



Division of Communicable Disease Control and Prevention
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Interim Health Officer

Covid-Influenza-like Illness (C-ILI) Outbreak COVER SHEET

Date:

To:

Fax:

Email:

From: Alameda County Public Health Dept. - Acute Communicable Disease Section (ACD)

[Sender is exempt from requiring authorization per HIPAA [citation 164.512 (b)]

Thank you for reporting the COVID-Influenza-like Illness (ILI) Outbreak at your facility. A Public Health Nurse/Investigator will contact you with further guidance. Please review the following documents and guidelines:

- C-ILI Outbreak Recommendations Checklist for Facilities
- Line List for Facilities
- Outbreak Summary Form
- Infection Control Transfer Form
- COVID-19 and the Flu (ACPHD)
- Flu and You Fact Sheet (CDC)
- Handwashing & Approved Disinfectants Effective Against Influenza

Please send the following	Expected Receipt
1. Facility floorplan with room numbers	1. As soon as possible
2. Line list of potential cases	2. Daily until told otherwise
3. Completed outbreak summary form	3. After outbreak determined to be over by Alameda County Public Health

These recommendations are to be used to implement influenza outbreak control measures, in supplementation to Recommendations for the Prevention and Control of Influenza in California SNFs during the COVID-19 Pandemic (CDPH, Oct 2020)

V11.06.2020

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Note: Privacy Rule (HIPAA) permits covered entities to disclose PHI without authorization to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes the reporting of disease, conducting public surveillance, investigations, or interventions.



**Covid-Influenza-Like Illness (C-ILI) Outbreak
Recommendations Checklist for Facilities**

Contact Name:
Date:
Name of Facility:
Phone:
Fax/Email:
Complete Address:

The purpose of this document is to provide guidance for long term care facilities responding to cases of influenza during the current COVID-19 pandemic. Alameda County Public Health Department has separate guidance for facilities responding to cases and preventing COVID-19 transmission.

Case Definitions	
<p><u>Covid-Influenza-like illness (C-ILI)</u> Fever (temperature $\geq 100^{\circ}$ F or 37.8° C), chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, runny or stuffy nose, myalgias, headache, vomiting and diarrhea.</p> <p><u>Covid-Influenza-like illness (C-ILI) Cluster</u> Two or more cases of C-ILI occurring within 72 hours of each other without laboratory confirmation of influenza</p> <p><u>Influenza Outbreak within a residential facility</u> Two or more cases of ILI within 72 hours of each other AND at least 1 case has laboratory confirmed influenza by a molecular test (RT-PCR preferred)</p>	
Reporting Requirements	
<ul style="list-style-type: none"> <input type="checkbox"/> When a C-ILI suspected or confirmed case, cluster or outbreak is identified, immediately report to the Alameda County Public Health Department (ACPHD) at (510) 764-7639, Mon-Fri 8:30 am to 5 pm. After hours and on weekends, call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the Public Health Duty Officer on call. <input type="checkbox"/> Report outbreak/cluster to Licensing and Certification East Bay District Office: (510) 620-3900 <input type="checkbox"/> Residential Care Facilities (RCFE and ARF) should report to Community Care Licensing and Certification Regional Office: (510) 286-4201 and CCLASCPOaklandRO@dss.ca.gov <input type="checkbox"/> Report cases to CMS in accordance with current guidelines (See CMS QSO-21-03) <input type="checkbox"/> Complete attached line list daily for all new cases and submit to ACPHD by secure email (LTCFOutbreak@acgov.org) daily until 7 days after last onset of illness in a C-ILI outbreak with or without lab confirmation <input type="checkbox"/> Submit a map/floor plan of your facility to ACPHD, if not already submitted for COVID-19 response <input type="checkbox"/> Submit completed outbreak summary form after outbreak is determined to be over by ACPHD 	
Outbreak Control Recommendations	
Surveillance	
<p>Conduct daily active surveillance for C-ILI among all residents, health care personnel (HCP), and visitors throughout the influenza season.</p>	

