

2019-2020 Influenza Update for Long-term Care and Assisted Living Partners

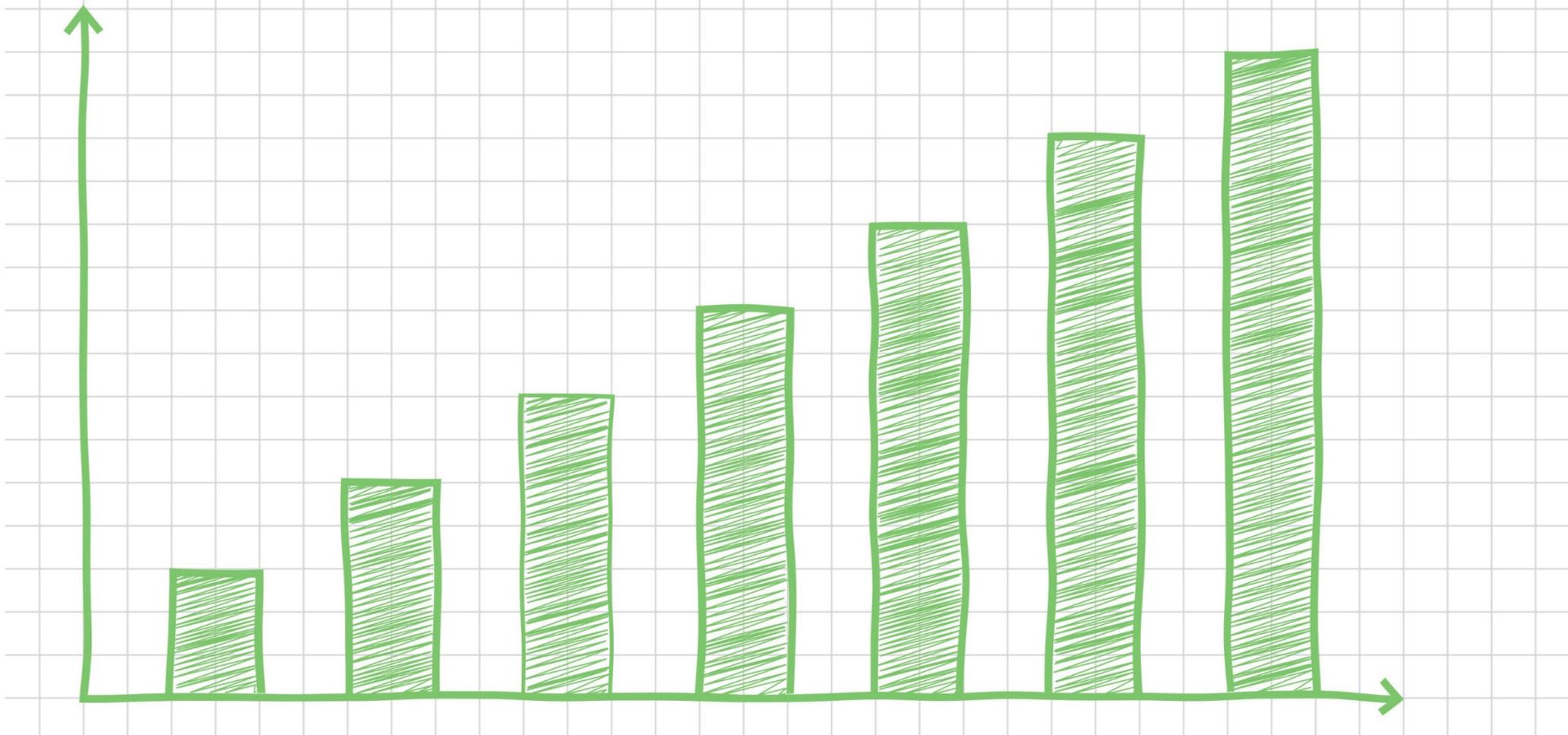
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January 7, 2020



INFLUENZA ACTIVITY UPDATE

Karen Martin, MPH

Weekly Influenza & Respiratory Illness Activity Report

A summary of influenza surveillance indicators prepared by the Division of Infectious Disease Epidemiology Prevention & Control

Week Ending December 28, 2019 | WEEK 52

All data are preliminary and may change as more information is received

Minnesota Influenza Geographic Spread

No Activity

Sporadic

Local

Regional

Widespread

During the week ending December 28, 2019 (Week 52), surveillance indicators showed widespread geographic spread of influenza *(based on CDC's Activity Estimates Definitions)*.

Since the start of the influenza season, no pediatric influenza-related deaths have been reported.

[Minnesota Influenza Surveillance \(http://www.health.state.mn.us/divs/idepc/diseases/flu/stats/\)](http://www.health.state.mn.us/divs/idepc/diseases/flu/stats/)

[Weekly U.S. Influenza Surveillance Report \(http://www.cdc.gov/flu/weekly/\)](http://www.cdc.gov/flu/weekly/)

[World Health Organization \(WHO\) Surveillance \(http://www.who.int/influenza/surveillance_monitoring/updates/en/\)](http://www.who.int/influenza/surveillance_monitoring/updates/en/)

Neighboring states' influenza information:

Iowa: [Iowa Flu Reports \(http://idph.iowa.gov/influenza/reports\)](http://idph.iowa.gov/influenza/reports)

Wisconsin: [Influenza \(Flu\) \(http://www.dhs.wisconsin.gov/communicable/influenza/\)](http://www.dhs.wisconsin.gov/communicable/influenza/)

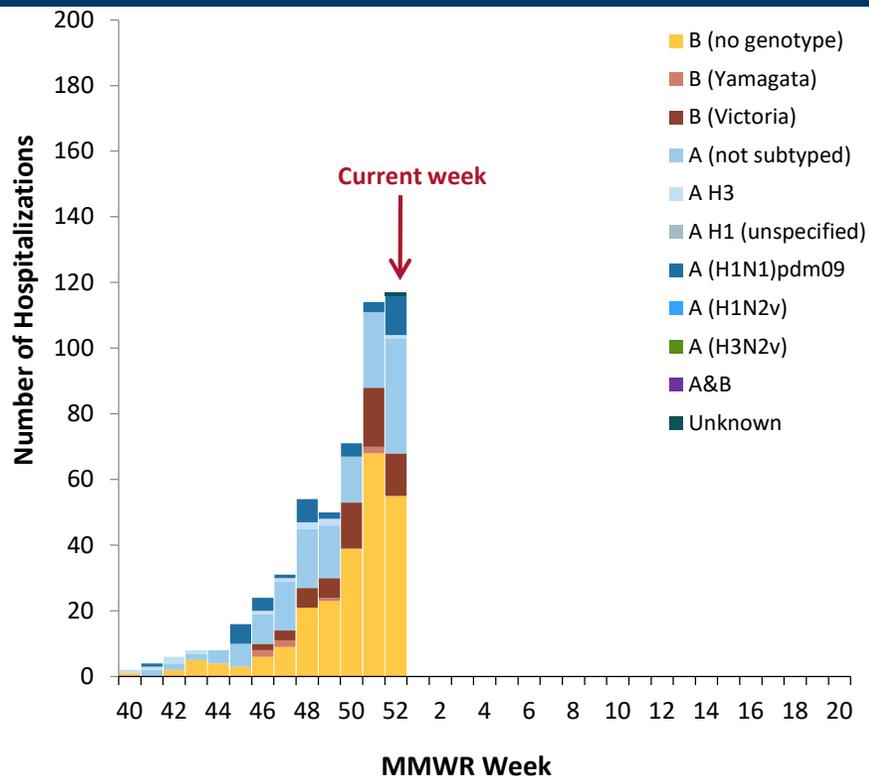
North Dakota: [Reported Seasonal Influenza Activity in North Dakota \(http://www.ndflu.com/default.aspx\)](http://www.ndflu.com/default.aspx)

South Dakota: [South Dakota Influenza Information \(http://doh.sd.gov/diseases/infectious/flu/\)](http://doh.sd.gov/diseases/infectious/flu/)

Hospitalized Influenza Surveillance

Hospitalized influenza cases are based on disease reports of laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests or RT-PCR) and specimens from hospitalized patients with acute respiratory illness submitted to MDH-PHL by hospitals and laboratories. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

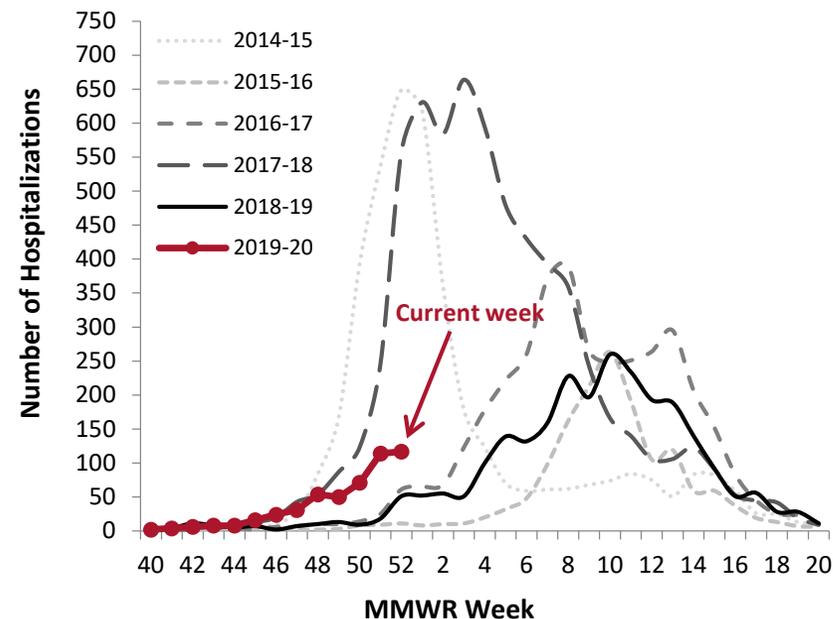
Hospitalized Influenza Cases by Type Minnesota (FluSurv-NET*)



