



Navigating Coronavirus Series

Cold, Flu and COVID-19
August 25, 2020

This webinar series brought to you by



Today's Emcees



- **Hugh Tilson, JD**, director of the North Carolina Area Health Education Centers (NC AHEC) Program



- **Tom Wroth, M.D. MPH**, president and CEO of Community Care of North Carolina (CCNC)

Today's Presenters

- **Erica Wilson**, M.D., MPH, medical epidemiologist, NC Division of Public Health
- **Crystal Torain**, RN, MPA, director of nursing for Piedmont Health Services
- **Christoph Diasio**, M.D., pediatrician with Sandhills Pediatrics and president of the NC Pediatric Society
- **Jessica Triche**, M.D., family physician with Vidant Chocowinity Family Medicine and president-elect of the NC Academy of Family Physicians; and
- **Constance Olatidoye**, M.D., medical director & CEO, New Dimension Group, a practice providing behavioral health services in Duplin County.



What's New with Flu?

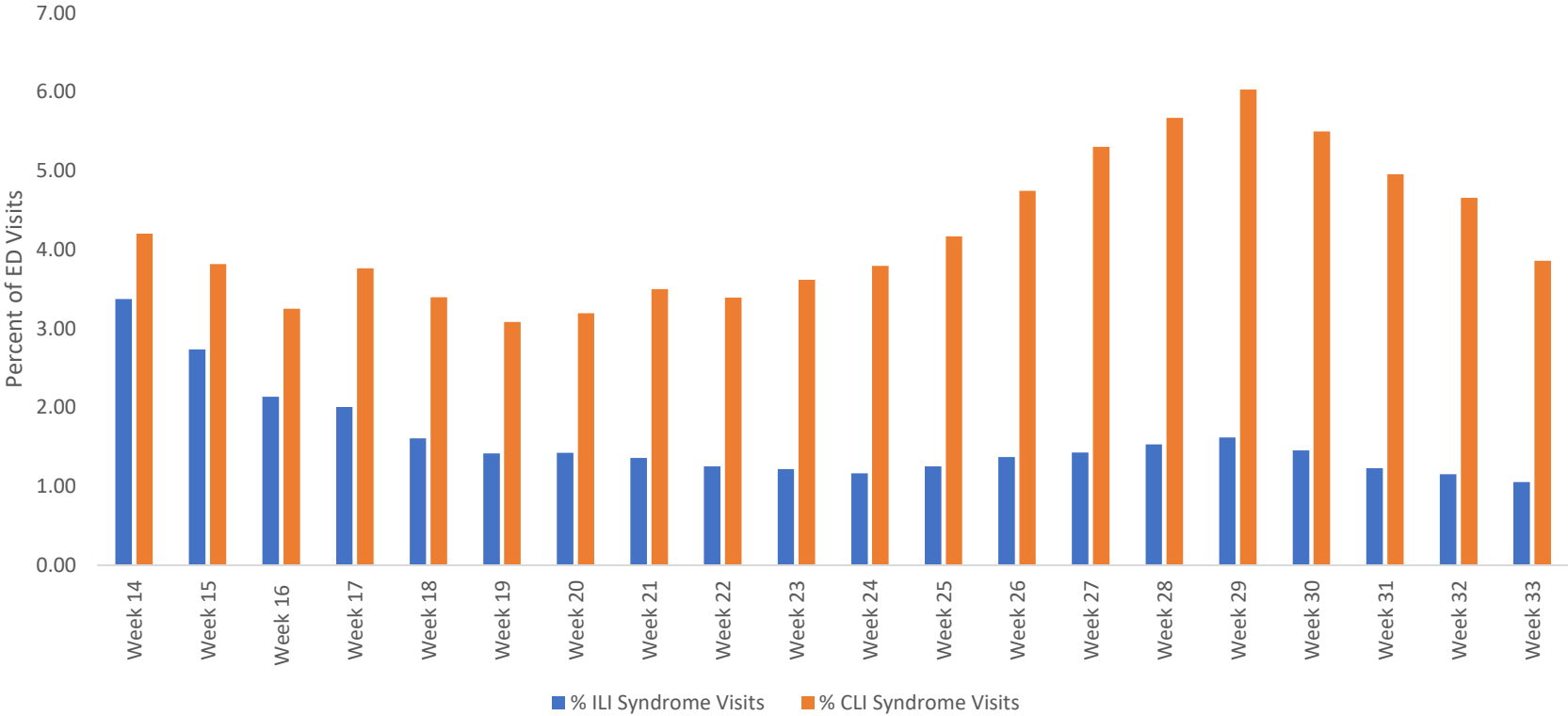
