



Dear Child Care Representative,

NRS 432A.230 and NRS 432A.235 require that before December 31 of each year, each child care and accommodation facility shall report the exact number of pupils who have completed the immunizations required for enrollment and the number of students conditionally enrolled.

The information collected through this reporting form is important to report and helps the Nevada State Division of Public and Behavioral Health protect the community in the event of an outbreak.

Immunize Nevada is collecting this information on behalf of the Nevada State Division of Public and Behavioral Health. Submitting your school's information through this web form at <http://www.vfcnevada.org/for-schools/ratereporting> fulfills this statutory requirement.

Please find attached:

- FAQs on rate reporting
- Technical Bulletins relating to Child Care Immunization
- Information on how to interpret the immunization schedule
- Resources on how to prevent the spread of influenza at child care facilities

For more information on how to stop the spread of influenza at your facility, please visit: <https://immunizenevada.org/toolkit/child-care-toolkit>

If you have additional questions, please contact us at 1-775-624-7117 or info@immunizenevada.org

Thank you,

Leah Sussman

Healthy Futures Coordinator

Immunize Nevada

Child Care and Accommodation Facility Immunization Reporting FAQs

Who should we report on? What ages does this cover?

Please report using information from any child that has attended your child care facility in the past year (January 1st- December 31st). This reporting requirement should be applied to children of any age that attend your child care or accommodation facility.

What percentage do we need to report?

Child care and accommodation facilities are required to report the percentage of students that are up-to-date and that are conditionally admitted. Your facility may also choose to report the percentage of children who have religious or medical exemptions.

For example, let's say you have 100 children who attend your childcare. 80 are completely up-to-date on required immunizations, 5 have religious or medical exemptions, 5 are conditionally admitted, and 10 are missing some required immunizations.

80(up to date) divided by 100 (total school population)= .8 or 80% that are up-to-date

5 (conditionally admitted) divided by 100 (total school population)= .05 or 5% that are conditionally admitted

What does "up-to-date" mean?

A child is considered "up-to-date" if they have received all of their age-appropriate vaccinations upon admittance for the year. In Nevada, children entering child care must be current on immunizations protecting them from: Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae type b, Streptococcus Pneumoniae, Hepatitis B, Hepatitis A, Measles, Mumps, Rubella, and Chickenpox.

What does "conditionally admitted" mean?

Per NRS 432A.230-235:

1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care or accommodation facility within this State, including a facility licensed by a county or city, unless the parents or guardian of the child submit to the operator of the facility a certificate stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases: a. Diphtheria;

b. Tetanus;

c. Pertussis if the child is under 6 years of age;

d. Poliomyelitis;

e. Rubella;

f. Rubeola; and

g. Such other diseases as the local board of health or the State Board of Health may determine.

3. A child whose parent or guardian has not established a permanent residence in the county in which a child care or accommodation facility is located and whose history of immunization cannot be immediately confirmed by a physician in this State or a local health officer, may enter the child care facility conditionally if the parent or guardian:

(a) Agrees to submit within 15 days a certificate from a physician or local health officer that the child has received or is receiving the required immunizations; and

(b) Submits proof that the parent or guardian has not established a permanent residence in the county in which the facility is located.

4. If a certificate from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.

Therefore, for calculating your conditional enrollment rate, please add any child in series and any child that is new to the county.

Our facility is both a child care and school; should we report twice?

Please report twice, once for the school and once for the child care.

Our childcare has multiple campuses. Should we report for each campus?

Yes, please report for each campus separately.

Our facility hosts multiple types of childcare- daycare, afterschool, etc. Should we report together or separately?

Please report them together if they are on the same campus.

Where can I find the law on child care immunization requirements?

Child care immunization requirements are listed in NRS 432A.230-280 and NAC 432A.500-510:

Which immunizations are required for child care?

Vaccine	Protects Against
DTaP/DT	Diphtheria, Tetanus, Pertussis
IPV	Polio
Hib	Haemophilus Influenzae type b
PCV-13 (Pevnar)	Streptococcus Pneumoniae
HBV	Hepatitis B
HAV	Hepatitis A
MMR	Measles, Mumps, Rubella
VZV (Varicella)	Chickenpox

**Please also see the attached technical bulletin regarding child care immunizations

What should I do about students with exemptions?

It is in the best interest of the children in your facility to make your best effort to protect them from vaccine-preventable disease. Please note that while medical and religious exemptions are accepted in Nevada, personal belief exemptions are not. Do not include students with religious and medical exemptions in the up-to-date immunization rate. Only students who are fully

vaccinated per Nevada requirements should be counted as up-to-date. Students who have had varicella disease (regardless of how many doses of varicella vaccine) are considered up-to-date, but must provide proof of immunity (please see technical bulletin attached).

Are there any tools I can use to find out if children are up-to-date?

All immunizations administered in the state of Nevada should be recorded in Nevada WebIZ at <https://webiz.nv.gov>. If you have access to Nevada WebIZ, you should be able to use its recommendation tool to assess which immunizations are needed.

Nevada WebIZ also has a public access portal that can be used by parents to review their child's immunization records: <https://izrecord.nv.gov>. If having difficulties, please call the help desk phone number – (877) 689-3249.

Additional Resources for interpreting immunization schedules are included in this packet.

How can I get WebIZ login information?

Policy states that all new users who will add or modify data in Nevada WebIZ *must* attend a training session before they will be given a username and password to log in. For individuals that only need access to view data (such as a child care facility, or those that report data via HL7 electronic interface), a special User Confidentiality Agreement is available from the Helpdesk. Read on for information on training opportunities. For more information, visit their site: http://dpbh.nv.gov/Programs/WebIZ/WebIZ_-_Home/

Is this reporting the same as the audit from the Health District?

This reporting is required by the state of Nevada per NRS 432A.230 and is a different process than the audit done by some Health Districts. However, information from your audit can be used to help assess rates for state reporting.

If a child was up-to-date the last time they attended our accommodation but we haven't seen them or received new immunization records in several months, would they still be considered up-to-date?

The child would be considered up-to-date for reporting purposes if they were up-to-date when they were admitted to your facility.

If you have children who are current on a series, but have not completed it (for example, they were behind on MMR, now they have had 1 dose but are not yet due for #2), is that child counted as up-to-date?

No, this child is not considered up-to-date. Per NRS 432A.230, the child can be admitted into the child care facility, but should be tracked and reminded to get their next dose in their series. If the child does not get the required dose, the child care facility is no longer allowed, per statute, to keep them in their facility.

Can we update our immunization reporting as more of the children at our facility become up-to-date?

Yes, we encourage you to update these numbers so the data will better reflect your facility's immunization successes!



Technical Bulletin

Division of Public and Behavioral Health



Date: January 30, 2018

Topic: Vaccine Required at Minimum Recommended Age for Child Care Enrollment

Contact: Shannon Bennett, Immunization Program Manager or Pam Forest, MD, Provider Quality Assurance Manager

To: Health Care Quality and Compliance, Division of Public and Behavioral Health, Local Health Districts, and Nevada Child Care Facilities

According to Nevada Revised Statutes (NRS) 432A.230, 432A.235, and Nevada Administrative Codes (NAC) 432A.500-.505, children must prove immunity to Diphtheria, Tetanus, Pertussis, Poliomyelitis, Rubella, Rubeola (Measles), Mumps, Hepatitis A, Hepatitis B, Varicella, Streptococcus Pneumoniae, and Haemophilus Influenza type B (Hib) prior to admission to a child care or accommodation facility in Nevada, unless excused because of a religious belief or medical condition.

