



INFLUENZA

Cause/Epidemiology

There are 3 types of influenza virus recognized: Type A, B and C.

Influenza A includes 3 subtypes (H1N1, H2N2 and H3N2) that have been associated with widespread epidemics and pandemics.

Influenza B has been associated with regional or widespread epidemics.

Influenza C has been associated with sporadic cases and minor localized outbreaks.

Emergence of completely new subtypes (antigenic shift) occurs at irregular intervals and only with Influenza A viruses. They are responsible for pandemic and result from the unpredictable recombination of human and swine or avian (usually duck) antigens. The minor antigenic changes (antigenic drift) of A and B viruses are responsible for frequent epidemics.

Clinical Presentation

Influenza is an acute viral infection involving the respiratory tract characterized by cough, fever, chills and rigor, malaise, myalgia, prostration, sore throat and nasal congestion rhinitis. The cough can be severe but the other symptoms can be less severe with recovery in 2 to 7 days. Influenza in children may be difficult to identify from other diseases caused by respiratory viruses. The clinical picture in children may range from the common cold to croup, bronchiolitis and viral pneumonia.

Complications include

- Pneumonia
- Bronchiolitis
- Myositis characterized by calf tenderness
- Gastrointestinal tract manifestations, abdominal pain, nausea, vomiting, diarrhea
- Reye syndrome
- Death

Incubation Period

The incubation period is short, usually 1 to 3 days.

Transmission

Influenza is spread by large respiratory droplets produced when an infected person coughs or sneezes, or when there is face-to-face contact with an infected



person. Direct and indirect contact with respiratory secretions can spread influenza. The influenza virus may persist for hours in dried mucous.

The period of communicability is generally four to six days, starting one day before symptoms begin. Healthcare workers and visitors are considered a significant factor in healthcare facility outbreaks.

Infection Prevention and Control Practices

Follow Routine Practices for a resident with seasonal Influenza. Good hand hygiene and cough etiquette are important.

Refer to the Routine Practices section 4 and/or the Routine Practices policy # 90.00.060 for specific information.

Implementing Droplet/Contact Precautions is optional. Refer to the Management of Communicable Diseases in Personal Care Homes Table for specific disease/microorganism information. Refer to Droplet/Contact Precautions in the Additional Precautions section 5.

Occupational Health

Definition of Occupational Exposure

A healthcare worker who has had droplet or indirect contact of oral, nasal, or conjunctival mucous membranes with respiratory secretions of an infectious person during the period of communicability (1 day before to 7 days after onset of symptoms).

A Healthcare Worker Exposed to Influenza

- Consider all healthcare workers susceptible to influenza
- No modification to work practices or work restrictions, unless directed by Infection Prevention & Control/designate/Public Health during outbreak situation

A Healthcare Worker Symptomatic or Infected with Influenza

- Physician confirmed diagnosis
- Inform Infection Prevention & Control/designate immediately if suspected or confirmed case
- Healthcare workers shall be referred to Occupational Health/designate for clinical management
- Healthcare workers shall be excluded from work for 3-5 days after onset of symptoms, unless immunized at least 2 weeks previously and started antiviral therapy