Instruct HCP to report signs and symptoms of C-ILI : fever, chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, runny or stuffy nose, myalgias, headache, vomiting and diarrhea.
Monitor staff absenteeism due to respiratory symptoms. Evaluate causes of absence during influenza season.
Confirm the Presence of an Outbreak Through Diagnostic Testing
<p>Test residents and HCP with onset of C-ILI symptoms for both influenza and SARS-CoV-2 at the same time to confirm the diagnosis.</p> <ul style="list-style-type: none"> • Wherever available, use multiplex influenza A and B and SARS-CoV-2 (Flu SC2) (www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html) tests. • Molecular assays (RT-PCR preferred) are strongly recommended for residents. Rapid influenza diagnostic tests (RIDTs) are less sensitive. If a resident was previously tested with a RIDT, confirm the results with a molecular assay. • RIDTs may be more appropriate for initial testing of HCP; consider providing a single referral site or performing rapid testing for influenza on site for HCP in order to facilitate prompt testing and reporting of results. HCP with a negative result using RIDT should have results confirmed using multiplex influenza A and B and SARS-CoV-2 tests.
Collecting the specimen 24-72 hours after symptom onset is optimal for influenza.
If influenza and SARS-CoV-2 (COVID-19) tests on residents with symptoms of a respiratory tract infection are both negative, send specimens for a complete viral respiratory panel that will include other viruses such as adenovirus, respiratory syncytial virus, human metapneumovirus. Coronaviruses detected on those broad respiratory virus panels are not SARS-CoV-2 unless the report says specifically SARS-CoV-2.
If there are obstacles to testing, contact ACPHD at (510) 764-7639.
Communication
<p>As soon as a C-ILI outbreak or cluster is detected, in addition to notifying ACPHD and Licensing, notify:</p> <ul style="list-style-type: none"> • Infection preventionist • Facility administrator • Medical director • Health Services Director • HCP and care givers who work at the facility • Primary care provider of residents who: <ul style="list-style-type: none"> ○ Test positive for influenza ○ Are a close contact (e.g., roommate) of a resident who tested positive for influenza ○ Reside on a unit where an outbreak is occurring • Residents, family, and visitors
Distribute outbreak communication letter and fact sheet to residents, their families, and visitors.
Post signs at facility entrance. Post visual alerts instructing residents, staff, visitors, and volunteers to report symptoms of respiratory infection to a designated person and follow respiratory hygiene/cough etiquette.
Implement Appropriate Transmission-Based Precautions and Other Infection Control Measures
Use COVID-19 Transmission-based precautions :

	<ul style="list-style-type: none"> • For residents with suspected influenza while test results are pending in a facility without COVID-19 cases, in green (COVID-19 negative, unexposed) areas • For residents with suspected or confirmed influenza who are located in red (COVID-19 confirmed) or yellow areas (COVID-19 exposed or observation)
	<p>Prioritize single-bed rooms, where available, for residents with suspected influenza pending test results; if single rooms are unavailable, ill residents may remain in their room with spatial separation of at least 6 feet and privacy curtain between residents</p>
	<p>When influenza only is confirmed, and the resident is not on COVID-19 Transmission based precautions (not in red or yellow areas), use the following PPE:</p> <ul style="list-style-type: none"> • Use Droplet precautions (surgical mask) plus face shield • Use an N95 or higher respirator plus face shield for aerosol generating procedures • Add gloves and gown per Standard precautions when contact with blood or body fluids is anticipated • Add Enhanced Standard precautions for high contact activities with residents at risk for multidrug-resistant organisms (MDRO) • Perform hand hygiene and ensure facemask and face shield are in place upon entry into the room • Don gowns and gloves upon entry into the room or at any time in the room when exposure to resident secretions or close contact with resident likely • Remove PPE, discard, and perform hand hygiene upon completion of contact with a resident or when leaving the room • Place facemask on resident and have resident perform hand hygiene and don clean clothes if he/she needs to leave room for medical reasons
	<p>When influenza only is confirmed, and the resident is not on COVID-19 Transmission-based precautions (not in red or yellow areas), use the following room placement strategies:</p> <ul style="list-style-type: none"> • Where single-bed rooms are available, these can be used for residents with confirmed influenza. If single rooms are unavailable, residents with laboratory-confirmed influenza may remain in their room with spatial separation of at least 6 feet and privacy curtain between residents; HCP must change PPE and perform hand hygiene between contact with each resident in multi-bedrooms.
	<p>When influenza is confirmed or suspected, and the resident is on COVID-19 Transmission-based precautions (yellow or red areas), use the following room placement strategies:</p> <ul style="list-style-type: none"> • Prioritize cohorting of residents and HCP by COVID-19 status over influenza status, and avoid moving residents with suspected or confirmed influenza between COVID-19 cohorts; for example, do not move a resident with suspected or confirmed influenza from a yellow (exposed or observation) to a green (unexposed or recovered) area. • Residents with suspected or confirmed influenza may be cohorted together with the same COVID-19 zone.
	<p>Continue Droplet precautions for 7 days after the resident's illness onset or 24 hours after the resolution of fever or respiratory signs, whichever is longer</p>
	<p>Increase frequency of environmental cleaning to at least twice per shift with a focus on high touch surfaces and common areas.</p>
	<p>Maintain residents on Droplet precautions in their rooms and restrict from activities in common areas including meals</p>
	<p>Plan workflow from asymptomatic to symptomatic residents. Restrict HCP movement from areas of sick residents to well residents, as feasible</p>
	<p>Perform repeated audits of HCP adherence to masking for source control, hand hygiene, and other infection control precautions and provide immediate feedback to HCP if deficiencies are observed.</p>

