FLU FREQUENTLY ASKED QUESTIONS (FAQs)

Arkansas Department of Health
Keeping Your Hometown Healthy

ARKANSAS fights THE FLU

Flu Terms Defined:

- **Seasonal (or common) flu** is a respiratory illness that can be transmitted person to person. Most people have some immunity (protection), and a vaccine is available.
- **Pandemic flu** is a human flu that causes a worldwide outbreak. Because there is little natural immunity, the disease can spread easily from person to person.
- **Avian (AI) flu (Bird Flu)** is caused by flu viruses that occur naturally among wild birds. Low pathogenic (capable of causing or producing disease) Avian flu is common in birds and causes few problems. Highly pathogenic Avian flu is deadly to domestic fowl, can be transmitted from birds to humans, and can be deadly to humans. There is virtually no human immunity.

General Seasonal Flu Information:

What is the seasonal flu?

Seasonal flu is a disease that causes mild to severe illness. Each year in the United States, there are 25-50 million infections, over 200,000 hospitalizations and roughly 23,600 deaths due to flu. Over 90 percent of deaths and about 60 percent of hospitalizations occur in people older than 65.

What are the symptoms of seasonal flu?

Symptoms of seasonal flu include: fever greater than 100 degrees, body aches, coughing, sore throat, chills, headache and body aches, fatigue, respiratory congestion, and in some cases, diarrhea and vomiting. Anyone experiencing these symptoms should contact their physician or other health care provider.

What is the best way to not get the seasonal flu?

The best way to stop the spread of seasonal flu is to get a flu shot each year. The shot takes one to two weeks to start working and is up to 70 to 90 percent effective in preventing the seasonal flu. The flu shot will not give you the flu! The shot is a vaccine that helps protect you against the seasonal flu virus.

Who should get a seasonal flu shot?

The Centers for Disease Control and Prevention (CDC) recommends that everyone over six months old should get a seasonal flu shot each year. Individuals 9 years and older will need one seasonal influenza shot.

Any child 6 months through 8 years who did not receive at least two doses of seasonal influenza vaccine prior to July 1, 2015 needs two doses of seasonal influenza vaccine this season, 2015-2016. The dose should be given at least four weeks apart. Be sure to check with your physician.

Those most at risk for complications from the seasonal flu are:

- all children aged 6 months to 4 years;
- all persons aged 50 years or older;
- children and teenagers aged 6 months to 18 years who take aspirin daily;
- pregnant women;
- adults and children aged 2 years and older with chronic lung (including asthma) or heart disorders;
- adults and children aged 2 years and older with chronic metabolic diseases (including diabetes), kidney diseases, blood disorders (such as sickle cell anemia), or weakened immune systems, including persons with HIV/AIDS;
- residents of nursing homes and other long-term care facilities;
- Children younger than 5 years old. However, the risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Persons with the following conditions:
    - Chronic pulmonary (including asthma, even if mild), cardiovascular (except hypertension), kidney, liver, blood (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
    - Immunosuppression, including that caused by medications or by HIV;
    - Persons younger than 19 years of age who are receiving ling-term aspirin therapy, because of an increased risk for Reye syndrome.
    - Morbidly obese (body-mass index greater than or equal to 40)

In addition, **those that live with or care for individuals that are at high risk for flu-related complications should also be vaccinated and include:**

- health-care workers involved in direct, hands-on care to patients and household members and out-of home caregivers of infants under the age of 6 months;
- household contacts (including children), caregivers of children up to age 4 and adults aged 50 or older; and,
- household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from flu

Flu Virus, Food and Animals:

Can people get the flu virus by eating food products?

No. Influenza viruses are not known to be spread by eating food items. Influenza viruses are spread through breathing or through touching contaminated surfaces and then touching the mouth, nose, or eyes.

Could a sick restaurant worker transmit flu virus to consumers in a restaurant or other food-service venue?

A sick restaurant worker could transmit the flu virus through coughing or sneezing. Also, studies have shown that influenza virus can survive up to 24-48 hours on hard environmental surfaces (such as door knobs), on cloth, paper and tissue for 8-12 hours, and on hands for five minutes. Influenza is not known to be spread through eating a food item. Long-standing FDA guidelines say that food workers experiencing symptoms of respiratory illness should not work with exposed food, clean equipment, utensils, linens or unwrapped single-service or single-use articles.