Erica Wilson, MD, MPH

Vaccine Preventable and Respiratory Diseases
NC Division of Public Health

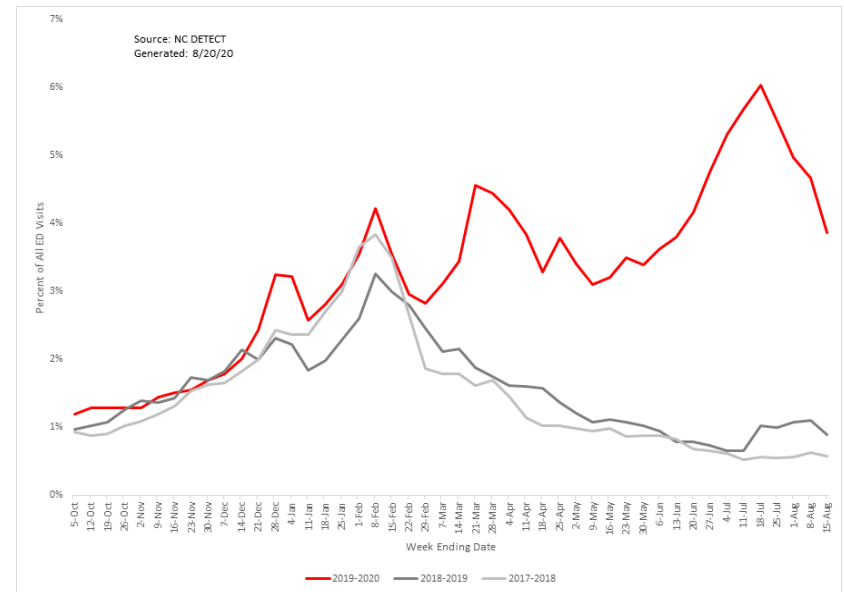
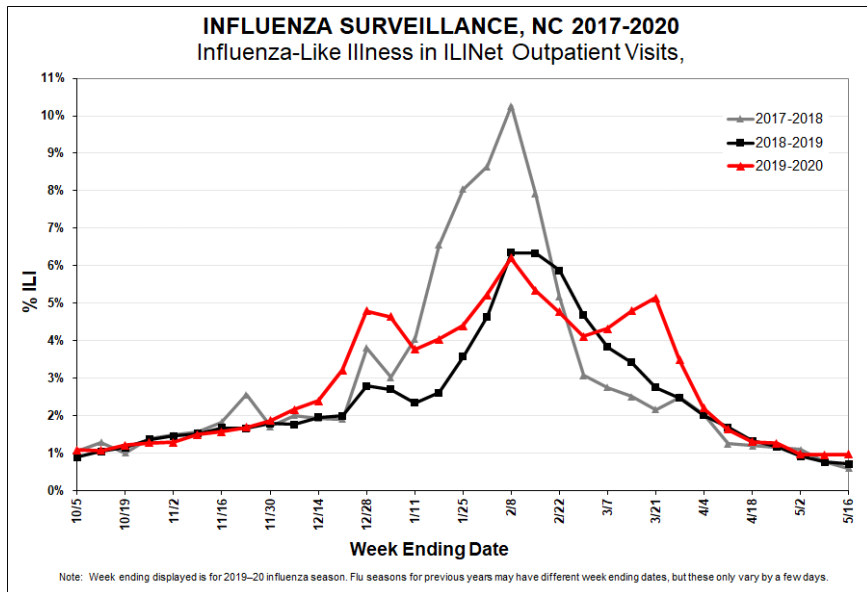
Influenza and COVID-19

- Epidemiology
- Symptoms
- High-risk Populations

Influenza-like Illness (ILI) vs COVID-like Illness (CLI)



Influenza-like Illness (ILI) vs COVID-like Illness (CLI)



Symptoms

Influenza	COVID-19
Fever or chills	Fever or chills
Cough	Cough
Sore throat	Sore throat
Runny or stuffy nose	Runny or stuffy nose
Fatigue	Fatigue
Muscle or body aches	Muscle or body aches
Headache	Headache
Nausea/vomiting	Nausea/vomiting
Diarrhea	Diarrhea
Shortness of breath or difficulty breathing	Shortness of breath or difficulty breathing
	New loss of taste or smell

People at High Risk for Severe Illness

Influenza	COVID-19
Adults 65 years and older	Older adults
People with underlying medical conditions	People with underlying medical conditions
Pregnant women	
Young children	

