

# Droplet Precautions and Influenza

**What's the connection?**



# Influenza

## FLU

signs and symptoms



SORE THROAT



DRY COUGH



RHINITIS



FEVER



CHILLS



HEADACHE



# Influenza

## What is Influenza (Flu)?

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs.

## Flu Symptoms

Flu symptoms usually come on suddenly, cause mild to severe illness, and sometimes leads to death. People feel some or all these symptoms:

- ✓ fever\* or feeling feverish/chills
- ✓ cough
- ✓ sore throat
- ✓ runny or stuffy nose
- ✓ muscle or body aches
- ✓ headaches
- ✓ fatigue (tiredness)
- ✓ Although more common in children, some adults may have vomiting and diarrhea

\* It's important to note that not everyone with flu will have a fever.



# Influenza Prevention

What can YOU do?

# Preventing Influenza Transmission

**Core prevention strategies include:**

- Influenza vaccination
- Respiratory hygiene and cough etiquette
- Management of ill HCP
- Infection control precautions
- Environmental infection control measures



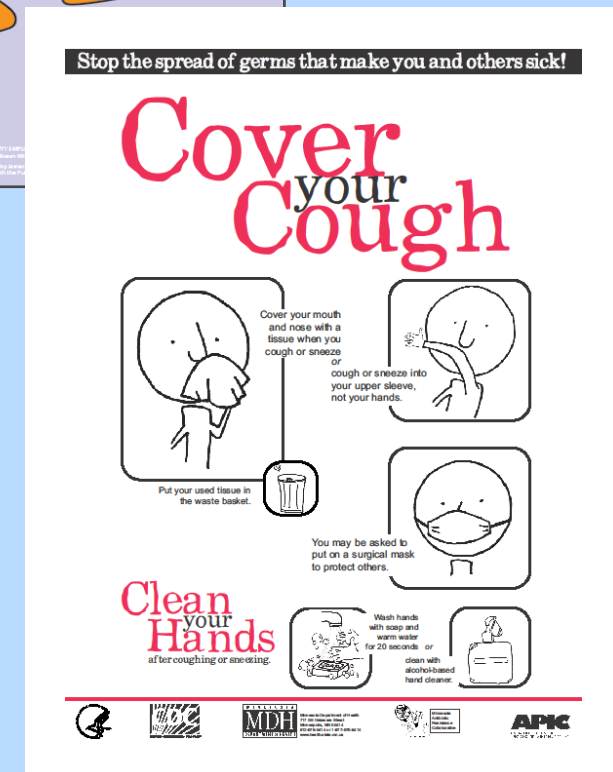
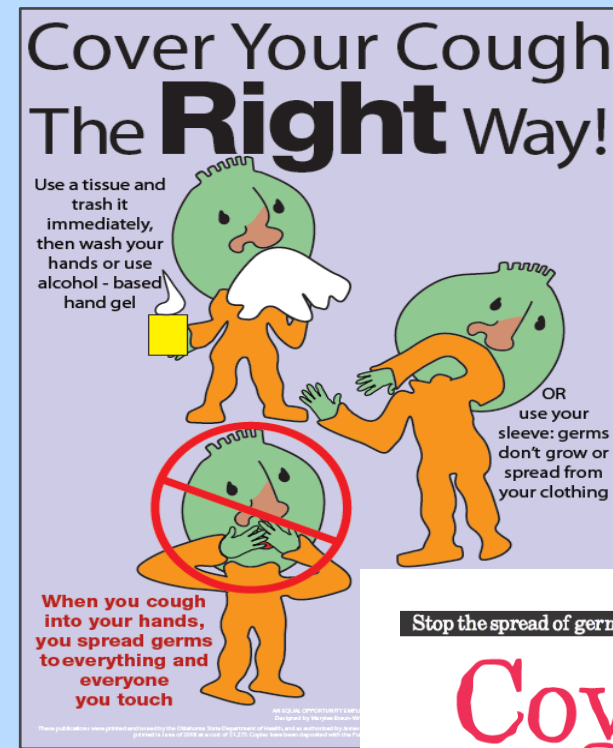
# Vaccination is the Best Protection Against Influenza

- Vaccination helps prevent infection and can also prevent serious outcomes in people who get vaccinated but still get sick with flu.
- Flu vaccines are updated each season because flu viruses are constantly changing.
- Immunity wanes over time, so annual vaccinations help to ensure the best possible protection against flu.



