
PREPARING FOR FLU SEASON DURING THE COVID-19 PANDEMIC: AN OVERVIEW OF BOTH VIRUSES

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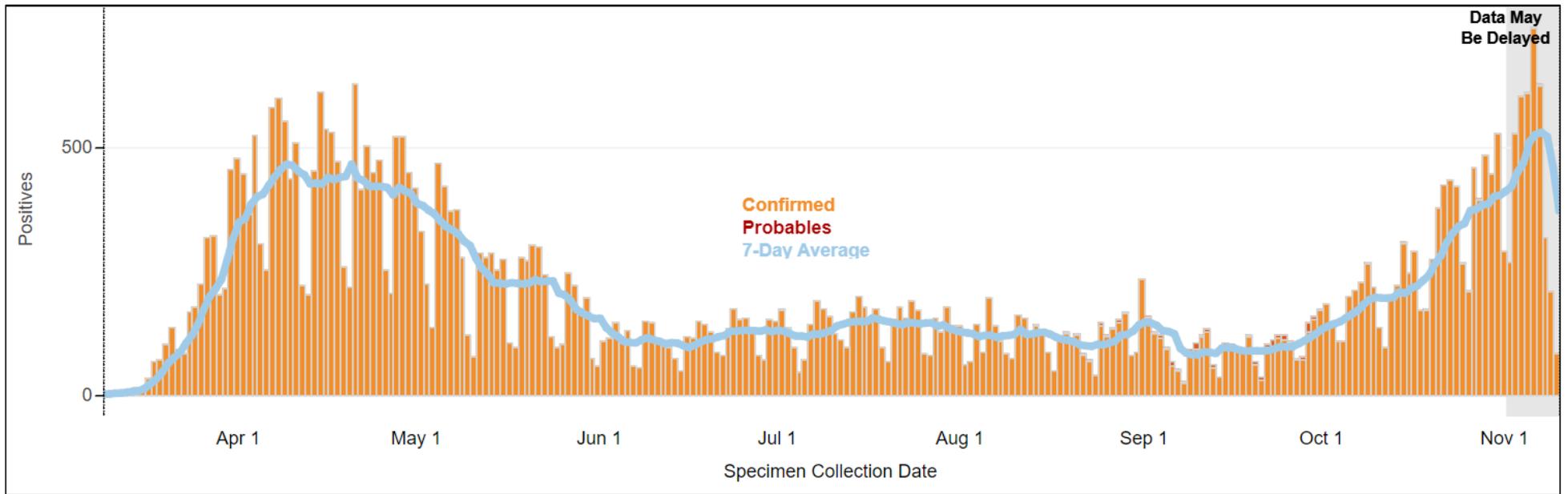
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DEPARTMENT OF PUBLIC HEALTH

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PRESENTATION OVERVIEW

- COVID-19
 - Current Activity
 - Disease Overview
 - Prevention and Control Measures in Shelters
- Influenza (Flu)
 - Disease Overview
 - Prevention and Control Measures in Shelters
- Questions

COVID-19 CURRENT ACTIVITY IN PHILADELPHIA



COVID-19 TRANSMISSION

- Mainly spread person to person during close contact with an infected person
 - Close contact is defined as being within 6ft of an infected person for a 15-minute period (can include 15 minutes over the course of a day)
 - Spread through respiratory droplets from an infected person. These droplets are produced when an infected person coughs, sneezes, talks, breathes, etc.
- Contagious Period (time when a case can spread the virus to others)
 - 48 hours before symptoms start
 - Through at least 10 days after onset and 1 day after resolution of fever and improvement in respiratory symptoms.
 - Timing is extended for those who were hospitalized or have a condition that impairs their immune system
 - If no symptoms, period is 10 days from the testing date
- Incubation Period (time from exposure to illness onset)
 - 2-14 days (average 5-6 days)

COVID-19 SYMPTOMS

- Symptoms
 - 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
- Asymptomatic infections can occur
- Symptoms can be mild to severe disease that can be fatal
- Risk for Severe Disease
 - Older persons
 - Patients with underlying conditions



COVID-19 DIAGNOSIS

- Viral tests used to detect current infection
 - Test types
 - Molecular tests: detect virus genetic material
 - Some test types can test for other viruses like flu as well
 - Rapid antigen tests: detect virus proteins
 - Samples from the respiratory tract
 - Nasopharyngeal and nasal swabs most common
- Who should get tested??
 - People who have symptoms of COVID-19
 - People who have had close contact with a case
 - People who have been asked or referred to get testing by their healthcare provider or health department

COVID-19 PREVENTION ACTIVITIES

- Masking
- Distancing
- Hand washing
- Cleaning high touch surfaces
- Screening for symptoms
- Posting Prevention Reminders
- Lowering client density
- Protecting high risk persons
- Personal Protective Equipment (PPE) and other protection for staff (e.g., sneeze guards, minimize staff with face to face encounters)

TOGETHER WE CAN PREVENT COVID19

To the best of your ability, please follow these practices.

