FLU AND YOU
 HOW TO PROTECT YOURSELF

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>>DOUG HOGAN: Hello. Thanks for joining us. I'm Doug Hogan, communications director here at the Cabinet for Health and Family Services, and I'm joined tonight by Dr. Jeffrey Howard, who is the acting commissioner in our department for public health, and also Dr. Jonathan Ballard, who is our state epidemiologist. And we're going to spend some time talking about the flu. Obviously we now have a flu epidemic in Kentucky, it is a serious situation, so we thought it would be a good idea to go straight to you, here on Facebook, and give you some information. We want to talk about ways you can protect you and your family, also we want to talk about what to do if we have the flu or we think we might have the flu, and then we have a lot of questions to get to as well, so we'll be funneling through those as well. There's also the availability, if you are in the deaf or hearing impaired population, if you want to go and see this on a live captioning event, you can do that. The address or the URL is on the bottom of the screen, and you can go there and see that in its entirety for a live captioning. We also want everybody to know, even though you guys are doctors, this is not medical advice from a physician, this is for general discussion purposes. So we just want to make sure that everyone is aware of that. Let's start, gentlemen, because we have 65 deaths, and three of those pediatric cases. We also have a number of people who were otherwise healthy who have died from the flu, and we are now saying it's an epidemic. So what does that mean exactly when you say the word epidemic? What should the public think of when you hear that word?

>>JEFFREY HOWARD: Thank you, Doug, for introducing us. I want to thank all you guys for viewing today, coming in to learn and hear about and contribute questions to this very important epidemic that our state is facing. We are very excited. Dr. Ballard and I have been excited to talk you about this issue. To address Doug's question what is an epidemic, what that means is that this disease, the flu in is case, is occurring at a rate that is greater than typically what we expect for this particular disease over a specified period of time. What that means to the general citizen of Kentucky is that when you go out on your daily routine, you're shopping, you're going to school if that's what you do, you may be exposed to people with this virus, so you should take routine and general precautions. Doug, I'm sure we'll be talking about those precautions later on.

>>DOUG HOGAN: And there's lots of questions about the flu shot and the vaccine, we'll jump into that right off the top, because in our Facebook questions that we posed and Facebook posts, lots of questions about do you know the numbers of people who have the flu, you know, did they receive the vaccine or not, only ten percent effectiveness is what we're hearing a lot. Can you just talk about those all issues involved with the flu vaccine?

>>JEFFREY HOWARD: Those are great questions that the audience members on Facebook have asked us, and it is still our opinion that the vaccine is effective, and we encourage everyone age six months and greater to get the vaccine, especially those who have risk factors for complications of the flu, being the older people and the younger people. The vaccine, that ten percent number you referenced comes from some studies out of Australia. Australia experiences the flu season in their winter, which was during our summer, back when the ‑‑ because they are in the southern hemisphere, and they determined that the flu vaccine specifically for the N3N2 strain, which is influenza Type A virus, that it was ten percent effective. Now, the CDC held a call us with a couple weeks ago across the United States, and they said that, no, it's more effective than that in the United States, and they said it's more like where it was last year, which was about 40 percent effectiveness overall, and so greater than one out of three people would be protected from the flu if they were able to get the vaccine and then were to come into contact with someone with the flu and be exposed. So overall it's the best means, other than personal protection otherwise, with washing your hands and covering your mouth and removing yourself from people who have the flu, if possible. The vaccine is still one of the best ways to protect yourself and others, your loved ones, children who may be less than six months of age who cannot the vaccine, the best thing to do is get the vaccine yourself.

>>DOUG HOGAN: And the safety of the vaccine?

>>JEFFREY HOWARD: The vaccine is very safe. The only people that need to be concerned is people with specific allergies, particularly egg allergies. Dr. Ballard, who is a practicing family doctor, can talk a little bit about precautions that folks who may be concerned might should take.

>>JONATHAN BALLARD: Sure. Well, the vaccine, Dr. Howard, is overall very safe. Very few complications of the vaccine itself. The vaccine may cause some body aches, some chills for a brief amount of time after having the vaccine, but nothing like the flu. And some people sometimes kind of compare those feelings with the flu, but nothing like the flu itself. People who get the flu oftentimes describe themselves as being hit by a truck. You know, it really ‑‑ the flu itself can be, for most people, a condition that they will get over after a few days, but can be a very serious condition, as we've seen with those deaths and the complications that people are having.

>>JEFFREY HOWARD: Doug, let me interject something here. The flu vaccine is particularly effective against influenza type B strain. What we have seen early in the season is typically influenza type A, of which the H3N2 type is a part of. So I expect that the vaccine will be more effective later in the season, which is the reason it's important to still get vaccinated. The good news is there's plenty of vaccine still out there.