What perceptions affect the uptake of seasonal vaccine?

Many persons are concerned about the safety of influenza vaccines. Some recent surveys have shown that a higher percentage of African-Americans are concerned about the safety of influenza vaccines.

What are some strategies for increasing seasonal vaccine coverage in African-American communities?

Promotion of seasonal influenza vaccination among African-Americans is a key part of the response. Vaccination campaigns should be inclusive and transparent, engaging all stakeholders in the African-American community in order to more effectively address community concerns, and to inform and educate the public.

Improve the collection and use of data.

It is important to continue to improve our ability to collect, analyze, and disseminate race/ethnicity data on influenza-associated hospitalizations, deaths, and influenza vaccine coverage.

Better understand beliefs about influenza immunization.

African-American communities' historical experiences with health care and public health may impact perceptions of the safety and utility of vaccination. Tailored outreach, sensitive to these issues, is critical. For example, focus groups about seasonal influenza immunization beliefs among older African-Americans revealed the following[i]:

- Participants who did not intend to receive influenza vaccination believed that they had gotten sick from the flu shot or knew someone else who became sick after receiving the flu shot.
- Some participants expressed a distrust of the government, physicians, and pharmaceutical companies. Trusted influenza spokespeople included physicians or other health professionals, peers, family members and, for men, their wives.
- The concept of "protecting others" by getting the flu shot resonated well with the participants.

Communicate what is known about vaccine safety and effectiveness.

Vaccine coverage will improve with increased awareness that:

- The seasonal influenza vaccines are safe.
- The benefits of seasonal influenza vaccine outweigh the risks.

Increase the number, accessibility, and use of vaccination sites.

As vaccine is available, it is important to continue to increase the number, accessibility of, and use of vaccination sites, particularly within under-served communities.

Preventing the Flu:

What can I do to protect myself from getting sick?

Get the flu vaccine, and take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick with influenza, the Arkansas Department of Health (ADH) recommends that you stay home from work or school and limit contact with others to keep from infecting them.

What is the difference between a vaccine and an antiviral?

Vaccines are usually given to prevent infections. Influenza vaccines are made from either pieces of the killed influenza virus or weakened versions of the live virus that will not lead to disease. When vaccinated, the body's immune system makes antibodies which will fight off infection if exposure to the virus occurs.

Antivirals are drugs that can treat people who have already been infected by a virus. They also can be used to prevent infection when given before or shortly after exposure and before illness begins. A key difference between a vaccine and antiviral drug is that the antiviral drug will prevent infection only when given within a certain time frame before or after exposure and is effective during the time that the drug is being taken while a vaccine can be given long before exposure to the virus and can provide protection over a long period of time.

What is the best technique for washing my hands to avoid getting the flu?

Washing your hands often will help protect you from germs. Wash with soap and water or clean with alcohol-based hand cleaner. We strongly suggest that when you wash your hands -- with soap and warm water -- that you wash for 15 to 20 seconds. When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used. You can find them in most supermarkets and drugstores. If using gel, rub your hands until the gel is dry. The gel doesn't need water to work; the alcohol in it kills the germs on your hands.

What kills influenza virus? What household cleaners kill the virus?

Influenza virus is destroyed by heat (167-212°F [75-100°C]). In addition, several chemical germicides, including chlorine, hydrogen peroxide, detergents (soap), iodophors (iodine-based antiseptics), and alcohols are effective against human influenza viruses if used in proper concentration for a sufficient length of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed into hands until they are dry.

How should linens, eating utensils and dishes of persons infected with influenza virus be handled?

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first. Linens (such as bed sheets and towels) should be washed by using household laundry soap and tumbled dry on a hot setting. People should avoid "hugging" laundry prior to washing it to prevent contaminating themselves. People should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry. Eating utensils should be washed either in a dishwasher or by hand with water and soap.

Flu and the Schools:

What can schools do to anticipate and respond to the impact of the flu on students, faculty and staff?