In addition to these requirements, it is now necessary for children being admitted to child care or accommodation facilities in Nevada to receive all required vaccines at the youngest recommended age per the recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). For example, the fifth dose of DTaP is recommended between four (4) and six (6) years of age. As of the date of this Bulletin, the fifth dose of DTaP vaccine is now required at age four (4) years if the child is attending a child care or accommodation facility in Nevada. Please review the table on the next page for further examples. **Any child who is behind on Nevada's required immunizations must be brought up-to-date utilizing the ACIP Catch Up Schedule to continue to attend the child care/accommodation facility.**

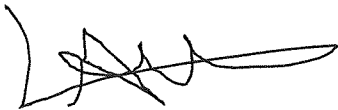
Immunizing children at the youngest recommended age when in a child care or accommodation facility further protects the child and their peers at the earliest time possible. For example, the fifth dose of DTaP, when given at four (4) years of age, increases antibody levels and decreases the risk of older children transmitting the disease to younger siblings and/or classmates who are too young to have completed the vaccine series.

For more information regarding the ACIP immunization schedule please visit:

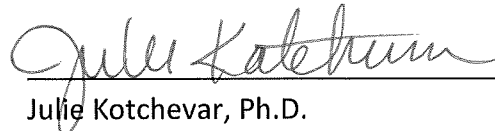
<https://www.cdc.gov/vaccines/schedules/index.html>.

Required Immunization	Age Range	Dose Number	Age Required*
Hepatitis B	6-18 months	3	6 months
DTaP	15-18 months	4	15 months
DTaP	4-6 years	5	4 years
Hib	12-15 months	3 or 4	12 months
PCV13	12-15 months	4	12 months
Polio (IPV)	6-18 months	3	6 months
Polio (IPV)	4-6 years	4	4 years
MMR	12-15 months	1	12 months
MMR	4-6 years	2	4 years
Varicella	12-15 months	1	12 months
Varicella	4-6 years	2	4 years
Hepatitis A	12-23 months	1	12 months
Hepatitis A	18-23 months	2	18 months

*Age required if minimum interval has passed



Ihsan Azzam, PhD, MD
Nevada State Medical Epidemiologist



Julie Kotchevar, Ph.D.
DPBH Interim Administrator

**Recommended and Minimum Ages and Intervals
Between Doses of Routinely Recommended Vaccines^{1,2,3,4}**

Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Diphtheria-tetanus-acellular pertussis (DTaP)-1 ⁵	2 months	6 weeks	8 weeks	4 weeks
DTaP-2	4 months	10 weeks	8 weeks	4 weeks
DTaP-3	6 months	14 weeks	6-12 months ⁶	6 months ⁶
DTaP-4	15-18 months	15 months ⁶	3 years	6 months
DTaP-5 ⁷	4-6 years	4 years	—	—
<i>Haemophilus influenzae</i> type b (Hib)-1 ⁸	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3 ⁹	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Hepatitis A (HepA)-1 ⁵	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
Hepatitis B (HepB)-1 ¹⁰	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3 ¹¹	6-18 months	24 weeks	—	—
Herpes zoster Live (ZVL) ¹²	≥60 years	60 years	—	—
Herpes zoster Recombinant (RZV)-1	≥50 years	18 years	2-6 months	4 weeks
RZV-2	≥50 years (+2-6 months)	50 years	—	—
Human papillomavirus (HPV)-1 ¹³	11-12 years	9 years	8 weeks	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks ¹³
HPV-3 ^{13,14}	11-12 years (+ 6 months)	9 years (+5 months)	—	—
Influenza, inactivated (IIV) ¹⁵	≥6 months	6 months ¹⁶	4 weeks	4 weeks
Influenza, live attenuated (LAIV) ¹⁵	2-49 years	2 years	4 weeks	4 weeks
Measles-mumps-rubella (MMR)-1 ¹⁷	12-15 months	12 months	3-5 years	4 weeks
MMR-2 ¹⁷	4-6 years	13 months	—	—
Meningococcal conjugate (MenACWY)-1 ¹⁸	11-12 years	6 weeks ¹⁹	4-5 years	8 weeks
MenACWY-2	16 years	11 years ²⁰ (+ 8 weeks)	—	—
Pneumococcal conjugate (PCV13)-1 ⁸	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2 ²¹	—	7 years	—	—
Poliovirus, Inactivated (IPV)-1 ⁵	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 ²²	4-6 years	4 years	—	—
Rotavirus (RV)-1 ²³	2 months	6 weeks	8 weeks	4 weeks
RV-2	4 months	10 weeks	8 weeks	4 weeks
RV-3 ²³	6 months	14 weeks	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap) ²⁴	≥11 years	7 years	—	—
Varicella (Var)-1 ¹⁷	12-15 months	12 months	3-5 years	12 weeks ²⁵
Var-2 ¹⁷	4-6 years	15 months ²⁶	—	—