## To help stop the spread of germs:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in the trash.
- If you don't have a tissue, cough or sneeze into your elbow, not your hands!



**Washing your hands is one of the most effective ways to prevent yourself and your loved ones from getting sick, especially at key times when you are likely to get and spread germs.**

- Remember to immediately wash your hands after blowing your nose, coughing or sneezing.
- Wash your hands with soap and water for at least 20 seconds
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.







## Weekly US Map: Influenza Summary Update

[Print](#)

Updated September 20, 2024

A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

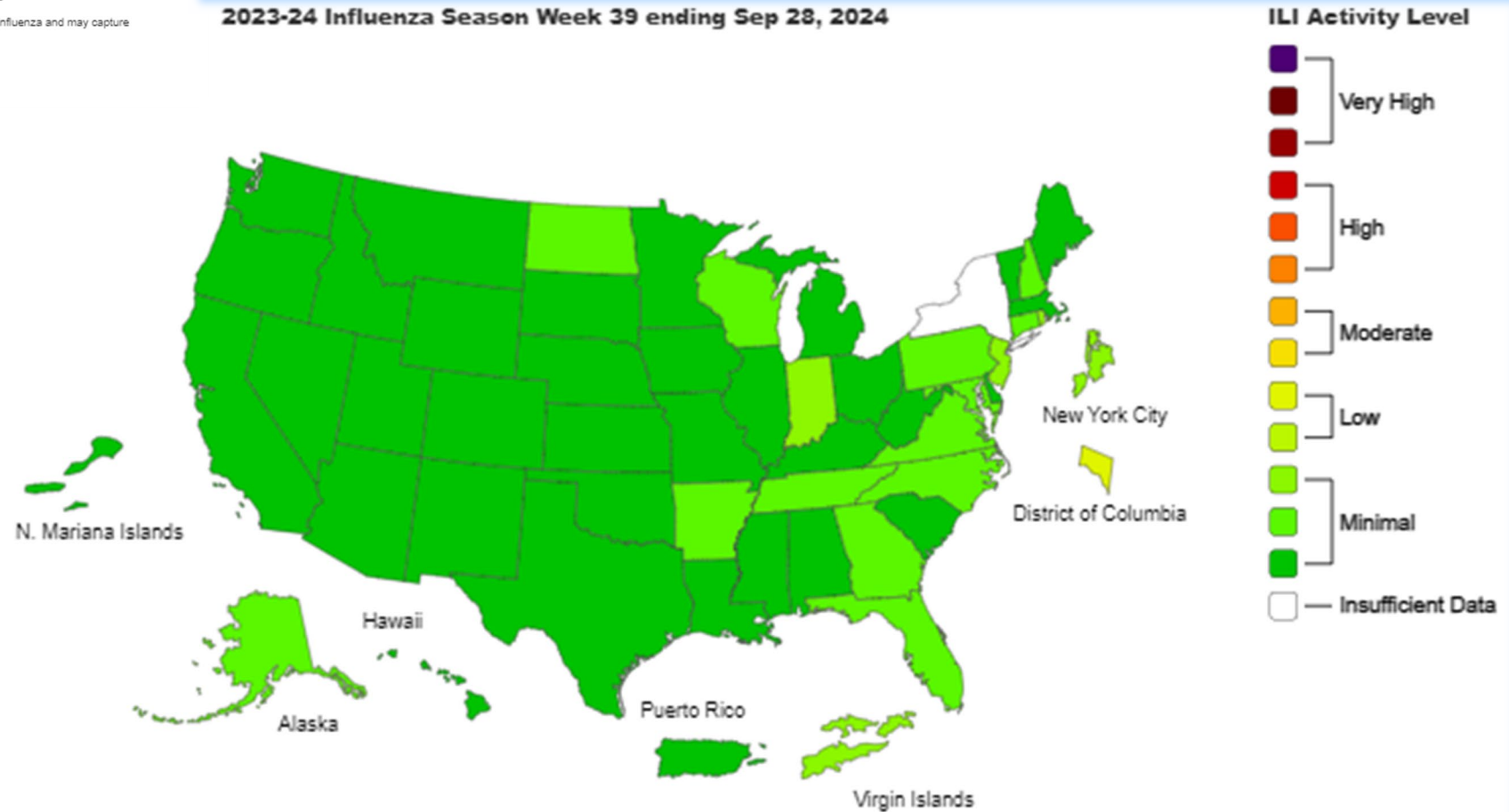
This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

