



Training Your Caregiver: Flu Prevention and Treatment for Disabled and the Elderly

Influenza, commonly known as “the flu,” is a contagious illness that can be severe and life-threatening, especially for older adults. Many seniors are largely unaware of their flu vaccination options, and further education and resources are needed. As a home caregiver, you are expected to be one of those resources.

When is the flu season in the United States?

In the United States, flu season occurs in the fall and winter. The peak of flu season occurs anywhere from late November through March. The overall health impact (e.g., infections, hospitalizations, and deaths) of a flu season varies from year to year. CDC monitors circulating flu viruses and their related disease activity and provides influenza reports each week from October through May. Flu surveillance in the U.S. continues through the summer months with condensed reports available.

How does CDC monitor the progress of the flu season?

CDC collects data year-round and reports on influenza (flu) activity in the United States each week from October through May. The U.S. influenza surveillance system consists of five (5) separate categories.

- Laboratory-based viral surveillance, which tracks the number and percentage of influenza-positive tests from laboratories across the country, and monitors for human infections with influenza A viruses that are different from currently circulating human influenza H1 and H3 viruses;
- Outpatient physician surveillance for influenza-like illness (ILI), which tracks the percentage of doctor visits for flu-like symptoms;
- Mortality surveillance as reported through the 122 Cities Mortality Reporting System, which tracks the percentage of deaths reported to be caused by pneumonia and influenza in 122 cities in the United States; and influenza-associated pediatric mortality as reported through the Nationally Notifiable Disease Surveillance System, which tracks the number of deaths in children with laboratory confirmed influenza infection;

- Hospitalization surveillance, which tracks laboratory confirmed influenza-associated hospitalizations in children and adults through the Influenza Hospitalization Network (FluSurv-NET) and Aggregate Hospitalization and Death Reporting Activity (AHDRA); and
- State and territorial epidemiologist reports of influenza activity, which indicates the number of states affected by flu and the degree to which they are affected.

These surveillance components allow CDC to determine when and where influenza activity is occurring, determine what types of influenza viruses are circulating, detect changes in the influenza viruses collected and analyzed, track patterns of influenza-related illness, and measure the impact of influenza in the United States. All influenza activity reporting by states, laboratories, and health care providers is voluntary.

How many people get sick or die from the flu every year?

Flu seasons vary in severity depending on several factors including the characteristics of circulating viruses, the timing of the season, how well the vaccine is protecting against influenza infection, and how many people received vaccinations. While the numbers vary, in the United States, millions of people are sickened, hundreds of thousands are hospitalized and thousands or tens of thousands of people die from flu every year

Is the “stomach flu” really the flu?

Many people use the term “stomach flu” to describe illnesses with nausea, vomiting or diarrhea. These symptoms can be caused by many different viruses, bacteria or even parasites. While vomiting, diarrhea, and being nauseous or “sick to your stomach” can sometimes be related to the flu — more commonly in children than adults — these problems are rarely the main symptoms of influenza. The flu is a respiratory disease and NOT a stomach or intestinal disease.

Do other respiratory viruses circulate during the flu season?

In addition to the flu virus, several other respiratory viruses also can circulate during the flu season and can cause symptoms and illness similar to those seen with flu infection. These non-flu viruses include rhinovirus (one cause of the "common cold") and respiratory syncytial virus (RSV), which is the most common cause of severe respiratory illness in young children as well as a leading cause of death from respiratory illness in those aged 65 years and older.

How Flu Spreads

Person to Person

People with flu can spread it to others up to about 6 feet away. Most experts think that flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose.

To avoid this, people should stay away from sick people and stay home if sick. It also is important to wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub. Linens, eating utensils, and dishes belonging to those who are sick should not be shared without washing thoroughly first. Eating utensils can be washed either in a dishwasher or by hand with water and soap and do not need to be cleaned separately. Further, frequently touched surfaces should be cleaned and disinfected at home, work and school, especially if someone is ill.

The Flu Is Contagious

Most healthy adults may be able to infect other people beginning one (1) day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than seven (7) days. Symptoms start 1 to 4 days after the virus enters the body. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Some people can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus to others.

People at High Risk of Developing Flu–Related Complications

Most people who get the flu will have mild illness, will not need medical care or antiviral drugs, and will recover in less than two weeks. Some people, however, are more likely to get flu complications that can result in hospitalization and sometimes death. Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. The flu also can make chronic health problems worse. For example, people with asthma may experience asthma attacks while they have the flu, and people with chronic congestive heart failure may experience a worsening of this condition triggered by

flu. Listed below are the groups of people who are more likely to get serious flu-related complications if they get sick with influenza.

