

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's health and wellness show where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host and my guest today is Sarah Brunn. She is our infection prevention coordinator at Lake Region Healthcare and unfortunately is here to talk about the current state of influenza, which is not a good current state, right? Good morning Sarah.

Sarah Brunn: Good morning. You're right, it is not a great state right now.

Katie Johnson: No, I knew that this was a timely issue that would be important to bring to our listeners. And I'd like to start out by just talking about what is the current state of influenza, both maybe nationally, statewide, and particularly here in our communities.

Sarah Brunn: Yeah, so this flu season has been really unusual in that it hit hard and it hit early and generally we see different strains at different times of the season. And this season was really flipped. So we've seen influenza B at the beginning of the season, which is really unusual. But we've had a lot of cases of influenza in our community over this season so far, which we start tracking at the end of October. Since that time we've had almost 450 positive influenza screens at Lake Region Healthcare labs, which is a lot-

Katie Johnson: That is a lot.

Sarah Brunn: ... for this time of the year and over the state of Minnesota, influenza is widespread both in Minnesota and throughout the entire country. The last reported numbers in the state, which they're updated through January 4th, Minnesota had had a total of 753 hospitalizations throughout the state related to influenza and we've also had deaths in the state. So I mean it's really affecting us a lot this year.

Katie Johnson: It's definitely the earliest I can remember since I've been working here of getting these really big numbers and the restrictions, the visiting restrictions which have been prompted as a result of this, currently have visiting restrictions in place in our women's and children's health center. Tell us a little bit more about what restrictions are in place and how and why we made that decision.

Sarah Brunn: Right, so we currently have visitor restrictions on our women's and children's health center unit and we're allowing healthy, immediate family members to visit. So for a newborn patient that would be their siblings, their parents and their grandparents or for adult patients that would be their children, their significant other and their parents. So that's what we're allowing in terms of visitors, as long as those people are healthy. I would say it's a little bit more loose in terms of restrictions and a lot of that is just really based on the population of concern with influenza B. So influenza B is generally affects very young people, a little bit ... not a little bit, definitely bigger impact for younger people. For whatever reason, our older population tends to handle influenza B

relatively well. And so we're really concerned about our most vulnerable littlest patients, those newborn patients and then also pregnant women.

Sarah Brunn: If they get influenza, it can be quite concerning. And so in order to keep our pediatric population safe, our newborns and our pregnant moms safe, we made the decision to implement visitor restrictions just on that unit for right now.

Katie Johnson: Perfect. And how do you decide when those can be lifted? I know that parents appreciate when we are conservative about that and that we have a process in place for determining, but there's also a lot of people that really want to get in and see those new babies. So any idea ... How do you make that decision or any idea when it will be lifted?

Sarah Brunn: Right, absolutely. So, the reason that we implemented visitor restrictions was just that really high number of influenza B in our community. And so I watch and trend those numbers of diagnoses and influenza like illnesses, also other upper respiratory infections, things like RSV that really affect those little ones and right now those numbers remain relatively high. We have had a little bit of a decrease and I think it was helpful to have all the kids that were out of school for a couple of weeks. So a little less contact amongst each other as that's been our highest population that's been affected is school aged children.

Katie Johnson: Okay.

Sarah Brunn: So we will continue to watch those numbers and if we see a consistent decrease over the next couple of weeks, I could anticipate that it would happen at that point. But again, it's just something that we really need to keep a close eye on and our focus is on the safety of our patients. So we really want to keep our patients safe from anything that might be brought into them while they're vulnerable in the hospital.

Katie Johnson: Right. Right. And you mentioned sometimes the strains flipped during the season. Who knows? This year is not being typical anyway, but do you anticipate there's a chance that restrictions will actually be more widespread before they're actually pulled back and be for all hospitalized patients?

Sarah Brunn: That is definitely a possibility. We have now started to see some influenza A, which again, that tends to affect older individuals much more and they get more ill with influenza A and so yeah, there's the possibility that we might spread the restrictions, but again, it's just something we have to keep a close eye on.

Katie Johnson: Right, and I know you're monitoring it every day. When we as listeners think about, okay, knowing this information that it is an unusual year, it is definitely widespread. What can we do at this stage in the influenza season to reduce our chances of catching influenza? Like is it too late for a flu shot, for example? Or what other things can we do?

Sarah Brunn: Yeah, it is not too late for a flu shot. I continue to encourage individuals to get their influenza vaccine. Although influenza vaccines is as you know, aren't perfect. Sometimes you can get your flu shot and still get influenza. You have a significantly lower chance of being hospitalized or dying from influenza if you've had the vaccine and people tend to recover more quickly if they have had that vaccine. So that would be the number one thing is I would really encourage you to get your flu vaccine. Some other things that you can do to protect yourself are just basic health practices, so washing your hands frequently. There was a study that showed that if you wash your hands 10 times a day, it dramatically decrease your risk of influenza. And so wash your hands frequently. Try to avoid touching your face, things that you touch, surfaces where you might come in contact with influenza virus.

Sarah Brunn: If you touch your face, you're more likely to get sick from it and then covering your cough and your sneezes with your sleeve. If you can really work with your kids, especially because it is spread so quickly through that pediatric population. If you can really work with your kids on covering their cough and washing their hands frequently, that will go far in terms of preventing a spread.

Katie Johnson: Absolutely. What about if you suspect that you might have influenza or your child or loved one might, what are the symptoms to know if you're really talking like this might be influenza and when should someone seek medical attention? I know that's probably a complex question, but any light you can shed on that?