[prev](#) [Play](#) [Pause](#) [next](#)

[FluView](#) | [FluView](#) | [CDC](#)

# National Flu Statistics

2023-24 Influenza Season Week 39 ending Sep 28, 2024



# Influenza Resources and Statistics for Oklahoma

OK Viral View has Influenza, COVID, and RSV dashboards!

## SEASONAL RESPIRATORY VIRUSES

Understanding your risk of respiratory illness in Oklahoma



[COVID-19](#)



[Influenza \(Flu\)](#)



[Respiratory Syncytial Virus \(RSV\)](#)



[Other Respiratory Illnesses](#)

Overall Risk  
?

Moderate Risk

Low Risk

Low Risk

Geographic Spread  
?

Regional

Local

Sporadic

Intensity Level  
?

2

1

1

Trend  
?



Decreasing



Stable



Stable

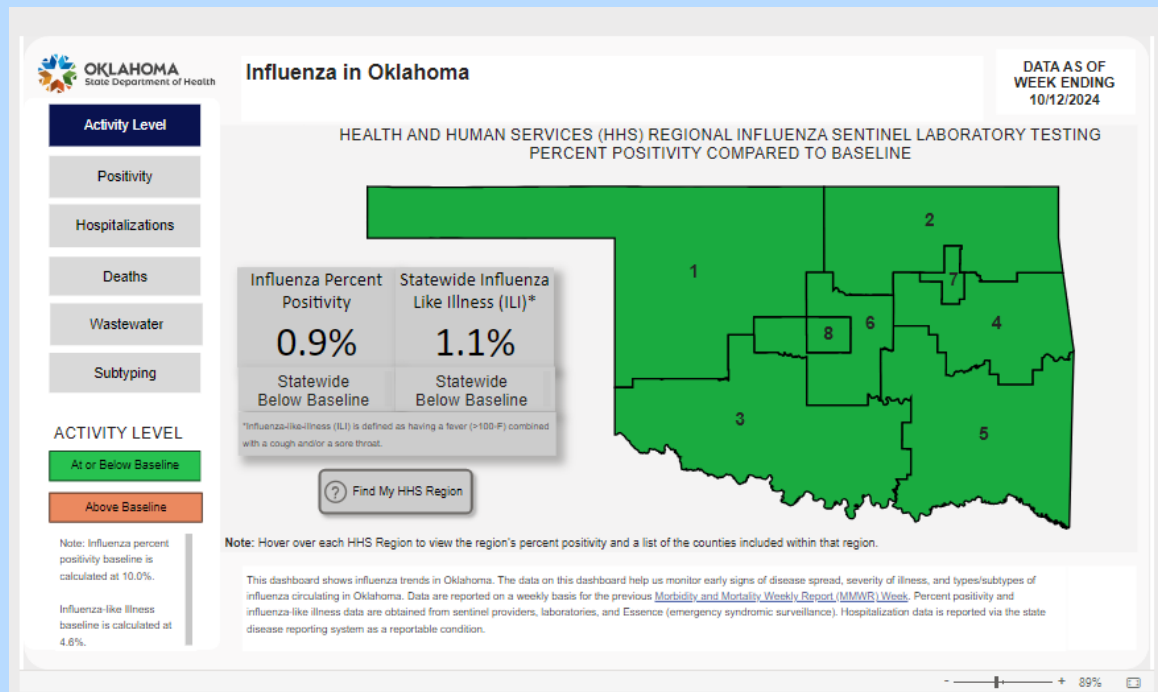
Provided on this webpage are summaries of COVID-19, influenza (Flu), and RSV surveillance data obtained from the Oklahoma State Department of Health (OSDH) respiratory surveillance system which includes sentinel surveillance data (outpatient influenza-like illness and influenza, RSV, and COVID-19 laboratory testing percent positivity); severity of illness data (influenza-associated hospitalizations and deaths and COVID-19-associated hospitalizations); and OSDH Public Health Laboratory (PHL) testing data.