- 1 Combination vaccines are available. Use of licensed combination vaccines is generally preferred to separate injections of their equivalent component vaccines. When administering combination vaccines, the minimum age for administration is the oldest age for any of the individual components. The minimum interval between doses is equal to the greatest interval of any of the individual components.
- 2 Information on travel vaccines including typhoid, Japanese encephalitis, and yellow fever, is available at www.cdc.gov/travel. Information on other vaccines that are licensed in the US but not distributed, including anthrax and smallpox, is available at <https://emergency.cdc.gov/bioterrorism/>.
- 3 "Months" refers to calendar months.
- 4 A hyphen used to express a range (as in "12-15 months") means "through."
- 5 Combination vaccines containing a hepatitis B component (Pediatrix and Twinrix) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e., Hib, DTaP, HepA, and IPV).
- 6 The minimum recommended interval between DTaP-3 and DTaP-4 is 6 months. However, DTaP-4 need not be repeated if administered at least 4 months after DTaP-3. This is a special grace period of 2 months, which can be used when evaluating records retrospectively. An additional 4 days should not be added to this grace period prospectively, but can be added retrospectively.
- 7 If a fourth dose of DTaP is given on or after the fourth birthday, a fifth dose is not needed.
- 8 Children receiving the first dose of Hib or PCV13 vaccine at age 7 months or older require fewer doses to complete the series.
- 9 If PedvaxHib is administered at ages 2 and 4 months, a dose at age 6 months is not required. The minimum age for the final dose is 12 months.
- 10 Adjuvanted Hepatitis B vaccine (HepLisav-B) can be administered to adults 18 years old and older on a two-dose schedule, the first and second doses separated by 4 weeks.
- 11 HepB-3 should be administered at least 8 weeks after HepB-2 and at least 16 weeks after HepB-1, and should not be administered before 24 weeks of age.
- 12 Herpes zoster live vaccine (Zostavax) is recommended as a single dose for persons 60 years of age and older.
- 13 Gardasil and Gardasil 9 are approved for males and females 9 through 26 years of age. The minimum age for HPV-3 is based on the baseline minimum age for the first dose (i.e., 9 years) and the minimum interval of 5 months between the first and third dose. Dose 3 need not be repeated if it is administered at least 5 months after the first dose, and if the intervals between doses 1 and 2, and doses 2 and 3, are 4 weeks and 12 weeks, respectively.
- 14 A two-dose HPV vaccine schedule is recommended for most persons who begin the series before the 15th birthday. See www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6549a5.pdf for details.
- 15 One dose of influenza vaccine per season is recommended for most people. Some children younger than 9 years of age should receive 2 doses in a single season. See current influenza recommendations for details.
- 16 The minimum age for inactivated influenza vaccine varies by vaccine manufacturer. See package inserts for vaccine-specific minimum ages.
- 17 Combination MMRV vaccine can be used for children 12 months through 12 years of age. See www.cdc.gov/mmwr/pdf/rr/rr5903.pdf for details.
- 18 Revaccination with meningococcal vaccine is recommended for previously vaccinated persons who remain at high risk for meningococcal disease. See www.cdc.gov/mmwr/pdf/rr/rr6202.pdf for details.
- 19 High-risk children can receive Menactra as young as 9 months and Menveo as young as 2 months. MenHibrix is given as a four-dose series at 2, 4, 6, and 12-18 months. It can be given as young as 6 weeks for high-risk children.
- 20 For routine, non-high risk adolescent vaccination, the minimum age for the booster dose is 16 years.
- 21 A second dose of PPSV23 5 years after the first dose is recommended for persons ≤ 65 years of age at highest risk for serious pneumococcal infection, and for those who are likely to have a rapid decline in pneumococcal antibody concentration. See www.cdc.gov/mmwr/PDF/rr/rr4608.pdf for details.
- 22 A fourth dose is not needed if the third dose was administered on or after the 4th birthday and at least 6 months after the previous dose.
- 23 The first dose of rotavirus must be administered no earlier than 6 weeks and no later than 14 weeks 6 days. The vaccine series should not be started for infants 15 weeks 0 days or older. Rotavirus vaccine should not be administered to children older than 8 months 0 days, regardless of the number of doses received before that age. If two doses of Rotarix are administered as age appropriate, a third dose is not necessary.
- 24 Only one dose of Tdap is recommended. Subsequent doses should be given as Td. For management of a tetanus-prone wound in a person who has received a primary series of a tetanus-toxoid containing vaccine, the minimum interval after a previous dose of any tetanus-containing vaccine is 5 years.
- 25 A special grace period of 2 months, based on expert opinion, can be applied to the minimum interval of 3 months, when evaluating records retrospectively, which results in an acceptable minimum interval of 4 weeks. An additional 4 days should not be added to this grace period.
- 26 A special grace period of 2 months, based on expert opinion, can be applied to the minimum age of 15 months when evaluating records retrospectively, which will result in an acceptable minimum age of 13 months. An additional 4 days should not be added to this grace period.



Technical Bulletin

Division of Public and Behavioral Health



Date: January 30, 2018
Topic: Verification of Varicella Immunity for School and Child Care Entry
Contact: Shannon Bennett or Pamela Forest, MD – Nevada State Immunization Program
To: Immunization Providers, School Nurses, County Health Officers, Health Care Quality and Compliance, Local Health Districts and Nevada Child Care Facilities, Department of Education, School District Administrators, Boards of Trustees of School Districts, Charter School Officials, and Private School Officials

Prior to the availability of Varicella (chickenpox) vaccine there were approximately four (4) million cases each year in the United States. Though usually a mild disease in healthy children, an estimated 150,000 to 200,000 developed complications, approximately 11,000 required hospitalization, and 100 children died each year from Varicella.

All children, beginning at age 12 months, as well as adults without other evidence of immunity, should be vaccinated with two (2) doses of Varicella vaccine. If a child had a Varicella diagnosis confirmed by a health care provider or laboratory evidence of prior disease, then it is not necessary to vaccinate regardless of age at infection.

A child being admitted to child care or enrolling in a public, charter, or private school in Nevada after June 30, 2018, must have age appropriate vaccination or other proof of immunity to Varicella. This requirement does not apply to children enrolled and/or admitted to school or child care before June 30, 2018. A written statement from a physician attesting to a person’s positive history of Varicella or laboratory proof of Varicella immunity is acceptable in lieu of Varicella vaccination documentation. **If a parent or guardian cannot provide confirmed history of disease, or if laboratory proof of immunity is not available, the Varicella vaccine requirement must be met.**

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice (ACIP) considers evidence of immunity to Varicella to be:

- Documentation of two (2) doses of vaccine given no earlier than age 12 months, with at least three (3) months between doses for children younger than age 13 years, or at least four (4) weeks between doses for people ages 13 years and older;
- A health care provider’s diagnosis of Varicella or verification of history of Varicella;
- History of Herpes Zoster (shingles), based on a health care provider diagnosis; or
- Laboratory evidence* of immunity or laboratory confirmation of disease.

***Note:** laboratory testing to confirm Varicella immunity can yield inconclusive results

This Technical Bulletin mirrors the history of varicella requirements already listed in Nevada’s Immunization Information System (IIS), NV WebIZ. **History of Varicella can be documented in NV WebIZ if there is: laboratory evidence of immunity or confirmation of disease, or health care provider verified history of or diagnosis of Varicella, or health care provider verified history or diagnosis of Herpes Zoster (shingles).**

For more information on all ACIP recommendations: <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

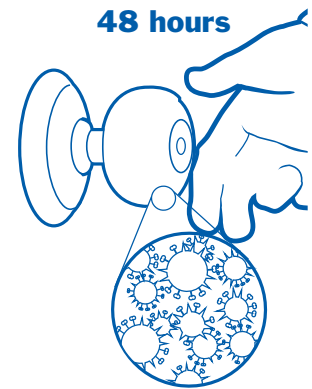
Ihsan Azzam PhD, MD
 Nevada State Medical Epidemiologist

Julie Kotchevar, Ph. D.
 DPBH Interim Administrator

Cleaning to Prevent the Flu

How long can the flu virus live on objects, such as doorknobs and tables?

The flu virus can “live” on some surfaces for up to 48 hours. Routine cleaning of surfaces may reduce the spread of flu.



What kills flu viruses?

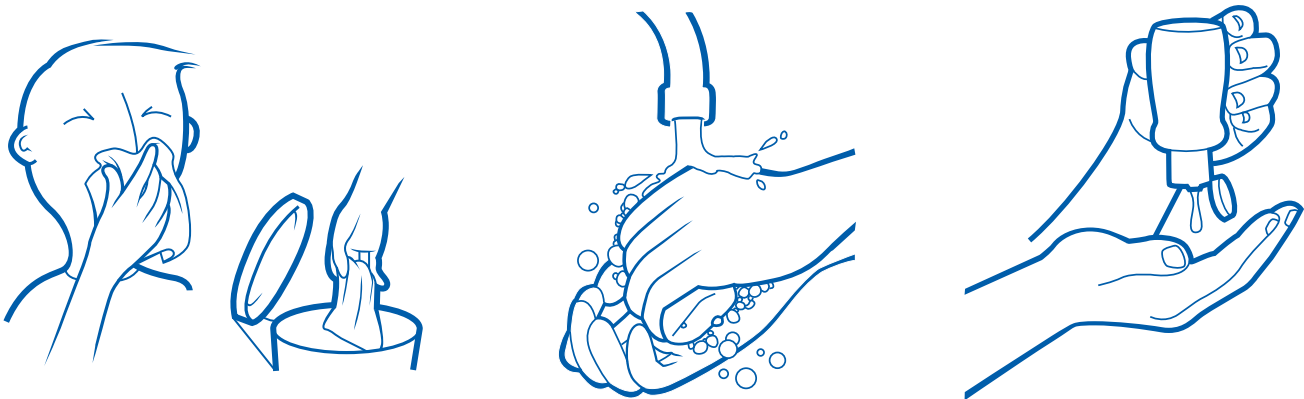
Flu viruses are killed by heat above 167° F [75° C]. Common household cleaning products can also kill the flu virus, including products containing:

- chlorine
- hydrogen peroxide
- detergents (soap)
- iodophors (iodine-based antiseptics)
- alcohols



How should a caregiver handle a sick person's tissues or other items?

