
Influenza (“the flu”) is an acute, highly contagious respiratory disease characterized by abrupt onset of fever, myalgia, sore throat, headache and cough, and, in children, also can cause diarrhea and vomiting. The guidelines below are being provided to assist in minimizing transmission and the impact of outbreaks.

- Employees of health-care facilities, including EMS and others who have regular patient contact, should be vaccinated against influenza. FluMist®, the live attenuated vaccine, can be given to "healthy" health-care workers younger than 50, except those who provide direct care to severely immunocompromised patients.*
- Influenza vaccine may not be fully protective in the frail elderly and immunocompromised patients. If an outbreak of influenza should occur, the facility may wish to consider giving some patients and staff preventive antiviral medications.
- For those who have the flu (both staff and patients), antiviral treatment may reduce viral shedding. For this treatment to be effective, it must be started as soon as possible. (Antivirals are most effective if started within 48 hours of onset of symptoms.)
- The specific antiviral drug used may depend on the strain of influenza circulating in the facility. Testing a sample of patients should be considered in an outbreak situation. Contact the North Dakota Department of Health (800.472.2180) for assistance with clinical testing.

* Immunosuppressed persons include patients with hematopoietic stem cell transplants during those periods in which the immunosuppressed person requires care in a protective environment. All other health-care workers and other persons who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma taking corticosteroids, or persons infected with human immunodeficiency virus) can receive FluMist®. Health-care workers and hospital visitors who have received FluMist® should refrain from contact with severely immunosuppressed persons for seven days after vaccination; however, such persons need not be excluded from visitation of patients who are not severely immunosuppressed.

How to prevent spread

- Transmission commonly occurs from unprotected coughs or sneezes. Tissues should be available at all times in all common areas, vehicles and patient rooms. Patients and staff should cover their mouths when coughing and use a tissue when sneezing or blowing their noses. Tissues should be disposed of immediately, followed by proper hand washing with soap and water. (Alcohol hand sanitizers also may be used.)
- Provide any easily accessible container for proper disposal of tissues.
- **Any ill staff member should stay home.**
- Staff should use standard and droplet precautions when caring for patients with respiratory symptoms.
- Staff must practice good hand hygiene at all times. This means using warm water and soap for at least 15 to 20 seconds each time. Alcohol hand sanitizers may be used for this purpose if hands are not visibly soiled.

- Patients should wash hands or have hands washed before leaving rooms, after sneezing or coughing, and at other appropriate times. Alcohol hand sanitizers may be used for this purpose if hands are not visibly soiled.
- Common-use surfaces – such as door handles, handrails, table surfaces, etc. – should be cleaned twice daily with disinfectant. (Bleach solutions or commercial disinfectants are appropriate.)
- Patients in isolation for known or suspected influenza should stay in their rooms. If many patients are ill, cohorting to a specific area or ward may be considered.
- If cohorting is practiced, staff also should be cohorted (i.e., those caring for patients with influenza should not be allowed to care for other patients).
- Family members and other visitors with respiratory illness should be asked not to visit or should wait to visit when their symptoms resolve. If they must visit, family members should be educated on infection control before the visit.

Universal respiratory etiquette strategy for health-care facilities (including clinics and EMS)

- **Hand hygiene** is the most important means of preventing spread of the flu. This means washing hands for 15 to 20 seconds with warm water, friction and soap, and drying with paper towels or air dryers. If hand washing is not available or convenient, antimicrobial hand sanitizers can be used if hands are not visibly soiled.
- Provide surgical masks to all patients with symptoms of a respiratory illness, prior to entry to facility or ambulance, if possible. Provide instructions on the proper use and disposal of masks. For patients who cannot wear a surgical mask, provide tissues and instructions about when to use them (i.e., when coughing, sneezing or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material.
- Provide hand hygiene materials in waiting room areas, and encourage patients with respiratory symptoms to perform hand hygiene.
- Designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least three feet) from other patients who do not have respiratory symptoms.
- Place patients with respiratory symptoms in a private room or cubicle as soon as possible for further evaluation.
- Have health-care providers (and others such as intake personnel) use surgical masks during the processing and evaluation of patients with respiratory symptoms.
- Instruct intake personnel to wear a surgical mask or remain at least three feet from unmasked patients.
- Use droplet precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires more than standard precautions.