The Elderly and Disabled People are at High Risk for Developing Flu-Related Complications

- Adults 65 years of age and older.
- Residents of nursing homes and other long-term care facilities.
- Asthma.
- Neurological and neurodevelopmental conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), muscular dystrophy, or spinal cord injury].
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis).
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease).
- Blood disorders (such as sickle cell disease).
- Endocrine disorders (such as diabetes mellitus).
- Kidney disorders.
- Liver disorders.
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids).
- People with extreme obesity (body mass index [BMI] of 40 or more)

What Caregivers Should Know and Do this Flu Season If You work for a Veteran who is 65 Years and Older or is Disabled

It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu compared with young, healthy adults because human immune defenses become weaker with age. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. In recent years, for example, it's estimated that between 71% - 85% of seasonal flu-related deaths have occurred in people 65 years and older and between 54% - 70% of seasonal flu-related hospitalizations have occurred among people in that age group. Thus, influenza is often quite serious for people 65 and older.

Actions to Take This Flu Season

1. Get Your Flu Shot

The best way to prevent the flu is with a flu shot. CDC recommends that everyone 6 months of age and older get a seasonal flu vaccine each year by the end of October if possible. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even in January or later. Vaccination is especially important for people 65 years and older because they are at high risk for complications from flu. Flu vaccines are often updated each season to keep up with changing viruses and immunity wanes over a year so annual vaccination is needed to ensure the best possible protection against influenza. A flu vaccine protects against the flu viruses that research indicates will be most common during the upcoming season. The 2017-2018 vaccine has been updated from last season's vaccine to better match circulating viruses. Immunity from vaccination sets in after about two weeks. People 65 years and older can get any injectable vaccine (flu shot) that is approved for use in that age group. This includes cell-based, recombinant and flu shots made using traditional egg-based manufacturing processes. There are two vaccines designed specifically for people 65 and older:

- a. The "high-dose vaccine" is designed specifically for people 65 and older and contains 4 times the amount of antigen as the regular flu shot. It is associated with a stronger immune response following vaccination (higher antibody production). Results from a clinical trial of more than 30,000 participants showed that adults 65 years and older who received the high-dose vaccine had 24% fewer influenza infections as compared to those who received the standard dose flu vaccine. The high-dose vaccine has been approved for use in the United States since 2009.
- b. The adjuvanted flu vaccine, Flud, is made with MF59 adjuvant which is designed to help create a stronger immune response to vaccination. In a Canadian observational study of 282 persons aged 65 years and older conducted during the 2011-2012 season, Flud was 63% more effective than regular-dose unadjuvanted flu shots. There are no randomized studies comparing Flud with Fluzone High-Dose. This vaccine was available for the first time in the United States during the 2016-2017 season.

The high-dose and adjuvanted flu vaccines may result in more of the mild side effects that can occur with standard-dose seasonal shots. Mild side effects can include pain, redness or swelling at the injection site, headache, muscle ache and malaise.

2. Practice good health habits including covering coughs, washing hands often, and avoiding people who are sick.
3. Seek medical advice quickly if you develop flu symptoms to see whether you might need medical evaluation or treatment with antiviral drugs. CDC recommends that antiviral drugs be used as early as possible to treat flu in people who are very sick with flu (for example, people who are in the hospital), and people who are sick with flu and have a greater chance of getting serious flu complications, like people 65 and older. Benefit is greatest if treatment is started within the first two (2) days of illness.
4. Get pneumococcal vaccines.
 - People who 65 years and older should also be up to date with pneumococcal vaccination to protect against pneumococcal disease, such as pneumonia, meningitis, and bloodstream infections.
 - Talk to your doctor to find out which pneumococcal vaccines are recommended for you. Pneumococcal pneumonia is an example of a serious flu-related complication that can cause death. You can get the pneumococcal vaccine your provider recommends when you get the flu vaccine.
5. Know that flu symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have respiratory symptoms without a fever.

Flu Treatment

There are prescription medications called “antiviral drugs” that can be used to treat influenza illness. Antiviral drugs are prescription medicines (pills, liquid, an inhaled powder, or an intravenous solution) that fight against the flu in your body. These drugs are not sold over-the-counter. You can only get them if you have a prescription from your doctor or health care provider. Antiviral drugs are different from antibiotics, which fight against bacterial infections.

