

Stay at Home Guide For Influenza May 08



Preventing the Spread of Influenza (Flu)

Most persons with the flu will be able to remain at home while they are sick. They can care for themselves or be cared for by others who live in the household. This information is intended to help recognize the symptoms of influenza and care for ill persons in the home, both during a typical influenza season and during an influenza pandemic.

At the outset of an influenza pandemic, a vaccine will not be available for several months. However, it's still a good idea to get seasonal flu vaccine (a shot or nasal mist) to protect from seasonal flu viruses. For more information on seasonal flu vaccine in South Dakota please call, (605) 773-3737 or go to <http://doh.sd.gov/Flu> .

Know the symptoms of Influenza, which may include:

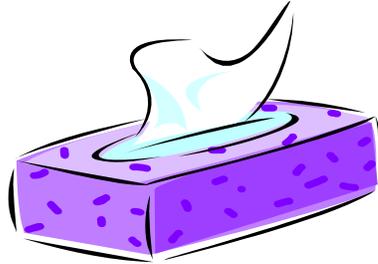
- Sudden onset of illness
- Chills
- Headache
- Stuffy nose or runny nose
- Feeling of weakness/fatigue
- Cough (dry initially, may become a deep, hacking and painful cough)
- Fever
 - Children and adults: higher than 100.4 °F
 - Babies up to 3 months: rectal temperature of 100.4° F
 - Babies 3-24 months old: 102° F or higher
- Sore throat
- Muscle/body aches
- Diarrhea, vomiting, abdominal pain and/or exhaustion occur more commonly in children
- No appetite for food or desire to drink fluids

When to call for additional help:

- Irritability and/or confusion
- Difficulty breathing or chest pain with each breath or breathing rapidly at rest
- Bluish skin
- Inability to move an arm or leg (if ill person could previously)
- First time seizure
- If the person has not urinated in 12 or more hours
- Coughing up blood
- Fever greater than 102°F that persists

Note: If you can not reach your health-care provider, call 9-1-1 or your local emergency number

Supplies to have on hand:



- Thermometer
- Alcohol wipes
- Acetaminophen (Tylenol) or Ibuprofen (Motrin/Advil)
- Cough suppressants/cough syrup
- Decongestants
- Drinks – Fruit juices, sports drinks, soda, or water
- Light foods – Clear soups, crackers, applesauce
- Blankets (warm covers)
- Soap
- Hand sanitizer
- Disposable gloves
- Bleach
- Tissues
- Surgical or procedure masks
- Trash bags

What caregivers can do:

Care givers need to separate flu patients from other people as much as possible. When practical, the ill person should stay in a separate room away from other persons. Other people living in the home should limit contact with the ill person as much as possible. One person in the household should be the main caregiver for the ill person. Ideally, this caregiver should be healthy and not have medical conditions that would put him or her at risk of severe influenza disease (e.g. pregnancy, heart problems, diabetes, kidney disease, chronic lung disease, over age 65, cancer, or patients that are immunocompromised).

- Comfort measures
 - Have the patient rest in bed (the more rest the better)
 - Allow the sick person to judge the amount of bed covers needed; when fever is high the person may feel very cold and want several blankets
 - Reduce fever: Give Acetaminophen or ibuprofen according to package label or health care provider's direction to reduce fever, headache, and muscle, joint or eye pain. **Do not use aspirin in children or teenagers.**
- Fluids – give frequently to prevent dehydration
 - Recommended minimum daily intake if not eating solids
 - Young children 1 ½ oz per pound of body weight
 - Older children and adults 1 ½ - 2 ½ quarts per day
- Feeding – give light foods or soup as the person wants; fluids are more important than food especially in the first days when the fever may be highest.
 - If the person is vomiting, do not give any liquid or food by mouth for at least 1 hour. Let the stomach rest. Next, offer a clear liquid, such as water, weak tea, ginger ale, or broth in very small amounts. Start with 1 teaspoon to 1 tablespoon of clear liquid every 10 minutes. If the person vomits, let the stomach rest again for an hour and try again. If there is no vomiting, gradually increase the amount of liquid offered and use liquids that contain sugars and salts. After 6-8 hours of a liquid diet without vomiting, add solid food that is easy to digest, such as bananas, rice, toast, applesauce, crackers, clear soup or mashed potatoes. Then, gradually return to a regular diet.
 - Babies who are breast-fed and vomiting can continue to nurse. Let your baby nurse more often by breastfeeding for 4-5 minutes every 30-45 minutes or by offering small amounts (1/2 ounce or less at a time) of Pedialyte every 10 minutes in a bottle.
- No alcohol or tobacco for the ill person. Do not allow smoking in the home.
- Keep a care log (example on page 7)
 - Check the ill person's temperature and record it
 - Check the ill person's skin for color (pink, pale or bluish) and/or rash
 - Check skin for tenting: Pick up layers of skin between your thumb and forefinger and gently pinch for 1 second. Normally, the skin will flatten out into its usual shape right away. If the person is dehydrated, the skin will "tent" or take 2 or more seconds to flatten out.
 - Record the approximate quantity of liquids consumed each 24 hr period
 - Record how many times the ill person urinates each day and the color of the urine (clear to light yellow, dark yellow, brown or red)
 - Record all medications, dosages, and times given

If possible, contact your health care provider if you have questions about caring for the ill person. However, it may be difficult to contact your usual health care provider during an influenza pandemic. The South Dakota Department of Health (SDDOH) website <http://doh.sd.gov/Flu> will provide frequent updates, including

how to get medical advice. If special telephone hotlines are used, these numbers will also be posted on the website and announced through the media.