- CDC has guidance to help schools promote a safer environment for their students and staff and reduce exposure to influenza during the school year.
- The guidance is designed to decrease the spread of seasonal flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools.
- About 55 million students and 7 million staff attend the more than 130,000 public and private schools in the United States each day. By implementing these recommendations, schools and health officials **can help protect a fifth of the country's population from flu.**
- With this guidance, we're providing a set of strategies that schools can use to stay open while doing what they can to protect students and staff, particularly those at high-risk of complications.
- The options schools use should match the severity of the illness that's being reported and local flu activity.
- To prevent a flu outbreak, CDC recommends stepping up basic good hygiene practices like hand washing, keeping sick students and staff away from school and helping families identify their children who are at high-risk for flu complications and would benefit from early evaluation from their physician if they develop the flu.
- If outbreaks become more severe, CDC recommends extending the time that sick people are away from school, allowing people at high risk for flu to stay home, actively watching for signs of illness in students and staff and considering preemptive school dismissal.
- The recommendations will be most effective when implemented together as a package that combines good hygiene and practices to keep those who are ill separated from those who are well, with more active interventions based on the severity of the flu outbreak.
- By taking planning steps now schools can help ensure they're prepared for any future flu activity.
- CDC and its partners will be continually monitoring the spread of flu, the severity of the illness it's causing (including hospitalizations and deaths) and whether the virus characteristics are changing. We will provide updated assessment of severity and revise guidance as indicated.

Hand Hygiene/Respiratory etiquette

- First and foremost, the guidelines emphasize the importance of promoting basic foundations of preventing flu: getting vaccinated, frequent hand washing with soap and water when possible, covering noses and mouths with a tissue when coughing or sneezing and staying home when sick.
    - CDC recommends that everyone aged 6 months and older get a seasonal flu vaccine each year.
    - Alcohol-based hand sanitizers can be used if soap and water are not available.
    - In places where alcohol-based sanitizers are not allowed, other sanitizers can be substituted but may not work as well.
    - If tissues are not available, coughing or sneezing into the arm or sleeve is recommended.
    - Schools should provide time for students to wash their hands whenever necessary and make tissues readily available to students and staff.

Exclusion period

- Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, without use of fever-reducing medicines and regardless of whether or not they are using antiviral drugs.
- Those who are sick should stay in the home during this period, except to seek necessary medical care and should avoid contact with others.

Routine cleaning

- People can sometimes get flu if they touch droplets left on hard surfaces and objects by those who are ill and then touch their eyes, nose or mouth.
- Studies have shown that influenza virus can survive on environmental surfaces and can infect a person for up to 2-8 hours after being deposited on the surface.
- School staff should routinely clean areas that students and staff touch often with the cleaners they typically use. Special cleaning with bleach and other special cleaners is not necessary.
- Environmental cleaning should not be the primary focus of influenza prevention activities.

Separate ill students and staff

- Students and staff who appear to have flu-like illness should be sent to a room separate from other students until they can be sent home. CDC also recommends they wear a surgical mask if possible.
- Space is often a challenge in schools, so it's essential that schools begin to identify this area now. It should not be an area that's used for other purposes like a lunchroom.
- Schools should limit the number of staff who care for ill students before they can be sent home.
- Those caring for students should wear protective gear, such as a mask.

Consider selectively dismissing students and staff

- Schools that serve pregnant students or medically fragile students may consider dismissing schools if they cannot protect students from flu with classes in session.
- Decisions should be based on the severity of disease in the community and should be made in collaboration with local and state public health officials.

Early Childhood and Childcare Programs:

Is there any guidance provided for child care and early childhood programs?

- On September 4, 2009, CDC released guidance on actions that should be taken now to help decrease the spread of flu among children in early childhood programs and among early childhood program providers. This guidance also includes additional strategies to use if flu conditions become severe. The guidance is designed to decrease the spread of seasonal flu while limiting the disruption of early childhood programs.
- With this guidance, a menu of strategies is provided. Health officials and early childhood program providers can choose from these strategies, based on flu conditions in their area, to keep early childhood facilities open while reducing exposure of children and early childhood program providers to the flu.
- Early childhood programs refer to any early childhood program setting that involves care for a group of children. This can include center-based and home-based child care programs, Head Start programs, and other early childhood programs.

What are the steps and precautions to reduce the spread of flu in child care programs?

