

Pandemic Influenza Guidance

FOR HOMELESS

SHELTERS & HOMELESS

SERVICE PROVIDERS

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NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

PRIMARY RESOURCES

Information about seasonal influenza and 2009 H1N1 (sometimes called “swine flu”) continues to change as new information and situations occur. Homeless service providers are encouraged to monitor the following websites for updates and additional information:

- Centers for Disease Control and Prevention: www.cdc.gov
- U.S. Department of Health & Human Services: www.flu.gov
- National Health Care for the Homeless Council: www.nhchc.org
- American Lung Association: www.lungusa.org
- World Health Organization: www.who.org

Other local, commonwealth, territorial, state, and national websites (health departments, hospitals, health clinics, etc.) may also be a resource for updates and additional information.

Help call lines are also a resource for updates and additional information. Most communities can use the 2-1-1 or 3-1-1 call centers:

- **2-1-1** is a health and human services information and referral line usually operated by the United Way. It contains a database of local, regional and national community resources. It has the capacity to provide information to non-English speaking callers and can be accessed 24 /7, 365 days a year.
- **3-1-1** is a municipal services and information line. In some areas 3-1-1 is a partner of 2-1-1.
- **CDC Hotline** is another resource for up-to-date information: 1-800-CDC-INFO (1-800-232-4636).

Information in multiple languages is available online at

- U.S. Department of Health & Human Services: www.flu.gov/know.html

Information for people with hearing impairments is available online at

- Centers for Disease Control and Prevention: www.cdc.gov/H1N1FLU/DEAF.HTM
- Federal National Relay Service: telephone typewriter (TTY) at 1-800-877-8339

DISCLAIMER

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EXECUTIVE SUMMARY

Homeless shelters and other homeless service sites continue to play an important part in protecting the health of the people they serve. People using homeless services depend on providers to maintain healthy living environments and to take measures to decrease the risk of influenza transmission. Homeless persons may bear particular risk of contracting influenza because of crowded and unsanitary living conditions, stressed immune systems, and close contact with highly transient persons. This is also the case for other communicable diseases, but the rapidly developing H1N1 epidemic calls for increased precautions and vigilance.

Maintaining the health of an entire population who are at higher risk of influenza transmission is a significant task for organizations with limited resources and staff capacity. For this reason, pandemic influenza planning and response requires that homeless service providers collaborate with local, state, national, tribal, and territorial efforts.

The purpose of this manual is to provide guidance for homeless shelters and other homeless service providers to plan for and to respond to the special needs of homeless individuals during the influenza season. Different facilities will need to tailor the guidance to meet the needs of their staff and the people they serve. This manual consolidates a number of materials developed by credible authorities. Information found in this manual includes:

- General information about the 2009–2010 seasonal influenza and H1N1 (“swine flu”) influenza
- Symptoms of influenza
- Influenza transmission
- Methods to decrease the spread of influenza among residents, clients, staff, volunteers, and visitors to homeless shelters and other homeless service sites
- Caring for clients who have influenza or influenza-like illness
- The importance of working with local, state, tribal, territorial, and national agencies

This manual was prepared in late October 2009. Guidance regarding influenza planning and response is constantly changing as new information develops. Homeless service providers are responsible for staying informed with new developments. Updated information will continue to be available through the resources listed on page ii.

INTRODUCTION

Homeless shelters and other homeless service sites present vast differences in their infrastructure, including the types of services they provide, the people they serve, and the types of buildings in which they are located. Some sites only provide food and shelter while others provide a range of services including case management, health care, and substance abuse recovery services. Some sites serve different clients on a first come, first served basis while others serve the same clients for longer durations of time. Some shelters are housed in facilities that can accommodate hundreds of residents while others can only accommodate a small number of residents. Many sites only serve homeless adult males while others serve homeless families.

All of these factors present challenges to traditional methods in planning for and responding to pandemic influenza. According to John Lozier, executive director of the National Health Care for the Homeless Council:

Proper care for homeless persons sick with influenza is a major concern. Bed rest and clean drinking water are often simply not available. For those who are sick enough to be referred to a physician, usual sources of care are generally limited to health care for the homeless projects, emergency rooms, and community health centers, where the capacity and/or appropriateness of these providers is quite limited. Pharmaceuticals may be in short supply or cost-prohibitive for indigent homeless persons. Self-care is complicated by a high prevalence of mental illnesses and addictions. And after a provider sees ill persons, where to go for prescribed bed rest remains a concern.

Isolation to prevent further transmission of disease is likewise problematic. Many shelters have no separate facilities or space for isolating contagious persons, and beds are often spaced closely together. Many shelters lack the staff capacity for effective medical screening. The same difficulties exist for homeless children, with additional complications. If likely flu cases are identified at school, parents often cannot be located to pick them up. When parents arrive, they sometimes have nowhere to go until a shelter opens, or must continue living in a car or other unhealthy location.

The novel H1N1 influenza was first detected in the United States in mid-April 2009. On June 11, 2009, the World Health Organization (WHO) declared an H1N1 pandemic and on October 24, 2009, President Barack Obama declared the spread of the H1N1 flu a national emergency.

Most people who have become ill with this new virus have recovered without requiring medical treatment. Serious illness and deaths, however, have occurred. According to an article in *The Washington Post* appearing on October 25, the Centers for Disease Control and Prevention reported “that the flu was spreading widely in at least 46 states and had already caused the hospitalization of at least 20,000 Americans. More than 1,000 deaths have been attributed to the virus and more than 2,400 additional deaths were probably associated with it” (Shear & Stein, 2009, para. 6).

The H1N1 influenza is thought to spread in the same way as the seasonal influenza—via droplets that get into the air when a sick person sneezes or coughs. *The same steps that prevent the spread of seasonal influenza will also prevent the spread of H1N1 influenza.*

Increased numbers of persons becoming ill has prompted the Centers for Disease Control and Prevention (CDC) to implement its emergency response procedures to reduce transmission and illness severity, and to provide information to help health care providers, public health officials, and the public address the challenges posed by the influenza virus during the 2009–2010 influenza season.

As homeless persons present special challenges, *homeless shelters and homeless service providers should develop plans* that respond effectively to the influenza outbreak. This document is intended to provide information and insight that will help homeless shelters and other homeless service providers plan for and respond to the 2009–2010 influenza season. It examines issues and challenges that require special consideration and that must be addressed to meet the needs of people who are homeless.

INFLUENZA SYMPTOMS

The symptoms of seasonal and H1N1 influenza are similar.

SEASONAL FLU	H1N1 FLU
<p>All types of flu can cause:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Coughing <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny or stuffy nose <input type="checkbox"/> Headaches <input type="checkbox"/> Body aches <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue 	<p>Same as seasonal flu, but symptoms may be more severe</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Coughing <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny or stuffy nose <input type="checkbox"/> Headaches <input type="checkbox"/> Body aches <input type="checkbox"/> Chills <input type="checkbox"/> Fatigue <p>In addition to the above symptoms, a number of H1N1 cases reported:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <p>Vomiting and diarrhea are seen more often in children</p>

Most people who contract seasonal and H1N1 influenza recover without needing any medical treatment. However, some groups are at higher risk for developing complications related to influenza, which can result in hospitalization and occasionally death.