2020-2021 Influenza Vaccination

- Composition
- Available Vaccines
- Vaccination Recommendations

Vaccine Composition

- U.S. egg-based influenza vaccines (i.e., vaccines other than ccIIV4 and RIV4) will contain HA derived from:
 - an influenza A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus;
 - an influenza A/Hong Kong/2671/2019 (H3N2)-like virus;
 - an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
 - for quadrivalent vaccines only, an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.
- U.S. cell culture–based inactivated (ccIIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from:
 - an influenza A/Hawaii/70/2019 (H1N1)pdm09-like virus;
 - an influenza A/Hong Kong/45/2019 (H3N2)-like virus;
 - an influenza B/Washington/02/2019 (Victoria lineage)-like virus; and
 - an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Available Vaccines

- Vaccine options this season include:
- [Standard dose flu shots](#).
- [High-dose shots](#) for people 65 years and older.
- [Shots made with adjuvant](#) for people 65 years and older.
- [Shots made with virus grown in cell culture](#). No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology ([recombinant vaccine](#)) that do not require having a candidate vaccine virus (CVV) sample to produce.
- [Live attenuated influenza vaccine](#) (LAIV). – A vaccine made with attenuated (weakened) live virus that is given by nasal spray.

COLD, Flu and COVID19 Preparedness

**Crystal Torain, RN, MPA
Piedmont Health Services**



Cold, Flu and COVID-19 Preparedness

CDC Recommends a focus on flu vaccination in order to reduce the overall burden of illness

CDC: Because of the COVID-19 pandemic, reducing the spread of respiratory illnesses, like flu, this fall and winter is more important than ever. CDC has worked with vaccine manufacturers to produce extra flu vaccine this flu season.

Manufacturers have already begun [distributing flu vaccine](#) and will continue to distribute vaccine throughout the season. CDC recommends getting a flu vaccination in September or October, but getting vaccinated anytime during the flu season can help protect you.

<https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

Infection Control

Safety for our patients, community and staff are dependent upon sound infection control policies, principles and processes. Below are some basic approaches and principles to consider as you prepare and/or evaluate your office.

Consider making modifications to your current infection control policies based on CDC recommendations, NCDHHS guidance, and other local health organizational practices.

Today, I will focus on the following:

1. Infection Control Policies, Principles and Processes
2. Training and Education
3. Keeping Employees Healthy

Infection Control

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1. Physical environment

Determine where you will see patients who have respiratory symptoms:

- Outside your facility
- Inside your facility

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2. PPE

- A. Clearly define when PPE is needed, what type of PPE is needed and who will oversee PPE distribution.

Current guidance:

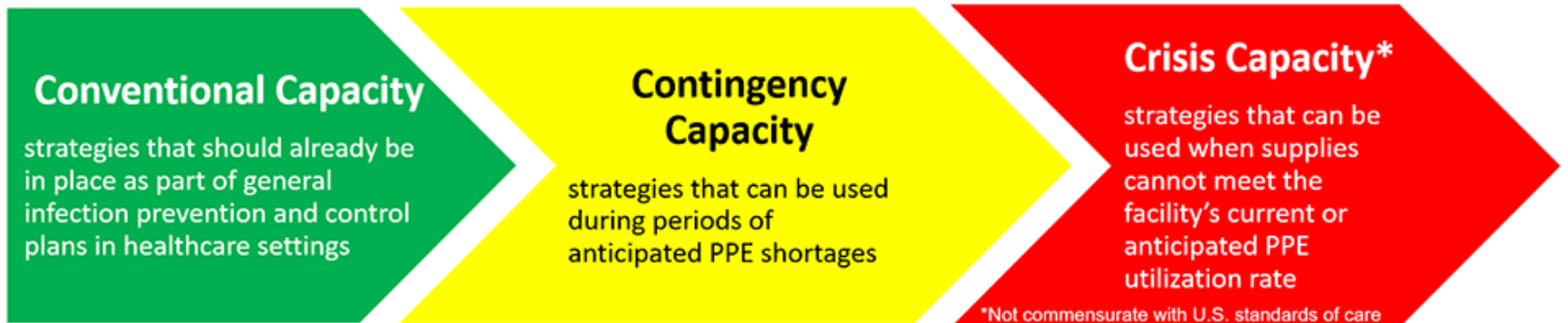
- Universal face mask
- Universal face shields/goggles

