World Health Organization: H1N1 Flu Spreading at "Unbelievable" Speed

World Health Organization: H1N1 Flu Spreading at "Unbelievable" Speed

The transmission of A (H1N1) flu is four times faster than other viruses and 40% of the deaths caused by the virus are among young and healthy adults, World Health Organization Director-General Margaret Chan said Saturday. Chan advised governments to "prepare for the worst" and highlighted the importance of "political leadership" in the fight against the virus. The virus has caused more than 2,180 deaths globally since it emerged in April, according to WHO. Google/Agence France-Press (8/29)

New Oral Health Legislation Passed Allowing the Topical Application of Fluoride Varnish

AB 667, Topical fluoride application: **This bill would include the topical application of fluoride varnish by any person, including a dental assistant, when health services are provided to elementary or postsecondary pupils. The bill would also permit any person, including a dental assistant, to apply topical fluoride, including fluoride varnish, to the teeth of a person being served in a public health setting or program that is created or administered by a state or local governmental entity, which includes state-funded preschool and early care and education programs.** It would require that these services be provided in accordance with a prescription and protocol issued and established by a physician or dentist. Existing law requires that a dental assistant may only perform topical fluoride applications under the direct supervision of a licensed dentist.

The California Dental Society is working with the Dept. of Public Health to develop guidelines for the implementation of the legislation which becomes effective 1/1/2010. It will apply to publicly funded programs, which includes state funded preschools and Head Start programs.

Resources

National Lead Poisoning Prevention Week is in October

Wipe out lead poisoning—National Lead Poisoning Prevention Week educates parents and children about the dangers of lead exposure, especially lead-paint hazards in housing and renovation.

http://yosemite.epa.gov/opa/admpress.nsf/names/hq_2008-10-20_Lead_Poisoning

Recognizing Child Abuse: Slideshow from Medscape (requires registering with Medscape, which is free) www.medscape.com/features/slideshow/child-abuse?src=mp&spon=9&uac=44636DJ

The Oral Health Alert

Focus on Head Start is a monthly newsletter that provides timely information about national campaigns and initiatives, materials, and journal articles. Past issues are available at

www.mchoralhealth.org/alert/archives.html.

Send Parents an Oral Health eCard From the CDC:

www2a.cdc.gov/eCards/message/message.asp?cardid=252

Immunization News From the Immunization Action Coalition

www.immunize.org/express/issue826.asp

The latest issue of Needle Tips, including Ask the Experts, is now online at www.immunize.org/nt.

Resources for Supporting Children Exposed to Domestic Violence

The Family Violence Prevention Fund has recently released *Connect: Supporting Children Exposed to Domestic Violence*, a trainer's guide and set of materials designed to help caregivers promote resilience among children who have been exposed to violence. The toolkit includes a curriculum,

power points, mini magazines, and optional training videos and Public Service Announcements (PSAs). The materials are available to download at <http://endabuse.org/content/features/detail/1314/>. Free copies of the CD can be ordered by emailing childrensteam@endabuse.org

First 5 California Launches New Parent Site

A new website from First 5 California is available for parents of young children. The website is a resource that connects parents with health, education and support services information for their children and is translated into several different languages. www.cafc.ca.gov/parents/

From Zero to Three: The Truth About Play

In this free article from the September issue of Zero to Three, the authors discuss the benefits of play, offer practical tips on how children learn through play and how parents can make the most of playtime. [View the article.](#) [868 KB]

USDA's Newest Release is the [Two Bite Club](#), an educational storybook that introduces MyPyramid for Preschoolers to young children. Parents or caregivers may use the stories to encourage children to try foods from various food groups by eating just two bites. The back of the book contains a MyPyramid for Preschoolers coloring page, a blank certificate for the Two Bite Club, fun activity pages for kids, and Tips for Growing Healthy Eaters.

Reports

From the Child Care Law Center: Preliminary Overview of Child Care Provisions in the California Budget Signed July 28, 2009

www.childcarelaw.org/docs/CCLC%20Budget%20Analysis%20731%2009%20Final.pdf

Updated Poliovirus Vaccination Recommendations Issued

The updated guidelines now include the following recommendations to avoid potential confusion related to using different vaccine products for routine and catch-up immunization:

- The 4-dose IPV series should still be given at ages 2 months, 4 months, 6 to 18 months, and 4 to 6 years.
- Regardless of the number of previous doses, the final dose in the IPV series should be given at age older than 4 years.
- Between dose 3 and dose 4, the minimum interval is increased from 4 weeks to 6 months.
- Between dose 1 and dose 2, and between dose 2 and dose 3, the minimum interval is still 4 weeks.
- For dose 1, the minimum age is still 6 weeks.