PERSONS AT HIGHER RISK FOR COMPLICATIONS OF NOVEL H1N1 AND SEASONAL INFLUENZA

- Children younger than five years old. The risk for severe complications from seasonal influenza is highest among children younger than two years of age.
- Pregnant women.
- Adults 65 years of age and older.
- Persons with the following conditions: Chronic pulmonary (including asthma), cardiovascular, kidney, liver, blood disorders, neurologic, neuromuscular, or metabolic disorders (e.g., diabetes).
- Persons with conditions that weaken the immune system, such as HIV/AIDS or malnutrition.
- Persons under 18 years of age on long-term aspirin therapy.

Source: *The Centers for Disease Control and Prevention, October 8, 2009*

Influenza-Like Illness (ILI). Influenza testing can be timely and costly. For this reason, many practitioners diagnose patients with influenza-like illness and advise patients and their caregivers to treat the illness as if it were the flu. Influenza-like illness is defined as fever of 100°F or higher with a cough or sore throat. It often starts suddenly and may be accompanied by fatigue, body aches, headache, chills, and runny or stuffy nose (New York City Department of Health and Mental Hygiene, 2009).

TRANSMISSION OF SEASONAL AND H1N1 INFLUENZA

Seasonal and H1N1 influenza are spread when viral droplets are inhaled into the lungs or deposited on the mucous membranes of the eyes, mouth, or nose. These droplets are more likely to spread to people who are less than three to six feet away from an infected person who coughs or sneezes into the air. Influenza viruses may also be spread when a person touches viral droplets on another person or surface and then touches their own or someone else's eyes, mouth, or nose before washing their hands.

HOW DOES THE FLU SPREAD?

Just like regular flu, H1N1 (swine) flu spreads when a person who is infected with this virus:

- Coughs or sneezes into the air and others get the virus in their eyes, nose, or mouth.
- Coughs or sneezes on their hands and touches objects or surfaces that others touch and get to their eyes, nose, or mouth.
- Shares with another person an object with their spit on it, like a cigarette, cup, spoon, or fork.
- Kisses another person on the face or lips.

Source: *Seattle & King County Public Health, September 24, 2009*

People with influenza can possibly infect others beginning one day before symptoms develop and up to five to seven days after they become sick. This means people infected with the flu can pass the flu to someone else before they know that they are sick and while they are sick. Some young children and people with weak immune systems may be contagious for longer than seven days (Centers for Disease Control and Prevention [CDC], September 30, 2009).

Droplets can come to rest on many different surfaces including floors, walls, windows, tables, door handles, light switches, phones, computers, bathroom and kitchen surfaces. Studies show the rate at which the influenza virus lives in the environment differs depending on several environmental factors—including but not limited to—temperature, humidity, and exposure to sunlight. Low humidity (less than or equal to 50 percent) and cool temperatures are associated with longer periods during which the virus can live. The influenza virus can live on porous surfaces such as cloth and paper for as long as eight to twelve hours. The virus can survive on nonporous surfaces (stainless steel, hard plastic) for 24–48 hours and up to 72 hours when the surfaces are moist or wet. The amount of time that the influenza virus can live on hands varies. Recent studies show that the influenza virus can remain stable on hands for up to five minutes (U.S. Department of Health and Human Services [HHS], 2009b).

Hand Transfer. Hand transfer of the virus from surfaces to the eyes, mouth, and nose is a primary mode of transmission. Although infectious influenza can live on nonporous surfaces for up to 72 hours, it is more likely to be transferred to the hands during the first two to eight hours after the virus contacts the surface. Similarly, the virus can live on porous surfaces for eight to twelve hours, but is more likely to be transferred to the hands during the first fifteen minutes after contact. For this reason, it is important to regularly clean and disinfect surfaces to decrease the transmission of the influenza virus (HHS, 2009b).

DECREASING THE RISK OF TRANSMISSION OF INFLUENZA VIRUSES

Education. Education offered to residents, clients, staff, volunteers, and visitors might include the following messages:

- Cover coughs and sneezes with a tissue or cough into the bend of the elbow. Tissues should be thrown in the trash after use.
- When holding a sick child, place the child’s chin on your shoulder so the child does not cough on your face.
- Wash hands with soap and water or with alcohol-based hand sanitizer when soap and water are not available. Hand washing supplies should be easily available and accessible.
- Avoid touching the eyes, mouth, and nose.
- Avoid or decrease contact with sick persons as much as possible.
- Encourage all persons who are sick to stay away from others.
- Regularly clean and disinfect contact surfaces.

Strategically placed signs reminding residents to wash their hands and cover their coughs can help reduce transmission of the virus. Signs should be placed near sinks, entrances, intake areas, restrooms, sleeping areas, recreation areas, waiting rooms, and other places where they are easily seen. Signs should be “written in languages representative of the community, have a simple message, use a large font, include one or two graphics, and focus on actions that should be taken rather than actions to avoid” (Edgington, 2009).

SAMPLE MESSAGE FOR SIGNS

Everyday actions can help prevent the spread of germs that cause influenza. Taking these actions can help decrease the transmission of the influenza virus.

- Wash hands frequently with soap and water or use an alcohol-based hand sanitizer.
- Avoid or minimize contact with sick persons as much as possible.
- Avoid touching your eyes, mouth, and nose.
- Cover your mouth and nose with tissue when you cough or sneeze. If you do not have tissues, cough or sneeze into the bend of your elbow.
- Stay away from others as much as you can when you are sick.

Source: *The Centers for Disease Control and Prevention, October 20, 2009*

Printable posters and signs are available online:

- Boston Public Health Commission: <http://www.bphc.org/programs/infectiousdisease/infectiousdiseasesatoz/influenza/flueducationalmaterials/Pages/Home.aspx#Posters>
- Centers for Disease Control and Prevention: www.cdc.gov/flu/protect/covercough.htm

Additional recommendations for educating clients about influenza and the vaccine are found on page 20.

HAND WASHING METHODS

Using soap and water:

- Wet hands with comfortably warm running water.
- Apply soap, and then rub your hands for 15–20 seconds to create lather covering all hand surfaces, including fingernails, thumbs, palms, and between each finger.
- One way to know you have washed long enough—and an easy technique to teach children—is to sing the “Happy Birthday” song twice while washing your hands.
- Rinse your hands well under running water.
- Disposable (paper) towels should be used in public washrooms. Individual cloth towels, if used, should not be shared.
- Dry hands well with the towel.
- Turn off the water faucet with the towel.
- Use the towel to open the exit door.

Using alcohol-based hand rubs (gels and wipes):

- Alcohol-based products can be used to wash hands when they are not visibly soiled and soap and water are not available. They must contain a minimum of 60 percent alcohol.
- Apply a small amount (a drop the size of a dime) of the product to the palm of one hand.
- Rub hands together, covering all hand surfaces, including fingernails, thumbs, palms, and between each finger.
- The gel does not need water to work.
- The product usually dries within 15–20 seconds. Make sure the hands are completely dry before doing another task.