# Influenza in Oklahoma

## The Weekly Influenza and Respiratory Illness Report

- Influenza and viral respiratory surveillance
- Available on the OK Viral View site
- Updated weekly throughout the flu season.



If you do not have access to the OK-HAN web site or if you need assistance logging in, please email [OKHAN@health.ok.gov](mailto:OKHAN@health.ok.gov).





**People 65 years and older are at higher risk of developing serious flu complications compared with young, healthy adults.**

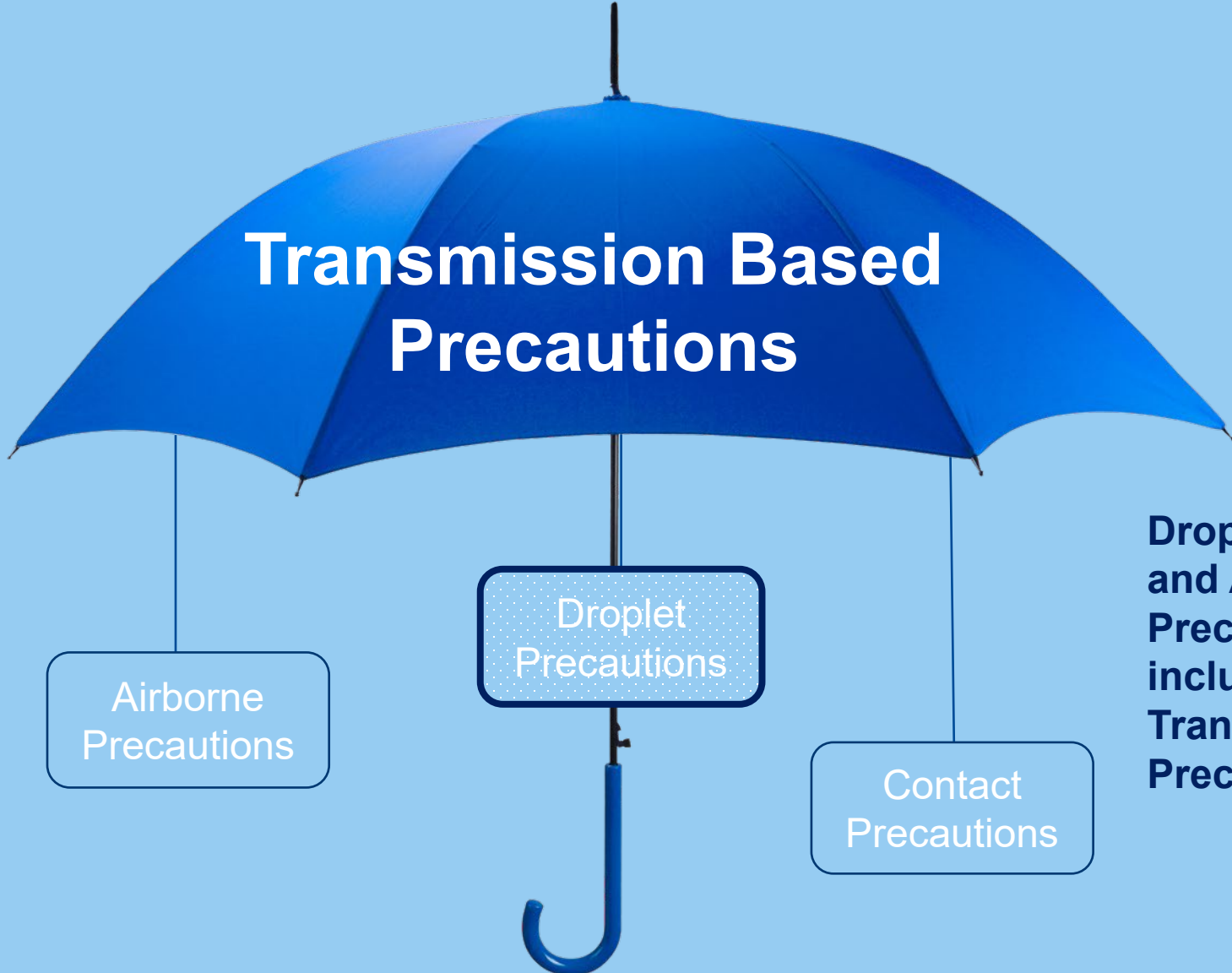
**This increased risk is due in part to changes in immune defenses with increasing age.**