>>JONATHAN BALLARD: Dr. Howard, I add to that, it's also been shown to be very effective towards the type a flu that's H1N1, if anybody remembers. That was the type of strain of flu that hit in 2009 that caused deaths across the country, and subsequent to that, that strain has been added into the vaccine as well. We do see cases of H1N1, but the vaccine is very effective for preventing H1N1. That's partly why you don't see those numbers this year, in my opinion.

>>DOUG HOGAN: Generally the flue season in Kentucky does last until mid may or so. Usually, though ‑‑ I listened to Dr. Howard do an interview with a local journalist just the other day, and I think you said typically we may have reached the peak by this time normally that's not the case this year. Can we talk a little bit about that? Because there are some reports out here that the flu is peaking, so we are at epidemic stage. Is that accurate or not?

>>JEFFREY HOWARD: I'm not ‑‑ and Dr. Ballard and I had this discussion. As those of us who are interested in epidemiology like Dr. Ballard and I both are, we'll debate this a little bit. I do not think we are peaking quite yet. I'm thinking we're going to peak probably more in the next month or so, but I'll be open to hearing your comments.

>>JONATHAN BALLARD: I'm in agreement with you. It's hard to say, I mean, because the flu vaccine is spreading at this current time. It started earlier than usual. We had a very early season of flu this year and it's hit hard. And we hope it doesn't go worse. We hope that all these efforts and the efforts of the public, getting vaccinated and protecting yourself and doing all those precautions, you know, becoming aware in the community will help keep the peak being now. That is my hope, that it has peaked, but we don't know that for certain. If you want to compare where we're at in our flu season today compared to how it was last year, I have some numbers on that.

>>DOUG HOGAN: Okay. Sure.

>>JONATHAN BALLARD: The ‑‑ so at this point in time last year, we had four deaths, zero pediatric. So no child deaths at this point in time last year. And we had five long‑term nursing facilities that had outbreaks. That ‑‑ outbreaks happen every year in nursing facilities, and we do see that as part of the spread of flu. And comparing that to now, we had ‑‑ at this time, you know, we have over 58 outbreaks in nursing facilities and three pediatric deaths. So that's just a point‑to‑point comparison. And so I think it just shows that we've had more flu activity early in the season, and we have a lot more weeks to go.

>>JEFFREY HOWARD: You know, Doug, years when the H3N2 type is prevalent, we tend to have worse flu season. That's expected. This occurred back in 2014 to 2015. And the good news is, our flu season this year so far hasn't been that bad.

>>DOUG HOGAN: I have a question from Bridget Bissette, and she asked: Are people dying because the virus progresses so rapidly? Would early diagnosis and treatment lessen the chances of it being fatal in otherwise healthy adults?

>>JONATHAN BALLARD: Yes, I believe so. The CDC has issued a health advisory that states that people with the flu who have complications, who have risk factors, who are hospitalized are recommended to be treated with antiviral medications, and, you know, the earlier ‑‑ it has been shown the earlier you start that treatment, the better. But in the previous time, previous years, they have always said you need to be treated in the first two days of the illness to have benefit, but they're saying that now that's not necessarily true. We're seeing benefits of reducing complications from the flu if you start treatment later on. That's an advisory that went out to the healthcare professionals across the country.

>>DOUG HOGAN: What about Tamiflu and other medications? What's you're take there? Because that has spawned some questions as well, with some people saying they take Tamiflu all the time or more than just if they think they have the flu. What about Tamiflu and over‑the‑counter medications?

>>JEFFREY BALLARD: Well, Tamiflu is one of the types of medications that has been shown to be effective for reducing the length of time that the infection happens and also reducing the complications that happens.

>>JEFFREY HOWARD: So, Doug, Tamiflu is a drug called oseltamivir, it's a Neuraminidase inhibitor. That's a drug that prevents the flu, virus, after it's affected our cells and hijacked that cell's machinery, from budding from our cells and being able to spread. And what is unique about the point Dr. Ballard is making about the CDC's recommendation, this is the first year that I know of that the CDC has recommended those drugs outside the 24‑ to 48‑hour window. For our providers out there that are listening, if you have folks with the flu, you want to get them this medication early on because it can prevent the progression of this disease.

>>DOUG HOGAN: We have a question from Ingrid Jordan who says, I read that our immune systems can actually overrespond when attacking this particular strain of the flu. Is it a good idea to take extra vitamins like vitamin D or vitamin C when dealing with this?

>>JONATHAN BALLARD: Well, it's important to know why some people develop complications and why some people do not. Those with weak immune systems that happens with the aging process are more vulnerable to complications such as bloodstream infections or pneumonia and death that are complicated by that. Many of the pediatric deaths are ‑‑ can be related to the same thing, because some pediatric cases across the country, it attacks those who are more vulnerable, who have chronic disease even at a pediatric age. Taking as far as any particular supplement or vitamin D or vitamin C, I'm not aware of any evidence that that's ‑‑ that will protect you from the flu or the complications of it, but being healthy overall and having a strong immune system does.