Note: Alcohol products are flammable

Source: *The Centers for Disease Control and Prevention, April 27, 2009*

Cleaning and Disinfection. Cleaning and disinfection can decrease transfer of the influenza virus from surfaces to hands. Influenza virus can be inactivated by many disinfectants containing any of the following ingredients if used in the proper concentrations and for sufficient lengths of time:

- Chlorine (hypo chlorides)
- Alcohols
- Peroxide compounds
- Iodine-based antiseptics

CLEANING AND SURFACE DISINFECTION STRATEGIES

- ❑ Follow the manufacturer’s recommendations for use, dilution, and contact time (i.e., the amount of time a product must remain on a surface to effectively kill germs).
- ❑ Pay careful attention to the instructions on the product label, especially for the contact time.
- ❑ Areas and items likely to be contaminated should be cleaned and disinfected at least daily.
- ❑ Personnel performing the cleaning and disinfecting should use disposable gloves.
- ❑ Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
- ❑ Clean floors, windowsills, countertops, and shelves.
- ❑ Clean frequently touched objects such as doorknobs, telephones, equipment buttons, faucet handles, etc.
- ❑ Change mop heads, rags, and similar items used for cleaning and disinfecting solutions frequently.
- ❑ Clean, disinfect, and dry equipment used for cleaning after each use.

Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but it is important that items should not be +shared without first washing thoroughly. Linens, such as sheets and towels, should be washed using household laundry soap and tumbled dry on a hot setting. Do not shake or hug dirty laundry when carrying it. Individuals should wash their hands with soap and water or use an alcohol-based hand sanitizer immediately after handling dirty laundry. Wash eating utensils by hand or dishwasher using soap and water.

Source: U.S. Department of Health and Human Services, 2009b

Additional resources:

- Kraybill, K., & Olivet, J. (2006). *Shelter Health: Essentials of Care for People Living in Shelters*. Nashville: National Health Care for the Homeless Council, Inc. Available online at <http://www.nhchc.org/shelterhealth.html>
- A list of disinfectants registered by the U.S. Environmental Protection Agency is available online at <http://www.epa.gov/oppad001/influenza-disinfectants.html>

Facemasks and Respirators. In community and home settings, the use of facemasks and respirators are usually not recommended. However, in certain circumstances facemasks and respirators may be used as one part of an infection control strategy that should also include frequent hand washing and social distancing. Facemasks or respirators can be beneficial if worn by residents living in a crowded shelter setting who have influenza or influenza-like illnesses. Facemasks and respirators can also be beneficial if worn by individuals who have one or more health conditions that increase the risk of influenza-related complications. Shelter workers who are in close contact with sick residents may also choose to wear a facemask or respirator.

There are important differences between facemasks and respirators. Facemasks do not seal tightly to the face and are used to block large droplets from coming into contact with the wearer's nose or mouth. Facemasks also keep splashes or sprays from reaching the mouth and nose of the person wearing the mask. They are not designed to protect against breathing in very small particle aerosols that may contain viruses.



N95 Respirator

A respirator is designed to protect the person wearing it against breathing in very small particle aerosols that may contain viruses. Breathing through a respirator might be difficult due to its snug fit and because it is fabricated from materials that are tightly woven together. Respirators are not recommended for children or people with facial hair. The “N95” coding on respirators means they block at least 95 percent of very small particles when used properly.

Used facemasks and respirators are likely to be contaminated with germs (viruses and bacteria) that can be spread between people. After removing facemasks or respirators, the wearer should throw it in the trash and wash his or her hands.

Additional resource:

- Centers for Disease Control and Prevention. *Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus Transmission*. Available at <http://www.cdc.gov/h1n1flu/masks.htm>

CARING FOR PEOPLE WITH INFLUENZA AND INFLUENZA-LIKE ILLNESS IN A SHELTER SETTING

Shelter workers have a role in ensuring the health and wellbeing of their clients. Medical providers will instruct people who have homes to stay at home, rest, and drink plenty of liquids. For many people, the shelter is home. People who are homeless are particularly dependent on shelters for rest and recuperation when communities lack medical respite facilities or alternate care sites. During this influenza season, shelters should be prepared to accommodate people who have influenza-like illness (ILI) and to protect others who must share the same facility.

Shelters can accommodate sick residents and minimize the spread of infection by

- Gathering health-related information during the intake process,
- Educating shelter staff on how to care for mildly ill residents while minimizing contact, and
- Educating staff on when to seek emergency care.

Intake Process. To best assist clients, shelters might incorporate questions during the intake process that would ascertain whether or not the person has a primary care provider, any underlying conditions that may pre-dispose them to serious complications from the flu, and whether or not they have had a vaccination for seasonal or H1N1 flu. Having this information will help staff target vulnerable clients for early vaccination and identify a healthcare provider who can work with the shelter staff and client in developing a flu plan.

It is important that shelter workers understand how to ask questions without seeming intrusive or authoritative. Shelter workers should practice client-centered care when working with a client. In client centered-care, the client's preferences guide every aspect of the delivery of services. It is up to the shelter worker to understand the person's realities and belief system and develop a mutually agreed upon care plan.

Shelter workers are accustomed to working with people who have poor health in general and can often detect subtle changes in a person's health. All shelter workers should be asked to monitor residents for subtle changes to their baseline health. Recommendations for caring for clients with flu symptoms are described in the shaded area on the following page.

WHAT SHOULD WE DO IF A CLIENT COMES TO US WITH FLU SYMPTOMS?

- ❑ Gather information from the client. Help the client sort through how they are feeling to see if they are mildly ill or in need of medical evaluation. Clients should not be told to seek medical care if they are not ill or have mild symptoms for which they would not ordinarily seek medical care.
- ❑ Ask them what symptoms they are having.
- ❑ Ask them when they first noticed the symptoms.
- ❑ Try to gauge the severity of the symptoms by using a 1–10 scale, with 10 being the worse.
- ❑ If you can take their temperature, do so. An oral temperature reading of 101°F constitutes a fever. If they complain of sweats and/or chills, they probably have a fever.
- ❑ Mild symptoms without fever without complaint of feeling very sick and without complaint or evidence of extreme fatigue probably do not represent flu symptoms.

Mild and moderately ill clients should stay in one spot as much as possible. Please do your best to accommodate your clients' needs at your site.

- ❑ Try to situate them in a comfortable place at as much distance from the rest of the site's population as possible. Encourage the client to lie down and rest. Most will want to do this.
- ❑ Prevent dehydration. Encourage the client to drink plenty of water, clear soup, decaffeinated tea, or juice.
- ❑ Provide a blanket if possible.
- ❑ Provide the client with hand sanitizer, a box of tissues and a plastic bag or lined garbage can to dispose of tissues.
- ❑ Encourage the client to cough into their elbow area or cover their mouth with tissues or paper towels when they cough or sneeze. Provide the client with a mask.
- ❑ Assure easy access to bathroom if vomiting and/or having diarrhea. Provide basin or bucket if vomiting.
- ❑ Check in on the client every two to three hours.