**While flu seasons vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease.**



**Transmission-Based Precautions are the second tier of basic infection control.**

**They should be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents.**



**Droplet, Contact and Airborne Precautions are all included in Transmission Based Precautions.**

[Transmission-Based Precautions | Infection Control | CDC](#)

# How is Influenza transmitted?



**Droplet Transmission**

**Contact Transmission**

~ Direct

~ Indirect



Flu viruses spread mainly by **droplets** made when people with flu cough, sneeze, or talk.



# Resources and Guidelines



The screenshot shows the CDC website page for Influenza (Flu). The main heading is "Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities". The page includes a sidebar with navigation options like "About Flu", "Who is at Higher Risk of Flu Complications", and "This Flu Season". The main content area features a highlighted section titled "Co-circulation of Influenza Viruses and SARS-CoV-2" with a sub-heading "New Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating". Below this, there is a section titled "On This Page" with sub-sections: "Before an Outbreak Occurs", "When there is a confirmed or suspected influenza outbreak", and "Resources". A "What's New" section defines long-term care facilities and discusses influenza introduction and prevention. A "What CDC Does" section lists resources like "FluVaxView", "Communications Resource Center", "International Work", and "Outbreak Investigations".

The summary card for Influenza (Flu) features a thermometer icon with an upward arrow. The title is "Influenza (Flu)". A prominent green button indicates a "Low Risk" status. Below this, the word "Local" is displayed in a large font. A large number "1" is shown in the center, and a large orange arrow points to the right. At the bottom, the word "Stable" is displayed.





# REPORTABLE DISEASES/ CONDITIONS

The following diseases are to be reported to the OSDH by PHIDDO or telephone (405-426-8710) immediately upon suspicion, diagnosis, or positive test.

Anthrax*	Hepatitis B during pregnancy (HBsAg+)	Orthopox viruses (i.e., Smallpox, Monkeypox)*
Bioterrorism - suspected disease*	Measles (Rubeola)	Plague*
Botulism	Meningococcal invasive disease	Poliomyelitis
Diphtheria	Novel coronavirus	Rabies
Free-living amebae infections causing primary amebic meningoencephalitis	Novel influenza A	Typhoid fever
	Outbreaks of apparent infectious disease	Viral hemorrhagic fever*

The following diseases are to be reported to the OSDH by secure electronic data transmission within one working day (Monday through Friday, State holidays excepted):