Sarah Brunn: Yeah, so first I'm going to distinguish between the flu or what some people think of as the flu and influenza. So the stomach flu and influenza are not the same thing. The stomach flu is a virus that's in your GI tract and will cause vomiting and diarrhea. That we don't have a vaccine for. But influenza, when we're talking about that, influenza is a really serious respiratory illness. Symptoms generally include a fever, cough, runny nose, headache, sore throat, chills, body aches, fatigue. So really sometimes similar to just a regular cold that you might get, but they tend to be more significant and it tends to be accompanied by a fever, which with a cold you wouldn't usually have a fever.

Katie Johnson: Sure.

Sarah Brunn: So there's antiviral medicines that can be prescribed if you have influenza, especially if you're somebody who's at high risk for getting really sick from influenza. So if you've had significant exposure or you're a high risk patient, you would want to seek care if you have these symptoms as soon as possible. Generally, you need to start treatment within the first few days of symptoms for the antiviral medicines to be effective. And again, antivirals, they're not like antibiotics, they don't necessarily kill it off and you're going to be better in a day, but they really do help shorten the length of illness and maybe help control the severity of the illness, so they don't keep you from getting sick overall. It's not a replacement for your vaccine, but it is something that you can get from your provider if you get sick with influenza.

Katie Johnson: Okay.

Sarah Brunn: So I'm going to preface all of that with generally it's fine. You can just go to the clinic, you have this type of, you have these symptoms you can just seek care at the clinic. But there are some times with influenza that you would really need to seek very urgent emergency care. So these would be for our patients that have really high risk for complications related to influenza. So little kids under the age of two we would say, or those that are over age 65, pregnant women or if you've had a baby within the last two weeks or those with complicated and chronic health conditions, things like diabetes, heart disease, kidney disease, lung disease, cancer, anybody that has a really compromised immune system. If you have those healthcare conditions or you're in those age groups, we would recommend really that you be seen as soon as possible. So if you can get into the clinic the same day, that's great. If not, walk-in clinic or potentially in the emergency department, especially if you're having serious symptoms.

Katie Johnson: Sure.

Sarah Brunn: So the things that we would find worrisome, so if you're looking at our infant population or really young children, you would want to seek emergency medical care if they're having a hard time breathing or if they're breathing really, really fast, even if they don't have a fever. Sometimes their breathing rate can go up with just with a fever, but if they don't have a fever and they're breathing really fast, you would want to potentially take them to the emergency department.

Sarah Brunn: If their skin looks bluish, if they're not drinking enough or they have signs of significant dehydration, like they're crying and they don't have tears or they haven't been peeing. Those are things for little kids that you might want to bring them in. Also if they're lethargic or not waking up, if they have a rash along with a fever or if they're complaining of chest or belly pain. So for our littlest population, those would be reasons that you would want to take those ones to the emergency department.

Katie Johnson: Okay.

Sarah Brunn: Now looking at our adult patients, you would want to seek emergency medical care if you're having difficulty breathing or are very short of breath, if you have chest pain or pressure, if you have sudden dizziness or confusion, severe repeated vomiting. Sometimes, especially in our older or very young population, vomiting can come along with influenza as well. And so if it's severe repeated or you are really symptomatic with dehydration or if you have symptoms that initially seem to get better. So maybe you were diagnosed with influenza and everything seemed to get better and now all of a sudden things got really bad again. That would be a reason for anybody to seek really pretty prompt medical care just because it could have turned into a sepsis type situation. And so that's something that we would want to monitor really closely.

- Katie Johnson: Mm-hmm (affirmative). Is there any level at which, your temperature, the fever of a certain degree is especially alarming or is it just simply that a fever is present with all of the other symptoms?
- Sarah Brunn: Right. We would say a fever above 104 which I know that sounds really high, but we have, especially for our kid, for our pediatric patients. For adults, you're going to feel really rough if you're above 102 and if you're taking Tylenol and ibuprofen and it's not coming down below 102, you probably want to be seen. For pediatric patients, part of their immune response is a fever helps you fight infection. It's part of your immune system. And so, if that fever gets too high though, then you can have complications. So we would say you should seek care if your temp is above 104.
- Katie Johnson: Okay, great. Great advice. Any other advice you have for our listeners about staying healthy, protecting themselves and the people around them this winter and just knowing how severe this influenza season is?
- Sarah Brunn: Oh, first I'll say if you're sick you need to say stay home. So if you have a fever or you have an active cough aside from really absolute necessities, like potentially going to a pharmacy to get medication or going to the doctor, you really should stay home as much as possible. So that helps prevent the spread of infection to other people. Generally the rule of thumb is you should be at home until you're free of a fever for 24 hours. So the same rules that we would give little kids in school are the same rules you should follow as an adult. And then just really general health practices. So make sure you're drinking enough fluids, eat a really varied diet, lots of fruits and vegetables, those things that help you fight infection if you do get sick. Getting regular exercise, managing your stress well, getting enough sleep. All of these things that are so hard in our culture, but really these things do help keep you healthy and safe.
- Katie Johnson: They're recommended for a reason, right?
- Sarah Brunn: Yes, absolutely.
- Katie Johnson: Because they actually work. Well, Sarah, thank you for all the great information. A reminder again, influenza season off to a very strong and alarming rate this season, so we want you to be careful. Remember, we have visiting restrictions in place right now in our women's and children's health center and just paying attention to whether or not we're going to need to extend those depending on what happens with the influenza season. But as always, we appreciate your great advice. We hope everyone will take it to heart and have a healthy rest of their winter. Thanks for joining us this morning.
- Sarah Brunn: Thanks Katie.

This transcript was exported on Jan 14, 2020 - view latest version [here](#).

Katie Johnson: Sarah Brunn, infection prevention coordinator at Lake Region Healthcare, my guest today on Apple a Day. Sarah and Katie reminding you there is so much to do here. Stay healthy for it. Have a great day.