OBJECTIVES

1. Review Signs and Symptoms of Influenza verse COVID-19.

2. Exploring the similarities and differences between COVID-19 & Influenza (Flu):
   - Signs and Symptoms
   - Complications
   - Warning Signs
   - Spreading the virus
   - Risk factors

3. Staff education for protecting themselves when outside of the facility.

4. Influenza vaccine for persons with COVID-19
ACIP Statement About Influenza

Core recommendations have not changed

Annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.

Persons with Suspected or Confirmed COVID-19

Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms.

Screen residents for COVID-19 symptoms before administering the Influenza vaccine
Respiratory hygiene (face masks and cough etiquette
Hand hygiene (hand washing or 60% alcohol hand sanitizer for residents)

https://www.cdc.gov/vaccines/pandemic-guidance/index.html
Signs and Symptoms of Cold and Influenza (Flu)

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Cold</th>
<th>Influenza (Flu)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms onset</td>
<td>Rarely abrupt</td>
<td>Abrupt</td>
</tr>
<tr>
<td>Fever</td>
<td>Slight</td>
<td>Usual; last 3-4 days</td>
</tr>
<tr>
<td>Aches</td>
<td>Uncommon</td>
<td>Usual; often severe</td>
</tr>
<tr>
<td>Chills</td>
<td>Sometimes</td>
<td>Fairly common</td>
</tr>
<tr>
<td>Fatigue, weakness</td>
<td>Common</td>
<td>Usual</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Mild to moderate</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Chest discomfort, cough</td>
<td>Common, hacking cough</td>
<td>Common; can be severe</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Rare</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Common</td>
</tr>
</tbody>
</table>

Similarities between COVID-19 and Influenza (Flu)

- Fever or feeling feverish/chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Some people may have vomiting and diarrhea.
COMPLICATIONS OF BOTH COVID & FLU

- Pneumonia
- Respiratory failure
- Acute respiratory distress syndrome
- Sepsis
- Cardiac injury
- Multiple-organ failure
- Worsening of chronic medical conditions
- Inflammation of the heart, brain or muscle tissues
- Secondary bacterial infections

INFLUENZA COMPLICATIONS

<table>
<thead>
<tr>
<th>Flu</th>
<th>Serious complications can be triggered by fluid.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Flu virus infection of the respiratory tract can trigger an extreme inflammatory response in the body.</td>
</tr>
<tr>
<td>Flu</td>
<td>Flu also can make chronic medical problems worse.</td>
</tr>
</tbody>
</table>
Flu warning signs that require medical care right away

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest or abdomen
- Persistent dizziness, confusion, inability to arouse
- Seizures
- Not urinating
- Severe muscle pain
- Severe weakness or unsteadiness
- Fever or cough that improve but then return or worsen
- Worsening of chronic medical conditions

COVID VIRUS

People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
COVID warning signs that require medical care right away

• Trouble breathing
• Persistent pain or pressure in the chest
• New confusion
• Inability to wake or stay awake
• Bluish lips or face

DIFFERENT COMPLICATIONS OF COVID & FLU

COVID-19 can include:

Blood clots in the veins and arteries of the lungs, heart, legs or brain
Difference between Flu and COVID-19 Symptoms

Flu symptoms develop anywhere from 1 to 4 days after infection.

COVID-19 symptoms develop 5 days after being infected, but symptoms can appear as early as 2 days after infection or as late as 14 days after infection, and the time range can vary.

Difference between Flu and COVID-19: Spreading the Virus

Flu
Contagious for about 1 day before they show symptoms.
Adults are most contagious during the initial 3-4 days of their illness but may be as long as 7 days.
People with weakened immune systems can be contagious for even longer.

COVID-19
Contagious 2 days before experiencing signs or symptoms and remain contagious for at least 10 days after signs or symptoms first appeared.
Flu and COVID-19: Spread of the Virus

Similarities COVID-19 and flu

Person-to-person, between people who are in close contact with one another (within about 6 feet).

Spread mainly by droplets.

Physical human contact

Touching a surface or object that has virus on it and then touching his or her own mouth, nose, or possibly their eyes.

Spread to others by people before they begin showing symptoms, with very mild symptoms or who never developed symptoms (asymptomatic).

Differences

COVID-19 is more contagious among certain populations and age groups than flu.

COVID-19 has been observed to have more superspreading events than flu.

CDC Has Information For Older Adults at Higher Risk

8 out of 10 COVID-19 deaths reported in the U.S. have been in adults 65 years old and older. Visit CDC.gov/coronavirus for steps to reduce your risk of getting sick.

cdc.gov/coronavirus
Both COVID-19 and flu illness can result in severe illness and complications. Those at highest risk include:

- Older adults
- People with certain underlying medical conditions
- Pregnant people

**FLU RISK**

<table>
<thead>
<tr>
<th>Flu risk groups</th>
<th>Flu age factors</th>
<th>Other people at high risk from the flu</th>
</tr>
</thead>
<tbody>
<tr>
<td>65 years &amp; older</td>
<td>COPD</td>
<td>American Indians</td>
</tr>
<tr>
<td>Asthma</td>
<td>Endocrine disorders</td>
<td>Alaska Natives</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Heart disease</td>
<td>People in NH &amp; LTC facilities</td>
</tr>
<tr>
<td>Stroke</td>
<td>Kidney disease</td>
<td></td>
</tr>
<tr>
<td>DM</td>
<td>Metabolic disorders</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Obesity</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Immunocompromised</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stroke history</td>
<td></td>
</tr>
</tbody>
</table>
### COVID-19 Risk