Acid Fast Bacillus (AFB) positive smear (only if no additional testing is performed or subsequent testing is indicative of <i>Mycobacterium tuberculosis</i> Complex)	HBV DNA+. For infants $\leq 18$ months, all hepatitis B related tests ordered, regardless of test result, must be reported.)	Salmonellosis
AIDS (Acquired Immunodeficiency Syndrome)	Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. (If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants $\leq 18$ months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers.)	SARS-CoV-2 (COVID-19)
<i>Anaplasma phagocytophilum</i> infection	HIV (Human Immunodeficiency Virus) Infection (All tests indicative of HIV infection are reportable by laboratories and providers. For infants $\leq 18$ months, all HIV tests ordered, regardless of test result, must be reported.)	Shigellosis
Brucellosis*	Influenza associated hospitalization or death	Spotted Fever Rickettsiosis ( <i>Rickettsia spp.</i> ) hospitalization or death
California serogroup virus infection	Legionellosis	St. Louis encephalitis virus infection
Campylobacteriosis	Leptospirosis	Streptococcal disease, invasive, Group A (GAS)
Chikungunya virus infection	Listeriosis	<i>Streptococcus pneumoniae</i> invasive disease, children <5 yrs.
Congenital rubella syndrome	Malaria	Syphilis (Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants <18 months, all syphilis tests ordered, regardless of test result, must be reported.)
Cryptosporidiosis	Mumps	Tetanus
Cyclosporiasis	Pertussis	Trichinellosis
Dengue fever	Powassan virus infection	Tuberculosis
Eastern equine encephalitis virus infection	Psittacosis	Tularemia*
<i>Escherichia coli</i> O157, O157:H7 or a Shiga toxin producing <i>E. coli</i> (STEC)	Q Fever*	Unusual disease or syndrome
Ehrlichiosis	Rubella	Vibriosis including cholera
<i>Haemophilus influenzae</i> invasive disease		West Nile virus infection
Hantavirus infection, without pulmonary syndrome		Western equine encephalitis virus infection
Hantavirus pulmonary syndrome		Yellow fever
Hemolytic uremic syndrome, postdiarrheal		Zika virus infection
Hepatitis A infection (Anti-HAV-IgM+)		
Hepatitis B infection (if any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or		

The following diseases and laboratory results are to be reported to the OSDH within one month:

CD4 cell count with cell count % (by laboratories only)	Creutzfeldt-Jakob disease	<i>Lymphogranuloma Venereum</i> (LGV) reportable as Chlamydia.
Chlamydial infections ( <i>C. trachomatis</i> )	Gonorrhea ( <i>N. gonorrhoeae</i> )	
	HIV viral load (by laboratories only)	

Pure isolates of the following organisms must be sent to the OSDH Public Health Laboratory within two (2) working days (Monday-Friday, state holidays excepted) of final ID/diagnosis

<i>Bacillus anthracis</i> *	<i>Mycobacterium tuberculosis</i>	* Call the 24/7 PHL Hotline, (405) 406-3511, prior to submitting a select agent specimen for rule out testing.
<i>Brucella spp.</i> *	<i>Neisseria meningitidis</i> (sterile site isolates)	
Carbapenem-resistant <i>Acinetobacter spp.</i>	<i>Plasmodium spp.</i>	** Laboratories unable to perform reflex culture for isolation/recovery of specified bacterial pathogens detected by CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH PHL within two (2) (Monday through Friday, state holidays excepted) working days of final CIDT result.
Carbapenem-resistant <i>Enterobacteriaceae</i>	<i>Salmonella spp.</i> **	
Carbapenem-resistant <i>Pseudomonas aeruginosa</i>	<i>Vibrionaceae</i> family ( <i>Vibrio spp.</i> , <i>Grimontia spp.</i> , <i>Photobacterium spp.</i> , and other genera in the family)**	
<i>Escherichia coli</i> O157, O157:H7, or a Shiga toxin producing <i>E. coli</i> **	<i>Yersinia spp.</i> **	
<i>Francisella tularensis</i> *	10% of weekly positive specimens for SARS-CoV-2—PCR or culture positive specimens	
<i>Haemophilus influenzae</i> (sterile site isolates)		
<i>Listeria monocytogenes</i> (sterile site isolates)		