A Checklist for Congregate Settings



Set up hand washing or sanitizing stations at entrances and throughout the building. Have clients wash hands before entering eating areas.



Face masks or cloth face coverings should be given to every person.



Screen incoming residents for fever or respiratory symptoms, such as cough, sore throat, stuffy nose.



Post infection control signs (hand hygiene and safer ways to cough/sneeze) in strategic places, like entrances, bathrooms, and stairwells.



Provide educational materials about COVID-19 for non-English speakers, as needed.



Open windows and increase air flow.

People with Symptoms

Any person with symptoms should be **isolated** in individual rooms.

People who are sick should eat in a separate area.

Put beds at least **6 feet apart**, separated by temporary barriers. Request that all guests sleep head-to-toe.

Limit the number of staff who interact with sick guests. People who have recovered from COVID-19 may be immune and should be considered for this role.

Call the Philadelphia Department of Public Health regarding alternative housing for people who are sick with COVID-19: **215-685-6741**

24/7 hotline for medical questions: **800-722-7112**

Non-medical COVID questions and concerns (in 100+ languages): **311**

Sign up for City alerts on your phone (in English and Spanish): **Text COVIDPHL to 888-777**

Full guidance: bit.ly/philadelphia-provider-guidance
More information at: phila.gov/COVID



Checklist info graphic available at: https://www.phila.gov/media/20200513135411/COVID-19_Philagov_CongregateChecklist-merged-002-1.pdf
CDC Interim Guidance for Homeless Service Providers: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

COVID-19 PREVENTION: MEALS AND SLEEP SPACE

- Meal service:
 - Create at least 6 feet of space between seats and/or allow either for food to be delivered to clients or for clients to take food away
 - Stagger mealtimes to allow greater spacing of residents at tables. Avoid having residents sit opposite or within 6 feet of each other at tables if possible.
 - For ill persons in isolation or exposed individuals in quarantine:
 - Deliver meals to rooms if possible
 - Consider using disposable cups, plates, and eating utensils. If your facility uses non-disposable utensils and cups, they should be washed with soap and hot water or in a dishwasher
- Sleeping spaces
 - Help reduce spread by arranging beds at least 6 feet apart (if possible).
 - Create temporary physical barriers between beds using sheets or curtains.
 - Arrange beds so that individuals lie head to toe relative to each other.

RESPONSE TO CASES: CASE-RELATED ACTIONS

- If a client at a shelter develops fever, cough, or shortness of breath or other symptoms of COVID-19:
 - Give client a surgical mask to be placed over the nose and mouth. If surgical masks are not available, client should continue to use a cloth mask.
 - If possible, sick clients should be confined to individual rooms with separate bathroom and eating facilities and should avoid common areas. Cases should isolate for at least 10 days AND 24 hours after fever has resolved.
 - If a separate room is not available, space individuals at least 6 feet away from other clients.
 - Consider using a large, well ventilated room specifically for sick persons.
 - Refer the case to the PDPH Isolation and Quarantine site (see next two slides)
 - Give sick clients access to fluids, tissues, plastic bags for the proper disposal of used tissues, and a means to wash their hands or alcohol-based hand sanitizers.
 - If a person's health status worsens, call their provider for medical advice. If it is a medical emergency, call 911. Alert emergency services that the individual may have or is currently infected with COVID-19. Masks and distancing from others should be used when seeking care or testing.

Referrals

How can I make a referral?

- <http://bit.ly/phliqreferral>
- Through the temporary housing line (267-396-2712) from 8:30am - 7:30pm

What should I include in the referral?