<table>
<thead>
<tr>
<th>Any age are at increase risk of severe illness</th>
<th>Following conditions might be at increase risk for severe illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Asthma</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>Cerebrovascular disease</td>
</tr>
<tr>
<td>COPD</td>
<td>Cystic fibrosis</td>
</tr>
<tr>
<td>Immunocompromised</td>
<td>HTN</td>
</tr>
<tr>
<td>Obesity</td>
<td>Immunocompromised</td>
</tr>
<tr>
<td>Heart disease</td>
<td>Neurological conditions</td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>Liver disease</td>
</tr>
<tr>
<td>DM Type 2</td>
<td>Pregnancy</td>
</tr>
<tr>
<td></td>
<td>Pulmonary fibrosis</td>
</tr>
<tr>
<td></td>
<td>Smoking</td>
</tr>
<tr>
<td></td>
<td>Thalassemia</td>
</tr>
<tr>
<td></td>
<td>DM Type 1</td>
</tr>
</tbody>
</table>

### COVID-19 Associated Hospitalization Related to Underlying Medical Conditions

**Factors that increase community spread and individual risk**

- **Crowded situations**
- **Close physical contact**
- **Enclosed space**
- **Duration of exposure**

**Risk for hospitalization if you have any of these conditions and get COVID-19 compared to people without the condition(s):**

- Asthma: 1.5x
- Hypertension: 3x
- Obesity (BMI ≥ 30): 3x
- Diabetes: 4x
- Chronic Kidney Disease: 4x
- Severe Obesity (BMI ≥ 40): 4.5x
- 2 Conditions*: 4.5x
- 3 or More Conditions*: 5x

*Conditions include asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COPD.

Data has shown that racial and ethnic minority groups with the referenced conditions are at even higher risk for severe COVID-19 illness. Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

**Actions to Reduce Risk of COVID-19**

- Wearing a mask
- Social distancing (6 ft goal)
- Hand hygiene
- Cleaning and disinfection

Though risk generally increases with age, all individuals should routinely take actions to reduce risk of infection and avoid activities that increase community spread.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
Staff Education on protecting themselves

Practice everyday preventive actions.
   Hand sanitizer, masks and tissues
   Wash hands often

Avoid others who are not wearing masks
Staff Education on protecting themselves

Consider the following when planning an in-person visit with friends and family:

When to delay or cancel a visit
1. When you or friends/family have symptoms of COVID-19
2. When you or friends/family have been exposed to someone with COVID-19 in the last 14 days

What to do when you do visit friends/family
1. Encourage social distancing during your visit.
2. Visit outdoors if possible.
3. Arrange tables/chairs to allow for social distancing.
4. Consider activities where social distancing can be maintained.
5. Verbally greet them and wave.
6. Limit contact with commonly touched surfaces or shared items.
7. Consider keeping a list of people you visit/or visited you.

Lowest risk: Virtual-only activities, events, and gatherings.

More risk: Smaller outdoor and in-person gatherings in which individuals from different households remain spaced at least 6 feet apart, wear masks, do not share objects, and come from the same local area (e.g., community, town, city, or county).

Higher risk: Medium-sized in-person gatherings that are adapted to allow individuals to remain spaced at least 6 feet apart and with attendees coming from outside the local area.

Highest risk: Large in-person gatherings where it is difficult for individuals to remain spaced at least 6 feet apart and attendees travel from outside the local area.
Battelle Demobilization

Throughout the COVID-19 response, the Battelle CCDS system has been an important part of lengthening the life of N95 masks, safely. Missouri users will continue to have access to decontamination through Battelle for the foreseeable future, however, some changes are coming for those who use the Battelle CCDS site at the Jefferson City Armory. This site will be demobilized with a projected final closure date of September 12.

Battelle will directly correspond with all users of the CCDS and provide them shipping labels to another Battelle site in a surrounding state. The shipping of masks will be at no cost. Due to increased shipping time, there may be some delays noted - so please plan accordingly.

If your facility is signed up as a Battelle user, you will receive direct correspondence from Battelle in the next 7-10 days. Until told otherwise by Battelle, you may continue to send your masks to the Jefferson City Armory.

CMS Nursing Home Toolkit

Videos for taking off PPE
https://youtu.be/PQxOC13DxvQ

Video of putting on PPE
https://youtu.be/H4jQUBAiBrL

How to Safely Put On and Take Off Personal Protective Equipment (available in other languages)

CMS
QSEP Quality, Safety and Educational Portal

This has instructions on how to access the Targeted COVID-19 Training for Nursing Homes

Resources

https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#table
https://www.cdc.gov/flu/symptoms/symptoms.htm

ACIP Information on Immunization Requirements:
https://emergency.cdc.gov/coca/calls/2020/callinfo_082020.asp

Symptom Profiles of a Convenience Sample of Patients with COVID-19 —United States, January–April 2020 Weekly/ July 17, 2020 / 69(28);904–908 CDC Weekly Morbitity and Mortality Rate,
https://www.cdc.gov/mmwr/volumes/69/wr/mm6928a2.htm?s_cid=mm6928a2_w

LET US KNOW HOW WE CAN HELP
EVALUATIONS