Hospitalizations this week	Hospitalizations last week	Total hospitalizations (to date)
117	114	505

*Influenza Surveillance Network

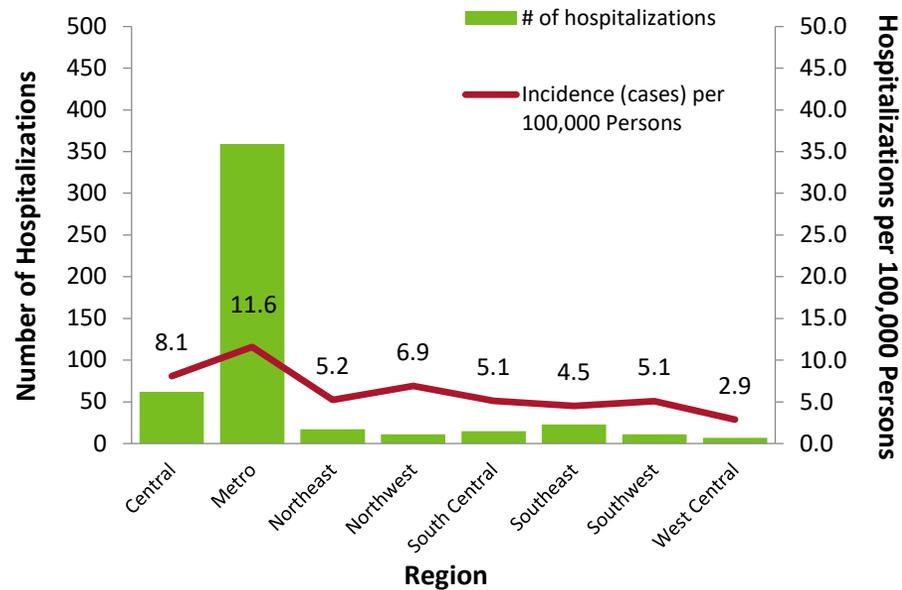
Hospitalized Influenza Cases by Season, Minnesota (FluSurv-NET*)



Season	Total hospitalizations (historic)
2014-2015	4,081
2015-2016	1,538
2016-2017	3,695
2017-2018	6,446
2018-2019	2,543
2019-2020	505 (to date)

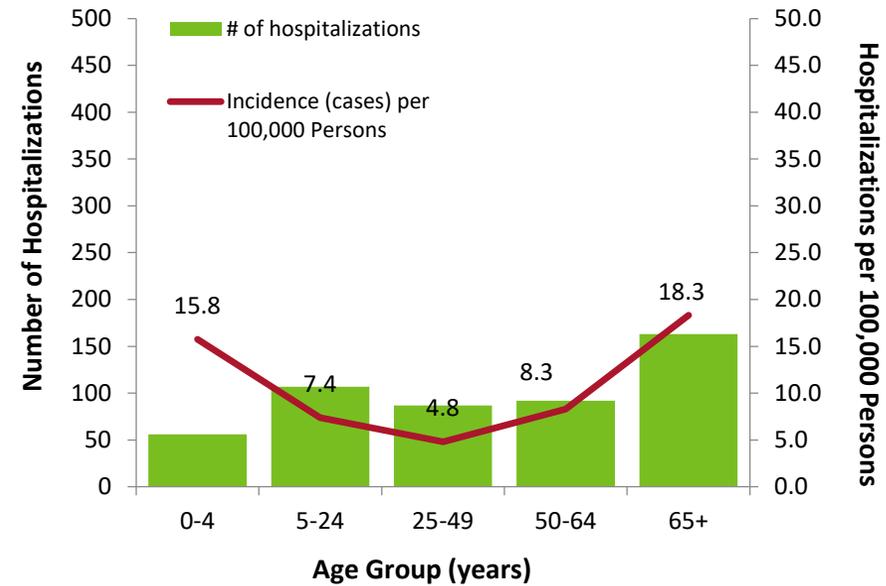
Hospitalized Influenza Surveillance (continued)

**Number of Influenza Hospitalizations and Incidence by Region, Minnesota
September 29, 2019 – December 28, 2019**



Region	Hospitalizations this week	Total (to date)
Central	18 (15%)	62 (12%)
Metro	72 (62%)	359 (71%)
Northeast	10 (9%)	17 (3%)
Northwest	1 (1%)	11 (2%)
South Central	6 (5%)	15 (3%)
Southeast	7 (6%)	23 (5%)
Southwest	2 (2%)	11 (2%)
West Central	1 (1%)	7 (1%)

**Number of Influenza Hospitalizations and Incidence by Age, Minnesota
September 29, 2019 – December 28, 2019**

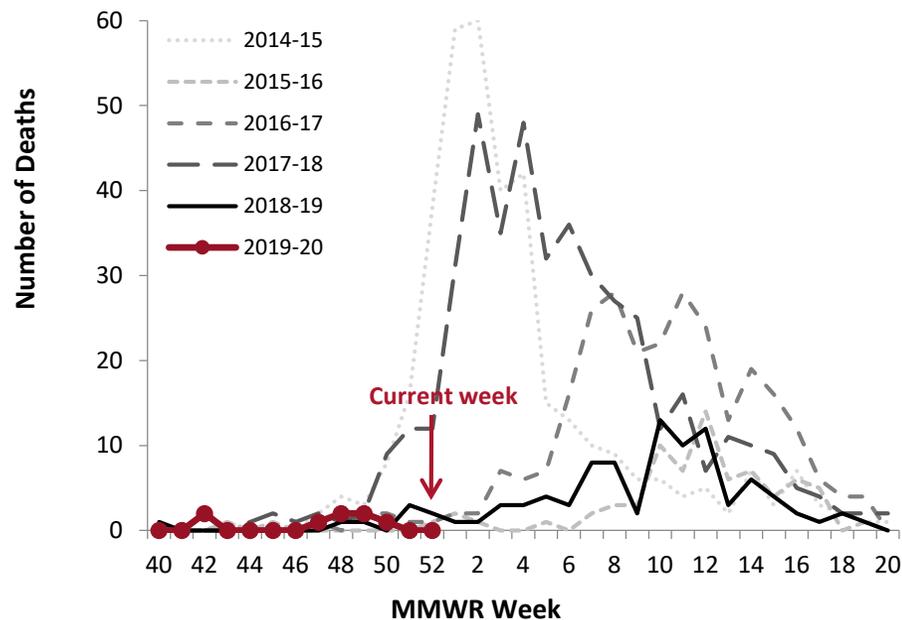


Median age (years) at time of admission
50.0

Influenza-Associated Death Surveillance

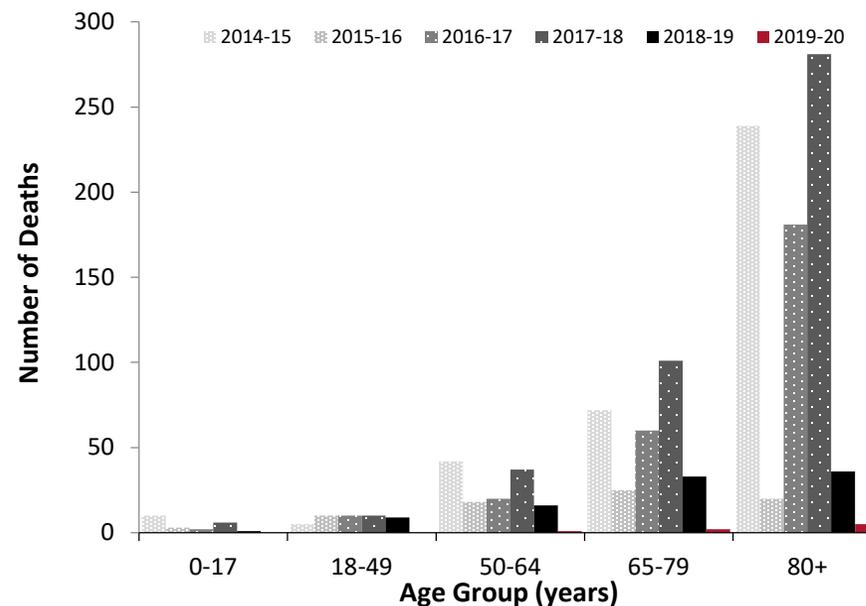
Influenza deaths are collected via reports from Minnesota's death certificate database, hospitals, and long-term care facilities. Decedents with influenza listed as a cause of or contributor to death, have recent laboratory confirmation of influenza, or are part of an ongoing influenza outbreak at a long-term care facility are reported to influenza surveillance. **Due to the need to confirm reports and reporting delays, consider current week data preliminary.**

Deaths Associated with Influenza by Season, Minnesota



Season	Total deaths (historic)	Total pediatric (<18 years) deaths (historic)
2014-2015	368	10
2015-2016	76	3
2016-2017	273	2
2017-2018	440	6
2018-2019	95	1
2019-2020	8 (to date)	0 (to date)

Deaths Associated with Influenza by Age Group and Season, Minnesota



Season	Median age (years) at time of death
2014-2015	85
2015-2016	68
2016-2017	86
2017-2018	85
2018-2019	75
2019-2020	81.5 (to date)