Source: *Seattle & King County Public Health, September 24, 2009*

Case managers can help individuals showing symptoms of influenza reschedule or cancel any unnecessary appointments and engagements. For medically necessary appointments, such as dialysis and chemotherapy, make sure the facility is aware of the individual's ILI status so that precautions can be taken. If possible, offer transportation so that the individual is not dependent on public transit and ask the individual to wear a mask during the visit. Make sure the ill person has supplies of tissue and a receptacle to dispose of them. The receiving facility should implement its own infection control practices.

Isolation Recommendations. Shelters may need to adapt program policies during the influenza season. Shelters may want to offer a “stay-in pass” for people who are feeling sick. Shelters should avoid turning a person away due to an illness or make appropriate referrals.

ISOLATION RECOMMENDATIONS

If individual rooms for sick persons are not available, the Commonwealth of Massachusetts Department of Public Health makes the following recommendations (September 25, 2009):

- House the sick person in a large, well-ventilated room with the fewest number of other residents.
- Avoid housing the sick person in a room with people who have health conditions that increase their risk of complications from influenza; these include asthma, HIV/AIDS, diabetes, and pregnancy.
- Increase spacing between beds so that the sick person's bed is six feet from the next bed.
- Arrange beds so that persons lie head-to-toe or toe-to-toe to provide the greatest distance between faces.
- Use sheets or curtains to create temporary barriers between beds.
- Increase the frequency of cleaning and disinfecting the area.
- Make sure soap and running water or alcohol-based hand sanitizers are available for hand hygiene. Give directions on hand hygiene and cough etiquette.

RECOMMENDATIONS FOR SICK RESIDENTS

To decrease the spread of the influenza virus, the Commonwealth of Massachusetts Department of Public Health (2009) makes the following additional recommendations:

- A sick person who stays at the facility should be asked to stay in a separate room, if possible. The person should not take part in group activities during their infectious period. They should wash their hands frequently and wear masks when they must leave their room.
- If a sick person shares a room with a person who does not have symptoms, they should be asked to stay in the room and the others who share the room should be asked to stay out of the room as much as possible. The sick person should wash his or her hands frequently.
- Limit the number of visitors who enter the room of ill persons. People should be asked not to visit until 24 hours after the fever is gone.
- Have meals brought to the sick person's room. If this is not possible, have the sick person eat at a different time or in an area separated from others by at least three feet. Explain the purpose of separating sick persons as to minimize stigmatizing those who are sick.
- Provide the sick person with access to fluids (such as water and clear soups), tissues, a wastebasket, and alcohol hand sanitizer, if appropriate, by each sick person's bed or at the entrance of the room so that they can easily get to them.

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health (2009) provides additional recommendations for congregate care facilities (see Appendix A).

When to Seek Medical Care. Influenza can cause mild to severe illness and sometimes death. Most healthy people will recover from the flu with no complications; however, it is important to know when to seek medical care. Vancouver Coastal Health developed a helpful Pandemic Influenza Decision-Making Tool to help service providers determine when to seek medical care for someone showing influenza symptoms (see Appendix B).

WHEN TO SEEK EMERGENCY CARE

In children, emergency warning signs that need urgent medical attention include:

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In adults, emergency warning signs that need urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

Source: *The Centers for Disease Control and Prevention, October 20, 2009*

Outreach Efforts. Outreach became a common practice in the eighteenth and nineteenth centuries as a means of improving the health of a community by taking services, health education, and disease prevention to locations where the most underserved could be found. Since that time, public health practices have been committed to moving health services beyond the walls of traditional medical institutions and out into the community. Outreach activities can be valuable in minimizing the spread of influenza among homeless people and reaching those who are infected but would not typically seek medical care.

During the 2009–2010 influenza season, outreach workers should be trained in:

- Recognizing symptoms of influenza
- Utilizing available treatment resources
- Providing recommendations for reducing transmission of the virus
- Distributing and using hand sanitizers in locations without sinks or running water
- Directing or taking homeless persons to facilities where they can be vaccinated
- Directing or taking homeless persons to facilities where they can be diagnosed and treated

Outreach workers should have informational materials, hand sanitizer and tissues to distribute, as well as thermometers and thermometer covers, disposable gloves, pain medications such as Tylenol® and other medications consistent with the worker’s training and authority to dispense.

Additional Resource:

- Kraybill, K. (2005). *Outreach to People Experiencing Homelessness: A Curriculum for Training Health Care for the Homeless Outreach Workers*. Nashville: National Health Care for the Homeless Council, Inc.

VACCINATION

Two different influenza vaccines are available for the 2009–2010 season, the seasonal flu vaccine and the H1N1 flu vaccine. Recommendations for both vaccinations, including recipients and dosages, are provided here.

Seasonal Flu Vaccine. The influenza vaccine changes every year as the influenza virus changes. This means that individuals should receive the influenza vaccine every year to protect themselves from the most current viruses. Children who are six months to nine-years-old and receiving the flu vaccine for the first time will need two doses the first year they take the vaccine; others need only one dose of the seasonal vaccine. Routine seasonal flu vaccination is recommended for all staff, volunteers, shelter residents, and clients.

H1N1 Flu Vaccine. The H1N1 vaccine is specifically designed to protect against the 2009–2010 H1N1 influenza virus. The H1N1 vaccine can be administered to an individual through a shot or a nasal spray. The flu shot contains a dead virus that is typically injected in the arm. The nasal spray vaccine is made with a weakened live virus that does not cause the flu. The spray is approved for use in healthy people 2 to 49 years of age who are not pregnant (CDC, October 7, 2009).

The same side effects usually seen with the seasonal flu vaccine are expected with the H1N1 vaccines. Side effects from the flu shot may include soreness, redness, or swelling where the shot was given, a low-grade fever, and/or aches. The CDC (October 7, 2009) states that these side effects usually occur soon after the shot, are mild in severity, and will last one to two days. Children may experience side effects from the nasal spray such as a runny nose, wheezing, headache, vomiting, muscle aches and fever. Adults may also experience side effects from the nasal spray, including a runny nose, headaches, sore throat, and coughing.

The Centers for Disease Control and Prevention recommends that several groups receive the H1N1 vaccine as soon as possible:

- ❑ **PREGNANT WOMEN.** Pregnant women are at higher risk of complications.
- ❑ **HOUSEHOLD CONTACTS AND CAREGIVERS FOR CHILDREN YOUNGER THAN SIX-MONTHS-OF-AGE.** Young infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccinations of those in close contact with infants less than six-months-old might help protect infants from contracting influenza.
- ❑ **HEALTH CARE AND EMERGENCY MEDICAL SERVICES PERSONNEL.** Infections among healthcare workers can be a potential source of infection for vulnerable patients. In addition, increased absenteeism among healthcare professionals could minimize the ability of the healthcare system to care for patients.
- ❑ **ALL PEOPLE FROM SIX MONTHS THROUGH 24 YEARS OF AGE.** Many cases of H1N1 influenza have been reported in children ranging in age from nine months to 18 years. Close contact in schools and day care settings may increase the spread of influenza. Young adults 19 to 24 years of age are often mobile and live, work, and study in close proximity to others.
- ❑ **PERSONS 25 THROUGH 64 YEARS OF AGE WHO HAVE HEALTH CONDITIONS ASSOCIATED WITH HIGHER RISK OF MEDICAL COMPLICATIONS FROM INFLUENZA.**

Source: *The Centers for Disease Control and Prevention, October 7, 2009*

Pneumococcal Vaccination. People who have influenza infections are more likely to develop bacterial pneumonia. Symptoms of pneumonia mimic some of the symptoms of the flu—fever and cough—but also include chest pain and shortness of breath. Vaccines are available to help prevent the onset of pneumonia. Most people will only need to be vaccinated for pneumonia once in their lifetime. People who do not remember if they have ever had the vaccine can still be vaccinated (CDC, October 23, 2009). Shelter staff should consider the pneumococcal vaccine as part of the client’s flu plan if they meet any of the criteria listed in the shaded box below and have not received the vaccine already.

