

Frequently Asked Questions about...

Influenza (for care providers)

Q. Why is influenza of concern in healthcare facilities?

A. When someone has influenza and coughs or sneezes, the droplets carrying the virus spread easily. People in healthcare facilities often have underlying medical conditions or other factors that place them at greater risk for serious illness if they develop influenza. In addition, patients may be in close contact with others, which may allow the virus to spread quickly to other patients, employees, or visitors.

Q. What should I do if a patient has influenza or another respiratory infection?

A. The patient should be asked to stay in his/her room as much as possible to limit contact with other patients. He/she should be provided with tissues, a waste container, hand sanitizer, and should be strongly encouraged to cover his/her coughs and sneezes and dispose of tissues immediately after use.

In an effort to minimize the spread of the disease, care providers should use droplet precautions when entering an ill patient's room. More information on droplet precautions is available in this infection prevention toolkit.

Although elderly individuals may not have a fever with the illness, staff should monitor an ill patient's fluid intake to prevent dehydration. Staff should also watch for other signs of illness such as shortness of breath, weakness or fatigue, decreased mental alertness or confusion, and poor appetite. In addition to caring for an ill patient, staff members should note if they begin to exhibit symptoms themselves.

Q. What about influenza vaccine?

A. Influenza vaccine is the single best method for preventing influenza. Everyone six months of age or older should receive an influenza vaccine each fall before the beginning of the influenza season. Elderly people, people of any age with serious medical conditions, and the people in close contact with them are especially encouraged to receive the vaccine.

Q. Why do I need to receive the vaccine each year?

A. Two reasons: Immunity from the vaccine wears off after several months, and because influenza viruses change over time, new vaccines must be used each season to assure protection.

Q. What if I can't take the influenza vaccine?

A. Actually, most people *can* take the vaccine. Two vaccines are available: an injectable form and a liquid form that is placed in the nose. The injectable vaccine is made from killed influenza virus, so it **cannot** cause the flu. The live vaccine, found in the liquid form, may not be suitable for everyone. If you have questions or concerns about vaccine, you should talk to your healthcare provider.

Q. What about the use of antiviral drugs to treat or prevent the flu?

A. Currently, there are two prescription antiviral drugs available to treat or prevent influenza. One is in pill form and the other is administered directly into the respiratory system using an inhaler. During an outbreak in a facility, health officials may recommend administering antiviral drugs to patients and healthcare workers to limit the spread of the disease.

Q. What if I get sick?

A. You should stay home until you have been without a fever (without taking any medicine to decrease fever) for at least 24 hours.

Q. What else do I need to know?

A. Hand washing is important! The influenza virus can remain on hands and can survive on objects a person touches (such as door knobs and bedside tables) and be transmitted to others who may touch those same surfaces. Soap and water or an alcohol-based hand sanitizer kills the virus.

Q. Where can I obtain additional information about influenza?

A. Another fact sheet on influenza is available on the Virginia Department of Health's website (<http://www.vdh.virginia.gov>). Use the A-Z index and click on "influenza". More information, including recommendations for administration of influenza vaccine and the use of antiviral drugs is also available at: <http://www.cdc.gov/flu/>.

Contact your local health department if you have additional questions about influenza