	<ul style="list-style-type: none"> • Report trends in audit results to SNF administrators and leaders • Post de-identified adherence monitoring data in HCP break or charting areas
	<p>Exclude HCP with fever $\geq 100^{\circ}\text{F}$ (37.8C) and other C-ILI symptoms from work until at least 24 hours after they no longer have a fever (without the use of fever reducing medicines) or no earlier than 7 days after illness onset.</p> <ul style="list-style-type: none"> • HCP with a diagnosed COVID-19 infection, with or without laboratory confirmation, should follow <u>CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 infection</u> (https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).
Vaccination of Residents and Staff	
	Obtain standing vaccination orders from providers for residents and HCP.
	Vaccinate residents with the influenza vaccine at the beginning of every influenza season. Mild illness is not a contraindication to flu vaccinations, and residents may receive vaccination regardless of COVID status.
	Track each resident's vaccination status and calculate resident vaccination rates.
	Offer influenza vaccine to all unvaccinated new admissions.
	Assure that all residents have received pneumococcal vaccines according to current ACIP recommendations .
	Vaccinate HCP with the influenza vaccine at the beginning of influenza season. <u>Health Officer Order 20-16</u> states that HCP should receive vaccination unless they can produce documentation to obtain a medical exemption. Unlike in previous years, mask wearing is not an adequate substitution for vaccination. All licensed healthcare facilities should have on file, proof of influenza vaccination or declination documentation for all HCP.
	Continue to offer influenza vaccination to residents and HCP who did not receive this season's vaccine. If vaccine supply is limited or delayed, prioritize the highest risk residents, such as those who require ventilator therapy or have complex underlying medical conditions.
Antiviral treatment	
	Treat all residents with confirmed or suspected influenza with antiviral medication as soon as possible, ideally within 48 hours of symptom onset, for maximum benefit. For information about current recommended influenza antiviral treatment, see the CDC influenza antiviral medication webpage .
	Have standing orders for antiviral medication administration. <ul style="list-style-type: none"> • Identify a supply source for rapidly obtaining antiviral medication for residents • Define indications and mechanism for obtaining antiviral agents for resident treatment, and dose adjustments as needed for underlying conditions (for example, renal impairment)
	Do NOT wait for confirmatory test results to initiate treatment unless there is ongoing transmission of SARS-CoV-2 in the facility
	Consult resident's PCP for any necessary dose adjustments in persons with underlying conditions, such as renal impairment.
	Antiviral resistance may be possible if the resident is positive for influenza and has progressive illness after 72 hours of treatment. Report to ACPHD and consult with PCP/medical director.
Antiviral Chemoprophylaxis	
	Obtain orders from medical director or primary care providers for influenza chemoprophylaxis when it is indicated. <ul style="list-style-type: none"> • Identify a supply source for rapidly obtaining antiviral chemoprophylaxis for residents and staff

	<ul style="list-style-type: none"> Define indications and mechanism for obtaining chemoprophylaxis, and dose adjustments as needed for underlying conditions (for example, renal impairment)
	<p>As soon as an outbreak is identified, provide antiviral chemoprophylaxis to all residents without ILI in the facility, regardless of vaccination status. If there is a limited supply of antiviral agents, prioritize chemoprophylaxis to:</p> <ol style="list-style-type: none"> Roommates and residents on the same floor or unit as residents with active influenza Residents in the same building with shared HCP <p>Consult with medical director and ACPHD for further guidance. For information about current recommended influenza antiviral chemoprophylaxis, see the CDC influenza antiviral medication webpage.</p>
	<p>CDC recommends antiviral chemoprophylaxis for at least 2 weeks and at least 7 days after the last known case was identified, whichever is longer.</p>
	<p>Obtain influenza testing for any resident who develops signs or symptoms of ILI after receiving an antiviral agent for at least 72 hours. Report positive results to ACPHD due to the possibility of antiviral resistance.</p>
	<p>Strongly consider antiviral chemoprophylaxis for HCP if:</p> <ul style="list-style-type: none"> HCP was vaccinated but the circulating influenza strain is not well matched with vaccine strains Recently vaccinated and exposure to influenza occurred within 2 weeks of receiving injectable vaccine; do NOT give antiviral chemoprophylaxis until at least 12 days after administration of intranasal live-attenuated (LAIV) vaccine HCP was not vaccinated due to a medical contraindication At high risk for complications of influenza due to age or medical conditions HCP was vaccinated but the circulating influenza strain is not well matched with vaccine strains
<p>Admissions, Re-admissions, and Transferring Residents</p>	
	<p>When planning to accept or transfer of residents who still require isolation for influenza, evaluate the resident's COVID-19 exposure status and test for SARS-CoV-2 as appropriate before movement of resident</p>
	<p>Do not place new admissions on units with symptomatic residents.</p>
	<p>Do not transfer asymptomatic residents to units with residents who have active influenza.</p>
	<p>Before transferring any residents to other departments or facilities, communicate all relevant information to transport personnel and other HCP accepting the resident using the Infection Control Interfacility Transfer form. Include test results, date of illness onset, antiviral treatment, infection control precautions, and indicate that your facility is experiencing an influenza outbreak.</p>
	<p>Consult with medical director and ACPHD to determine if the facility should be closed to new admissions during an influenza outbreak.</p> <ul style="list-style-type: none"> The duration of closures or limiting admissions should be determined for each situation individually. The effectiveness of the influenza control measures implemented and the availability of a separate, unaffected building or unit to receive new admissions may be considered.
	<p>Hospitalized patients with influenza should be discharged when they no longer require the level of care provided in an acute care setting. Hospital discharge and admission or re-admission to a facility should not be determined by the period of potential virus shedding or recommended duration of Droplet precautions.</p>
	<p>Ensure that new or returning residents with acute respiratory illness are evaluated medically to determine room placement and needed infection control precautions.</p>
	<p>Implement Droplet precautions for returning residents who were hospitalized with influenza</p>

and are ready clinically for discharge from the hospital but are still within the 7 day or longer period of required Droplet precautions.