PNEUMOCOCCAL VACCINATIONS ARE RECOMMENDED FOR:

- ❑ People who are 65 years of age and older
- ❑ People two years of age and older who have a chronic illness such as cardiovascular or lung disease, sickle cell disease, diabetes, alcoholism, chronic liver disease
- ❑ People two years of age and older with a weakened immune system such as HIV infection, AIDS, chronic renal failure, kidney disease, organ or bone marrow transplantation, Hodgkin's disease, leukemia, lymphoma, multiple myeloma
- ❑ People who are receiving steroids
- ❑ People who have had their spleen removed or whose spleen is not functioning due to an illness such as sickle cell
- ❑ Residents of nursing homes or long-term care facilities
- ❑ People 19 through 64 years of age who smoke cigarettes or have asthma

Source: *The Centers for Disease Control and Prevention, October 23, 2009*

Where Can Clients Access the Influenza Vaccine? The CDC maintains a list of flu vaccination locations reported by city and state public health departments. This information can be accessed at http://www.cdc.gov/flu/protect/pdf/pub_health_dept_flu_clinic.pdf.

Flu shots are likewise available at many Health Care for the Homeless projects and other Federally Qualified Health Centers. These sites provide services regardless of patients' ability to pay. Lists of these health centers can be accessed through the websites of the Health Resources and Services Administration (www.hrsa.gov) and the National Health Care for the Homeless Council (www.nhchc.org).

Who Should Not Receive the H1N1 Vaccination? The CDC (October 7, 2009) recommends that certain individuals *should not* receive the 2009-2010 H1N1 vaccination without first talking with a doctor:

- People who have a severe allergy to chicken eggs
- People who have had a severe reaction to an influenza vaccination
- People who previously developed Guillain-Barré syndrome within six weeks of getting an influenza vaccine
- Children younger than six months old
- People who have a moderate to severe illness with a fever (they should wait until they recover to get the vaccine)

Children and Flu Vaccination. The CDC suggests that the flu is more dangerous than the common cold for children. Each year an average of 20,000 children under the age of five are hospitalized because of influenza complications. During the 2007–2008 flu season, the CDC reported that 86 children died from influenza-related complications. Severe influenza complications are most common in children younger than two years old. Children with chronic health problems such as asthma and diabetes are at especially high risk of developing serious flu complications.

The seasonal flu vaccine will not protect children against the H1N1 flu. Children should be vaccinated against the seasonal flu *and* the H1N1 flu.

CHILDREN AT GREATER RISK FOR DEVELOPING COMPLICATIONS FROM SEASONAL FLU

- ❑ Children younger than six months old. The vaccine is not approved for use in infants younger than six months of age. The CDC recommends the best way to protect children younger than six months old is to make sure family members and other caregivers receive the vaccine.
- ❑ Children six months to five years of age.
- ❑ Children with chronic health problems including asthma or other problems of the lungs, immune suppression, chronic kidney disease, heart disease, HIV/AIDS, diabetes, sickle cell anemia, long-term aspirin therapy, and any condition that can reduce lung function (cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders).

Source: *The Centers for Disease Control and Prevention, July 1, 2009*

Homeless Flu Vaccination Rates. Providing vaccinations at homeless shelters and other homeless service sites has been fundamental in reaching larger numbers of people who are homeless. A study of medical chart reviews for 4,319 homeless persons in New York City (Buchner, Brickner, & Vincent, 2006) indicated the rate of influenza vaccination was less than 25 percent. Vaccinations given at shelter clinics accounted for a large percentage of these vaccinations.

The study also indicates that an individual’s decision to receive an influenza vaccination is influenced by several factors. These factors include avoidance of possible side effects, belief that the vaccine will not protect them from influenza, previous bad reactions, dislike of injections, and belief that the vaccine is not required.

Dispelling Myths and Communicating Information. Vaccination protects individuals from getting influenza and reduces the risk of spreading the infection. People who decline vaccination may be misinformed about influenza or may mistrust or fear institutions and authority figures. Shelter workers must respect an individual's right to decline a vaccination. However, shelter workers can offer education so that their clients make informed decisions. Myths are one source of misinformation that may cause a client to decline vaccination. Shelter workers should understand and be able to dispel common myths.

MYTHS ABOUT INFLUENZA

You can catch the flu from the vaccine. The vaccine is made from an inactivated virus that can't transmit infection. So people who get sick after receiving a flu vaccination were going to get sick anyway. It takes a week or two to get protection from the vaccine. But people assume that because they got sick after getting the vaccine, the shot caused their illness.

Healthy people don't need to be vaccinated. It's true that the flu vaccination is routinely recommended for people who have a chronic illness. But anyone—even healthy folks—can benefit from being vaccinated.

Getting the flu vaccination is all you need to do to protect yourself from the flu. There are a number of steps you can take to protect yourself during flu season besides vaccination. Avoid contact with people who have the flu, wash your hands frequently, and consider taking anti-viral medications if you were exposed to the flu before being vaccinated.

The flu is just a bad cold. Influenza may cause bad cold symptoms. But in the United States alone, 36,000 people die and more than 200,000 are hospitalized each year because of the flu.

You can't spread the flu if you're feeling well. Actually, 20 to 30 percent of people carrying the influenza virus have no symptoms.

You don't need to get a flu shot every year. The influenza virus changes (mutates) each year. So getting vaccinated each year is important to make sure you have immunity to the strains most likely to cause an outbreak.

You can catch the flu from going out in cold weather without a coat, with wet hair or by sitting near a drafty window. The only way to catch the flu is by being exposed to the influenza virus. Flu season coincides with the cold weather. So people often associate the flu with a cold, drafty environment. But, they are not related.

Source: *Harvard Medical School, 2009*

COMMUNICATING INFORMATION TO CLIENTS

Shelter and other homeless service providers should be well informed and should communicate consistent information about influenza. Homeless service providers that are not able to answer a question should assist the client in getting that information from another staff member or through other information resources (hotline, Internet).

- ❑ If you are informed and confident, the clients will feel more relaxed and calm.
- ❑ Try to get the same message about the flu to as many people as you can at once. Consider a “house meeting” as an opportunity to provide information and to share the agency’s plan.
- ❑ Let the clients express fears and concerns; let them know this is normal and that you want to address their concerns.
- ❑ Emphasize that it is important to be alert, aware, and informed. Information changes frequently as the situation develops.
- ❑ Encourage clients to seek information from credible sources.
- ❑ Help the client sort out fact from fiction.
- ❑ Keep lines of communication with your clients as open as possible. Provide information handouts and hold meetings to keep people informed as the situation changes.