Measures to prevent spread of infection

- Persons who have not been exposed to influenza and who are not essential for the sick person's care or support should not enter the home – especially while the sick person still has a fever
- If unexposed persons must enter the home, they should avoid close contact with the sick person
- Sick persons should be separated from other household members as much as possible. Consider designating one person as the primary care provider.
- Household members should be vigilant for the development of influenza symptoms themselves. Consult with health care providers or the SDDOH to determine whether a pandemic/seasonal influenza vaccine is available.
- Consult health care provider to determine if antiviral medications should be considered.
- The sick person should follow respiratory hygiene/cough etiquette – cover the mouth and nose when coughing or sneezing
- Place tissues used by the ill person in a bag and throw it away with other household trash. Consider placing a bag at the bedside for this purpose.
- All household members should wash hands frequently with soap and water (for 20 seconds or sing *Happy Birthday* twice), or use a hand sanitizer. Do not touch your eyes, nose or mouth without first washing your hands.
- Care providers should wash their hands with soap and water, or use alcohol based hand cleaners, before and after attending to sick persons. **Washing hands is the single best preventative measure for everyone in the household.**
- Caregiver and patient (if they can tolerate it) should wear surgical or procedure mask during close contact (within 3 feet).
- Sick persons should not leave the home unless they must seek additional medical care during the period when they are most likely to be infectious to others, which is when they have a fever or for about 5 days after they first become ill.

- Wash dirty dishes either in a dishwasher or by hand with warm water and soap. It's not necessary to separate eating utensils used by a person with influenza.
- Laundry can be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled lined and laundry used by a person with influenza from other household laundry. Do not hold or carry the laundry close to your body or face, in order to avoid contamination. Wash hands with soap and water after handling soiled laundry.
- Clean counters, surfaces and other areas in the home regularly using everyday cleaning products or a bleach solution.
- Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home. Avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.

Disinfectant:
1 gallon water
¼ cup bleach
Mix up a fresh batch every time you use it.

- Use this solution or other commercial product for disinfection of material contaminated with blood and body fluids
- Should be used in well-ventilated areas
- Gloves and protective clothing required while handling and using undiluted bleach
- DO NOT mix with other cleaning solutions to avoid release of noxious fumes
- Use Alcohol (Isopropyl rubbing alcohol 70% or ethyl alcohol 60% for surfaces on which bleach can not be used) i.e. smooth metal surfaces
- Use hot and soapy water if other cleaning solutions are not available



Symptom and Care Log for Home Care

(Copy, fill out, and bring log sheets to health care provider visits)

Name of patient _____ Name of health care provider _____

Date	Time	Observations*	Temperature	Urinated? (yes/no)	Medications

*How the person looks; what the person is doing; fluids or foods taken since the last observation

Guidance for Employees on Returning to work after an Influenza Illness

Flu viruses are spread from person to person primarily through respiratory droplet transmission (i.e. when an infected person coughs or sneezes in close proximity, normally 3 feet or less , to an uninfected person). The virus may also be spread through contact with infectious or contagious respiratory secretions on the hands of an infected person or by touching objects or surfaces contaminated with the virus.

The typical incubation period, the time between when a person is first exposed to an infectious disease to when signs and symptoms develop, for seasonal influenza is 1-4 days, with an average of 2 days. Adults can be infectious from the day before symptoms begin through approximately 5-7 days after illness onset. Children can be infectious for more than 10 days after the onset of symptoms. Severely immunocompromised persons can be infectious for weeks or months.

Current criteria for employees returning to work after seasonal influenza

Note: some employers may have additional exclusion criteria; if so, that is the policy that should be followed

Workers who have become ill with the flu should stay at home until all of the following criteria have been met:

- At least 7 days have passed since the symptoms of illness began; AND
Fever has resolved for 48 hours without your taking fever reducing medications such as acetaminophen or ibuprofen; AND
Cough is improving (decreasing in frequency and amount of secretions with no associated chest discomfort or shortness of breath)
- If you were taking antiviral medications for treatment of influenza, consult with your health care provider as to when to return to your workplace. While no one should return to work until fever has been gone for 48 hours, antiviral drugs may shorten the period when you are contagious, allowing you to return earlier.

Upon returning to work, employees should continue to follow cough etiquette and hand washing protocols.

Criteria for Pandemic Influenza

Experts do not know whether the mode of transmission, incubation period, or contagious period of a pandemic flu virus will be similar to those of the regular seasonal influenza. Because of this, employers and members of the community must be alert to specific recommendations from the SDDOH and the Centers for Disease Control during an influenza pandemic. Management of illness in the workplace/community, including when it is safe for workers to return to work, will be communicated through various

media resources. For the most current information contact the SDDOH at (605) 773-3737 or 1-800-592-1861 or visit <http://doh.sd.gov/Flu> , www.cdc.gov, or www.pandemicflu.gov .

How Does Seasonal Flu Differ From Pandemic Flu?

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates	Occurs rarely (three times in 20th century - last in 1968)
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine probably would not be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals may be in limited supply
Average U.S. deaths approximately 36,000/yr	Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 675,000)
Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.	Symptoms may be more severe and complications more frequent
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)	May cause major impact on society (e.g. widespread restrictions on travel, closings schools/businesses, cancellation of large gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

This guide was developed from resource guides from Health and Human Services, Veterans Administration and the American Red Cross.