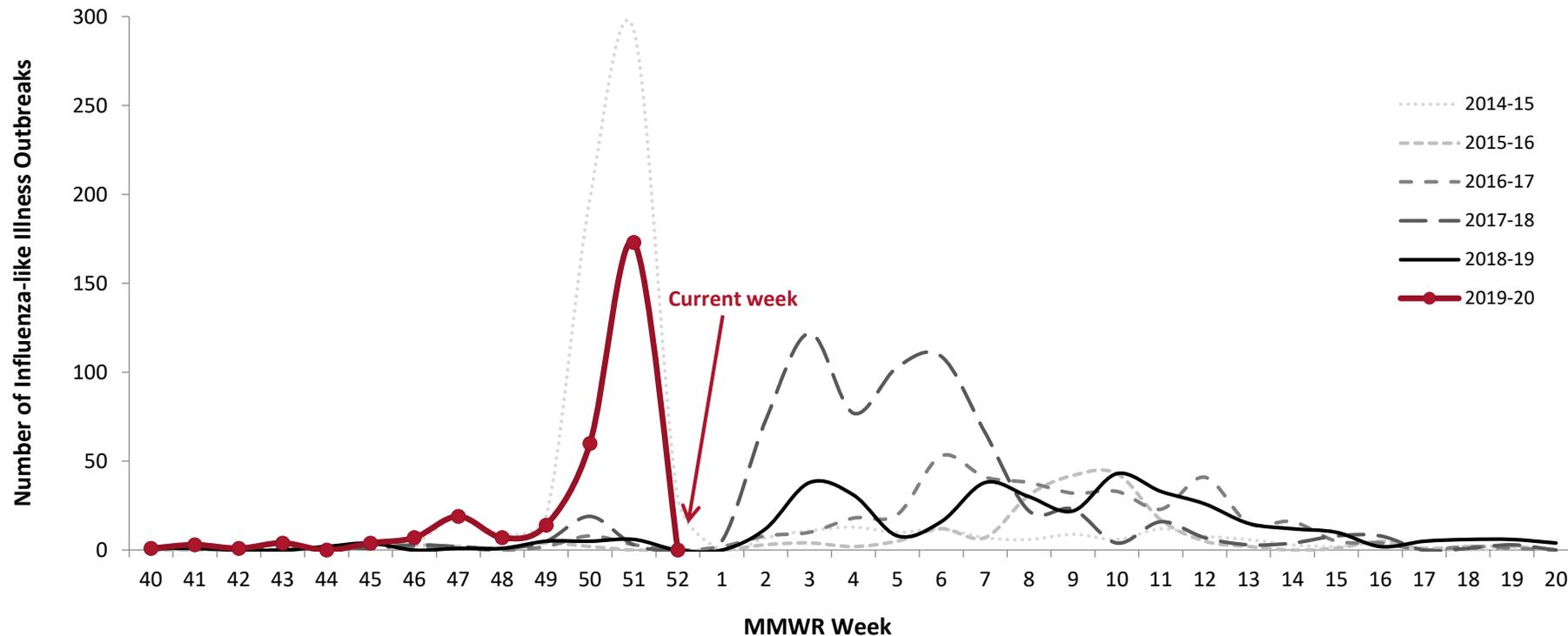
*Influenza Surveillance Network

Respiratory Disease Outbreak Surveillance

School Outbreaks

K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom.

Influenza-like Illness (ILI) in Schools by Season

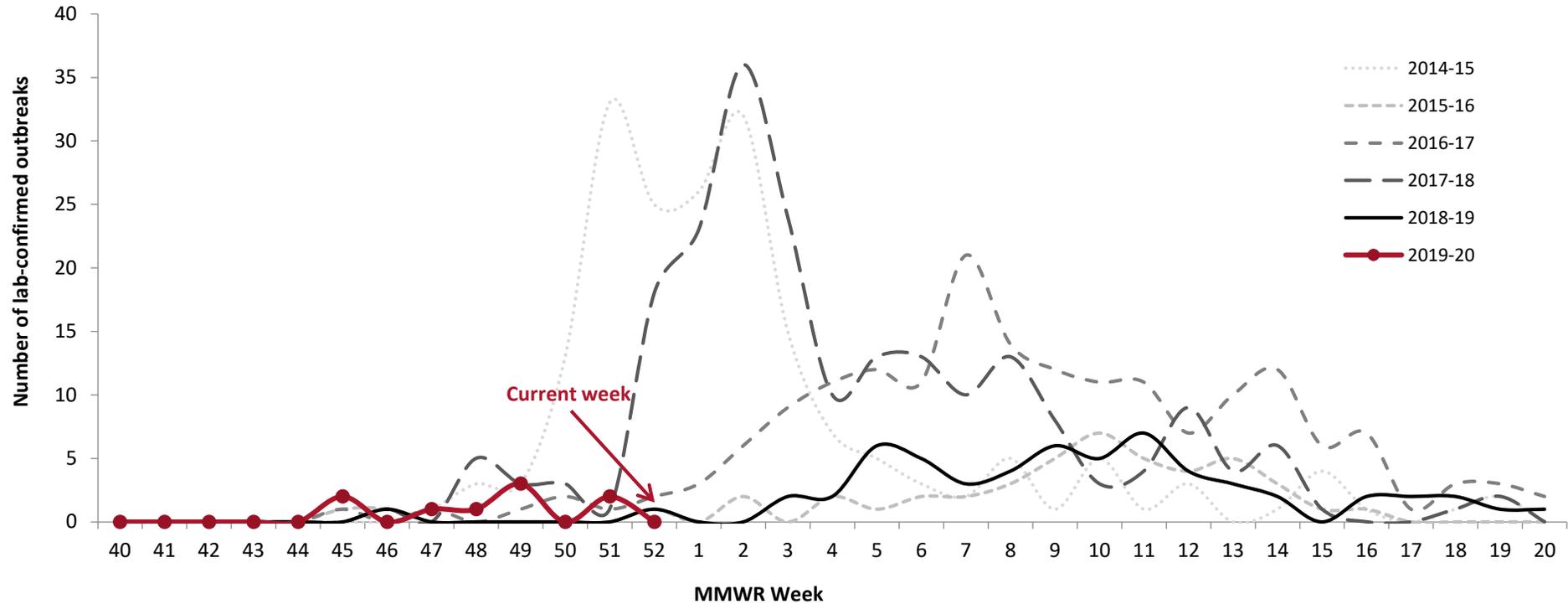


New school outbreaks this week	New school outbreaks last week	Total this season (to date)
0	173	299

Long-Term Care (LTC) Outbreaks

LTC facilities report to MDH when they suspect an outbreak of influenza in their facility. Laboratory-confirmed outbreaks are reported here.

Confirmed Influenza Outbreaks in LTC by Season

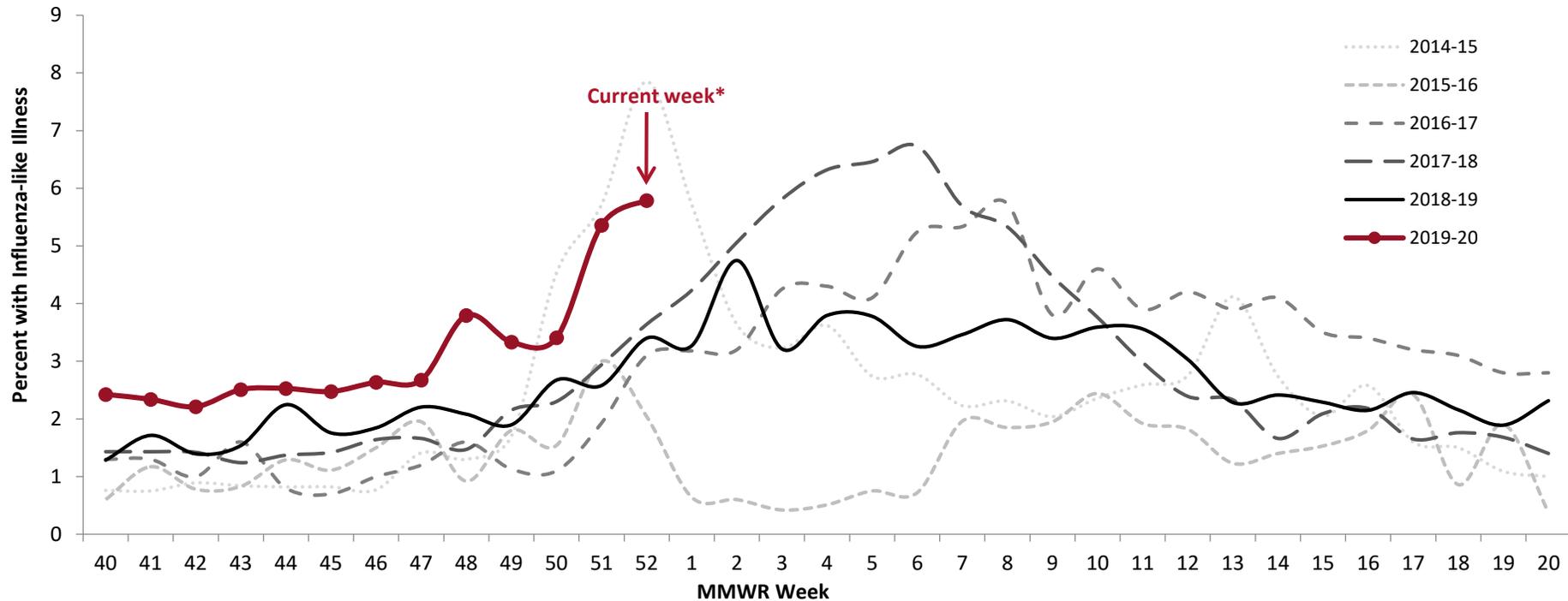


New LTC outbreaks this week	New LTC outbreaks last week	Total this season (to date)
0	2	9

Sentinel Provider Surveillance (Outpatients)

MDH collaborates with healthcare providers who report the total number of patients seen and the total number of those patients presenting to outpatient clinics with influenza-like illness.