Source: *Seattle & King County Public Health, September 24, 2009*

The Shelter’s Role in Vaccination Efforts. Homeless service providers can work with public health authorities and health care providers to ensure their clients receive the vaccinations. The U.S. Department of Health and Human Services Center for Faith-based and Neighborhood Partnerships (2009) recommends that agencies support vaccination efforts by:

- Encouraging persons to get vaccinated
- Providing facilities as vaccination sites in partnership with state and local health departments
- Providing information about where vaccinations are available

Shelters may want to collaborate with other agencies to ensure that information on vaccinations meets the specific cultural or religious needs of their population. Other opportunities for collaborating with agencies to prepare for an influenza pandemic are described in the next section.

PARTICIPATION IN PLANNING EFFORTS

People experiencing homelessness are dependent on local service providers to meet basic needs such as food and housing. Service interruptions, particularly for people with physical and behavioral health needs, can be devastating and detrimental to their health and safety. Plans need to be in place to prevent service interruption so that people who depend on services are not left to fend for themselves.

INFLUENZA A H1N1 (SWINE FLU) PANDEMIC PLANNING FOR AGENCIES WITHIN CONTINUUMS OF CARE

Homeless service organizations provide resources and services that people depend upon 24 hours a day. Frequently, individuals and families who are homeless or near homeless have no alternate source for housing, food, basic medical care and other life sustaining services. Therefore, it is critical for homeless service providers to engage in specific planning measures to maintain their normal level of services during any major event. A flu pandemic is of particular concern for homeless individuals and families and for the organizations that serve them. Several factors that place the homeless population at higher risk during a pandemic:

- Tendency to live in more crowded conditions
- Spend days and nights outdoors exposed to conditions that may exacerbate illness
- Living with a variety of chronic and acute health conditions which could affect immune response
- May not seek care until very sick
- May be living with mental health and or substance issues making it more difficult to respond to the situation
- As community resources become more utilized by the general public, those that rely on those resources (homeless persons) may be disproportionately affected
- Disruptions in public transportation may cause those experiencing homelessness to be disproportionately affected
- Lack of a safety net
- Lack of funds or medical insurance to pay for treatment and or medications
- Limited access to media outlets and therefore less likely to be aware of the gravity of the situation.

Source: *The U.S. Department of Housing and Urban Development, 2009*

Organizational Planning. Influenza-like illness (ILI) and seasonal and H1N1 influenza will undoubtedly arise in homeless shelters and other homeless service sites. Shelters and other programs will need a plan to protect the health of the residents, clients, staff, volunteers, and visitors they serve. The content of an influenza plan varies depending on the unique needs of residents and client populations, physical facilities, day-to-day operating procedures and policies, available financial resources, and other factors. Written plans should include:

- Instructions for maintaining operations and obtaining supplies in the event of an influenza outbreak
- A description of influenza symptoms and a protocol for the isolation, stabilization, and transfer of infected persons to appropriate care facilities
- Instructions for reducing the risk of infection among residents, clients, staff, volunteers, and visitors
- A plan for providing education for residents, clients, staff, and volunteers on how to minimize the transmission of influenza
- A process for establishing and maintaining partnerships with state, local, national, tribal, and territorial jurisdictions to meet the unique needs of people who are homeless

The CDC released guidance that recommends actions that non-healthcare employers should take now to decrease the spread of seasonal flu and 2009 H1N1 flu in the workplace and to help maintain business continuity during the 2009–2010 flu season. This guidance cites, “Businesses and employers play a key role in protecting employees’ health and safety, as well as in limiting the negative impact of influenza outbreaks on the individuals, the community, and the nation’s economy. Business planning for pandemic influenza is essential to minimize the impact of an influenza pandemic” (CDC, October 21, 2009).

Sites should communicate and collaborate with other agencies that provide services to homeless persons in order to provide a broader safety net for meeting the special needs of people who are experiencing homelessness. One excellent source to consider when developing partnerships is Health Care for the Homeless (HCH) projects. A listing for project locations can be found at www.nhchc.org and www.hrsa.gov. HCH projects can offer guidance in planning and responding to the issues and challenges faced by homeless persons during the 2009–2010 influenza seasons.

Additional resources:

- Centers for Disease Control and Prevention. *Guidance for Businesses and Employers to Plan and Respond to the 2009–2010 Influenza Season*.
<http://www.flu.gov/professional/business/guidance.html>
- U.S. Department of Health and Human Services. Faith-Based and Community Organizations Pandemic Influenza Preparedness Checklist.
<http://www.flu.gov/professional/community/faithcomchecklist.html>

Community-Wide Planning. Homeless shelters and other homeless service agencies should also work with local, state, tribal, and territorial governments to communicate the special needs of homeless persons and to coordinate efforts with those governmental entities. According to FEMA (2009), planning for a pandemic is different from planning for other types of disasters. There will be no physical damage to the service facilities, but many of the services may not be available because staff and volunteers may become ill or stay away because of fear or the need to take care of family members. For most communities, the local public health department is taking the lead in coordinating efforts to prepare and respond to the influenza pandemic.

Many community organizations work together through a membership group called Voluntary Organizations Active in Disasters (VOAD). VOADs increase coordination, cooperation and communication among community organizations in an effort to ensure the availability of services during and after a disaster. Many local VOADs have taken a lead role in assisting and coordinating the nonprofit community for the 2009–2010 influenza season. A listing of state and local VOADs is available at www.nvoad.org.

ROLES FOR SHELTERS IN COMMUNITY-WIDE PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE EFFORTS

- Conduct education campaigns at shelters
- Conduct outreach to provide education, distribute hand sanitizer, and promote vaccinations
- Work with the local public health department and/or the local Health Care for the Homeless project to offer vaccinations at the shelter
- Implement a surveillance and reporting mechanism with the public health department
- Assist in housing and caring for people who are sick and in need of a safe and clean environment for rest and recuperation
- Collaborate with other agencies to ensure that needed services are not interrupted (e.g., mental health care, addiction treatment, disease management). Services may need to be offered in the shelter setting or shelter workers may need to provide transportation for clients who are ill

Surveillance and Reporting. All shelters are encouraged to establish a contact at their local public health department in order to receive and share influenza-related information. In some communities, the Health Care for the Homeless (HCH) project is part of the public health department. Where the HCH project is affiliated with the public health department, the shelter can establish a contact with an appropriate administrator at the HCH project.

Shelters and other service providers should have a conversation with their contact at the public health department about establishing a surveillance and reporting mechanism. Such a mechanism simply requires the shelter to report the number of residents who are showing symptoms of influenza-like illness. A high number of people who are sick raises a red flag and triggers the public health department's response plan (see Appendix C for a sample intake form and instructions).