Managing Family and Visitors

Follow the policy for visitors during the flu season that has been implemented by the facility for prevention of transmission of COVID-19.

- Implement screening of visitors for signs of acute respiratory illness and exclude symptomatic visitors
- Require universal masking for source control
- Visitors must perform hand hygiene and follow respiratory/cough etiquette.
- Educate and encourage influenza vaccination for family and visitors

Continue to restrict or limit visitation in accordance with COVID-19 protocols

- Outdoor visitation can be continued during an outbreak
- In-room visitation should be discouraged during an influenza outbreak; consult with ACPHD to evaluate whether to completely restrict indoor visitation.

Assess Outbreak Control Measures

If no new cases of influenza have been identified for at least 7 days after the last confirmed case of influenza, it is reasonable to consider the influenza outbreak over and resume new admissions to previously affected units, or as determined by COVID-19 status.

When no new C-ILI cases have been detected after the surveillance period determined by ACPHD, fully complete the enclosed Outbreak Summary form.



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

Division of Communicable Disease Control and Prevention
1000 Broadway, Ste 500
Oakland, CA 94607
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Colleen Chawla, Agency Director
Kimi Watkins-Tartt, Director

Nicholas Moss, MD, MPH
Interim Health Officer

Outbreak Summary Form v.11.06.2020

Name of Facility: _____ Today's Date: _____

	Total # of Residents and Staff	# Who Received Influenza Vaccine \geq14 Days Before the Outbreak Began	# Who Received Catch-Up Influenza Vaccine After Outbreak Began	# Who Did Not Receive Influenza Vaccine	# of Ill Residents and Staff*	# of Ill Who Received Antiviral Treatment	# of Non-Ill Who Received Antiviral Chemo-prophylaxis	# of Ill Who Developed Symptoms After 72 hours of Antiviral Treatment or Chemo-prophylaxis	# Transferred to Acute Care Hospital	# of Deaths
Residents										
Staff										

*Ill resident or staff is defined as a person who has laboratory-confirmed influenza (i.e., a positive influenza test result) OR who meets the COVID-Influenza-Like Illness (C-ILI) case definition (Fever \geq 100°F, chills, cough, shortness of breath or difficulty breathing, fatigue, sore throat, runny or stuffy nose, myalgias, headache, vomiting and diarrhea.).



INFECTION CONTROL TRANSFER FORM This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix patient label here

Patient Demographics

Patient/Resident Name:	Date of Birth:	MRN:
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Facility Information

Sending Facility:	Contact:
<p>⚠ Current suspected/confirmed outbreak at sending facility? Yes No</p> <p>If yes, please specify:</p>	

Receiving Facility Name:

Precautions and PPE

<p>⚠ Currently in Isolation Precautions? <input type="checkbox"/> Yes</p> <p>If Yes, check: <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne</p> <p> <input type="checkbox"/> Other:</p> <hr/> <p><input type="checkbox"/> No isolation precautions (currently)</p>	<p align="center">PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS</p> <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <p align="center">CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY</p>
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Organisms

If the patient currently or in the past had a culture positive for a multi-drug resistant (MDR) organism or other organism of significance to infection control/prevention, indicate organism details below and send culture report with susceptibilities to receiving facility.

Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)‡	<input type="checkbox"/>	<input type="checkbox"/> No known MDR organism or communicable diseases
Vancomycin-resistant <i>Enterococcus</i> (VRE)‡	<input type="checkbox"/>	
MDR <i>Acinetobacter</i> species, resistant to carbapenem antibiotic(s) ‡	<input type="checkbox"/>	
MDR _____ resistant to carbapenem antibiotic(s) without carbapenemase production (non-CP-CRE)‡ <small>(organism name)</small>	<input type="checkbox"/>	
Carbapenemase-producing _____ resistant to carbapenem antibiotic(s) (CP-CRE)# <small>(organism name)</small>	<input type="checkbox"/>	
<i>Enterobacteriaceae</i> † resistant to expanded-spectrum beta-lactam antibiotics (ESBL)‡	<input type="checkbox"/>	
<i>Clostridium difficile</i> (C. diff)	<input type="checkbox"/>	
Other (identify) ^:	<input type="checkbox"/> (current or ruling out*)	