Percentage of Persons Presenting to Outpatient Clinics with Influenza-Like Illness (ILI)



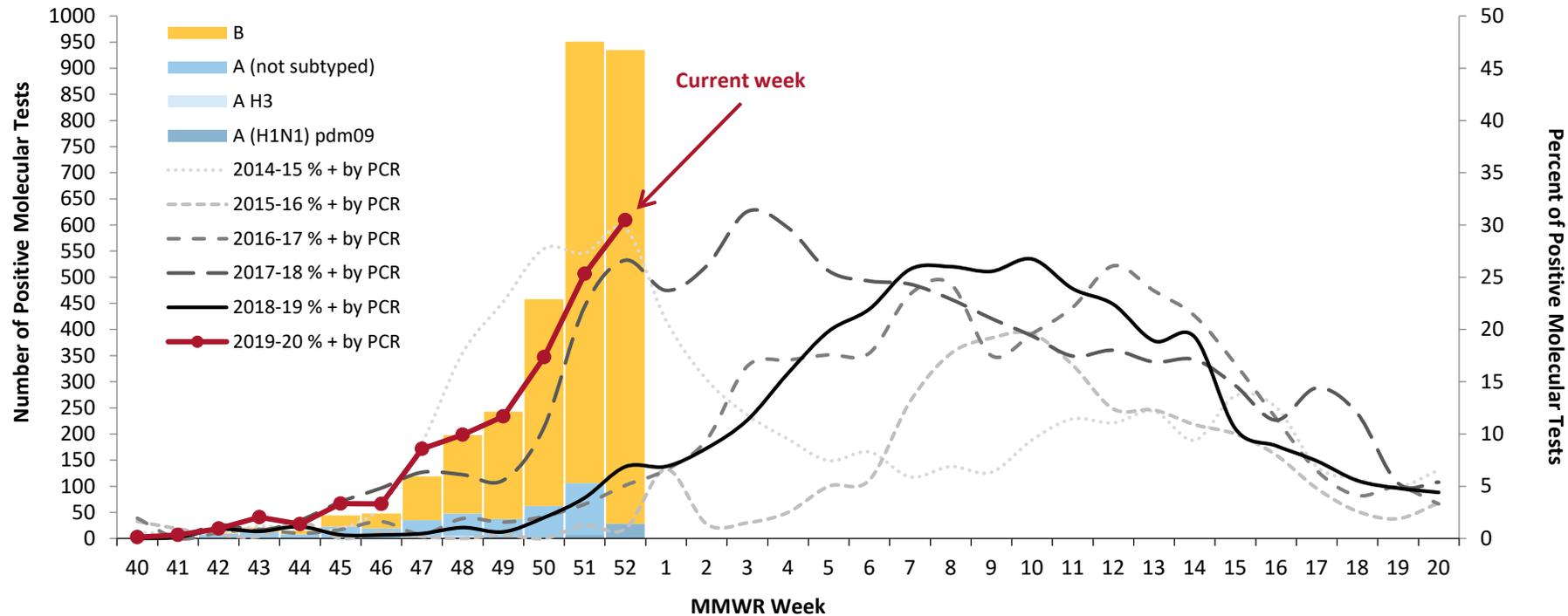
% of outpatients with ILI this week	% of outpatients with ILI last week
5.8%	5.4%

* Indicates current week-data may be delayed by 1 or more weeks

Laboratory Surveillance

The MN Lab System (MLS) Laboratory Influenza Surveillance Program is made up of more than 310 clinic- and hospital-based laboratories, voluntarily submitting testing data weekly. These laboratories perform rapid testing for influenza and Respiratory Syncytial Virus (RSV). Significantly fewer labs perform PCR testing for influenza and three also perform PCR testing for other respiratory viruses. MDH-PHL provides further characterization of submitted influenza isolates to determine the hemagglutinin serotype to indicate vaccine coverage. Tracking the laboratory results assists healthcare providers with patient diagnosis of influenza-like illness and provides an indicator of the progression of the influenza season as well as prevalence of disease in the community.

Specimens Positive for Influenza by Molecular Testing*, by Week



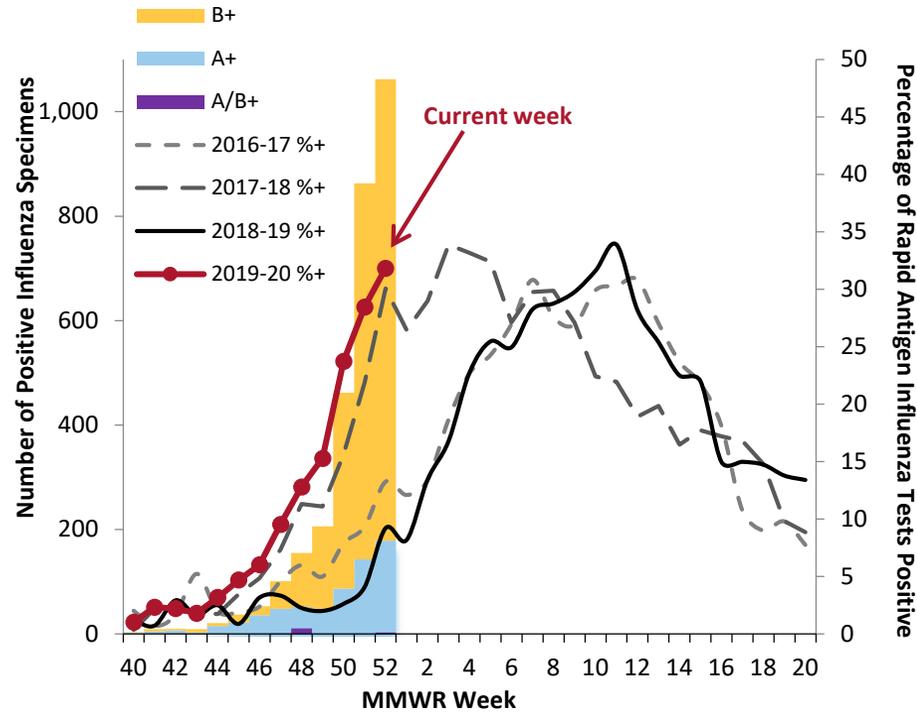
% molecular tests positive this week	% molecular tests positive last week
30.5%	25.3%

* Beginning in 2016-17, laboratories report results for rapid molecular influenza tests in addition to RT-PCR results

Laboratory Surveillance (continued)

MLS Laboratories – Influenza Testing

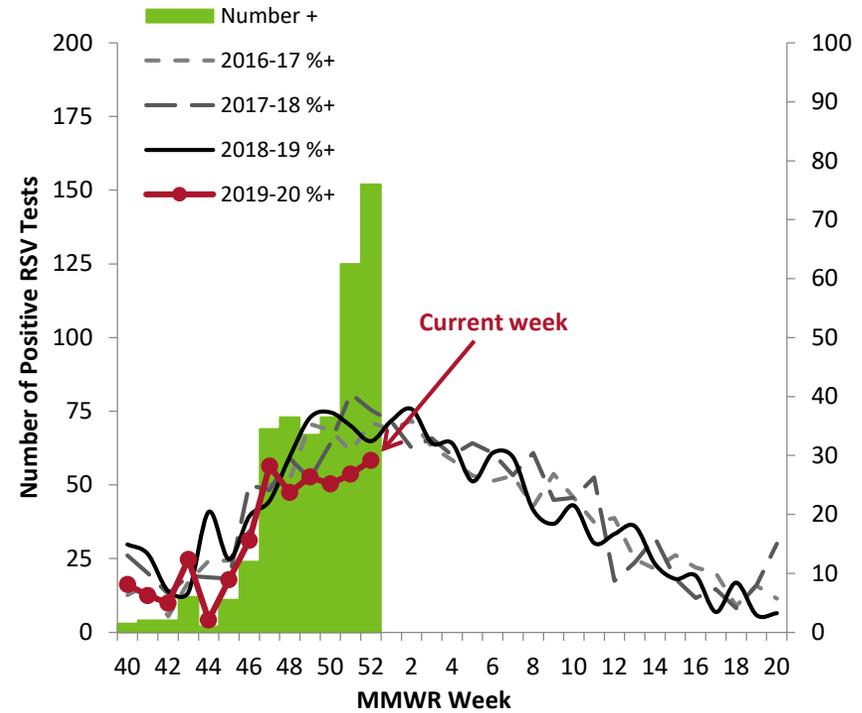
Specimens Positive by Influenza Rapid Antigen Test, by Week



Region	% rapid antigen influenza tests + (current week)
Central	32%
Metro	33%
Northeast	27%
Northwest	35%
South Central	16%
Southeast	34%
Southwest	33%
West Central	---
State (overall)	32%

MLS Laboratories – RSV Testing

Specimens Positive by RSV Rapid Antigen Test, by Week



Region	% rapid antigen RSV tests + (current week)
Central	29%
Metro	25%
Northeast	28%
Northwest	14%
South Central	43%
Southeast	47%
Southwest	28%
West Central	67%
State (overall)	29%

Identifying and Reporting Influenza Outbreaks

Identifying an Outbreak

- Outbreak definition: at least two residents with onset of influenza-like illnesses within 72 hours of each other AND at least one resident has laboratory-confirmed influenza.

Reporting an Outbreak to MDH

- Submit a [Long-Term Care Facility Influenza and RSV Report Form, 2019-20](https://www.health.state.mn.us/diseases/flu/ltc/lcreport.pdf) (<https://www.health.state.mn.us/diseases/flu/ltc/lcreport.pdf>) to MDH by email or fax when an influenza outbreak is identified in your LTC facility. Please call 651-201-5924 if you have questions regarding reporting or influenza outbreak control measures.