- During flu season, there are several important things early childhood program providers can do to reduce the spread of the flu: encourage children and staff to get vaccinated for seasonal flu according to CDC recommendations; help facilitate good hand washing and covering coughs and sneezes; and separate sick children and staff from others, and send them home as soon as possible.
- Early childhood program providers should develop a plan for responding to a flu outbreak. This includes plans for covering key positions when staff members are home sick, keeping staff and parents informed about the recommended period of time that sick staff and children should stay home; and protecting people at higher risk for flu complications.
- Early childhood program providers should perform a daily health check of children and staff. This health check involves directly observing the child, talking with the child, and talking with his or her parent(s) or guardian.

What are the signs and symptoms of flu in young children?

- In addition to looking for signs of illness, the early childhood program provider should look for the following: a change in the child's behavior (like crankiness, unusual crying, decreased appetite, and decreased interest in playing); reports of illness in the child or a family member; or reports of a recent visit to a healthcare provider by the child or family member.

Should sick children and staff stay at home?

- Sick children and staff should be separated from well people as soon as possible. They should be sent home and stay there (except to seek medical care, if necessary) until at least 24 hours after they no longer have a fever or signs of a fever, without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

When should a child care program close due to the flu?

- Early childhood program providers may consider closing the program if a lot of children or staff are absent, a large number of children are being sent home each day because they are sick, if flu transmission is high in the community or for other reasons that make it difficult to keep the early childhood program functioning. Early childhood program providers should work closely with their local and state public health officials when considering this course of action.
- Parents should try to plan for alternate child care in case their usual early childhood program must close.

This is a summary of the childcare guidance issued by the CDC. For more information, go to www.cdc.gov or www.flu.gov.

What is the nasal spray flu vaccine?

There are two types of flu vaccine: the flu shot and the nasal spray vaccine. The nasal spray flu vaccine (sometimes called LAIV for Live Attenuated Influenza Vaccine) is a vaccine made with live, weakened viruses that cannot grow at normal body temperature and is given via a nasal sprayer. This vaccine was approved for seasonal influenza viruses in 2003 and tens of millions of doses of the vaccine have been given in the United States. LAIV is recommended for use in healthy* people 2 years to 49 years of age who are not pregnant.

*"Healthy" indicates persons who do not have an underlying medical condition that predisposes them to influenza complications.

Can the nasal-spray flu vaccine be given to patients when they are ill?

The nasal-spray flu vaccine can be given to people with minor illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might limit delivery of the vaccine to the nasal lining, then delaying of vaccination until the nasal congestion is reduced should be considered.

Can people receiving the nasal-spray flu vaccine LAIV pass the vaccine viruses to others?

In clinical studies, transmission of vaccine viruses to close contacts occurred only rarely. The current estimated risk of getting infected with vaccine virus after close contact with a person vaccinated with the nasal-spray flu vaccine is low (0.6%-2.4%). Because the viruses are weakened, infection is unlikely to result in influenza illness symptoms since the vaccine viruses have not been shown to change into typical or naturally occurring influenza viruses.

What side effects are associated with the nasal-spray flu vaccine?

In children, side effects can include runny nose, headache, wheezing, vomiting, muscle aches, and fever. In adults, side effects can include runny nose, headache, sore throat, and cough. Fever is not a common side effect in adults receiving the nasal spray flu vaccine. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

How effective is the nasal-spray seasonal flu vaccine?

Both nasal spray seasonal flu vaccine and injectable flu vaccine have been demonstrated to be equally effective in children and adults. No preference for the nasal spray flu vaccine over the injectable vaccine is recommended by CDC.

Can the nasal-spray flu vaccine be used together with influenza antiviral medications?

If a person is taking an influenza antiviral drug (including Tamiflu® or Relenza®, then the nasal spray flu vaccine should not be given until 48 hours after the last dose of the influenza antiviral medication was given. If a person takes antiviral drugs within two weeks of getting the nasal spray flu vaccine, that person should get revaccinated. (The antiviral drugs will have killed the vaccine viruses that are supposed to cause the immune response against those viruses.)

Can health care workers who cannot receive the nasal spray vaccine (e.g., pregnant women, older adults, persons with chronic medical conditions) administer this vaccine to others?

Yes. Health care workers who cannot get the nasal spray vaccine themselves can administer the vaccine to others.