***Additional information if known:**

Symptoms/Risk Factors for Transmission

<p>Check yes to any that currently apply**:</p> <p><input type="checkbox"/> Cough/uncontrolled respiratory secretions <input type="checkbox"/> Acute diarrhea or incontinent of stool</p> <p><input type="checkbox"/> Incontinent of urine <input type="checkbox"/> Draining wounds</p> <p><input type="checkbox"/> Vomiting <input type="checkbox"/> Other uncontained bodily fluid/drainage</p> <p>**NOTE: Appropriate PPE required if incontinent/drainage/rash NOT contained.</p>	<input type="checkbox"/> No Symptoms requiring additional PPE
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Other MDRO Risk Factors

Is the patient currently on antibiotics? **Yes** **No**

Antibiotic:	Dose, Frequency:	Treatment for:	Start date:	Stop date:

Does the patient currently have any of the following devices? **Yes** **No**

<input type="checkbox"/> Tracheostomy/Endotracheal tube	<input type="checkbox"/> Suprapubic catheter	<input type="checkbox"/> Colostomy
<input type="checkbox"/> Central line/PICC, Date inserted:	<input type="checkbox"/> Percutaneous gastrostomy tube	<input type="checkbox"/> Rectal tube
<input type="checkbox"/> Urinary catheter, Date inserted:	<input type="checkbox"/> Hemodialysis catheter	

†includes *E.coli*, *Enterobacter*, *Klebsiella*, *Proteus*, *Serratia*, *Citrobacter* and others
 ‡MDRO infection prevention precautions: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>
 #Intensified MDRO Control Efforts: <https://www.cdc.gov/infectioncontrol/guidelines/mdro/table3-2-intensified-control.html>
 ^e.g. lice, scabies, disseminated shingles, norovirus, influenza, TB

COVID-19 and the Flu

What to know about COVID-19 and the flu



Symptoms of COVID-19 and the flu can be similar. If you are experiencing any emergency warning signs, such as trouble breathing, bluish lips or face, persistent pain or pressure in the chest, new confusion or inability to wake/stay awake, seek emergency medical care immediately.

Flu	COVID-19
Fever	Fever or chills
Cough	Cough
Sore throat	Sore throat
Runny or stuffy nose	Runny or stuffy nose
Muscle or body aches	Muscle or body aches
Headaches	Headaches
Fatigue	Fatigue
	Shortness of breath or difficulty breathing
	New loss of taste or smell
	Nausea or vomiting
	Diarrhea

COVID-19 and the flu are caused by different viruses, but are spread in similar ways. The best ways to protect yourself from getting sick are:

- Get your flu shot now. Flu shots are recommended for everyone over the age of 6 months.
- Wear a face covering and keep 6 feet distance from those not in your household. Limit contact with people you don't live with.
- Wash hands frequently.

If you are sick with the flu:

- Stay home and away from others for at least 7 days after illness onset OR
- At least 24 hours after fever respiratory symptoms resolve, whichever is longer.

If you test positive for COVID-19 AND have symptoms:

- Stay home until after at least 10 days have passed since symptoms started AND
- At least 24 hours have passed since you have stopped having a fever without using medications AND
- Other symptoms have improved.

If you test positive for COVID-19 with NO symptoms:

- Stay home until after 10 days have passed since your positive test.



Alameda County
Health Care Services Agency



Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

Colleen Chawla – Agency Director
Kimi Watkins-Tartt – Director
Nicholas Moss, MD – Interim Health Officer

Contact

Public Health Department:
(510) 267-8000 Main Line

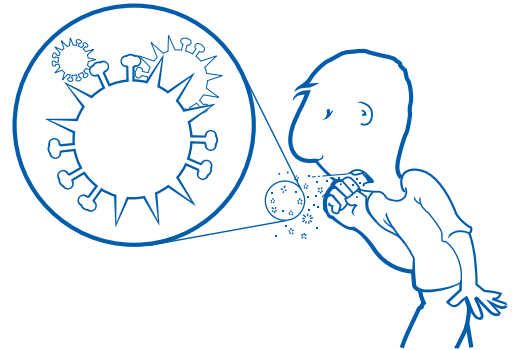
COVID-19 Information:
(510) 268-2101

www.acphd.org

Influenza (Flu)

What is the flu?

The flu is an illness caused by flu viruses. The flu may make people cough and have a sore throat and fever. They may also have a runny or stuffy nose, feel tired, have body aches, or show other signs they are not well. The flu happens every year and is more common in the fall and winter in the U.S. People of all ages can get the flu, from babies and young adults, to the elderly.



Flu in People

Do people in the U.S. get the flu?

Yes. Flu viruses spread worldwide. Flu tends to occur mostly in the fall and winter months in the United States. Many people get the flu each year. The flu is also found in other parts of the world. But the time of year when flu is most common can vary from one area to another.