Sign Up for Weekly Influenza Updates

The screenshot shows the Minnesota Department of Health website. The header includes the logo, navigation links (HOME, TOPICS, ABOUT US), and a search bar. The left sidebar lists various links under 'Influenza Statistics' and 'Influenza (Flu)'. The main content area features the title 'Weekly Influenza & Respiratory Activity: Statistics' and a sub-section 'Weekly influenza statistics'. It includes a list of links for reports and outbreaks, a subscription option for weekly updates, and a dropdown menu for '2019-2020 Weekly Influenza Activity'. The right sidebar contains a 'Share This' button, a 'Spotlight' section for 'FluSafe' materials, and a 'Contact us' section with contact information for the MDH Infectious Disease Epidemiology, Prevention and Control Division.

m DEPARTMENT OF HEALTH

HOME TOPICS ABOUT US

Search

Influenza Statistics

- Flu Stats Home
- Summary of Previous Seasons

Influenza (Flu)

- Flu Home
- Flu Basics
- Statistics
- For Health Professionals
- For Long-Term Care
- For Schools
- For Child Care
- Printed Materials
- Novel and Variant Influenza A Viruses

Weekly Influenza & Respiratory Activity: Statistics

Weekly influenza statistics

Updated 1/2/2020

- [Weekly Influenza & Respiratory Illness Activity Report - Week 52 \(PDF\)](#)
Current: Week Ending December 28, 2019 | WEEK 52
- [Influenza-like Illness \(ILI\) Outbreaks in Schools and Influenza Outbreaks in Long-term Care Facilities by County in Minnesota, 2019-20 \(PDF\)](#)

[Subscribe to Weekly Influenza Activity](#)
Get an email alert every week during the flu season when the influenza report is posted.

[2019-2020 Weekly Influenza Activity](#) ▼

[About Influenza Statistics](#) ▼

+ Share This

Spotlight
[Order Influenza Immunization Materials](#)
[FluSafe](#)
Health care worker flu vaccination program.

Contact us:
If you have questions or comments about this page, use our [IDEPIC Comment Form](#) or call 651-201-5414 for the MDH [Infectious Disease Epidemiology, Prevention and Control Division](#).

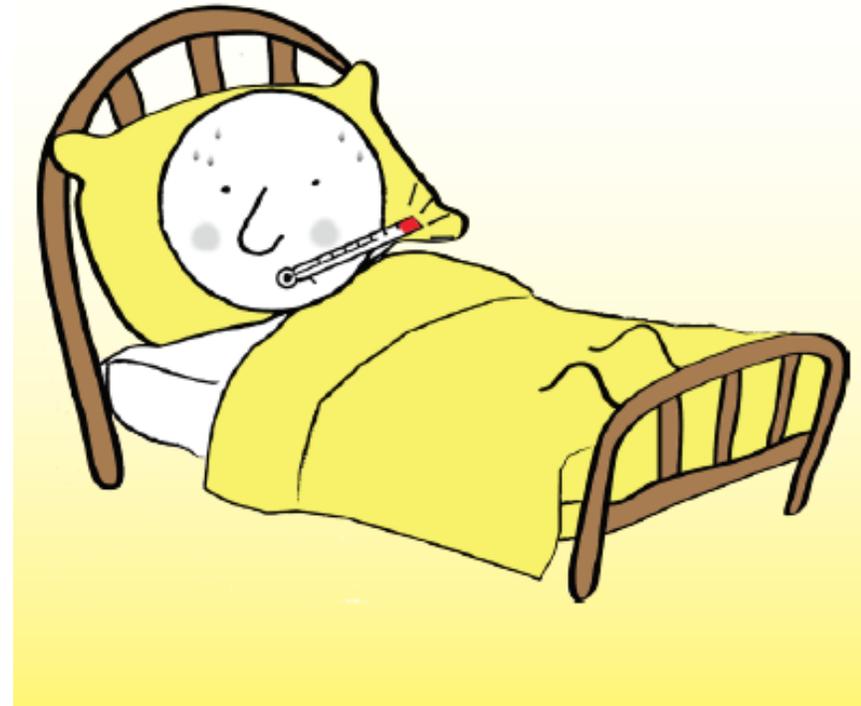
[Weekly Influenza & Respiratory Activity: Statistics \(https://www.health.state.mn.us/diseases/flu/stats/index.html\)](https://www.health.state.mn.us/diseases/flu/stats/index.html)



INFLUENZA INFECTION PREVENTION – ICAR PROGRAM

Mary Ellen Bennett, MPH, RN, CIC

- Influenza characteristics
- Surveillance
- Isolation
- Prevention
- Tools for management
- References





Influenza Characteristics in Elderly Persons

Disease Presentation

- Influenza-like illness (ILI) in elderly persons may be atypical
- New onset of cough, sore throat, nasal congestion or rhinorrhea, or a temperature 100° F or greater; however, fever may be absent
- Atypical complaints: anorexia, mental status changes, and unexplained fever may be the presenting symptoms

Disease Presentation in General Population

- Fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue (tiredness)



Influenza in the Elderly: Complications and Transmission

Complications:

- Worsening respiratory status: (residents with COPD or CHF)
- Primary viral pneumonia and bacterial suprainfection (leading to tracheobronchitis or pneumonia)

Transmission

- Large respiratory droplets (particles $>5 \mu$ in diameter) expelled from resp. tract
- Close contact (< 3 feet) usually is required for transmission
- Direct contact with respiratory droplets or secretions
- Touching the nose or mouth



Influenza in the Elderly: Incubation and Duration

Incubation

- 1 to 4 days, usually 2 days

Contagiousness (or Infectious Period)

- 24 hours prior to onset of illness to at least 5 days after onset of symptoms
- Immunocompromised shed virus for 7 days or more after onset of symptoms

Duration

- 1-2 weeks with severe symptoms in the first few days



Surveillance for Influenza & ILI in LTC Facilities

- Residents are monitored for illness on a routine basis
- Clusters of illness or infection can be detected by this type of monitoring
- A log of illnesses and infection is kept by nursing staff
- Influenza and influenza-like illness can be kept on the routine tracking forms or the facility can use a special influenza tracking form from MDH

Isolation for Influenza and Influenza-Like Illness (ILI)

- A resident should be put into isolation presumptively when symptoms present, because it may take a couple of days for test results to come back. This action will limit spread of the virus to others in the facility.
- A resident with influenza symptoms should wear a simple face mask when they leave their room for care. This is in accordance with the recommendations from CDC for Droplet Precautions.

Standard and Droplet Precautions

- **Standard precautions:** use for all patients
- **Droplet precautions:** use with standard precautions for residents with known or suspected influenza or influenza-like illness
- Precautions should be in place for the duration of the symptoms of illness
 - Best to have a private room if available – can cohort ill persons
 - Post sign
 - Procedure mask: correct don/doff procedure
 - Care of patient care equipment – clean all equipment going in and out of room
 - Hand hygiene

[CDC: Isolation Precautions](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Transmission-Based Precautions

- Identify the type of precautions and the appropriate PPE to be used.
- Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway. Ensure that signage also complies with residents' rights to confidentiality and privacy.
- Make PPE readily available near the entrance to the resident's room.
- Don appropriate PPE upon entry into the room of resident on Droplet Precautions.

Enforce Correct Mask Use

Do's & Don'ts
For wearing procedure masks
in non-surgical healthcare settings

Do

- ✓ Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- ✓ Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- ✓ Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- ✓ Remove the mask when no longer in clinical space and the patient intervention is complete.
- ✓ For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- ✓ Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

Don't

- ✗ DON'T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- ✗ DON'T wear if wet or soiled; get a new mask.
- ✗ DON'T crisscross ties.
- ✗ DON'T leave a mask hanging off one ear or hanging around neck.
- ✗ DON'T reuse; toss it after wearing once.
- ✗ DON'T touch the front of the mask, as it is contaminated after use.

Procedure mask
(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department.

Learn more: www.osha.gov/SLTC/respiratoryprotection/guidance.html

- Hand hygiene before and after touching (masks are contaminated)
- Follow instructions for donning and removal by type of mask (i.e., ear loops, ties)
- Do not wear around the neck, on an ear, on top of the head, or re-use between residents
- Provide easy access to masks, alcohol hand sanitizer, and waste receptacles

[APIC: Do's & Don'ts for wearing procedure masks in non-surgical healthcare settings \(PDF\)](http://www.apic.org/Resource/TinyMceFileManager/consumers_professionals/APIC_DosDontsofMasks_hiq.pdf)
(http://www.apic.org/Resource/TinyMceFileManager/consumers_professionals/APIC_DosDontsofMasks_hiq.pdf)





Prevention – Employee Illness

- Offer vaccination to all employees throughout the season
- Vaccinate new employees who start during the season
- Staff should know the symptoms of influenza so they can recognize it in themselves and the residents
- Enforce staff not working when they are sick
- Staff should know that they can be infectious 1 day before they exhibit classic symptoms of influenza
- Encourage staff to notify managers if they do develop an influenza-like illness

Prevention – Visitors Entering the Facility

STOP! Help Protect Our Residents!

Please **do not visit** if you have a fever or cough.

All healthy visitors please:

- Clean your hands after arriving and before leaving.
- Always cover your cough.
- Use a tissue or your sleeve when you cough or sneeze.
- Clean your hands after coughing or sneezing.

If you are ill and must visit, please ask for a mask.