Another new ACIP recommendation is that use of the minimum age and minimum intervals for vaccination in the first 6 months of life are recommended only if the vaccine recipient is at risk for imminent exposure to circulating poliovirus; for example, during an outbreak or for travel to a polio-endemic region. The rationale for this new precaution is that shorter intervals and earlier start dates result in lower seroconversion rates. ACIP is also recommending a poliovirus vaccination schedule with specific combination vaccines, as follows:

- When DTaP-IPV/Hib (*Pentacel*, Sanofi Pasteur) is given at ages 2, 4, 6, and 15 to 18 months (4 doses total), children should receive an additional booster dose of age-appropriate IPV-containing vaccine (IPV [*Ipol*, Sanofi Pasteur] or DTaP-IPV [*Kinrix*, GlaxoSmithKline]) at age 4 to 6 years, resulting in a 5-dose IPV vaccine series.
- The booster dose at age 4 to 6 years should not be DTaP-IPV/Hib.
- For optimal booster response, the minimum interval between dose 4 and dose 5 should be at least 6 months.

As per current recommendations, a booster dose should be given as soon as feasible to a child missing an IPV dose at age 4 to 6 years.

Morb Mortal Wkly Rep. 2009;58:829–830.

CDC Reports Obesity Rates in Preschool Children are Holding Steady

A CDC report says obesity rates in low-income preschool-aged children seem to be leveling off after five years of increases, though the numbers are still high. The rate of obesity in children ages 2 to 4 jumped from 12.4% in 1998 to 14.5% in 2003. Since 2003 the rate has remained steady, with a 2008 rate of 14.6%. <http://healthday.com/Article.asp?AID=629327>

Bay Area Council Report Supports Business Case for Early Learning Investment

The Bay Area Council issued a research report highlighting the need for early education programs in California. The report, which builds upon research demonstrating the need for early education investments, will assist in the Council's efforts to promote early education as a public investment with significant economic returns. [Read the report.](#)

Research

Parents, Caregivers Lack Knowledge of Child-safety Hazards

Parents were able to identify only 47% of the potential safety hazards for young children in the home, while child care providers identified only 37% and health care providers identified only 29% of the hazards. Parents found only 40% of hazards when asked to find those that would be problems for their own children.

Gaines, J., & Schwebel, D. C. (2009). Recognition of home injury risks by novice parents of toddlers. *Accid Anal Prev*, 41(5), 1070-1074.

Infants Should Be Removed From Car Seats When Not Riding in an Automobile

A new study published in *Pediatrics* reports that healthy term infants experienced apnea, hypopnea, and oxygen desaturations during placement in car seats. The authors argue that while car seats are essential for the safe transportation of infants they should never serve as a replacement for a crib. Infants should be removed from car seats and placed in a crib upon arrival at their destination.

Kornhauser Cerar, L., Scirica, C. V., Stucin Gantar, I., Osredkar, D., Neubauer, D., & Kinane, T. B. (2009). A Comparison of Respiratory Patterns in Healthy Term Infants Placed in Car Safety Seats and Beds. *Pediatrics*, 124(3), e396-402.

Preliminary Results of the Abbott Preschool Program Longitudinal Study

The second in a series, this interim report discusses the results of a longitudinal study of the long-term effects of preschool participation. The preliminary results find that children participating in the Abbott Preschool Program in New Jersey continue to outperform their peers through second grade. The new report also notes that participation in the pre-k program significantly reduced retention in kindergarten and first grade. Read the [full report](#).

Epinephrine Auto-Injector Needle Length May Be Too Short for IM Use in Children

Epinephrine auto-injector needle length may be too short to reach the muscle for the recommended intramuscular delivery in a significant number of children, according to the results of a study published in *Pediatrics*. The authors suggest that needle lengths may have to be increased to assure that more children receive epinephrine by the recommended intramuscular route.

Stecher, D., Bulloch, B., Sales, J., Schaefer, C., & Keahey, L. (2009). Epinephrine auto-injectors: is needle length adequate for delivery of epinephrine intramuscularly? *Pediatrics*, 124(1), 65-70.