Make sure to wash your hands after touching the sick person. Also wash after handling their tissues or laundry.



For more information call CDC info at 1-800-CDC-INFO (232-4636) or go to www.cdc.gov/flu.



Nevada WebIZ has a Public Access Portal!

Nevada WebIZ is a confidential online computer system used statewide by doctors and nurses to keep track of their patients' immunizations. Through the new Public Access Portal website:

- Parents and legal guardians can print official immunization records for their child(ren) (ages 0 through 17 years) and
- Adult individuals (ages 18 years and over) can print official immunizations records for themselves.

This is an official record and can be used as proof of immunization for school entry, summer camp, employment, etc.

6 Easy Steps to Finding a Record Through the Public Access Portal

1. Ask your doctor to add Social Security Number (SSN) to your and/or your child(ren)'s Nevada WebIZ record.
SSN's are protected in Nevada WebIZ and cannot be learned by people accessing the system.
2. Visit the Public Access Portal at:

izrecord.nv.gov

3. Enter the Last Name, First Name, Date of Birth, Gender and SSN of the person whose record you are searching for and click "Search."
4. Once a record is found, click "Print Official Immunization Record."
5. When prompted, enter your First Name, Last Name, Phone Number and your relationship to the person named on the record in the pop-up window.
This lets us keep track of who is using the Portal and which records they are requesting. This also allows us to restrict access to records per Nevada law.
6. Print and/or save the Official Immunization Record (Adobe .pdf format).

Please feel free to contact our Help Desk at 775-684-5954 or toll-free (within Nevada) at 1-877-NV-WEBIZ or via email at izit@health.nv.gov if:

- Your doctor's office is not entering immunizations into Nevada WebIZ (Nevada law requires that all immunizations given in Nevada be stored in Nevada WebIZ),
- You experience any trouble accessing the Public Access Portal, or
- You have any questions or concerns.

Learn more about Nevada WebIZ by visiting
<http://dph.nv.gov/Programs/WebIZ/WebIZ - Home/>

¡Nevada WebIZ tiene un Portal de Acceso Público!

Nevada WebIZ es un sistema computarizado en línea que es confidencial y utilizado en todo el estado por doctores y enfermeras para estar al tanto de las inmunizaciones (vacunas) de sus pacientes. A través de la nueva página de internet del Portal de Acceso Público:

- Padres y guardianes legales pueden imprimir el registro de vacunas oficial de su(s) hijo(s) (de 0 a 17 años) y
- Individuos adultos (de 18 años y mayores) pueden imprimir el registro de vacunas oficial de sí mismo.

Esto es un registro oficial y se puede utilizar como comprobante de vacunación para ingresar a la escuela, campamentos de verano, empleo, etc.

6 Pasos Fáciles para Encontrar un Registro a Través del Portal de Acceso Público

1. Solicite a su médico que le agreguen el Número de Seguro Social (NSS) al registro de usted y/o el de su(s) hijo(s).

Los NSS están Protegidos en Nevada WebIZ y no pueden ser vistos por las personas que acceden al sistema.

2. Visite el Portal de Acceso Público a:

izrecord.nv.gov

3. Introduzca el Nombre, Apellido, Fecha de Nacimiento, Género y el NSS de la persona cuyo registro está buscando y haga clic en "Search" ("Buscar").
4. Una vez que encuentre el registro, haga clic en "Print Official Immunization Record" ("Imprimir el Registro de Vacunas Oficial").
5. Cuando se le solicite, introduzca su Nombre, Apellido, Número de Teléfono y su relación con la persona cuyo registro está buscando.

Esto nos permite realizar un seguimiento sobre quien está utilizando el Portal y cual registro está solicitando. Esto también nos permitirá restringir el acceso a los registros de acuerdo la ley de Nevada.

6. Imprima y/o guarde el registro oficial de vacunas (formato Adobe .pdf)

Por favor póngase en contacto con nuestro Escritorio de Asistencia al 775-684-5954 o llame gratis (dentro de Nevada) al 1-877-NV-WEBIZ o por email a izit@health.nv.gov si:

- La oficina de su doctor no está introduciendo sus vacunas en Nevada WebIZ (la ley de Nevada requiere que todas las vacunas administradas en Nevada deben ser introducidas en Nevada WebIZ),
- Tiene problemas en acceder al Portal de Acceso Público, o
- Si tiene preguntas o inquietudes.

Para más información sobre Nevada WebIZ visite:

<http://dpbh.nv.gov/Programs/WebIZ/WebIZ - Home/>

IF YOU CHOOSE NOT TO VACCINATE YOUR CHILD, UNDERSTAND THE RISKS AND RESPONSIBILITIES

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks. Please follow these steps to protect your child, your family, and others.

With the decision to delay or reject vaccines comes important responsibilities that could save your child's life, or the life of someone else.

- ▶ Learn the early signs and symptoms of the disease.
- ▶ Seek immediate medical help if your child or any family members develop early signs or symptoms of the disease.
- ▶ Keep a vaccination record easily accessible so that you can report exactly which vaccines your child has received, even when you are under stress. In Nevada, visit <https://izrecord.nv.gov> to access their record.

IMPORTANT: Notify the doctor's office, urgent care facility, ambulance personnel, or emergency room staff that your child has not been fully vaccinated before medical staff have contact with your child or your family members. They need to know that your child may have a vaccine-preventable disease so that they can treat your child correctly as quickly as possible. Medical staff also can take simple precautions to prevent diseases from spreading to others if they know ahead of time that their patient may have a contagious disease.

- ▶ Follow recommendations to isolate your child from others, including family members, and especially infants and people with weakened immune systems. Most vaccine-preventable diseases can be very dangerous to infants who are too young to be fully vaccinated, or those who can not be vaccinated due to certain medical conditions.
- ▶ Ask your health care professional about other ways to protect your family members and anyone else who may come into contact with your child.
- ▶ Your family may be contacted by the state or local health department who track infectious disease outbreaks in the community

When there is vaccine-preventable disease in your community:

- ▶ If there are cases of a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities.
- ▶ It may not be too late to get protection by getting vaccinated. Ask your child's doctor. If your child is vaccinated, they will no longer be excluded from school during the outbreak.

Under Nevada State Regulation, your child must be excluded from school if there are any incidences of vaccine-preventable disease at that school.

- ▶ Your school, childcare facility, or other institution will tell you when it is safe for your child to return. Be prepared to keep your child isolated at home for several days up to several weeks.
- ▶ Learn about the disease and how it is spread. It may not be possible to avoid exposure. For example, measles is so contagious that hours after an infected person has left the room, an unvaccinated person can get measles just by entering that room.
- ▶ Each disease is different, and the time between when your child might have been exposed and when he or she may get sick will vary. Talk with your child's healthcare provider to determine when your child is no longer at risk of coming down with the disease.

