

FAQs About Influenza

By David Carr, M.D., Medical Director

It is flu season and we thought this might be a good time to answer some questions about influenza in case it comes into our facility and affects our residents, staff and families.

1. What strains are we most concerned with during flu season?

Influenza has two strains, called flu A and B. In general we are most concerned about type A since it tends to cause more severe symptoms, however, both strains can cause respiratory symptoms in older adults. It is not uncommon that a special subtype will sneak into the community and may not have been accounted for in the vaccine. We are not as concerned about H1N1 or swine flu since this current disease appears to effect mostly young children and young adults and appears mild in severity.

2. What are the classic symptoms of flu and the complications?

Severe flu is usually accompanied by high fever, chills, and a respiratory illness. The latter may include dry cough, runny nose, sore throat, and muscle aches. The flu can also be very mild in some patients and only result in a runny or stuffy nose. Complications in older adults include mental confusion or disorientation, bacterial pneumonia, hypoxia, and functional impairment.

3. How do we make a diagnosis?

We have a very accurate and rapid nasopharyngeal swab test, which can detect the presence of the virus. The laboratory can often provide a result in the same day. In general, there is no need to culture for the specific virus since this would take too long to initiate therapy and would be costly. In addition, once one or two residents on a division have been diagnosed with the illness, it is not necessary to continue to test every patient that comes down with symptoms. Provided their symptoms are consistent with the diagnosis, we can assume they have that strain of flu. The presumption is that they have the flu and will be treated accordingly.

4. Discuss prevention, the optimal timing for vaccination, and when you can expect a full immune response post vaccination.

The best way to prevent the flu in our facility is not to bring it in! If you are ill with a respiratory illness, you should not visit or at a minimum wear a mask which is available upon request. We make a great effort to vaccinate our staff and residents. If you visit regularly, you should also consider taking a flu shot; discuss this with your physician. Once vaccinated, it takes about two weeks to achieve full immunity. It is never too late to vaccinate, provided there is vaccine still available. The vaccine is well tolerated and at most will only cause some local irritation, however, those individuals with allergies to egg or previous severe reactions should avoid the injection. By the time symptoms arise, you will have already begun spreading the virus. An ounce of prevention is worth a pound of cure.

5. If the flu breaks out on the division, what can be done to prevent spread?

First of all, it is very typical that we will try to keep affected patients in their room, avoid congregate dining, and separate those with symptoms from those that have not yet come down with the flu. This will be very difficult for ambulatory patients. If your family member is affected, it is unlikely that he/she

would tolerate a mask due to the dementia. You can however, protect yourself by wearing one; masks should be available at the nursing station. If enough members on the division are affected by the flu we consider starting drug therapy for prevention (most likely Tamiflu). Antiviral agents have been shown to be effective in nursing homes to reduce the severity of symptoms, reduce hospitalization and decrease the need for antibiotics even if you have had the vaccine! This medication may need to be continued for at least two weeks depending on how many new outbreaks occur on the division. We may also consider closing down the division to limit traffic and spread to other areas of the facility; however, family members will always have access to loved ones.

6. If a patient is diagnosed with the flu, is there any treatment that can be given?

The medication that is most effective and practical in our residents is Tamiflu. The side effects are rare but include nausea, vomiting and headache. Your loved one will be monitored for reactions while on the drug. In addition, the medication needs to be started in the first 48 HOURS of symptom onset to be effective. The drug is excreted by the kidneys and in some older adults the dose may need to be reduced if they have a history of renal insufficiency. Your physician and our pharmacist will decide on the best medicine and dose for your loved one if they need treatment. Medication for temperature and pushing oral fluids to prevent dehydration will be imperative.