**Because of continued PPE shortages, conservation and extended-use strategies are a best practice to establish.

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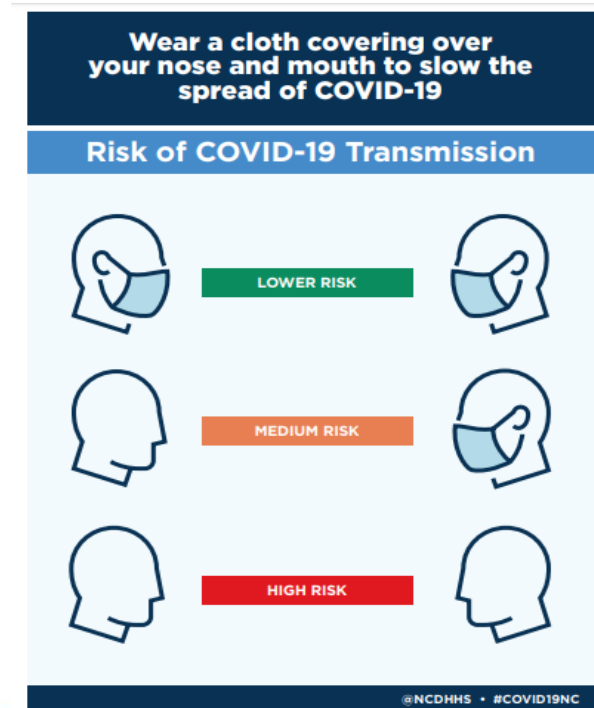
- B. Reusable and Extended Use PPE (Recommend that you have clearly established and written protocols in place).



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- Remember: If you are maintaining social distancing, washing your hands, and always wearing your mask, all your workplace exposures should be LOW RISK.



Infection Control

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3. Cleaning and Disinfection

- A. Cleaning-spraying on and wiping right off
- B. Disinfection-spraying agent on surface, ensuring surface is completely wet for the designated time listed on the agent prior to wiping off.

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Cleaning and Disinfecting Best Practices:

- Establish clear protocols and processes. For example, cleaning high touched surfaces on arrival, midday and prior to closing.
- Disinfect all rooms prior to next patient (exam chair, countertop, doorknob)
- Determine how long your organization can withstand leaving a room closed that had a suspected or confirmed. Current recommendation is to leave room closed for 24hrs for known or suspected COVID-19 case.
- Ensure adequate ventilation whenever possible.
- Consider deep cleaning/regular electrostatic services for your facility.

Infection Control

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4. Employee Health Services:

- A. Determine if and how you will screen your employees prior to work.
 - B. Determine policies and practices for staff appropriateness to report to work when not feeling well.
 - C. Determine what your process will be if there is an exposure in the office.
- **Best practice:** develop a framework and, dependent upon the size of your practice, have a few staff that are knowledgeable and properly trained to manage exposure events including contact tracing for consistency.
 - *Remember: If you are maintaining social distancing, washing your hands, and always wearing your mask, **all your workplace exposures should be LOW RISK.***

Training and Education

At the heart of all recommendations, policies, protocols and processes is the assumption that staff are adequately trained and educated. If they are not, you will surely have a break in your chain.



Training Best Practices:

- Provide **multiple forums for education and training**. Although most current infection control recommendations are principles that should be used regardless of COVID and/or in place to manage other infectious communicable diseases, such as TB or chicken pox, the universal use, re-use or extended use of disposable PPE, social distancing, etc. is foreign to health care.
- Designate a staff member to **check regularly for CDC, NC DHHS and local public health updates** and/or recommendations for changes and/or practices. Be prepared to adjust policies, procedures, protocols and processes.

Healthy Employees

Best Practices:

- Say THANK YOU often and recognize as appropriate
- Regular check-ins, if only to ask, “How are you today?”
- Acknowledgement that COVID has resulted in big changes for most of us
- Policies that support employees remaining home when sick
- Overall employee well-being and support resources
- Easy access to policies
- Encourage vacation

In Closing

- Developing or expanding the basic principles reviewed today should result in a continued healthy and sustainable healthcare workforce.



Resources

- <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>
- <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- <https://blogs.cdc.gov/niosh-science-blog/2020/06/12/covid-19-stress/>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html> Resources available:
- Psychological First Aid
- Learn how Psychological First Aid can help you promote safety, connectedness, and hope in times of crisis. Free CE.
- Webinar: Psychological First Aid
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html>

**Special Considerations
for the Care of Children**
Christoph Diasio, M.D.
Sandhills Pediatrics



COVID-Flu Scenarios

- **Erica Wilson, M.D., MPH**



- **Crystal Torain, RN, MPA**



- **Christoph Diasio, M.D.**



- **Jessica Triche, M.D.**



- **Constance Olatidoye, M.D.**

COVID/Flu Scenarios

1. A 17-year-old patient makes an appointment for three-day history of cough and sore throat.
2. It is February 1st and flu is endemic in your community. You have a 45-year-old patient with fever, cough, and fatigue.
3. You have an adequate flu vaccine supply this year and you want to get all your patients vaccinated.

Questions?