BE AWARE

- ▶ Any vaccine-preventable disease can strike at any time because they still circulate either in the U.S. or elsewhere in the world. Nevada is a major international tourist destination and therefore susceptible to importing diseases from abroad.
- ▶ Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, mumps, chickenpox, and influenza. These diseases, as well as other vaccine-preventable diseases, can range from mild to severe and life-threatening. There is no way to know beforehand if a child will get a mild or serious case.
- ▶ For some diseases, one case is enough to cause concern in a community. An example is measles, which is one of the most contagious diseases known. This disease spreads quickly among people who are not immune. Nevada has had measles outbreaks as recently as 2014.



For more information:

Call: 775-624-7117

Email: info@immunizenevada.org

Visit: immunizenevada.org

SI DECIDE NO VACUNAR A SU HIJO, ENTIENDA LOS RIESGOS Y RESPONSABILIDADES

Si elige retrasar algunas vacunas o rechazar algunas vacunas completamente, puede haber riesgos. Siga los siguientes pasos para proteger a su niño, su familia, y a otros.

Con la decisión de retrasar o rechazar las vacunas viene una importante responsabilidad que podría salvar la vida de su hijo, o la de alguien más.

- ▶ Aprenda las señales tempranas y síntomas de la enfermedad.
- ▶ Busque ayuda médica inmediata si su hijo o cualquier miembro de familia desarrolla señales tempranas o síntomas de la enfermedad.
- ▶ Mantenga el registro de vacunación fácilmente accesible para que pueda informar exactamente que vacunas ha recibido su hijo, incluso cuando este bajo estrés. Para acceder a su registro en Nevada, visite <https://izrecord.nv.gov>

IMPORTANTE: Notifique a la oficina de su médico, centro de urgencias, al personal de la ambulancia o al personal de la sala de emergencias que su hijo no ha sido totalmente vacunado antes de que el personal médico tenga contacto con su hijo o miembros de su familia. Deben saber que su hijo puede tener una enfermedad prevenible por vacunación para poder tratar a su hijo correctamente y lo más pronto posible. El personal médico también puede tomar precauciones simples para evitar que las enfermedades se propaguen a otras personas si saben de antemano que su paciente puede tener una enfermedad contagiosa.

- ▶ Siga las recomendaciones para aislar a su hijo de los demás, incluyendo miembros de familia, y especialmente bebés y personas con sistemas inmunes debilitados. La mayoría de las enfermedades prevenibles por vacunación pueden ser muy peligrosas para los bebés que son demasiado pequeños para ser vacunados o para niños que no están vacunados debido a ciertas condiciones médicas.
- ▶ Tenga en cuenta que para algunas enfermedades prevenibles por vacunación, existen medicamentos para tratar personas infectadas y medicamentos para evitar que las personas con las que entran en contacto contraigan la enfermedad.
- ▶ Pregúntele a su profesional del cuidado de salud sobre otras formas de proteger a los miembros de su familia y a cualquier otra persona que pueda estar en contacto con su hijo.
- ▶ Su familia puede ser contactada por el departamento de salud local o estatal que rastrea los brotes de enfermedades infecciosas en la comunidad.

Cuando hay una enfermedad prevenible por vacunación en su Comunidad:

- ▶ Si hay casos de una enfermedad prevenible por vacunación en su comunidad, se le puede pedir que saque a su hijo de la escuela, guardería, o de actividades organizadas.
- ▶ Puede que no sea demasiado tarde para obtener protección vacunándose. Pregúntele al médico de su hijo. Si su hijo es vacunado, ya no será excluido de la escuela durante el brote.

Bajo la regulación del estado de Nevada, su hijo debe ser excluido de la escuela si hay incidencias de enfermedades prevenibles por vacunación en esa escuela.

- ▶ Su escuela, guardería u otra institución le dirá cuando es seguro que regrese un niño no vacunado. Este preparado para mantener a su hijo aislado en casa durante varios días o varias semanas.
- ▶ Aprenda sobre la enfermedad y como se propaga. Puede que no sea posible evitar la exposición. Por ejemplo, el sarampión es tan contagioso que horas después de que una persona infectada ha salido de la habitación, una persona no vacunada puede contraer sarampión simplemente al ingresar a esa habitación.
- ▶ Cada enfermedad es diferente y el tiempo entre el momento en que su hijo pudo haber estado expuesto a una enfermedad y cuando él o ella pueda enfermar puede variar. Hable con el médico de su hijo o el departamento de salud para obtener sus normas para determinar cuando su hijo ya no está en riesgo de contraer la enfermedad.

TOME EN CUENTA

- ▶ Cualquier enfermedad prevenible por vacunación puede atacar en cualquier momento en los EE.UU. porque todas estas enfermedades aun circulan en los EE.UU. o en cualquier parte del mundo. Nevada es un gran destino turístico internacional y por lo tanto susceptible a la importación de enfermedades de muchas partes del mundo.
- ▶ Algunas de las enfermedades prevenibles con vacunas que todavía circulan en los EE.UU. incluyen tos ferina, paperas, varicela, Hib (una causa de meningitis) e influenza. Estas enfermedades pueden variar de leves a graves y poner en peligro la vida. En la mayoría de los casos, no hay manera de saber de antemano si su niño tendrá un caso leve o grave.
- ▶ Para algunas enfermedades, un solo caso es suficiente para causar preocupación en una comunidad. Un ejemplo es el sarampión, que es una de las enfermedades más contagiosas conocidas. Esta enfermedad se propaga rápidamente entre las personas que no son inmunes. Nevada ha tenido brotes de sarampión tan recientemente como en 2014.



Para más información:
Llamar: 775-624-7117
El correo electrónico:
info@immunizenevada.org
Visite: immunizenevada.org



Is your child up to date with their shots?

Don't Know

- Bring any existing paper records into a clinic for assistance.
- Visit <https://izrecord.nv.gov> to look up records. If it's your first time using the system, you might have to call the help desk at 877-689-3249.
- If you moved from another state, you may be able to look records up in their immunization record system. A list can be found at tinyurl.com/stateiis.
- Check with your child's current or past healthcare provider.

Yes

GREAT JOB!

No

Does your child have insurance that covers vaccines?

Don't Know

Call the insurance company using the number on the back of the card!

Yes

Try one of these places!

Schedule an appointment with your **regular health care provider**.

Pharmacies provide vaccines and are usually open outside of normal working hours. Give them a call to find out their hours! Go to vaccine.healthmap.org to find a location near you.

No

Connect with nevadahealthlink.com to find help getting insurance. In the meantime, try these places!

Check out immunizenevada.org to see our calendar of **community events** with low or no cost vaccines.

Local health departments and community health clinics offer immunizations by appointment and/or walk-in hours. Contact your local health department for location-specific information:

Washoe County: (775) 328-2402 or washoecounty.us/health/
Carson City: (775) 887-2195 or gethealthycarsoncity.org/immunizations/
Douglas County: (775) 782-9038 or douglascountynv.gov/340/Community-Health-Nurse
Clark County: (702) 759-0850 or snhd.org/immunizations
Community Health Nurses: tinyurl.com/chnNevada

Many clinics offer **sliding scale services** for those who cannot afford health care. A list can be found at: <http://findahealthcenter.hrsa.gov/>

The **Vaccines For Children Program** provides vaccines at low or no cost for uninsured, underinsured, Medicaid eligible, and Native American or Alaskan Indian children. Go to vfcnevada.org to learn more.