When a high number of people are showing influenza-like symptoms, the public health department may make a decision to open an alternate care facility. Alternate care facilities are locations that can easily and quickly be equipped to augment or replace health care and recuperative care services when other traditional care sites are inoperable or overwhelmed. Alternate care sites may be located at college campuses, gymnasiums, community centers, health clubs, and convention centers. Shelters may be asked to help operate or staff alternate care sites in the event of a pandemic.

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TERMS AND DEFINITIONS

Close contact – to an ill person is defined as having cared for or live with an ill person, or having been in a setting where there was a high likelihood of contact with respiratory droplets of an ill person. Close contact may include kissing or sharing of eating or drinking utensils

Contagious – tending to spread from one person to another

Epidemic – a disease affecting a large number of people at the same time

Fever – a temperature taken with a thermometer that is equal to or greater than 100°F (38°C). If a sick person’s temperature cannot be taken with a thermometer, look to see whether the person feels very warm, has a flushed appearance, is sweating, or is shivering

H1N1 Influenza – a form of flu virus that started in pigs, but became a human type of flu, which is spread from human to human; also swine flu

Homeless person – an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing

Immunity – to a disease is defined by the presence of antibodies to that disease in a person’s system

Incubation period – the time between being exposed to infection and the appearance of disease

Infection – disease-producing germ that causes illness

Influenza – a contagious respiratory disease caused by different strains of viruses

Influenza-like illness (ILI) – fever with either a cough or sore throat

Isolation – separation of healthy people who have been exposed to an infectious disease from those who have not been exposed

Outbreak – a greater than expected proportion of people from the same setting with influenza-like illnesses that have onsets within a short period

Outreach – contact with any individual who would otherwise be ignored or underserved in nontraditional settings for the purpose of improving their mental health, health, or social functioning or increasing their human service and resource utilization

Pandemic – a disease that is seen throughout the world

Seasonal influenza – a contagious respiratory illness caused by different influenza viruses that occur annually

Social distancing – a practice imposed to limit face-to-face interaction in order to prevent exposure and transmission of a disease

Stockpile – gather and hold a large amount of supplies for use during a shortage

Symptoms – a sign that is arises from and accompanied by disease

Swine flu – See H1N1 influenza

Transmission – spread from one person to another

Virus – an agent that is a disease-producing germ that can cause illness

A glossary of influenza terms with definitions is available at http://ftp.cdc.gov/pub/avian_influenza1/Appendix%20section%20of%20notebook/influenza%20glossary%20terms.doc

**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH
AND HUMAN SERVICES DEPARTMENT OF PUBLIC HEALTH RECOMMENDATIONS
FOR CONGREGATE CARE FACILITIES [EXCERPT]**

Points of Entry Precautions

At all entrances to your facility:

- Request that residents notify a staff member if they have influenza-like symptoms (fever, cough, or sore throat)
- Display signs telling residents to notify a staff member if they have influenza-like symptoms
- Display posters about hand washing and cough etiquette. Posters can be downloaded at <http://www.cdc.gov>
- Make sure face masks, tissues, paper towels, soap (alcohol-based sanitizers where appropriate) are available
- Make sure trash cans are easily accessible and emptied regularly
- Clean surfaces that are touched frequently

Common Area Precautions

In addition to the points of entry precautions:

- Make sure that waiting areas, TV rooms and reading rooms have good ventilation (fans and open window when possible). Also make sure these areas have access to hand washing facilities or hand sanitizer
- Encourage residents participating in group meals or activities to wash their hands or use hand sanitizer prior to the activity

Thoroughly wash shared items like eating utensil, towels, or linens after each use.

- Discourage sharing of these types of items

If a Resident or Client Develops Influenza-Like Illness (ILI) Symptoms, the following recommendations are offered:

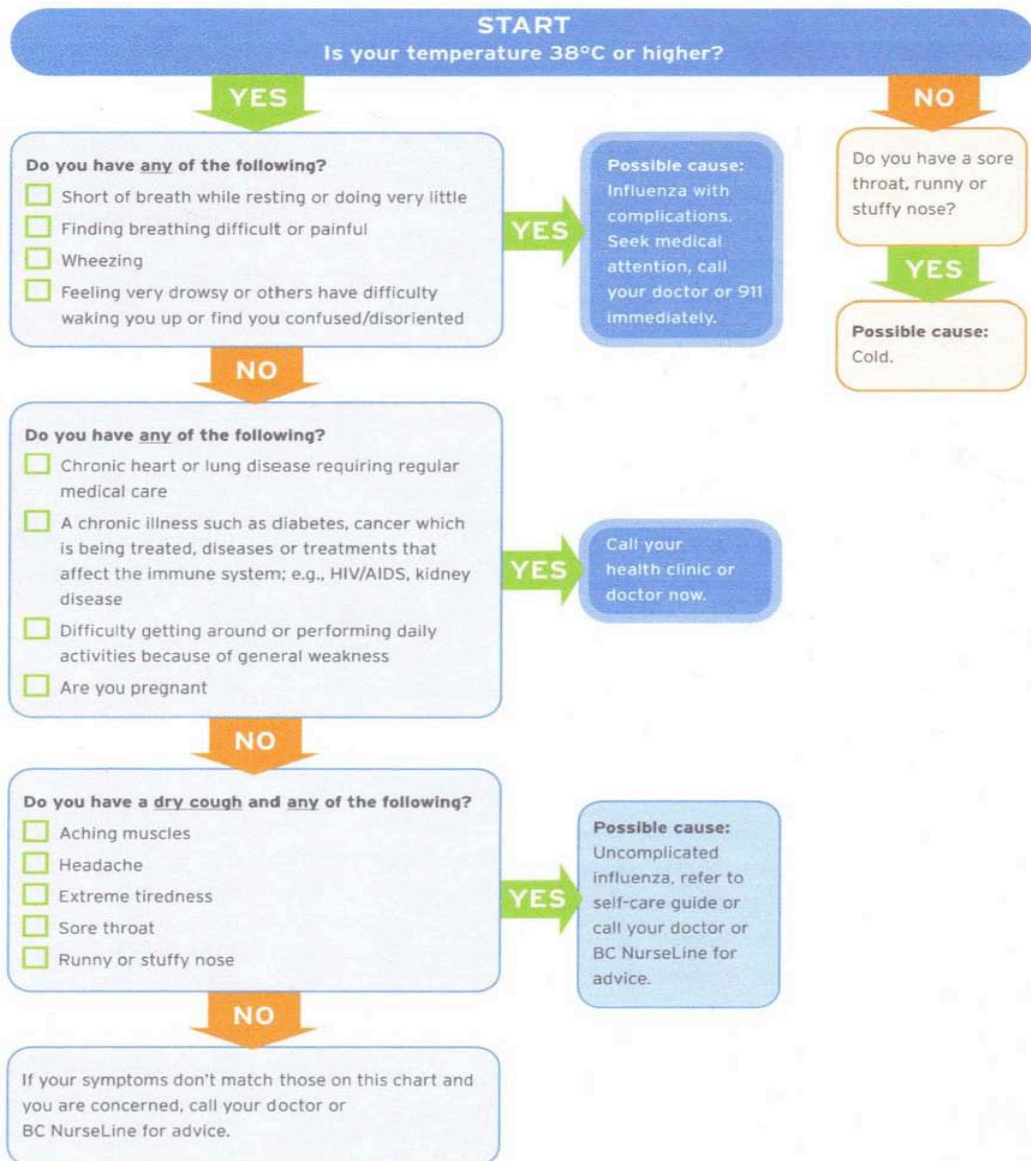
- An individual who has symptoms of an influenza-like illness (ILI) should be separated from others in a single room, preferably with a closed door, where they can remain isolated until 24 hours after they no longer have fever, without using fever-reducing medicines (Tylenol, Motrin, Advil, Ibuprofen). If several residents become ill, place them together in an area (sick room, sick unit) away from those who are not ill.
- Have the sick person wear a facemask—if available—if they need to be in a common area near other persons. Public health departments and the Strategic National Stockpile (SNS) may be sources for free masks. The CDC's Strategic National Stockpile has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist, flu outbreak, and earthquake) severe enough to cause local supplies to run out. To receive SNS supplies, the affected state's governor's office will directly request supplies from the CDC or HHS. These officials will evaluate the situation and determine a course of action. Visit <http://www.bt.cdc.gov/stockpile/> for information about the Strategic National Stockpile.
- Facilities should not send residents with mild symptoms to emergency departments for medical care.
- If possible, sick persons should use a separate bathroom. This bathroom should be cleaned daily with household disinfectant
- When transferring ill residents throughout the facility, it is recommended that both the ill individual and the transport person should wear a mask. Staff and volunteers should wear gloves