Infectious Disease Epidemiology, Prevention and Control
612-679-5414 - TDD/TTY 651-215-8889 - www.health.state.mn.us

- Post signs at entry to restrict ill visitors
- Publish visitor restriction notices to the local community
- Limit visitor movement in facility
- Alcohol hand rubs at entry with signage
- Cover your cough signs
 - [Stop! Help Protect Our Residents Poster](https://www.health.state.mn.us/people/cyc/stopres.html)
(<https://www.health.state.mn.us/people/cyc/stopres.html>)
- Encourage visitors to get a flu shot



Prevention – Visiting the Ill Resident

- Limit visiting to persons necessary for the resident's well-being and care
- Hand hygiene before entering, after leaving the resident's room
- Instruct visitors how to wear and dispose of PPE as per facility policy
- Instruct visitors to not visit other residents before removing PPE (if worn) and perform hand hygiene

Prevention – Visiting Restrictions

- Stronger measures can be implemented at the digression of the facility during an influenza outbreak
- For instance:
 - Alerting visitors about the outbreak
 - Restricting visiting for children
 - Screening all visitors for illness before visiting



- Before an Outbreak Occurs
- Identifying an Outbreak
- Reporting an Outbreak to MDH
- Testing
- Monitor
- Control
- Additional Control Measures to Consider
- Treatment
- Chemoprophylaxis



Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

This is a summary of guidance provided by CDC intended to be a reference for use during investigations of respiratory outbreaks in long-term care facilities. It highlights preparations for flu season, outlines control measures, and provides links to reference documents. Full guidance can be found in CDC's [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](http://www.cdc.gov/flu/pdf/professionals/interim-guidance-outbreak-management.pdf) (www.cdc.gov/flu/pdf/professionals/interim-guidance-outbreak-management.pdf).

[Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities \(PDF\)](https://www.health.state.mn.us/diseases/flu/ltc/intguide.pdf)
(<https://www.health.state.mn.us/diseases/flu/ltc/intguide.pdf>)

Tools – Signs: Droplet Precautions

- New CDC Droplet Precaution isolation sign

[CDC: Droplet Precautions \(PDF\)](https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf)
(<https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>)



- [MDH: Influenza \(Flu\) \(www.mdhflu.com\)](http://www.mdhflu.com)
- [MDH: Minnesota Immunization Information Connection \(MIIC\) \(https://www.health.state.mn.us/miic\)](https://www.health.state.mn.us/miic)
- [CDC: Influenza \(Flu\) \(www.cdc.gov/flu/\)](http://www.cdc.gov/flu/)



INFLUENZA VACCINE

Jennifer Heath, DNP, MPH, RN

Storage and Handling of Flu Vaccine

- Maintenance of temperature is critical to the vaccine's viability and effectiveness
 - Loss of inventory, thousands of dollars even with a modest amount of vaccine
- Colder is not better
 - Especially vulnerable to freezing temperatures
 - CDC's guidance recently changed, ideal temperature is 40F or 4.4C
- Temperature monitoring
 - Several options for monitoring
 - Temps recorded by a human twice per day
- Utilize MDH's resources linked in the Fall Flu Guide.

Vaccine Storage Guide

Proper REFRIGERATOR Temperatures



Refrigerate anthrax, DTaP, DT, Td, Tdap, hepatitis A and B, Hib, HPV, influenza, IPV, Japanese encephalitis, meningococcal, pneumococcal, rabies, rotavirus, typhoid, zoster (shingrix), and yellow fever.

Proper FREEZER Temperatures



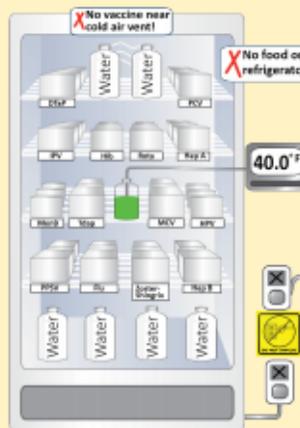
Freeze MMR, MMRV, varicella, and zoster (zostavax). Don't freeze liquid vaccines!

Proper Set-Up

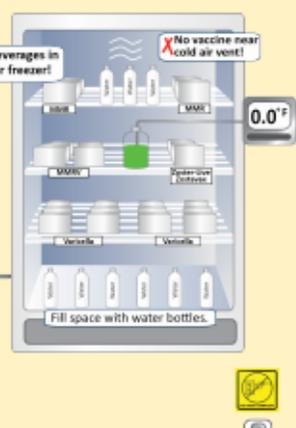
For all units:

- Clearly label the designated space for each vaccine. Avoid storing "look-alike" and "sound-alike" vaccines next to each other (e.g., Tdap and DTaP, HepA and HepB and Hib).
- Keep vaccine 2-3 inches away from walls and other boxes.
- Post *Do Not Unplug* stickers on storage units and electrical outlets. Plug in only one unit per outlet.
- Place probe in the center of the unit.
- Check and log temperatures: Current temperatures twice a day and min/max once daily.
- Fill doors with water bottles; don't store vaccine in the doors (make sure doors close tightly).
- Perform routine maintenance on vaccine storage unit(s).

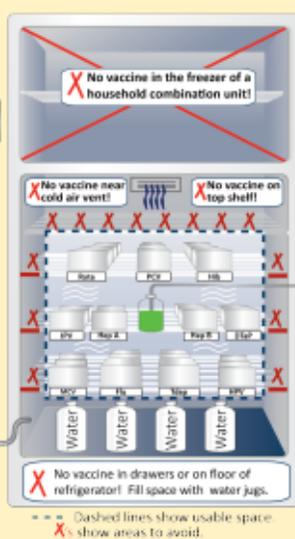
Refrigerator-only unit



Freezer-only unit



Combination refrigerator/freezer unit



Vaccine Storage Units, in order of preference:

1. Lab or pharmacy grade unit. (not pictured)
2. Stand alone household refrigerator and/or freezer unit.
3. Combination household refrigerator/freezer unit - using only the refrigerator.

Page 1 of 2 (1/19) ID# 53475
Adapted with permission from the California Department of Public Health

Minnesota Dept. of Health, Immunization Program

Essential Resource

Vaccine Storage Guide

ment

trained staff member to be the primary vaccine coordinator and at least one person to be backup. Ensure ongoing training for all immunization staff.

Inventory

line inventory on a d with each vaccine re-ordering.

of both private and mark them clearly.

piration dates. ine supply by placing earliest expiration other vaccines and first.

you will not use son date to another oid wastage.

rogram if you are other MnVFC site that :cine.

ave enough space to the back-to-school on.

Store vaccine correctly

- Place the temperature monitoring device's probe in the center of the refrigerator or freezer with the vaccines.
- Use open trays, wire baskets, or other uncovered containers to help organize vaccines.
- Clearly label each container with the vaccine type. Avoid storing look-alike, sound-alike vaccines next to each other (e.g., Tdap and DTaP, HepA and HepB).
- Keep vaccines in their original packaging.
- Store vaccines in the middle of the unit, two to three inches from the walls, ceiling, floor, door, and cold air vent. Do not store vaccine in doors or drawers.
- Keep water bottles or jugs in the refrigerator and frozen water bottles in the freezer. Mark water bottles "DO NOT DRINK."
- Routinely check that the door of each unit is shut.

Monitor temperatures

- Have a working calibrated continuous monitoring device (i.e., data logger) with a current and valid Certificate of Calibration in each unit that stores vaccine.
- Check and record current temperatures twice a day, at the start and end of each clinic day for all temperature monitoring devices including data loggers and continuous monitoring systems.
- Record the minimum and maximum temperatures at start of each clinic day. Reset device (if applicable) following manufacturer's instructions.
- Record temperatures on a temperature log and post it in a visible location or document electronically.
- Record the date, time, and name or initials of the individual checking the temperatures.
- Download temperature data and review weekly.
- Take immediate action on all out-of-range temperatures, including minimum and maximum temperatures!
- Keep temperature logs for three years.

Take action on out-of-range temperatures

Move vaccine immediately if refrigerated vaccine is less than 2°C (36°F).

- Determine the cause, if possible.
- Adjust the thermostat, if necessary.
- Notify your immunization manager or vaccine coordinator.
- Stop using the vaccine.
- Mark the vaccine "DO NOT USE."
- Move the vaccine to a storage unit that is maintaining the correct temperature.
- Collect the lot numbers, expiration dates, storage unit temperatures, the room temperature, and the time the unit was out-of-range.
- Evaluate the temperature data.
- Determine if any of this vaccine was involved in a previous mishap.
- Call the vaccine manufacturer(s).
- For MnVFC vaccine, call the MnVFC program at 651-201-5522 to report the mishap.
- Document your actions.

Page 2 of 2 (1/19) ID# 53475
Adapted with permission from the California Department of Public Health

Vaccine Information Statements (VIS)

- Must be presented to all patients
 - Interim published 8/15/2019
 - Can use up old stock
 - Give English along with other languages
 - [Immunization Action Coalition: Vaccine Information Statements \(https://www.immunize.org/vac\)](https://www.immunize.org/vac)

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

1 Why get vaccinated?

Influenza vaccine can prevent influenza (flu). Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2 Influenza vaccine

CDC recommends everyone 6 months of age and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against those or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match those viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
- Has ever had Guillain-Barre Syndrome (also called GBS).