Staying Healthy Every Day



When both grown-ups and children practice some simple, everyday actions, it helps lead to staying healthy and keeping germs away. Try these simple tips during your everyday routines to help keep the whole family healthy and strong.

Wash Your Hands

* Wash your hands often for at least 20 seconds — especially after coughing or sneezing, after playing outside, before eating, and after using the bathroom. Washing gets rid of germs that might make children sick. Make sure that children can easily reach the sink, soap, and towels, and that grown-ups are washing their hands as well.

Try this! Use a special song such as “Twinkle, Twinkle, Little Star” to help you remember how long to wash your hands.

Cover Your Cough or Sneeze

* Cover your mouth and nose with a tissue when coughing or sneezing. Throw out the tissue in a wastebasket after using it. If you don’t have a tissue, do not use your hand to cough or sneeze into. Instead, cough or sneeze into the bend of your arm or into the upper sleeve of your shirt. Practice with your child a couple of times to be prepared and get the hang of it.

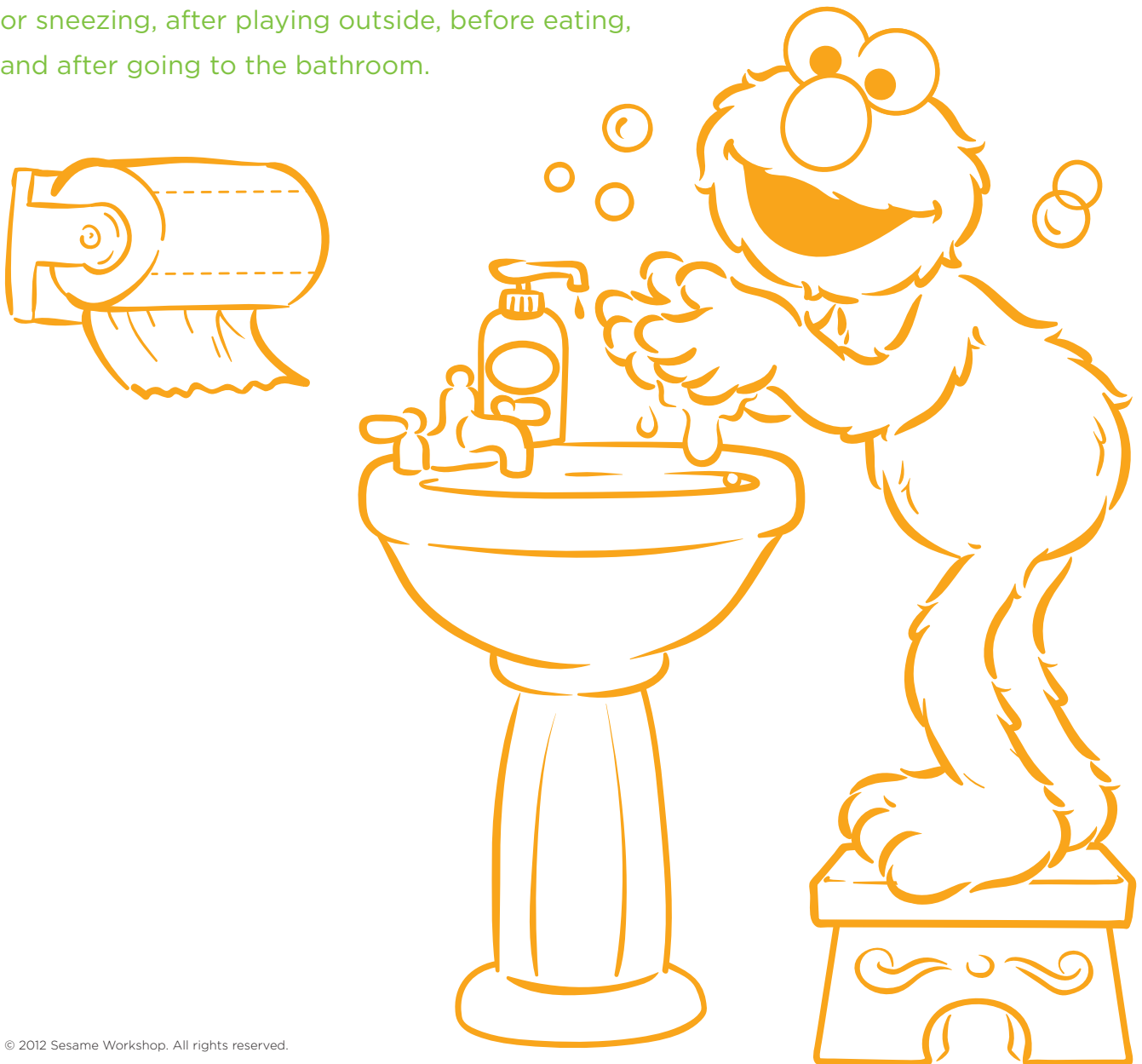
Try this! Your child might also need to learn how to use tissues properly. You can reinforce this good habit by

- Keeping tissues where children can easily see them and reach them.
- Encouraging children to wipe their noses with a tissue when necessary, and helping them do so.
- Guiding them to throw away tissues promptly in the garbage, and then to wash their hands.

Soap Up!

Show children how to wash their hands well with soap and water by washing yours at the same time. Together, wash for at least 20 seconds, and make sure you clean all parts of the hands. Try singing “Twinkle, Twinkle, Little Star,” and keep scrubbing until you’re done! Then color Elmo as he gets clean by washing his hands.

Post it by the sink the finished picture by the sink as a reminder to always wash your hands after coughing or sneezing, after playing outside, before eating, and after going to the bathroom.



How to Wash Your Hands

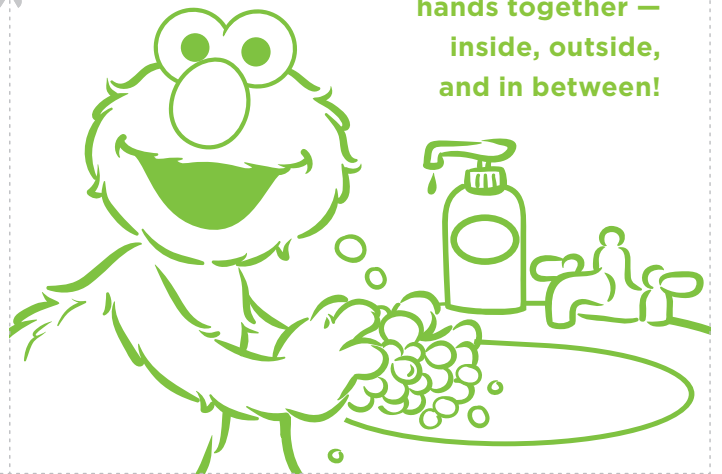
Cut out the cards below, and invite children to describe what they see happening in each picture. Then have children work together to sequence the steps in order.

After, have children practice the steps by washing their hands. If a sink is not available, they can act out the motions of hand washing.

Wet your hands under running water.



Use soap, and scrub your hands together — inside, outside, and in between!



Rinse your hands under running water.



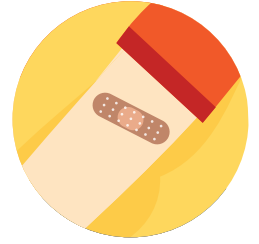
Dry your hands with a clean towel.