Children Cared For in Someone Else's Home Weigh More

A study in Harvard researchers found infants placed in child care at someone else's home in the first six months of life ranked about 5 percentage points higher for weight on growth charts at ages 1 or 3 than did an infant cared for at home or at a child care center. The study authors said the reasons for the difference were not clear.

Benjamin, S. E., Rifas-Shiman, S. L., Taveras, E. M., Haines, J., Finkelstein, J., Kleinman, K., et al. (2009). Early Child Care and Adiposity at Ages 1 and 3 Years. *Pediatrics*, 124(2), 555-562.

Toddlers Found to Suffer From Chronic Depression

Preschool depression, similar to childhood depression, can be chronic or recurring. These results underscore the clinical and public health importance of identifying children with depression as early as preschool. Further follow-up of preschoolers with depression is also warranted in order to reduce the risk of depression through the life course.

Luby, J. L., Si, X., Belden, A. C., Tandon, M., & Spitznagel, E. (2009). Preschool depression: homotypic continuity and course over 24 months. *Arch Gen Psychiatry*, 66(8), 897-905.

Disparities in Child Outcomes Apparent as Early as 9 Months of Age

A new Child Trends study commissioned by the Council of Chief State School Officers finds that disparities in child outcomes between poor, at-risk, and more advantaged children are evident as early as 9 months and grow larger by 24 months of age. These disparities exist across cognitive, social, behavioral, and health outcomes. The study, *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study–Birth Cohort* (2009), finds low income and low maternal education to be the factors most strongly associated with poorer outcomes among very young children. It also finds that the more risk factors a child has, the more profound these disparities are. Disparities are apparent in infancy, with the gap widening in toddlerhood. Compared to their peers from higher-income families, infants and toddlers from low-income families score lower on cognitive assessments, are less likely to be in excellent or very good health, and are less likely to receive positive behavior ratings at both 9 and 24 months. This brief uses a nationally-representative sample of infants born in the year 2001 to examine multiple characteristics that may serve as risk factors for developmental disparities at 9 and 24 months of age.

Full Report — www.childtrends.org/Files/Child_Trends-2009_07_10_FR_DisparitiesEL.pdf

Executive Summary — www.childtrends.org/Files/Child_Trends-2009_07_10_ES_DisparitiesEL.pdf

Child Care Centers Can Help Parents Build Personal Support Networks

University of Chicago researchers report that child care centers help parents build support networks and "social capital." In certain child care settings, other parents become informal advisers on child rearing and health care resources, as well as good friends, the study data showed. Mothers, after enrolling their children in centers, dramatically expanded both the size and usefulness of their personal networks. Whether, how, and how much the mother's networks were altered—and how useful these networks were—depended on the apparently trivial, but remarkably consequential, practices and regulations of the centers; for instance, the structure of parent-teacher organizations, the frequency of fieldtrips, and the rules regarding drop-off and pick-up times all affected the mothers' networks.

Small, M. L. (2009). *Unanticipated Gains: Origins of Network Inequality in Everyday Life* New York: Oxford University Press.

Smoking During Pregnancy Increases Health Risks of Offspring

Women who smoke while pregnant increase their unborn child's long-term risk for health problems, including childhood asthma, cardiovascular disease and lower pulmonary function. This study found that maternal smoking actually changes the unborn child's DNA patterns. This "epigenetic" effect is caused by chemicals that attach to DNA, switching genes on and off, leading to differences in gene expression. These changes may be passed on to future generations as well.

Breton, C. V., Byun, H. M., Wenten, M., Pan, F., Yang, A., & Gilliland, F. D. (2009). Prenatal tobacco smoke exposure affects global and gene-specific DNA methylation. *Am J Respir Crit Care Med*,

180(5), 462-467.

Early Exposure to Infectious Disease May Not Protect Against Allergies or Asthma

This study found that children who entered child care before the age of 2, or who had siblings, were no less likely than their peers to suffer from allergies or asthma at the age of 8, contrary to the “hygiene hypothesis” that exposure reduces the risk of asthma and allergies.

Caudri, D., Wijga, A., Scholtens, S., Kerkhof, M., Gerritsen, J., Ruskamp, J. M., et al. (2009). Early daycare is associated with an increase in airway symptoms in early childhood but is no protection against asthma or atopy at 8 years. *Am J Respir Crit Care Med*, 180(6), 491-498.

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