- Fill out as much information as you can
- The most important information:
 - Individual's contact information
 - Testing information

*After you make the referral, the screening team will contact the individual directly

I&Q Process

Intake



- Individual arrives at I&Q site
 - Items are searched
 - Completes bed bug protocols
- Intake is completed by PDPH staff via phone call
- Gaudenzia assesses the individual in person to determine the necessary level of care while on site

Housing



- Medical staff perform daily wellness checks on individuals
- Gaudenzia provides behavioral health services
- Meals, snacks, clothing, and entertainment items are provided
- PDPH and Gaudenzia work together to create a discharge plan

Discharge



- Individual completes isolation period or receives a negative test result
- PDPH prints a discharge letter stating that the individual is safe to return to a congregate setting
- PDPH staff arrange for transportation

RESPONSE TO CASES: EXPOSED CLOSE CONTACTS

- Close contacts of COVID-19 confirmed cases should be quarantined for 14 days from the last exposure to observe for development of symptomatic disease.
 - Quarantine for exposed person is like isolation for cases (e.g., avoiding contact with others, staying home from work, school, or daycare, etc.) and includes monitoring for symptoms.
 - When activity is not widespread, ideally close contacts should stay in separate areas from cases and persons who have not been exposed.
- Families with cases and exposed members
 - From the symptom onset or earliest point possible, all family members should wear masks as much as possible while in a room with a possible or confirmed case.
 - Determine if exposed minors can be provided care in a location separate from the parent. Avoid placing the exposed minors in homes with relatives/caretakers at high risk for severe COVID. If exposed minors are being placed in another home, they need to quarantine at this location for 14 days. Avoid close contact with others in the home, wear masks when in the same room as others, and have the caretaker monitor the child/children for symptoms.
 - If alternative arrangements are not available, house the family together.
 - For persons with ongoing exposures (e.g., family members), the period for quarantine can be at least 24 days from the case's onset or test date.
 - Example: A mother develops COVID-19 symptoms on 11/2/2020. Her child was in the same room with her during isolation, since other care options were not available. The mom's last date of being contagious is 11/12/2020. The child needs to quarantine until 11/26/2020 or 14 days from the last exposure.

RESPONSE TO CASES: FACILITY-WIDE ACTIONS

- Maintain surveillance of residents and staff by monitoring for COVID-19 symptoms and doing temperature checks twice per day if possible. The Philadelphia Department of Public Health will provide a template line list for you to use.
- Consider those clients who could be at high risk for complications from COVID-19 (those who are older or have underlying health conditions) and check on them regularly.
- If an outbreak is recognized in a residential facility, there should be an effort to limit new admissions to the facility or transfers between facilities until at least 14 days has elapsed with no new cases and after the onset of symptoms in the most recent case.
 - Persons should not be turned away from the facility; however, every precaution should be made to separate sick individuals from healthy ones. If new residents are accepted, they should be screened upon registration and intake for symptoms of COVID-19.
- Discuss testing options with the PDPH Group-Settings Response Team.

STAFF CONSIDERATIONS

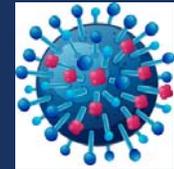
- Staff providing healthcare to confirmed and possible COVID-19 cases in the shelter setting should wear surgical masks, eye protection, and gloves as well as gowns, if available.
 - If masks are not soiled or torn and have been handled and stored properly, they can be re-used for up to 7 days. Where surgical masks are not available, consider use of non-medical grade face masks.
- Staff and volunteers at high risk of severe COVID-19 (those who are older or have underlying health conditions) should not be designated as caregivers for sick clients who are staying in the shelter.
- Staff members who have been diagnosed with confirmed COVID-19 infection and those who have had symptoms of possible COVID-19 infection but have not been tested may return to work a minimum of 10 days after onset of symptoms and 1 day after resolution of fever (off antipyretics) with improvement in respiratory symptoms.
 - Negative tests are not required for staff members prior to return to work.
- Staff exposed to COVID-19 case outside the shelter should quarantine for 14 days following the last exposure. Contact PDPH to discuss possible alternatives if staffing shortages are a concern.
- All other staff not caring for sick residents should use surgical or cloth masks.



INFLUENZA



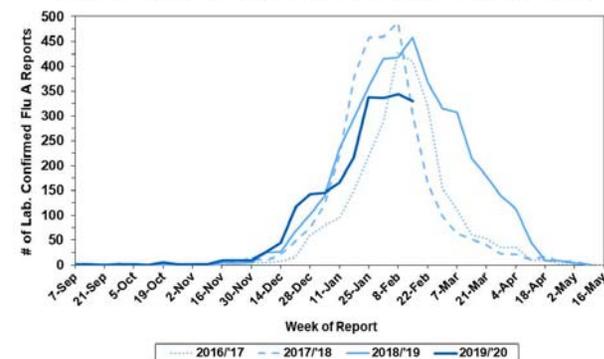
WHAT IS INFLUENZA OR “FLU”?



