
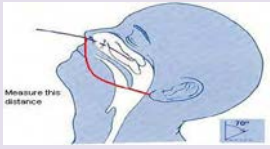


SEASONAL INFLUENZA: IP&C HIGHLIGHTS

Notes: a) The Seasonal Influenza Protocol in IP&C Manual is the complete protocol; b) these highlights do not refer to Pandemic Influenza

SEASONAL INFLUENZA	
Contact IP&C	For any patients presenting with Influenza Like Illness
GENERAL SEASONAL INFLUENZA INFORMATION	
Period of Communicability	<ul style="list-style-type: none"> Adults: 1 day before symptom onset and until approximately 5 days after Children: several days before symptom onset and until 7 – 10 days after Immune-compromised persons may shed virus for longer periods; treatment decreases duration/degree of shedding in most populations
Transmission (Droplet/Contact)	<ul style="list-style-type: none"> Person-to-person transmission through large respiratory droplets when infected persons cough/sneeze Direct or indirect contact with respiratory secretions (e.g., touching surfaces contaminated with influenza virus and then touching the eyes, nose or mouth) Individuals with asymptomatic infection can transmit virus to susceptible individuals
Signs & Symptoms	<ul style="list-style-type: none"> May be clinically indistinguishable from other viral respiratory diseases Approximately 50% will not develop classic symptoms described below. Patients less than 5 years or greater than 65 years of age or immune compromised patients may not present with a fever <p> <i>Fever/chills</i> <i>Cough (usually dry, often severe)</i> <i>Sore throat</i> <i>Headache</i> <i>Muscle pain</i> <i>Joint pain</i> <i>Stuffy/runny nose</i> <i>Extreme weakness</i> </p>
INFECTION PREVENTION & CONTROL MEASURES	
Patients with signs/symptoms of Influenza Like Illness (ILI)	<ul style="list-style-type: none"> Instruct the patient to cover his/her cough Ask patient to don a procedure mask until appropriate room placement established Implement Droplet/Contact Precautions immediately
Additional Precautions & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Droplet/Contact Precautions required Post sign on door/curtain of the room/bed space Provide PPE as per signage: gloves, gowns, procedure masks, eye protection NOTE: do not reuse disposable eye wear; discard after each use Dedicated patient equipment 
Patient Accommodation	<ul style="list-style-type: none"> Place patient in a private room; no special air handling/ventilation necessary If a private room is unavailable, appropriately cohort patients. Consult site ICP
Testing	 <ul style="list-style-type: none"> Collect nasopharyngeal (NP) swabs for influenza detection using a flocked swab <ul style="list-style-type: none"> Viral transport media has a short expiry date; order supply accordingly Testing in the CRITICAL CARE setting in intubated patients should include submission of an ETT specimen <i>in addition</i> to the NP swab. Collect ETT secretions using viral media in a VTM vial or sterile urine container
Transport of Patients with Suspected or Confirmed Influenza	<ul style="list-style-type: none"> Notify Patient Transport Services & the receiving department regarding need for Droplet/Contact Precautions <i>in advance</i> of the transport/procedure Patient performs hand hygiene and dons procedure mask Staff performs hand hygiene and dons PPE (gown, gloves, mask, eye protection)
Discontinuation of Droplet/Contact Precautions	<ul style="list-style-type: none"> Consult the site ICP prior to discontinuing precautions Discontinue precautions for patients with suspected or confirmed influenza based on resolution of respiratory symptoms (non-ventilated patients) and/or clinical improvement (ventilated patients) for 48 hours and NOT based on duration of treatment or negative influenza results Chronic respiratory symptoms and/or a post-viral cough do not require maintenance of precautions If the NP swab result is negative, DO NOT immediately discontinue precautions if the patient continues to have symptoms of a febrile respiratory illness
Signs of Clinical Improvement	<ul style="list-style-type: none"> Signs of clinical improvement in the non-ventilated patient could include: decreased cough; decreased sputum production; improved oxygen saturation Signs of clinical improvement in the ventilated patient could include: discontinuation of mechanical ventilation (i.e., ventilator); afebrile; decreased respiratory secretions; improved respiratory pressures (clinical judgment of Attending Physician/Respiratory Therapist)
Visitor Management	<ul style="list-style-type: none"> Educate visitors regarding hand hygiene, Respiratory Hygiene, and use of PPE Encourage visitors to perform hand hygiene on entry and exit to patient care areas Advise visitors with symptoms of a respiratory infection to stay home (exceptions may be considered in extenuating circumstances; contact IP&C)