The Flu:

A Guide for Parents



Influenza (also known as flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and lungs. Flu is different from a cold, and usually comes on suddenly. Each year flu viruses cause millions of illnesses, hundreds of thousands of hospital stays and thousands or tens of thousands of deaths in the United States.

Flu can be very dangerous for children. CDC estimates that between 6,000 and 26,000 children younger than 5 years have been hospitalized each year in the United States because of influenza. The flu vaccine is safe and helps protect children from flu.

What parents should know

How serious is flu?

While flu illness can vary from mild to severe, children often need medical care because of flu. Children younger than 5 years and children of any age with certain long-term health problems are at high risk of flu complications like pneumonia, bronchitis, sinus and ear infections. Some health problems that are known to make children more vulnerable to flu include asthma, diabetes and disorders of the brain or nervous system.

How does flu spread?

Flu viruses are thought to spread mainly by droplets made when someone with flu coughs, sneezes or talks. These droplets can land in the mouths or noses of people nearby. A person also can get flu by touching something that has flu virus on it and then touching their mouth, eyes, or nose.

What are flu symptoms?

Flu symptoms can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, feeling tired and sometimes vomiting and diarrhea (more common in children than adults). Some people with the flu will not have a fever.



Protect your child

How can I protect my child from flu?

The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.

- Flu vaccination is recommended for everyone 6 months and older every year. Flu shots and nasal spray flu vaccines are both options for vaccination.
- It's especially important that young children and children with certain long-term health problems get vaccinated.
- Caregivers of children at high risk of flu complications should get a flu vaccine. (Babies younger than 6 months are at high risk for serious flu complications, but too young to get a flu vaccine.)
- Pregnant women should get a flu vaccine to protect themselves and their baby from flu. Research shows that flu vaccination protects the baby from flu for several months after birth.
- Flu viruses are constantly changing and so flu vaccines are updated often to protect against the flu viruses that research indicates are most likely to cause illness during the upcoming flu season.

Is flu vaccine safe?

Flu vaccines are made using strict safety and production measures. Millions of people have safely received flu vaccines for decades. Flu shots and nasal spray flu vaccines are both options for vaccination. Different types of flu vaccines are licensed for different ages. Each person should get one that is appropriate for their age. CDC and the American Academy of Pediatrics recommend an annual flu vaccine for all children 6 months and older.

What are the benefits of getting a flu vaccine?

- **A flu vaccine can keep you and your child from getting sick.** When vaccine viruses and circulating viruses are matched, flu vaccination has been shown to reduce the risk of getting sick with flu by about half.
- **Flu vaccines can keep your child from being hospitalized from flu.** One recent study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit admission by 74%.

- **Flu vaccine can prevent your child from dying from flu.**
A study using data from recent flu seasons found that flu vaccine reduced the risk of flu-associated death by half among children with high risk medical conditions and by nearly two-thirds among children without medical conditions.
- **Flu vaccination also may make your illness milder if you do get sick.**
- **Getting yourself and your child vaccinated also can protect others** who may be more vulnerable to serious flu illness, like babies and young children, older people, and people with certain long-term health problems.

What are some other ways I can protect my child against flu?

In addition to getting a flu vaccine, you and your child should take everyday actions to help prevent the spread of germs.

Stay away from people who are sick as much as possible to keep from getting sick yourself. If you or your child are sick, avoid others as much as possible to keep from infecting them. Also, remember to regularly cover your coughs and sneezes, wash your hands often, avoid touching your eyes, nose and mouth, and clean surfaces that may be contaminated with flu viruses. These everyday actions can help reduce your chances of getting sick and prevent the spread of germs to others if you are sick. However, a yearly flu vaccine is the best way to prevent flu illness.

If your child is sick

What can I do if my child gets sick?

Talk to your doctor early if you are worried about your child's illness.

Make sure your child gets plenty of rest and drinks enough fluids.

If your child is 5 years or older and does not have a long-term health problems and gets flu symptoms, including a fever and/or cough, consult your doctor as needed.

Children younger than 5 years of age – especially those younger than 2 years – and children with certain long-term health problems (including asthma, diabetes and disorders of the brain or nervous system), are at high risk of serious flu complications. Call your doctor or take your child to the doctor right away if they develop flu symptoms.

What if my child seems very sick?

Even healthy children can get very sick from flu. If your child is experiencing the following emergency warning signs, you should go to the emergency room:

- Fast breathing or trouble breathing
- Bluish or gray skin color

- Not drinking enough fluids (not going to the bathroom or not making as much urine as they normally do)
- Severe or persistent vomiting
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu symptoms improve, but then return with fever and worse cough
- Fever with rash



Is there a medicine to treat flu?

Yes. Antiviral drugs are prescription medicines that can be used to treat flu illness. They can shorten your illness and make it milder, and they can prevent serious complications that could result in a hospital stay. Antivirals work best when started during the first 2 days of illness. Antiviral drugs are recommended to treat flu in people who are very sick (for example, people who are in the hospital) or people who are at high risk of serious flu complications who get flu symptoms. Antivirals can be given to children and pregnant women.

How long can a sick person spread flu to others?

People with flu may be able to infect others from 1 day before getting sick to up to 5 to 7 days after. Severely ill people or young children may be able to spread the flu longer, especially if they still have symptoms.

Can my child go to school, day care, or camp if he or she is sick?

No. Your child should stay home to rest and to avoid spreading flu to other children or caregivers.

When can my child go back to school after having flu?

Keep your child home from school, day care, or camp for at least 24 hours after their fever is gone. (The fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F (37.8°C) or higher.

For more information, visit

www.cdc.gov/flu

or call 800-CDC-INFO



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



La influenza: una guía para los padres

INFORMACIÓN SOBRE LA INFLUENZA

¿Qué es la influenza?

La influenza (gripe) es una infección de la nariz, la garganta y los pulmones causada por los virus de la influenza. Hay muchos virus diferentes de la influenza que cambian constantemente. Todos los años, los virus de la influenza causan enfermedades, hospitalizaciones y muertes en los Estados Unidos.

La influenza puede ser muy peligrosa en los niños. Cada año se hospitalizan más de 20,000 niños menores de 5 años a causa de las complicaciones por la influenza, como la neumonía.

¿Qué tan grave es la influenza?

La influenza puede ser leve o grave. Si bien la influenza puede ser grave hasta en las personas sanas, la enfermedad puede ser particularmente peligrosa en niños pequeños o en niños de cualquier edad que padecen ciertas afecciones crónicas, como asma (aunque sea leve o esté bajo control), afecciones neurológicas y del desarrollo neurológico, enfermedades respiratorias crónicas, enfermedades cardíacas, enfermedades de la sangre, trastornos endocrinos (como diabetes), enfermedades en los riñones o el hígado, trastornos metabólicos o sistemas inmunitarios debilitados debido a enfermedades o medicamentos. Los niños que padecen estas afecciones y los niños que reciben tratamientos prolongados con aspirina pueden enfermarse más gravemente debido a la influenza.

¿Cómo se contagia la influenza?

La mayoría de los expertos considera que los virus de la influenza se propagan a través de gotitas que se forman cuando la gente con influenza tose, estornuda o habla. Estas gotitas pueden llegar hasta la boca o la nariz de las personas que están cerca. Aunque no sucede a menudo, una persona también puede contagiarse de influenza al tocar una superficie donde se encuentra el virus y luego llevarse las manos a los ojos, la nariz o la boca.