Infectious Disease Prevention & Response (405) 426-8710 Available 24 Hours a Day	Sexual Health & Harm Reduction Service Ph: (405) 426-8400 Fax (405) 900-7586	Public Health Laboratory (405) 564-7750 Fax (405) 900-7811 24/7 Hotline: (405) 406-3511
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Please refer to the Oklahoma Disease Reporting Manual for reporting guidelines and reportable test results which is available through the Disease Reporting link at <https://oklahoma.gov/health/AD3>

# Does Influenza have to be reported?



# CDC Recommendations

1. Promote and administer seasonal influenza vaccine
2. Take Steps to Minimize Potential Exposures
3. Monitor and Manage Ill Healthcare Personnel
4. Adhere to Standard Precautions
5. Adhere to Droplet Precautions
6. Use Caution when Performing Aerosol-Generating Procedures
7. Manage Visitor Access and Movement Within the Facility
8. Monitor Influenza Activity
9. Implement Environmental Infection Control
10. Implement Engineering Controls
11. Train and Educate Healthcare Personnel
12. Administer Antiviral Treatment and Chemoprophylaxis of Patients and Healthcare Personnel when Appropriate
13. Considerations for Healthcare Personnel at Higher Risk for Complications of Influenza



# Droplet Precautions

**What you need to know**

# Droplet Precautions



## DROPLET PRECAUTIONS



### Everyone Must:

- Clean their hands often, including before entering and when leaving the room.
- Put on a mask to cover nose and mouth before entering, and remove when leaving.

### Providers & Staff Must:

#### BEFORE ENTERING ROOM



Perform hand hygiene



Put on a surgical mask



Put on eye protection

#### UPON LEAVING ROOM



Remove eye protection



Dispose of mask



Perform hand hygiene

Use dedicated or disposable equipment as able or clean and disinfect all reusable equipment between each use.

This transmission-based precaution is used when an individual is known or suspected to be infected with bacterial or viral pathogens that can be spread to others by respiratory droplets. These are larger particles that occur when someone coughs, sneezes, or talks.

Use droplet precautions for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

- ✓ Use source control
  - ~ have patient wear a mask.
- ✓ Ensure appropriate patient placement
  - ~ place patient in a private room if possible.
- ✓ Use personal protective equipment (PPE) appropriately.
  - ~ put PPE on **BEFORE** entering patient's room.
- ✓ Limit transport and movement of patients.



# Droplet Precautions – Key Points

- A mask is put on **BEFORE** entering the resident's room.
- Eye protection, gown, and gloves should be worn as part of standard precautions (and potentially contact) when handling items contaminated with respiratory secretions.
- Remove ALL PPE at point of exit; **DO NOT** reuse masks.
- Perform hand hygiene immediately after removing PPE.





## Some examples of Communicable diseases requiring droplet precautions

- Seasonal Influenza
- *B. Pertussis* (whooping cough)
- Group A Streptococcus (strep throat)
- Adenovirus
- Rhinovirus



# Resources

CDC Cover your cough flyer – [https://www.cdc.gov/flu-resources/media/pdfs/2024/08/covercough\\_hcp8-5x11.pdf](https://www.cdc.gov/flu-resources/media/pdfs/2024/08/covercough_hcp8-5x11.pdf)

CDC Flu View - [FluView | FluView | CDC](#)

OSDH Viral View Page - [Viral View \(oklahoma.gov\)](#)

OK-HAN email – [OKHAN@health.ok.gov](mailto:OKHAN@health.ok.gov)





# Questions?

OSDH Infectious Disease  
Prevention & Response  
HAI/AR Program

Email : [HAI@health.ok.gov](mailto:HAI@health.ok.gov)

Phone: 405-426-8710