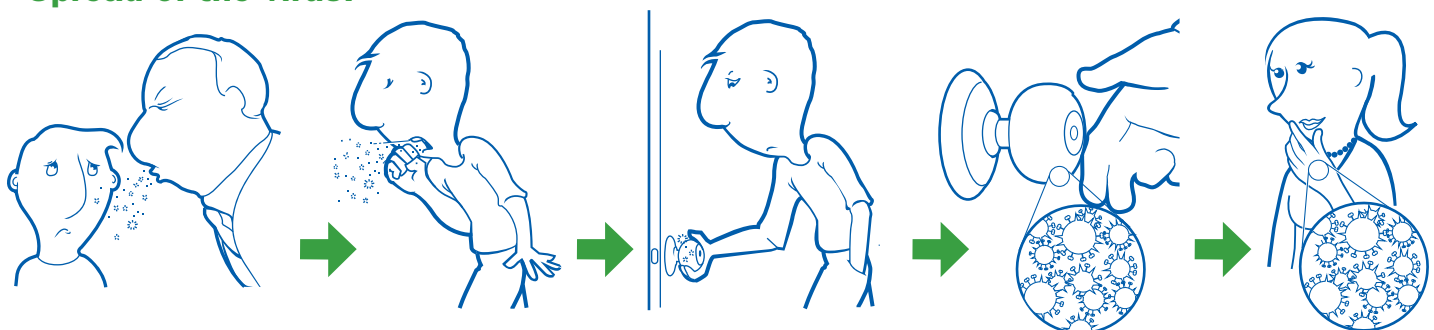


How does the flu spread?

People who have the flu can spread the virus by coughing or sneezing. Droplets released when a sick person coughs, sneezes, or talks can land in the mouths or noses of people who are nearby. The droplets can also be inhaled into the lungs.

People may also catch the flu by touching their mouth or nose after touching something with the virus on it, such as doorknobs, tables, or an infected person's dirty hand.

Spread of the virus:



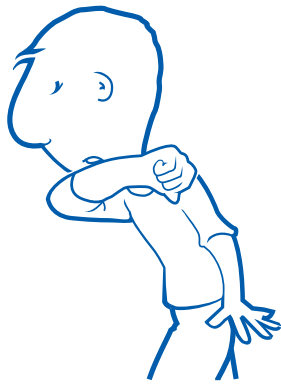
INFLUENZA (FLU) Flu and You

How do you know if you have the flu?

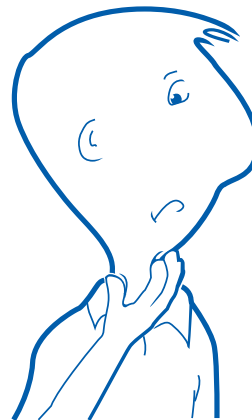
Signs of the flu can include:



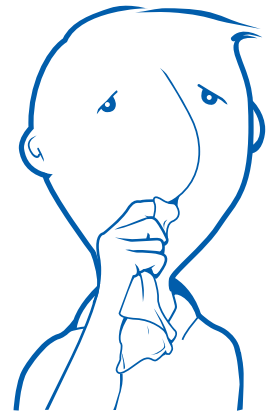
Fever



Cough



Sore throat



Runny or stuffy nose



Feeling weak or more tired than usual



Headache



Chills



Body aches

Two less common signs of the flu include:



Vomiting



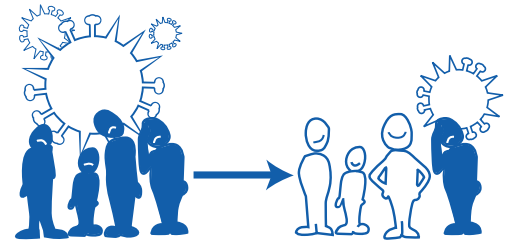
Diarrhea

Not everyone who is sick with flu will have all the signs of the flu at the same time. Some people with the flu don't have a fever. Most people who get the flu get better without seeing a doctor or taking medicine.

INFLUENZA (FLU) Flu and You

How sick do people get with the flu?

Some people get very sick and others do not. Most people who get sick get better without seeing a doctor or taking medicine. However, some people can get very sick from the flu and can die. Many of the people who get very sick are older than 65 years or have a medical condition such as: diabetes, heart disease, asthma, or kidney disease, or are pregnant. Children younger than 5 years of age are also at greater risk.



How long can a person with the flu spread the virus to other people?

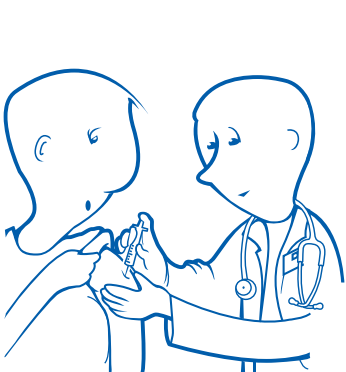
Most people may be able to spread the flu from 1 day before showing symptoms to 5 to 7 days after symptoms begin. Severely ill persons or young children may be able to spread the flu longer.

	①	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

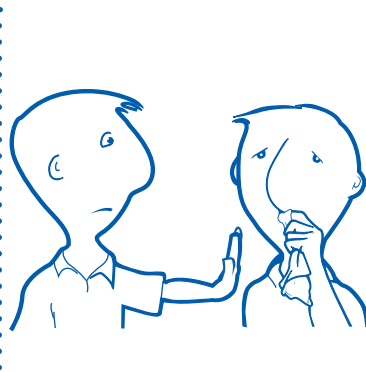
Prevention & Treatment

What can I do to protect myself from getting sick?