Your veteran might need antiviral medication to treat flu:

- Antiviral drugs can treat flu illness.
- Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- Antiviral drugs can make illness milder and shorten the time you are sick. They also can prevent serious flu complications, like pneumonia.
- It's very important that antiviral drugs be used early to treat people who are very sick with the flu (for example, people who are in the hospital) and people who are sick with the flu and have a greater chance of getting serious flu complications, either because of their age or because they have a high risk medical condition. Other people also may be treated with antiviral drugs by their doctor this season. Most otherwise-healthy people who get the flu, however, do not need to be treated with antiviral drugs.

Studies show that flu antiviral drugs work best for treatments when they are started within two (2) days of getting sick. However, starting them later can still be helpful, especially if the sick person has a high-risk health condition or is very sick from the flu (for example, hospitalized patients). Follow your doctor's instructions for taking these drugs.

If your veteran gets sick, assure your veteran gets to his/her primary care physician on a same-day appointment to get antiviral medication within its best activity date:

1. Encourage your veteran to take Antivirals Drugs, if prescribed by a doctor.
2. Take everyday precautions to protect others while sick.
 - While sick, limit contact with others as much as possible to keep from infecting them.
 - Encourage your veteran to cover their nose and mouth with a tissue when he/she coughs or sneezes. Throw the tissue in the trash after use.
 - Wash your hands often with soap and water and encourage your veteran to do so also. If soap and water are not available, use an alcohol-based hand rub.
 - Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
3. Keep the veteran at home until better.

If your veteran is sick with flu-like illness, CDC recommends that the veteran stay home for at least 24 hours after the veteran's fever is gone except to get medical care or for other necessities. The fever should be gone without the use of fever-reducing medicine.

Caring for Someone who is Ill

1. Avoid being face-to-face with the sick person. If possible, it is best to spend the least amount of time in close contact with a sick person.
2. Wash your hands often and right way.
3. If soap and water are not available, use an alcohol-based hand rub.
4. Make sure to wash your hands after touching the sick person. Wash after handling their tissues or laundry.

Steps to Take if You Get the Flu

1. If you get very sick, are pregnant, or are 65 years or older, or are otherwise at high risk of flu-related complications, call your doctor. You might need antiviral drugs to treat flu and shorten its effects on you.
2. Stay at home and rest. Contact your veteran or the veteran's Designated Representative and encourage them to initiate their emergency back-up plan to get the veteran their needed support.
3. Avoid close contact with well people in your house to limit the spread of illness.
4. Drink plenty of water and other clear liquids to prevent fluid loss (dehydration).

Resources: www.cdc.gov/flu

Exam Follows on Next Page



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Employee Name: _____

Date: _____

1. Influenza, commonly known as “the flu,” is a contagious illness that can be severe and life-threatening, especially for older adults.

- a. True.
- b. False.

2. Name five (5) high-risk complications for flu in the elderly and/or disabled person.

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

3. Name five (5) actions to take during flu season to limit the spread of the illness.

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

4. Name five (5) of the most common flu symptoms.
- i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____
5. There are four (4) types of antiviral medicines used with people over the age of 65.
- a. True.
 - b. False.
6. Antiviral drugs are different from antibiotics. They are prescription medicines (pills, liquid or an inhaled powder) and are not available over-the-counter.
- a. True.
 - b. False.
7. Flu antiviral drugs work best for treatments when they are started within two (2) days of getting sick.
- a. True.
 - b. False.
8. If your veteran is sick with flu-like illness, CDC recommends that the veteran stay home for at least _____ hours after the veteran's fever is gone except to get medical care or for other necessities. The fever should be gone without the use of fever-reducing medicine.
9. Which of these steps should you, as the caregiver, take if you get the flu?
- a. If you are at high risk for flu-related complications, call your doctor.
 - b. Stay at home and rest.
 - c. Contact your veteran or the veteran's Designated Representative and encourage them to initiate their emergency back-up plan to get the veteran their needed support.
 - d. Avoid close contact with well people in your house to limit the spread of illness.
 - e. Drink plenty of water and other clear liquids to prevent fluid loss (dehydration).
 - f. All of the above.

10. List four (4) everyday precautions to protect others while sick:

- i. _____
- ii. _____
- iii. _____
- iv. _____

In order to receive your state-required home caregiver CEUs, you must mail this test along with your signed FORM 1732 Management and Training of Service Provider (on the next page) to:

**CTADVRC – VDHCBS
PO Box 729
Belton TX 76513**

Score: _____ of 10

Pass – Fail

