

Management of Co-Circulation of Influenza and COVID-19

November 4, 2020

Dear Families & Staff,

As we continue through the Coronavirus (COVID-19) pandemic, NYFAC is committed to staying abreast of, and adhering to, health and safety guidelines to slow the spread of the virus and preserve the lives of the people we serve, our staff, and the broader community. The Office for People with Developmental Disabilities (OPWDD) provides guidance on preventing and managing influenza to providers of services to individuals with intellectual and/or developmental disabilities. These guidelines are based on information made available by the New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC). Due to the on-going circulation of the virus that causes COVID-19 in the community, these guidelines include important information that will ensure adherence to current COVID-19 guidelines.

Characteristics of Influenza and COVID-19

Symptoms of Illness

If a person has a fever over 100 degrees (37.8 degrees C) and a cough or sore throat, they are considered to have “Influenza-like Illness” (ILI) and should be treated the same as if they had been diagnosed with influenza. COVID-19 can also cause similar symptoms, as well as some that differ. Please remember that some people can be asymptomatic of either virus but may still be able to spread it to others. Although rare, it is possible to have the flu and COVID-19 simultaneously.

Influenza	COVID-19
<ul style="list-style-type: none"> • Fever* • Chills • Muscle aches • Headache • Significant lack of energy • Dry Cough • Sore throat <p>* Per the CDC, people who are older, medically fragile, immunocompromised, or have neurological or neurocognitive conditions may not have a fever.</p>	<ul style="list-style-type: none"> • Fever • Cough • Difficulty breathing • Shortness of breath • Chills/shaking with chills • Muscle pain • Headache • Sore throat • New loss of taste • New loss of smell

Infectious (Contagious) Periods

The incubation period for influenza is 1-4 days after exposure. The contagious period is considered to be 1 day before symptoms develop until 5-7 days after becoming ill. People are most contagious 3-4 days after illness begins. Some people may be able to infect others for an even longer period. Also, persons

treated with influenza antiviral medications continue to transmit influenza virus while on treatment. The incubation for COVID-19 is 2-14 days after exposure. The contagious period is considered to be 2 days before symptoms develop until 10 days after becoming ill. Patients with poor immune systems can be contagious for up to 20 days.

Diagnosis of Illness

Diagnosis can be made by healthcare providers based on clinical symptoms and/or viral testing. **Due to the similarities of influenza and COVID-19**, OPWDD recommends that as a best practice, any individual who is exhibiting symptoms be tested for both influenza and COVID-19. A timely and accurate diagnosis is important to provide efficient and appropriate treatment of persons with respiratory illness.

Prevention of Influenza Transmission

Vaccination

The most effective strategy for preventing influenza is **vaccination**. The influenza vaccine is recommended for **ALL** people over the age of 6 months.

In light of the pandemic and the demands placed on our health care system, the flu vaccination for individuals and staff is more crucial than ever this year. The CDC recommends vaccination as soon as the vaccine is available, and optimally before November. You can obtain more information about influenza vaccination by visiting the CDC website:

<https://www.cdc.gov/flu/consumer/vaccinations.htm>

Identification of Individuals at High Risk for Complications of Influenza

People noted for being high risk for developing flu-related complications include:

- Children younger than 5, but especially children younger than 2 years old;
- Adults 65 years of age and older;
- Pregnant women;
- Residents of nursing homes and other long-term care facilities;
- American Indians and Alaskan Native; and
- People who have medical conditions, including:
 - Asthma;
 - Neurological and neurodevelopmental conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual/developmental disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury). NOTE: Having such conditions may also compromise a person's ability to manage respiratory secretions.
 - Chronic lung disease (such as COPD or cystic fibrosis);
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease);
 - Blood disorders (such and sickle cell disease);
 - Endocrine disorders (such as diabetes mellitus);
 - Kidney disorders;
 - Liver disorders;

- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders);
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids);
- People younger than 19 years of age who are receiving long-term aspirin therapy;
- People who are morbidly obese (BMI of 40 or greater); or
- People who have had a stroke.

Treatment of Influenza with Antiviral Medications

With the anticipated co-circulation of influenza viruses and COVID-19 virus, decisions about starting antiviral treatment for suspected influenza patients should not wait for laboratory confirmation of influenza virus. Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza and COVID-19 infection. However, clinicians should not wait for influenza testing results to start empiric antiviral treatment for flu in individuals who are at high risk for complications from influenza.

The CDC advises that early antiviral treatment may prevent or shorten the duration of fever and illness symptoms and may reduce the risk of complications.

<https://www.cdc.gov/flu/about/disease/complications.htm#complications>

Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset. The CDC website provides the most up-to-date recommendations on antiviral treatment of influenza and medications that can be used to treat or prevent the flu.

<https://www.cdc.gov/flu/treatment/treatment.htm>

Remember

Covering coughs and sneezes and keeping hands clean can help prevent the spread of serious respiratory illnesses like influenza, respiratory syncytial virus (RSV), whooping cough, and COVID-19.

Germs can be easily spread by:

- Coughing, sneezing, or talking
- Touching your face with unwashed hands after touching contaminated surfaces or objects
- Touching surfaces or objects that may be frequently touched by other people

Covering coughs and sneezes and washing hands are especially important for infection control measures in healthcare settings, such as emergency departments, doctor's offices, and clinics.

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

Remember to immediately [wash your hands](#) after blowing your nose, coughing or sneezing.

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.

- 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

For information about preventing the spread of COVID-19, see CDC's [COVID-19: Prevent Getting Sick](#) web page.

To help prevent the spread of respiratory disease, you can also avoid close contact with people who are sick. If you are ill, you should try to distance yourself from others so you do not spread your germs. Distancing includes staying home from work or school when possible.

With best regards,

The NYFAC Team