

INFLUENZA FACT SHEET

Definition:

Influenza, or the Flu as it is often called, is a disease separate from colds, caused by a group of viruses called Influenza virus A or B which infect the nose, throat and lungs.

What are the Symptoms?

Sudden onset of fever >38, cough and one or more of the following: headache, muscle aches, sore throat, malaise.

Fever may not be present in the elderly. Symptoms in the elderly may include: change in behaviour, chest congestion and decreased appetite.

Children may have vomiting.

SYMPTOMS	COMMON COLD	INFLUENZA (FLU)
Onset	Gradual, mild	Sudden, severe
Fever	None or mild	Usually high >38 C (except in elderly), lasts 3 to 4 days
Chills	Only if fever present	Usual
Headache	Slight, if any	Prominent
General aches and pains	Slight	Often intense
Fatigue and weakness (malaise)	Mild	Extreme, may last 2-3 weeks
Runny, stuffy nose	Common	Not common
Sneezing	Common	Occasional
Sore throat	Early, lasts 1-2 days	Common – often worse after 2 nd or 3 rd day
Chest discomfort, cough	Mild to moderate	Usual, can become severe, hacking painful & productive
Complications	Can lead to sinus congestion or earache	Can develop into bronchitis, or pneumonia, worsen a chronic condition, be life-threatening

How is it Spread?

The flu spreads easily and rapidly from person to person through contaminated hands, and through coughing and sneezing.

An infected person can spread the flu virus to others even before feeling sick. An infected adult can spread the virus from about one day before and up to five days after symptoms start. Children can spread the virus for a longer time.

How is it Diagnosed?

Influenza is diagnosed by a laboratory test. Specimens can be from a nasopharyngeal wash, Baylor nasal wash or a nasopharyngeal swab.

Infection Control

- An annual flu shot is the best protection against the flu.
- Droplet and Contact precautions
 - Hand hygiene – before and after all contact and before leaving room
 - Surgical mask if within 2 metres of patient
 - N95 mask for AGMPs
 - Eye protection for procedures likely to generate splashes of body fluids
 - Gloves for direct contact with body fluids
- Acute Care – Accommodation
 - Single room preferable, door may remain open
 - Patients with same organism may be grouped together
- LTC - Isolation of Room/Unit
 - Restrict admissions and transfers
 - Restrict movement of residents and staff
 - Keep ill residents in their room/ward
 - Limit work/visits of staff to other areas, i.e., other departments, cafeteria
 - Restrict admissions & transfers
 - Cancel group activities and appointments
- Infection Control must be consulted prior to discontinuing isolation precautions.
- Antivirals may be prescribed to patients, residents, clients by the attending physician

Information Sources:

Heymann, D.L. (2004). Control of communicable diseases manual (18th ed.). (pp. 281-287). Washington, DC: American Public Health Association.

American Academy of Pediatrics. (2003). In Pickering LK, (Ed), Red Book: Report of the committee on infectious diseases (26th ed.), 382-391. American Academy of Pediatrics: Elk Grove Village, IL.

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