Does the nasal spray flu vaccine contain thimerosal?

No. The seasonal nasal-spray flu vaccines does not contain thimerosal or any other preservative.

Can the nasal spray flu vaccine give you the flu?

Unlike the flu shot, the nasal spray flu vaccine does contain live viruses. However, the viruses are attenuated (weakened) and cannot cause flu illness. The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist. Some children and young adults 2 years to 17 years of age have reported experiencing mild reactions after receiving seasonal nasal spray flu vaccine, including runny nose, nasal congestion or cough, chills, tiredness/weakness, sore throat and headache. Some adults 18 years to 49 years of age have reported runny nose or nasal congestion, cough, chills, tiredness/weakness, sore throat and headache. These side effects are mild and short-lasting, especially when compared to symptoms of influenza infection. CDC has no recommendation regarding the administration of acetaminophen or other antipyretic drugs following influenza vaccination. You should follow the guidance of your physician or other health care provider.

Asthma and the Flu:

Are people with asthma at a higher risk to get the flu?

Anyone with asthma is at higher risk for flu-related complications, such as pneumonia. Along with everyone else, if you have asthma you should:

- wash your hands often with soap and water, especially after coughing or sneezing;
- cover your nose and mouth with a tissue when coughing or sneezing and throw the tissue away. If you do not have a tissue, cough or sneeze into your elbow or shoulder not your bare hands;
- avoid touching your eyes, nose, or mouth (germs are spread that way); and
- stay home when you are sick, except to get medical care.

What should people with asthma do if they get the flu?

- If you have asthma, you should follow an updated, written Asthma Action Plan developed with your doctor. Follow this plan for daily treatment and for controlling your asthma symptoms.
- If your child has asthma, make sure that his or her updated, written Asthma Action Plan is on file at school or at the daycare center. Be sure that the plan and medication(s) are easy to get to when needed.

Should people with asthma get a flu shot?

- Everyone with asthma who is older than 6 months should get a shot every year to protect against the seasonal flu. Children aged 6 months to 8 years who never have had a seasonal flu shot will need two doses the first time. Children who have had a seasonal flu shot in the past only need one shot. Persons with asthma should not use the inhaled "FluMist®" vaccine.

How should the flu be treated in people with asthma?

- Certain antiviral drugs are prescription medicines that fight the flu virus by stopping it from growing in your body. They make you feel better faster and may prevent serious flu problems. The antiviral drug Tamiflu (also known as oseltamivir) may be prescribed for persons with asthma. Flu treatments work best if they start within two days of when you get flu-like illness.
- Persons with flu infections might also get bacterial infections. These persons will also need to take antibiotics to fight the bacterial infection. Some signs of bacterial infection are severe or prolonged illness, or illness that seems to get better but then gets worse.
- Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu. This can cause a rare but serious illness called Reye's syndrome.

Faith-based Groups:

What can faith-based and community group leaders do to lessen the impact of flu?

Many faith-based and community groups hold services or meetings that bring people together. If the flu is causing more severe disease, the Centers for Disease Control and Prevention (CDC) and your local health department may suggest that people avoid close contact with others and avoid attending large gatherings, a practice often called social distancing. These measures are intended to slow the spread of flu. Religious traditions and obligations may make it difficult to implement social distancing measures. However, faith-based and other community groups can do some specific things to help keep their members healthy.

Leaders of religious services or community meetings can take the following steps if there is an outbreak of flu in the community:

- To the extent possible, make decisions in accordance with recommendations from your state and local health departments about community gatherings and religious services during widespread flu illness in your community. People should not be discouraged from gathering unless advised by public health officials.
- Identify which activities may increase the chance of spreading flu. Work with your local health department to make decisions about changing or limiting these activities in order to help keep people healthy.
  - People gathering in close proximity may increase the risk of flu transmission.
  - Many religious services and community meetings involve a time of greeting or recognition by shaking hands or hugging. Encourage interaction without physical contact to reduce the spread of flu.
  - Some religious traditions and rituals emphasize eating and drinking from communal dishes and vessels. Flu transmission may be possible in these circumstances. If flu is circulating widely in your community, faith and community leaders may consider adjusting such practices in order to reduce the spread of flu. Check with your local or state health department.
- If there is widespread flu illness in your community, discuss the risks of attending gatherings for those at high risk of medical complications from flu. By avoiding gatherings, these individuals may reduce their risk of becoming ill with flu.
- Provide alternative options and venues for participation whenever possible for individuals who are ill, home-bound, or have a high risk of flu complications and will not be able to attend gatherings.
- Reduce crowding as much as possible.
- As always:
  - Encourage people to wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. If soap and water are not available and alcohol-based products are not allowed, other hand sanitizers that do not contain alcohol may be useful.
  - Remind people to cover their mouth and nose with a tissue when coughing or sneezing. It may prevent those around them from getting sick.
  - Encourage people with flu-like illness to stay home. The spread of flu may be decreased if people with flu-like illness stay home for at least 24 hours after they are free of fever without the use of fever-reducing medications.

Tips for individuals and groups preparing for travel during this flu season:

Individuals and groups preparing for travel during this flu season (including religious pilgrimages, retreats, holiday celebrations and missionary trips) should stay informed on the latest news and travel advisories from CDC and the U.S. Department of State. Find this information at: http://www.flu.gov/individualfamily/travelers/index.html. Share this information with community members accordingly. Travelers who wish to minimize the transmission of flu should:

- Follow local health recommendations, including movement restrictions;
- Practice healthy habits to help stop the spread of flu; and
- Follow these recommendations if the traveler becomes ill:
  - Stay home or in a hotel room for at least 24 hours after becoming free of fever without the use of fever-reducing medicines.
  - Seek medical care if the traveler has severe illness or is at high risk of medical complications. Contact the U.S. Embassy or Consulate for help obtaining medical care.
  - Closely monitor the traveler's health after the traveler returns to the United States.

For additional information on meetings and religious gatherings in relation to seasonal flu, go to www.cdc.gov.

Taking Care of a Sick Person in the Home:

Seasonal flu symptoms in humans can vary in severity from mild to severe and can cause a wide range of symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting. Severe disease with pneumonia, respiratory failure and even death is possible. Certain groups might be more likely to develop a severe illness from flu infection, such as pregnant women, children, the elderly and persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with flu viruses and lead to pneumonias, ear infections or sinus infections. By following these recommendations, the spread of flu can be reduced while caring for sick persons in the home.

How does one care for a sick person with the flu and protect other persons in the home?

When providing care to a household member who is sick with flu, the most important ways to protect yourself and others who are not sick are to:

- Have a good family preparedness plan. Know what you are going to do should a family member become ill.
- Keep extra cough, cold and flu supplies on hand, such as tissues, over-the-counter medications and a digital thermometer.
- Wipe down any surfaces that may have been contaminated by saliva or other respiratory secretions. Use a household disinfectant labeled for use against bacteria and viruses or mix and use one part household bleach to 10 parts water.
- If possible, the sick person should stay in a room separate from the common areas of the house and use a separate bathroom. The bathroom should be cleaned daily with household disinfectant.
- The sick person should not care for infants and others who are at high risk for complications from flu and should not have visitors.

- Preferably, have only one adult in the home take care of the sick person. Persons at increased risk of severe illness from flu, such as pregnant women, should not be the designated caretaker, if possible.
- Unless necessary for medical care or other necessities, people who are sick with a flu-like-illness should stay home and keep away from others as much as possible, including avoiding travel, for at least 24 hours after fever is gone. (Fever should be gone without the use of a fever-reducing medicine). This is to keep from making others sick. Children, especially younger children, might potentially be contagious for longer periods.
- If persons with the flu need to leave the home (for example, for medical care) or if they need to be in a common area of the house near other persons, they may choose to wear a facemask to cover their nose and mouth when coughing or sneezing. For more information, go to www.cdc.gov for recommendations for facemask and respirator use.
- If you are in a high risk group for complications from flu, you should attempt to avoid close contact (within 6 feet) with household members who are sick with flu. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable. Infants should not be cared for by sick family members.
- Remind the sick person to cover their coughs, and clean their hands with soap and water or an alcohol-based hand rub often, especially after coughing and/or sneezing.
- Have everyone in the household clean their hands often, using soap and water or an alcohol-based hand rub. Children may need reminders or help keeping their hands clean.
- Ask your health care provider if household contacts of the sick person—particularly those contacts who may be pregnant or have chronic health conditions—should take antiviral medications such as Tamiflu or Relenza to prevent the flu.
- Use paper towels for drying hands after hand washing or dedicate cloth towels to each person in the household. For example, have different colored towels for each person.
- If possible, consideration should be given to maintaining good ventilation in shared household areas (e.g., keeping windows open in restrooms, kitchen, bathroom, etc.).
- Be watchful for emergency warning signs that the sick person might need medical attention.