- Influenza, which is commonly known as flu, is a highly contagious respiratory virus
- The flu virus infects the nose, throat, and lungs
- Flu circulates every year usually from October to May
 - Peak activity during the winter months
- Most people recover after a few days but it can cause severe illness and life-threatening complications

Laboratory-Based Surveillance for Influenza A Philadelphia, 2016/2017 through 2019/2020 Seasons*

*Based on select hospital laboratories participating in surveillance across respiratory virus seasons



HOW DOES INFLUENZA SPREAD?

- It spreads from person to person through respiratory droplets by coughing, sneezing, or talking
- It can also spread after an uninfected person has contact with infected surfaces (doorknobs, keyboards)
- You can pass flu to others even before knowing you are sick
 - When you can spread the virus to others (Contagious Period): 1 day before symptom onset to 7 days after symptom onset
 - Time from exposure to the virus to symptoms (Incubation Period) : 1-4 days; average: 2 days

SYMPTOMS OF INFLUENZA

- Symptoms come on suddenly
- People who have flu may experience:
 - Fever
 - Cough
 - Sore throat
 - Chills
 - Muscle aches
 - Shortness of breath or difficulty breathing
 - Headache
 - Fatigue
 - Diarrhea
 - Vomiting
- Testing may be needed to help confirm a diagnosis of flu during the COVID pandemic



WHO IS AT HIGH RISK FOR INFLUENZA RELATED COMPLICATIONS?

- Children <5 years
- Adults \geq 65 years
- Pregnant women
- Individuals with underlying medical conditions
 - Asthma
 - Diabetes
 - Heart Disease
 - Immunocompromised



Young
Children



Pregnant
Women



Adults
65+



Chronic
Illnesses

INFLUENZA TREATMENT

- Antiviral Medication
 - If started within 2 days of symptoms, can lessen time and severity of illness
 - Must see a doctor for a prescription
 - Refer high risk residents to a healthcare provider early
 - Four approved medications
 - Oral Tamiflu (oseltamivir) most common
- Fluids
- Rest



INFLUENZA PREVENTION

- Get vaccinated!
- Practice good hand hygiene
 - Wash hands with soap and water for 20 sec
- Cover coughs and sneezes
- Routinely clean commonly used objects
- Stay home if you are sick
- If possible:
 - Move ill residents and their families to separate area includes meals and other activities
 - Designate staff who are not high risk (i.e., pregnant, underlying illness) to care for ill residents.



FLU VACCINE...SHOULD I GET IT?

- Yes!
- Recommended for all persons >6 months old
- Injectable and nasal vaccine option
- Even in years of vaccine mismatch, the vaccine prevents against severe illnesses, hospitalizations, and deaths!
- Vaccines allow the body to make antibodies, which fight off viruses or bacteria to protect us from getting sick

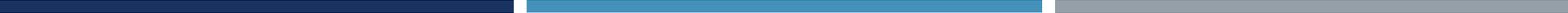
**Flu vaccines do NOT cause flu → Inactivated vaccine,
so can't cause infection**

FLU VACCINATION RESOURCES

- Visit: <https://www.phila.gov/services/mental-physical-health/get-vaccinated/get-your-annual-flu-shot/>
 - Map of Pharmacies and PDPH Clinics offering flu vaccine
 - For PDPH Clinics, call **(215) 685-2933** for an appointment due to COVID precautions
 - Calendar of community walk up clinics run by the black doctors' consortium

STAY CONNECTED WITH PDPH

- Reporting Communicable Diseases: 215-685-6742
 - If you are unable to reach a person due to call center issues:
email COVID-GroupSettings@phila.gov
- Online:
 - Updates from the Division of Disease Control including Flu activity: hip.phila.gov
 - COVID-19 surveillance updates: <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/updates/>
 - COVID-19 testing sites: <https://www.phila.gov/covid-testing-sites/#/>
- Twitter: [@PHLPublicHealth](https://twitter.com/PHLPublicHealth)
- Facebook: <https://www.facebook.com/phillyhealth/> (search @phillyhealth)
- Ready Philadelphia: <https://www.phila.gov/departments/oem/programs/readyphiladelphia/>



QUESTIONS???