CDC recommends these steps to fight the flu:



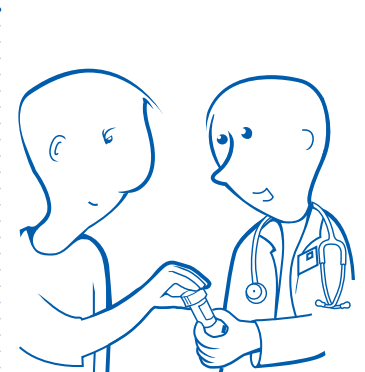
Vaccination



Stay away from people who are sick.



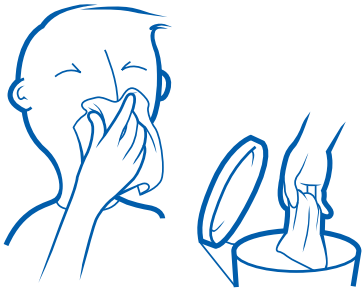
Wash your hands often with soap and warm water. If soap and water are not available, use an alcohol-based hand rub.



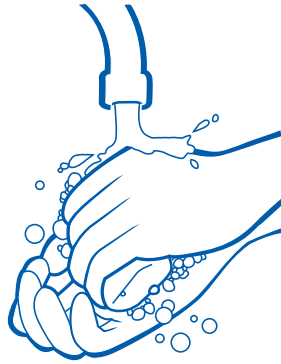
Use medication the way your doctor recommends it.

INFLUENZA (FLU) Flu and You

Everyday health habits to protect your health and the health of others:



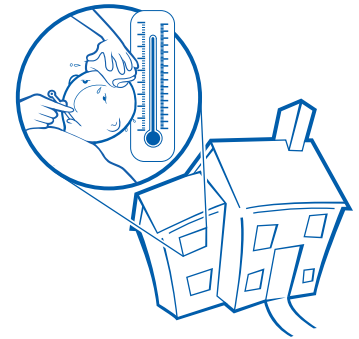
Cover your nose and mouth with a tissue or your arm when you cough or sneeze. Throw the tissue in the trash after you use it.



Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.



Do not touch your eyes, nose or mouth because germs spread this way.



If you are sick with flu-like symptoms, stay home for at least 24 hours after your fever is gone.*

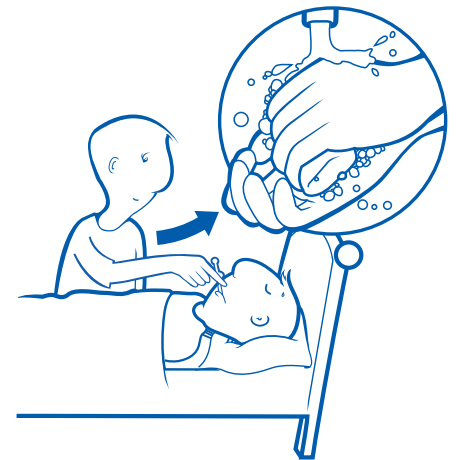
**Your fever should be gone without using fever-reducing medicine. Staying at home means that you should not leave your house except to get medical care. Stay away from others as much as possible so you don't make them sick.*

During flu season, be prepared in case you get sick and need to stay home for a few days. Keep some over-the-counter medicines, alcohol-based hand rubs, tissues, and anything else you need so that you do not have to go out while you are sick. If you are really sick or have other medical conditions or concerns, call your doctor. Your doctor will let you know if you need a flu test, flu treatment, or other care.



If I have a family member at home who is sick with the flu, should I go to work?

People who are not sick but have a sick family member at home with the flu can go to work as usual. Take simple steps such as washing your hands often with soap and warm water. If you cannot find soap and water, use an alcohol-based hand rub. Take these steps to prevent getting the flu from a sick family member.



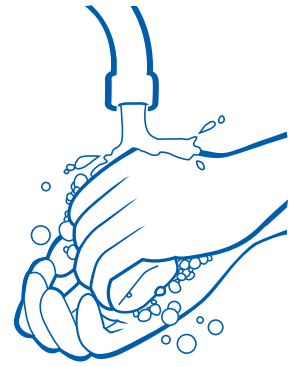
INFLUENZA (FLU) Flu and You

What is the best way to wash my hands to avoid germs?

Washing your hands often will help protect you from germs. When you wash your hands:

- Use soap and warm water.
- Wash for 15 to 20 seconds.

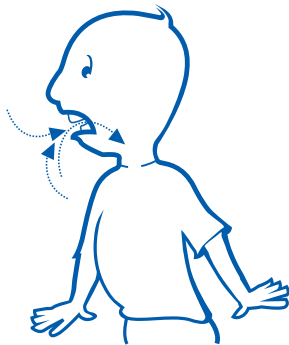
When soap and water are not available, use an alcohol-based hand rub. If using a hand rub, rub your hands with the sanitizer until they are dry.