What should people who are sick at home with flu do?

- Check with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma or emphysema.
- Check with their health care provider about whether they should take antiviral medications such as Tamiflu or Relenza.
- Keep away from others as much as possible to avoid making others sick. Do not go to work or school while ill.
- Stay home for at least 24 hours after fever is gone, except to seek medical care or for other necessities. (Fever should be gone without the use of a fever-reducing medicine.)
- Get plenty of rest and drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from being dehydrated
- Cover coughs and sneezes. Clean hands with soap and water or an alcohol-based hand rub often and especially after using tissues and after coughing or sneezing into hands
- Wear a facemask to cover their nose and mouth if they need to be in a common area of the house near other persons. This is especially important if other household members are at high risk for complications from flu. For more information on facemasks and respirator use, go to www.cdc.gov
- Be watchful for emergency warning signs that might indicate you need to seek medical attention.

Get medical care right away if the sick person:

- has difficulty breathing or chest pain
- has purple or blue discoloration of the lips
- is vomiting and unable to keep liquids down
- has signs of dehydration such as dizziness when standing, absence of urination, or in infants, a lack of tears when they cry
- has seizures (for example, uncontrolled convulsions)
- is less responsive than normal or becomes confused

What medications help lessen symptoms of the flu?

Always check with your healthcare provider or pharmacist for correct, safe use of medications. Antiviral medications, such as Tamiflu or Relenza, can sometimes help lessen flu symptoms, but require a prescription. Most people do not need these antiviral drugs to fully recover from the flu. However, persons at higher risk for severe flu complications, or those with severe flu illness who require hospitalization, might benefit from these medications. Antiviral medications are available for persons 1 year of age and older. Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome. Check with your health care provider or pharmacist before taking any over-the-counter or prescription medications.

Flu infections can lead to or occur along with bacterial infections. Therefore, some people will also need to take antibiotics. More severe or prolonged illness or illness that seems to get better, but then gets worse again may be an indication that a person has a bacterial infection. Check with your health care provider if you have concerns.

What are some precautions for a sick person's caregiver?

- Avoid being face-to-face with the sick person.
- When holding small children who are sick, place their chin on your shoulder so that they will not cough in your face.
- Clean your hands with soap and water or use an alcohol-based hand rub after you touch the sick person or handle used tissues, or laundry.
- Talk to your health care provider about taking antiviral medication to prevent the caregiver from getting the flu.
- If you are at high risk of flu associated complications, you should not be the designated caretaker, if possible.
- If you are in a high risk group for complications from flu, you should attempt to avoid close contact (within 6 feet) with household members who are sick with flu. Designate a person who is not at high risk of flu associated complications as the primary caretaker of household members who are sick with flu, if at all possible. If close contact with a sick individual is unavoidable, consider wearing a facemask or respirator, if available and tolerable.
- Monitor yourself and household members for emergency warning signs that indicate medical care is needed. Contact your health care provider if warning symptoms occur.

What should be done about household cleaning, laundry, and waste disposal?

- Throw away tissues and other disposable items used by the sick person in the trash. Wash your hands after touching used tissues and similar waste.
- Keep surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant according to directions on the product label.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but importantly these items should not be shared without washing thoroughly first.
- Wash linens (such as bed sheets and towels) by using household laundry soap and tumble dry on a hot setting. Avoid "hugging" laundry prior to washing it to prevent contaminating yourself. Clean your hands with soap and water or alcohol-based hand rub right after handling dirty laundry.
- Eating utensils should be washed either in a dishwasher or by hand with water and soap.

For more detailed information on seasonal flu, go to www.healthy.arkansas.gov, www.cdc.gov, or www.flu.gov.