In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

တိုက်ခွေးပေးသည့် အခွင့်အလမ်းနှင့် ရှောင်ရှားရန် လိုအပ်သည့်အချက်များကို ကြိုတင်သိရှိရန် အရေးကြီးပါသည်။ အထူးသဖြင့် ၆ နှစ်အောက် ကလေးများနှင့် ခုခံစနစ် အားနည်းသူများသည် တိုက်ခွေးပေးရန် အထူးအရေးကြီးပါသည်။

Influenza, Inactivated or Recombinant VIT - Burmese (8/15/19)

အချက်အလက်များ

1 တိုက်ခွေးပေးရန်

တိုက်ခွေးပေးခြင်းသည် တိုက်ခွေးရောဂါကို ကာကွယ်ပေးနိုင်ပါသည်။ တိုက်ခွေးပေးခြင်းသည် တိုက်ခွေးရောဂါကို ကာကွယ်ပေးနိုင်ပါသည်။ တိုက်ခွေးပေးခြင်းသည် တိုက်ခွေးရောဂါကို ကာကွယ်ပေးနိုင်ပါသည်။

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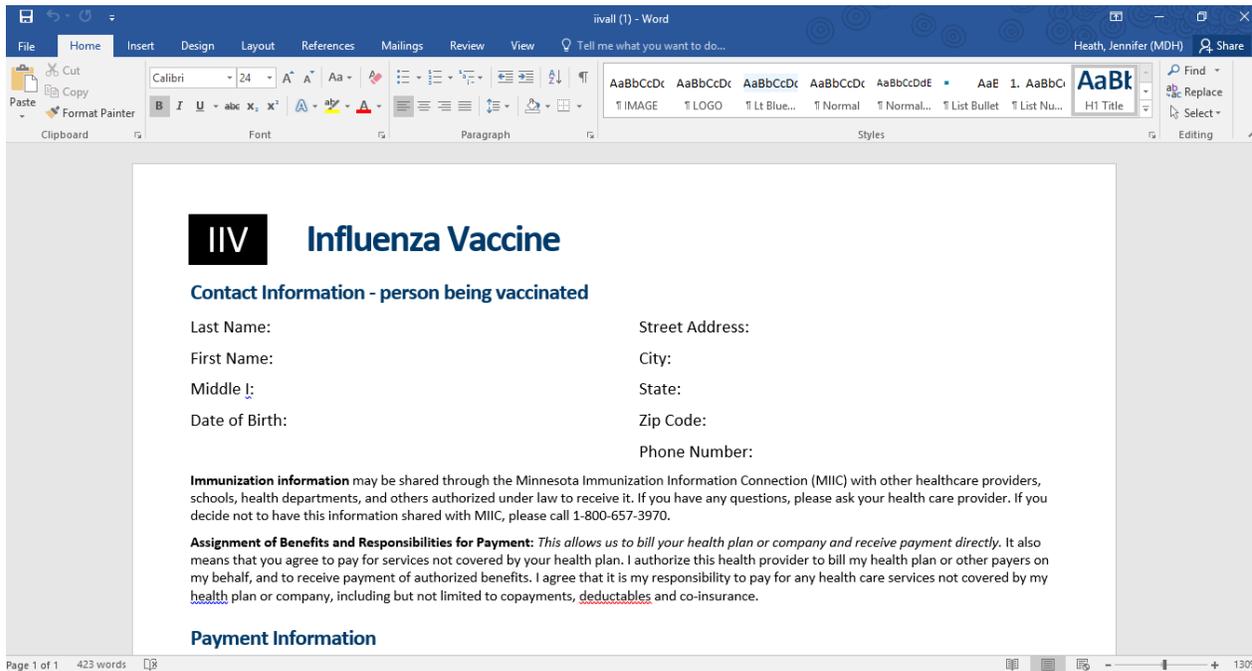
Required by Federal Law:

- Published date of the VIS
- The date the VIS was given to the patient
- Name, address (office address) and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number of each dose administered

Good Practice:

- Site
- Route

Influenza Screening Form



- Available in Microsoft Word
- Modify to your own policy
- Contains required documentation elements

Vaccination of Residents

- Continue to vaccinate
 - Vaccine protects against 3 or 4 strains
 - Second doses not recommended
 - Standard, high-dose, or adjuvanted– no preference
- Be mindful of proper administration techniques
 - Frail patients may require “bunching” or a shorter needle length for IM administration
 - Obese patients may require a longer needle length
- Use the [Minnesota Immunization Information Connection \(MIIC\)](https://www.health.state.mn.us/miic) (<https://www.health.state.mn.us/miic>)

Vaccination of Health Care Personnel (HCP)

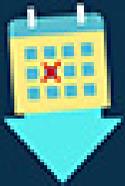
- Continue to vaccinate
 - New employees, former decliners
 - If you cannot provide vaccine refer employees to other sources: pharmacy, clinic, community vaccinator
 - [Vaccination Clinics Serving Uninsured and Underinsured Adults](https://www.health.state.mn.us/people/immunize/basics/uuavsearch.html)
(<https://www.health.state.mn.us/people/immunize/basics/uuavsearch.html>)
- Consider your educational resources
 - Tailor to a lay audience
 - Seek out translations (or interpreters)– even if proficient in English
- Use the [Minnesota Immunization Information Connection \(MIIC\)](https://www.health.state.mn.us/miic)
(<https://www.health.state.mn.us/miic>)

ALL HEALTHCARE WORKERS NEED FLU VACCINES

VACCINATING HEALTHCARE WORKERS



**REDUCES
FLU AMONG
WORKERS**



**REDUCES
WORK ABSENCES**



**PROTECTS
PATIENTS**

3 OF 4 HEALTHCARE WORKERS GET FLU VACCINES

**HIGHEST WHEN
EMPLOYER REQUIRED VACCINE
OR GAVE ONSITE**



**LOWEST FOR
LONG-TERM CARE WORKERS**

WORKPLACE STRATEGIES CAN HELP!



**PROMOTE
ON-SITE
VACCINATION**



**OFFER
LOW OR NO COST
VACCINES**



**REMEMBER
NON-CLINICAL
STAFF**

CDC MMWR: Influenza Vaccination Coverage Among Health Care Personnel – United States 2017-18 Influenza Season (<https://www.cdc.gov/mmwr/volumes/67/wr/mm6738a2.htm>)



the benefits of flu vaccination **2017-2018**

Approximately **40%** of the U.S. population chose to get a flu vaccine during the 2017-2018 flu season, and this prevented an estimated:

6.2
million
flu illnesses

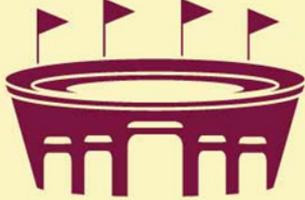
91,000
flu hospitalizations

5,700
flu deaths

More than twice the number of registered nurses in the U.S



About the number of people who can fit in the Rose Bowl stadium in Pasadena, CA



More than the number of children born in the U.S. every 12 hours



get vaccinated
www.cdc.gov/flu

CDC: 2017-2018 Estimated Influenza Illnesses, Medical Visits, and Hospitalizations Averted by Vaccination in the United States (<https://www.cdc.gov/flu/vaccines-work/averted-estimates.htm>)



- Reduces hospitalization and death
 - By 51% for children with underlying medical conditions and by 65% for healthy children (Flannery et al, 2017)
- Reduces the severity of illness in hospitalized individuals
 - Keeps patients out of ICU (Thompson et al, 2018)
- Reduces loss of independence in adults
 - Influenza can cause “catastrophic disability”
- Protects pregnant women and their babies
 - Reduces illness by 50%, very high risk group (Thompson et al, 2019)

How can we be more compelling?

- Keep it simple
- The risks of flu are significant:
 - Loss of independence for the elderly
 - Danger for infants, children, and pregnant women
 - Healthy adults are impacted as well
- Acknowledge that not every case will be prevented
- Protecting our patients and each other against flu is a standard of care

Finding the Flu and Vaccine Materials

[Influenza \(Flu\)](http://www.mdhflu.com)
www.mdhflu.com

m DEPARTMENT OF HEALTH

HOME TOPICS ▾ ABOUT US

Search

Influenza (Flu)

- Flu Home
- Flu Basics
- Statistics
- For Health Professionals
- For Long-Term Care
- For Schools
- For Child Care
- Printed Materials
- Novel and Variant Influenza A Viruses

Related Topics

- Enterovirus
- Immunization
- Cover Your Cough
- Diseases and Conditions

Influenza (Flu)

- [Where to Get Vaccinated](#)
Find a flu vaccine clinic near you.
- [Influenza Basics](#)
General information about flu, including symptoms, complications, vaccines, and treatment.
- [Influenza Statistics](#)
Weekly reports of disease statistics, including the type and severity of disease in Minnesota.
- [For Health Professionals](#)
Information specific to health care providers regarding specimen collection, submission, and treatment for flu.
[Testing](#) | [Rapid Testing](#) | [Reporting](#) | [Vaccine](#) | [Treatment and Antivirals](#)
- [For Long-Term Care](#)
Infection control in long-term care facilities is of utmost importance during the flu season.
- [For School Health Personnel](#)
Resources to help school health personnel address influenza in the schools.

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Spotlight

[Order Influenza Immunization Materials](#)

[FluSafe](#)
Health care worker flu vaccination program.

Contact us:

If you have questions or comments about this page, use our [IDEPCC Comment Form](#) or call 651-201-5414 for the MDH [Infectious Disease Epidemiology, Prevention and Control Division](#).

Influenza For Health Professionals

[Influenza Vaccine Information For Health Professionals \(https://www.health.state.mn.us/diseases/flu/hcp/vaccine/index.html\)](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/index.html)

m1 DEPARTMENT OF HEALTH HOME TOPICS ABOUT US Search

Flu Vaccine for HCP

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Health Professionals Influenza Information

- For Health Professionals Home
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Influenza (Flu)

- Flu Home
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Influenza Vaccine Information For Health Professionals

[2019-20 Minnesota Fall Flu Guide \(PDF\)](#)
Resource for providers who give influenza vaccine. This guide summarizes the season's influenza vaccination recommendations and gives tips on vaccine administration, storage and handling, answers to common questions, and more.