- Using disposable cups, plates, and eating utensils for ill persons, if possible, can assist sites especially when staff shortages occur. Otherwise, cups, utensils, and other items used by those who are ill should be thoroughly washed with hot water and soap. (www.flu.gov/faq/swineflu/sf028.html).
- Linens, such as sheets and towels should be washed by using household laundry soap and tumbled dry on a hot setting. Individuals should avoid “hugging” laundry prior to washing. Individuals should wash their hands with soap and water or alcohol-based hand rub immediately after handling dirty laundry. (www.flu.gov/faq/swineflu/sf028.html)

Source: The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health. (September 25, 2009). Flu guidance for congregate care facilities: pandemic H1N1 influenza, seasonal influenza and influenza-like illness. Retrieved October 29, 2009, from http://www.mass.gov/Eeohhs2/docs/dph/cdc/flu/swine_guidance_shelters_congregate_facilities.pdf

Pandemic Influenza Decision-Making Tool

When to seek medical care for an adult with influenza-like illness



Pandemic Influenza Decision-Making Tool

When to seek medical care for an older child (6-16 yrs) with influenza-like illness



PANDEMIC INFLUENZA GUIDANCE | APPENDIX C:
SAMPLE SURVEILLANCE REPORT AND INSTRUCTION LETTER

Dear Shelter Provider:

The Health Department is asking for your help during this year's flu season. For the next few months, we need to keep track of how many people are stay in shelter and becoming sick with influenza (flu) like illness. The symptoms of flu-like illness include

- Fever/chills and
- Sore throat
- Increased fatigue
- Body aches, headache
- Cough
- Nasal congestion, runny nose
- Some people may also have diarrhea and vomiting

The symptoms of flu-like illness are similar to the symptoms of a common cold, but are more severe.

To do this we are requesting that you or a designated staff person from your shelter report to us every day, seven days per week by 10 AM and provide us with flu activity information by answering the questions found on the back of this letter.

Please make double-sided copies and have a designated staff member fill this in daily, call (or fax) the information into us, and give the original paper copy to the shelter supervisor. You may wish to keep this original for your records.

This information is very important and helpful for us. It will help us determine if an alternate plan for sheltering homeless people needs to be put in place. We will keep you informed as the situation develops and notify you of any meaningful trends or changes in planning.

If you cannot do this or if you have any questions for us, please call NAME at (xxx)-xxx-xxxx

Thank you very much for your cooperation and assistance,

PANDEMIC INFLUENZA GUIDANCE | APPENDIX C:
SAMPLE SURVEILLANCE REPORT AND INSTRUCTION LETTER

Daily Report of Clients and Staff with Flu-Like Symptoms

Please fill in the following information and call into (xxx)-xxx-xxxx by 10 AM every day, seven days per week. If you prefer, you may fax the information to xxx-xxx-xxxx.

Please state your name, your agency name, and the program name. Simply read the number of the question and your answer, like this: "Question number 1: forty people; question number 2: two people"

Thank you for you assistance, this information is very important

1. How many stayed at your shelter last night? _____

2. How many of those people had flu like illness? _____

3. How many were sent to the hospital? _____

4. How many people did you allow to stay at your site after normal hours because they had flu like symptoms?

5. How many staff called in sick or were sent home? _____

6. Did you accept any referrals of flu patients to your shelter from hospitals? _____

7. If so, do you know if those patients known at your site (not a new referral)? _____

Agency and Program Name _____

Date _____

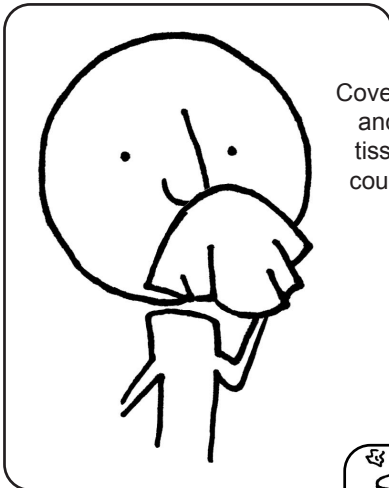
Time _____

Called into xxx-xxx-xxxx? _____

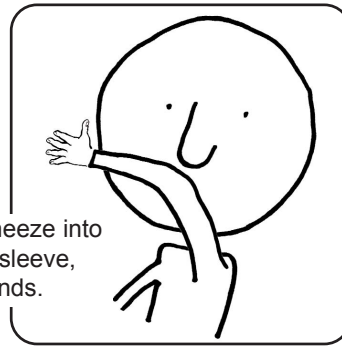
Completed by (name) _____

Stop the spread of germs that make you and others sick!

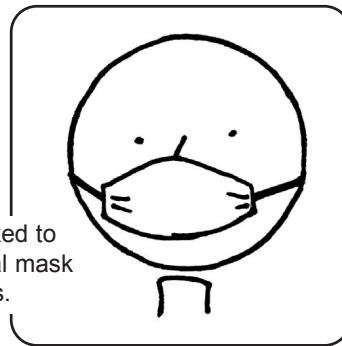
Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze *or* cough or sneeze into your upper sleeve, not your hands.



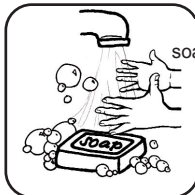
Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

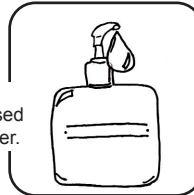
Clean your Hands

after coughing or sneezing.



Wash with soap and water

or clean with alcohol-based hand cleaner.



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This poster is available for download in 26 languages. Go to <http://www.health.state.mn.us/divs/idepc/dtopics/infectioncontrol/cover/hcp/hcpposter.html>

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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