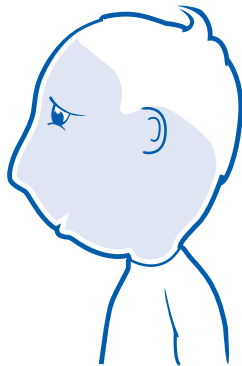
If you or someone you know gets sick and shows any of the following warning signs, get **EMERGENCY** medical care:



In children:



Fast breathing or trouble breathing



Bluish or gray skin color



Not drinking enough fluids



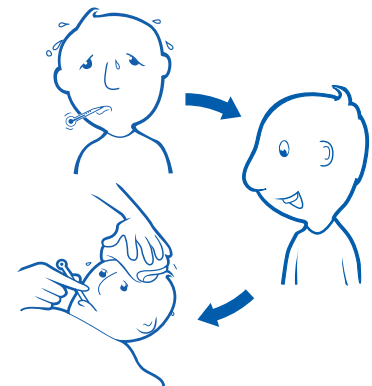
Serious or constant vomiting



Not waking up or not interacting



Being so irritable that the child does not want to be held



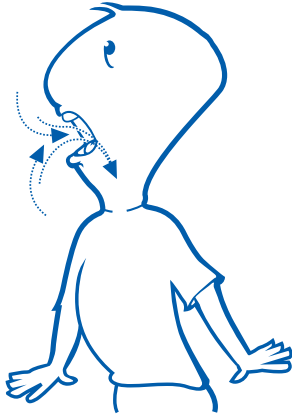
Flu-like symptoms improve but then return with fever and worse cough

In infants:

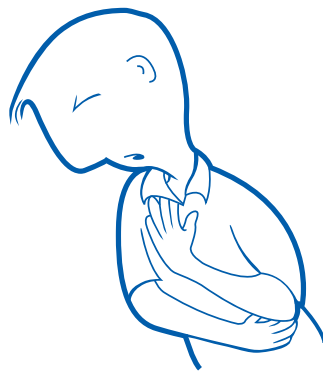
You should also look for these warning signs: being unable to eat, having no tears when crying, and having far fewer wet diapers than normal.

INFLUENZA (FLU) Flu and You

In adults:



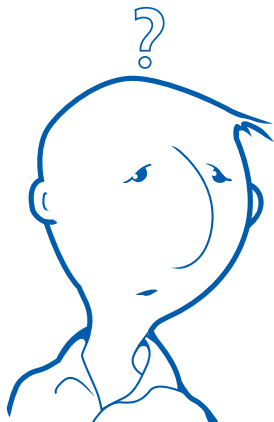
Hard time breathing or shortness of breath



Pain or pressure in the chest or stomach



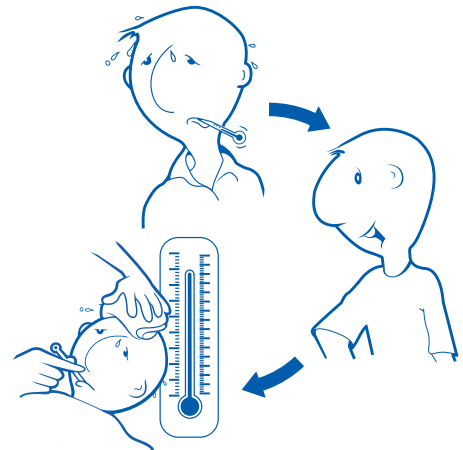
Sudden dizziness



Confusion



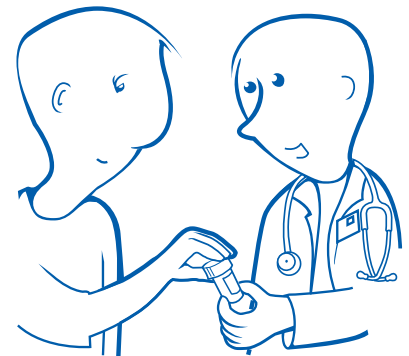
Serious or constant vomiting



Flu-like symptoms improve but then return with fever and worse cough

Are there medicines to treat the flu?

Yes. Prescription medicines called antiviral drugs can treat the flu. If you are sick, these drugs can make you feel better faster and make the flu feel milder. Most people who get sick get better without the need for these medicines. But, if you need help getting well, your doctor may decide to give you antiviral drugs.



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



Handwashing and Approved Disinfectants Effective Against Influenza

Handwashing Instructions

Handwashing is the best way to prevent spreading germs to others. The proper way to wash your hands is as follows:

- Wet your hands with clean, running water and apply soap. Use warm water if it is available.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands including the palms, back of hands, between fingers, and under nails. Continue scrubbing hands for at least 20 seconds, or about the time it takes to hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean paper towel or air dryer. If possible, use a paper towel to turn off the faucet.

If soap and water are not available, use an alcohol-based hand sanitizer as follows:

- Apply product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

More information about handwashing can be found at the [CDC handwashing webpage](#).

Environmental Disinfection

See [EPA-approved Agents Against Influenza A Virus on Hard Surfaces](#)