[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2019–20 Influenza Season](#)
MMWR for this season's influenza vaccination recommendations.

- [Influenza Vaccine Administration](#)
All about the influenza vaccines: VISs, storage and handling, package inserts, dosing charts, protocols, and administration.
- [Storage and Handling](#)
Guidelines to ensure that patients receive viable vaccine and that valuable doses of vaccine don't go to waste because of improper storage and handling.

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Subscribe to Influenza Information for Health Professionals

Spotlight

[FluSafe](#)
Health care worker flu vaccination program.

[Weekly Influenza Activity](#)
The statistics page has information on occurrence of influenza in Minnesota.

[Minnesota Antibiotic Stewardship Honor Roll](#)
The honor roll encourages commitment to antibiotic stewardship across the state.

If you have questions or comments about this page, use our [IDEPIC Comment Form](#) or call 651-201-5414 for the MDH [Infectious Disease Epidemiology, Prevention and Control Division](#).



FLUSAFE UPDATE

Michelle Dittrich, MPH

[FluSafe Facilities
\(https://www.health.state.mn.us/diseases/flu/hcp/vaccine/flusafefac.html\)](https://www.health.state.mn.us/diseases/flu/hcp/vaccine/flusafefac.html)

The screenshot shows the Minnesota Department of Health website. The header includes the logo, navigation links (HOME, TOPICS, ABOUT US), and a search bar. The main content area is titled "FluSafe Facilities" with the subtitle "Vaccinating Staff, Protecting Patients". It contains a paragraph about the facilities' commitment to protecting patient health. Below this is a section for "2018-19 FluSafe facilities" with expandable categories for "Hospitals" and "Nursing homes". The "Hospitals" category is expanded, listing "Becker County" (Essentia Health Oak Crossing - Detroit Lakes) and "Big Stone County" (Fairway View Senior Community). The right sidebar features social sharing options, a "Spotlight" section with links to "National Influenza Vaccination Week (NIVW)", "FluSafe" program information, and "Weekly Influenza Activity".

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FluSafe Facilities

Vaccinating Staff, Protecting Patients

The facilities listed below have shown their commitment to protecting patient health by achieving 90% or higher flu vaccination rates among health care personnel and reporting on work to address a barrier to vaccination in the 2018-19 season.

2018-19 FluSafe facilities

[Expand All](#) [Contract All](#)

Hospitals ▾

Nursing homes ▾

Becker County
Essentia Health Oak Crossing - Detroit Lakes

Big Stone County
Fairway View Senior Community

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Spotlight
[National Influenza Vaccination Week \(NIVW\)](#)
Dec. 1-7, 2019
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ANTIVIRAL TREATMENT AND CHEMOPROPHYLAXIS

Karen Martin, MPH

Why Use Antiviral Medications?

- Antiviral medications reduce illness and severe outcomes of influenza based on evidence from randomized controlled trials, meta-analyses of randomized controlled trials, and observational studies.

[CDC: Influenza Antiviral Medications \(https://www.cdc.gov/flu/professionals/antivirals/index.htm\)](https://www.cdc.gov/flu/professionals/antivirals/index.htm)

Antiviral Medications for the 2019-20 Influenza Season

- Four FDA-approved influenza antiviral drugs recommended by CDC this season to treat influenza:
 - oseltamivir (available as a generic version or under the trade name Tamiflu®),
 - zanamivir (trade name Relenza®), and
 - peramivir (trade name Rapivab®)
 - Baloxavir (trade name Xofluza®).
- Oseltamivir (Tamiflu®) is the most common antiviral used in LTC facilities.
 - Circulating strains are sensitive to oseltamivir at this time.

Antiviral Shortage?

- Antiviral shortage not anticipated for current season
- In the event of real or perceived shortage
 - Call pharmacy in advance
 - Call multiple pharmacies if needed
 - Remember to ask for generic and brand-name oseltamivir

Treatment with Antiviral Medications

- Treat residents with confirmed or suspected influenza with antivirals immediately.
 - Treatment should not wait for laboratory confirmation of flu.
- Antiviral treatment works best when started within the first 2 days of symptoms, but can be beneficial after that period.

Treatment Dose and Duration

- Oseltamivir (Tamiflu®) antiviral treatment is 75 mg twice daily for 5 days.
 - Longer treatment courses for patients who remain severely ill after 5 days of treatment can be considered.
 - Always consult the resident's physician for dosing guidance.
 - Patients with renal impairment may require lower doses.

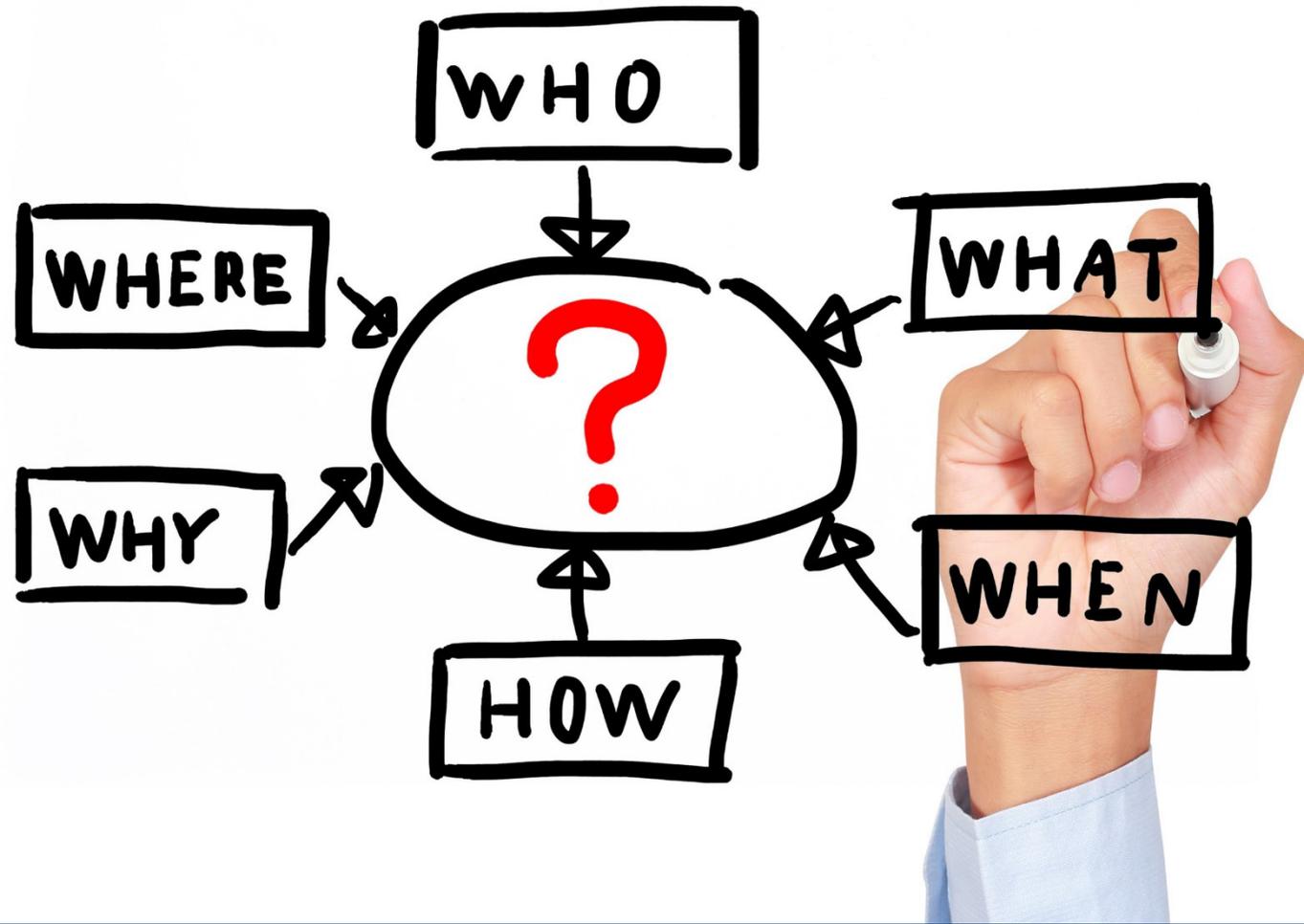
Chemoprophylaxis with Antiviral Medications

- All eligible well residents in affected wards should promptly receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.
 - Priority should be given to residents living in the same ward/unit as ill resident(s).
 - Assess risk of transmission to other wards/units
 - At minimum, do active surveillance in all wards/units
 - Once transmission is detected outside of initial ward/unit, consider facility-wide chemoprophylaxis
- Consider offering prophylaxis to staff in the facility. Alternatively, have staff contact their primary care provider to discuss prophylaxis.

Chemoprophylaxis Dose and Duration

- Oseltamivir (Tamiflu®) antiviral chemoprophylaxis is 75 mg once daily for a minimum of 14 days, continuing for 7 days after the last known case was identified.
 - Always consult the resident's physician for dosing guidance.
 - Patients with renal impairment may require lower doses.

- [MDH: Long-Term Care: Influenza](https://www.health.state.mn.us/diseases/flu/ltc/index.html)
(<https://www.health.state.mn.us/diseases/flu/ltc/index.html>)
- [CDC: Influenza Antiviral Medications](https://www.cdc.gov/flu/professionals/antivirals/index.htm)
(<https://www.cdc.gov/flu/professionals/antivirals/index.htm>)
- [IDSA: Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza \(PDF\)](https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-seasonal-influenza.pdf)
(<https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-seasonal-influenza.pdf>)



QUESTIONS?

Thank you

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