¿Cuáles son los síntomas de la influenza?

Los síntomas de la influenza pueden incluir fiebre, tos, dolor de garganta, moqueo o congestión nasal, dolores en el cuerpo, dolor de cabeza, escalofríos y fatiga, y en ocasiones vómitos y diarrea. Algunas personas enfermas de influenza no tienen fiebre.

¿Por cuánto tiempo puede una persona enferma contagiar la influenza a los demás?

Las personas con influenza pueden infectar a los demás al propagar los virus desde 1 día antes de enfermarse hasta 5 a 7 días después. Sin embargo, los niños y las personas con sistemas inmunitarios debilitados pueden propagar los virus por más tiempo, y es posible que puedan seguir contagiando pasados de 5 a 7 días de enfermedad, en particular si todavía tienen síntomas.

CÓMO PROTEGER A SU HIJO

¿Cómo puedo proteger a mi hijo de la influenza?

Para protegerse contra la influenza, lo más importante y lo primero que debe hacer es vacunarse y vacunar a su hijo.

- ▶ Se recomienda la vacunación de todas las personas desde los 6 meses de edad en adelante.
- ▶ Si bien todos debemos vacunarnos contra la influenza en cada temporada, es especialmente importante que reciban la vacuna los niños pequeños y los niños con afecciones médicas crónicas. (Consulte la lista de afecciones en la sección “¿Qué tan grave es la influenza?”)
- ▶ Las personas que cuidan a niños con afecciones médicas o bebés menores de 6 meses de edad también deben vacunarse. (Los bebés menores de 6 meses son muy pequeños para recibir la vacuna).
- ▶ Otra manera de proteger a los bebés es por medio de la vacunación de las mujeres embarazadas, ya que las investigaciones muestran que esto le brinda cierta protección al bebé antes de nacer y durante algunos meses después del nacimiento.

Todos los años se produce una nueva vacuna contra la influenza para que proteja contra los virus que, según las investigaciones, serán los que más probablemente causarán enfermedades durante la siguiente temporada de influenza. La vacuna contra la influenza se produce utilizando los mismos métodos de seguridad y producción, y en la misma dosis, que las vacunas contra la influenza anteriores. A través de los años, se han administrado millones de vacunas contra la influenza en los Estados Unidos, con un excelente historial de seguridad.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

SI SU HIJO ESTÁ ENFERMO

¿Hay medicamentos para tratar la influenza?

Los medicamentos antivirales pueden tratar la influenza. Pueden hacer que las personas se sientan mejor y se curen de forma más rápida, y pueden prevenir complicaciones graves de la influenza como la neumonía, que puede requerir hospitalización o incluso provocar la muerte. Estos medicamentos son diferentes a los antibióticos, pero también deben ser recetados por un médico. Tienen mejores resultados cuando se los comienza a tomar durante los primeros 2 días de enfermedad. Es muy importante que los medicamentos antivirales se usen al inicio de la enfermedad para tratar la influenza en las personas que están muy enfermas (por ejemplo, las personas que están en el hospital), o las personas que tienen un mayor riesgo de sufrir graves complicaciones por la influenza. Otras personas que contraen influenza pueden también beneficiarse si toman medicamentos antivirales. Los niños y las mujeres embarazadas pueden recibir estos medicamentos.

¿De qué otra manera puedo proteger a mi hijo contra la influenza?

Además de vacunarse, tome las medidas diarias que prevengan la propagación de los microbios, y enséñele a su hijo a que también lo haga. Estas medidas son:

- ▶ Manténgase alejado de las personas enfermas.
- ▶ Si su hijo está enfermo, trate, si es posible, de que la persona enferma se quede en una habitación separada de los demás residentes de la casa.
- ▶ Los CDC recomiendan que si su hijo/a está enfermo/a, debe quedarse en su casa por lo menos 24 horas después de que la fiebre haya cesado, excepto para buscar atención médica u otras necesidades. La fiebre debe desaparecer sin haber utilizado medicamentos antifebriles.
- ▶ Cúbrase con un pañuelo desechable la boca y la nariz cuando tosa o estornude. Bote el pañuelo desechable usado a la basura.
- ▶ Lávese las manos frecuentemente con agua y jabón. Si no dispone de agua y jabón, use limpiadores para manos a base de alcohol.
- ▶ Evite tocarse los ojos, la nariz y la boca. Esta es la manera en que se propagan los microbios.
- ▶ Mantenga limpias las superficies como mesas de noche, superficies de los baños, mostradores de la cocina y juguetes de los niños. Para ello, puede pasar un trapo con un desinfectante doméstico y siga las instrucciones de la etiqueta del producto.

Estas medidas diarias son una buena manera de reducir las probabilidades de contagiarse de todo tipo de enfermedades, pero la vacunación es siempre la mejor forma de prevenir la influenza.

¿Qué puedo hacer si mi hijo se enferma?

Consulte con su médico pronto si le preocupa que su hijo tenga complicaciones debido a su enfermedad.

Si su hijo tiene 5 años de edad o más, no tiene ningún otro problema de salud y muestra síntomas de influenza, como fiebre o tos, consulte a su médico según sea necesario y asegúrese de que su niño descansa bastante y tome mucho líquido.

Si su hijo es menor de 5 años de edad (especialmente si es menor de 2 años), o de cualquier edad pero tiene una afección médica crónica (como asma, afección neurológica o diabetes, por ejemplo) y le aparecen síntomas de influenza, corre el riesgo de sufrir complicaciones graves por la influenza. Pregúntele a un médico si debe llevar a su hijo a una consulta.

¿Qué hago si mi hijo parece estar muy enfermo?

Hasta los niños que siempre han sido sanos o que ya han tenido la influenza pueden tener un caso grave de influenza.

Llame a los servicios de emergencia o lleve de inmediato a su hijo al médico si el niño, no importa la edad, presenta alguno de los signos siguientes que advierten de una emergencia médica:

- ▶ Respiración agitada o dificultad para respirar
- ▶ Tiene la piel de color azulado o grisáceo
- ▶ No está tomando suficientes líquidos (no está yendo al baño ni está orinando tanto como lo hace normalmente)
- ▶ Vómitos fuertes o constantes
- ▶ No se puede despertar fácilmente o no interactúa con otras personas
- ▶ Está tan molesto que no quiere que lo carguen
- ▶ Los síntomas de influenza mejoran, pero luego regresan con fiebre y una tos peor
- ▶ Tiene otras afecciones (como enfermedad del corazón o respiratoria, diabetes o asma) y presenta síntomas de influenza, entre ellos fiebre o tos.

¿Mi hijo puede ir a la escuela, la guardería o el campamento si está enfermo?

No. Su hijo debe quedarse en casa para descansar y evitar que contagie la influenza a otros niños o a las personas que le cuidan.

¿Cuándo puede regresar mi hijo a la escuela después de haber tenido influenza?

Mantenga a su hijo en casa y espere al menos 24 horas después de que ya no tenga fiebre para llevarlo a la escuela, la guardería o el campamento. La fiebre debe haber desaparecido sin usar medicamentos para reducir la fiebre. Se considera que hay fiebre cuando la temperatura es de 100 °F o 37.8 °C.

Para obtener más información, visite www.cdc.gov/flu/espanol o www.flu.gov o llame al 800-CDC-INFO