>>DOUG HOGAN: Let's talk about closing schools and staying home from work, and, you know, being excused from work, those sorts of things, because that also generated a lot of discussion and people are saying if we have an epidemic and we want to keep people out of large crowds, then let's take precautions like that.

>>JEFFREY HOWARD: So, Doug, when we're talking about epidemic, like I explained earlier, we're talking about the diseases that are more prevalent. We're not a point that we need to close schools or do anything like that, but what we do need is folks to understand that the disease is very common this year and they should take general precautions. So those general precautions include washing your hands frequently sanitizing high‑touch areas, so your computer screens, our cell phones, phones at home, remotes, doorknobs. That's what's important at this time, and that's the reason we felt it was important to make that point when we called this an epidemic.

>>JONATHAN BALLARD: And, Dr. Howard, the flu season, as you're fully aware, is expected to last through May. I think the official last day of the flu season this year is May 20th, set by the CDC, and, you know, that's the rest the school system for many districts. So we have great evidence of what one can do to protect themself and prevent the spread of flu. Practicing good hand hygiene as well as using tissue properly and disposing of that tissue, washing your hands very frequently. It's been shown in a recent study that the flu can spread through exhaling and talking when you have an active case of the flu, so that means excluding yourself when you do have the flu.

>>DOUG HOGAN: Stay home.

>>JONATHAN BALLARD: Stay home if you're sick. Now, that's important, actually, though for schools, employers, because if you have the flu to spread more, that's going to cost business more, it's going to cause more children to be absent from school. So the best evidence and the best guidance that we can have is, if you are sick, stay home, protect others, but if you're not sick, engage in your employment, engage in your school.

>>JEFFREY HOWARD: Absolutely. If you're sick, stay home. Don't tough it out, don't be a hero, stay home.

>>DOUG HOGAN: Especially not with this particular strain of the virus.

>>JEFFREY HOWARD: Exactly.

>>DOUG HOGAN: Misty Maxey wrote in this afternoon, and she said she's a DCBS worker and every office should be equipped with masks and hand sanitizer. Now, DCBS is our department for community‑based services here in the cabinet. And that is an excellent question or comment Misty. She says lobbies are full of folks, elderly clients, young clients, children, families, some are sick, some are not, so she would like hand sanitizer in all those lobbies and precautionary measures like that. And, misty, I can tell you, when I saw your comment, I went over and talked with Secretary Glisson, who is the cabinet secretary, and also commissioner Johnson at DCBS, and we're going to make sure that we have a mechanism in place where you can get those hand sanitizers. Most of our offices do have hand sanitizers on the wall, so you can do that, but we want to make sure that you can get those. And, in fact, the leadership in DCBS will be offering some guidance to the local counties on that, I believe tomorrow.

I have a question from mark who says what can someone with the flu do to keep from spreading the flu? We've kind of talked about that already, but should you wear a mask at Walmart or Kroger or the drugstore? Should you go to those extremes?

>>JONATHAN BALLARD: If you personally have the flu and you have to be out, I would recommend a mask to protect others. That's an example. So if you are sick and you need to see your healthcare provider and you're entering the healthcare facility, most outpatient practices have masks available for you to cover your mouth right at check in. It's something that the hospitals around Kentucky have made a point to do with their family medicine, other practices. If you're worried in general, and you're healthy, about others, I wouldn't think so, that you would need to wear a mask unless you have some type of immune deficiency, but every individual person I think should consult their own healthcare professional, ask their own individual situation, whether that would be recommended or not.

>>DOUG HOGAN: And you may want to fall back, Dr. Ballard, to that same answer for this question, but Angie writes her husband is on chemo and taking steroids to boost his system, so how often after being off steroids is it safe for him to have a flu shot? Is that a case‑by‑case issue?

>>JEFFREY HOWARD: That's a case‑by‑case issue. I would refer him to both his family care doctor as well as his oncologist, because they would know what is medications he's on, how long he's been on them, as well as his most recent laboratory tests. Would you agree, Dr. Ballard?

>>JONATHAN BALLARD: Yes. Anybody who has immune system that may be weakened I think should definitely talk to their health care provider about what's best for them.

>>JEFFREY HOWARD: What we can say for sure is he needs to be taking much higher precautions than the average person.

>>DOUG HOGAN: Exactly. Mandy writes about vitamin C and vitamin D versus Tamiflu. And again, what are your thoughts there, or at least taking vitamin C and D in addition to Tamiflu or just in general.

>>JEFFREY HOWARD: Let me make a clarification, Doug, because I saw this on many of the presubmitted questions. I think some of the folks out there are thinking Theraflu and Tamiflu are the same thing. Theraflu is a over‑the‑counter medication that is not an antiviral medication like Tamiflu is.

>>JONATHAN BALLARD: Tamiflu is a medication that's prescribed, you get it filled at the pharmacy, that type of thing.

>>JEFFREY HOWARD: That is correct. And that is the drug that the CDC has made the recommendation on.

>>DOUG HOGAN: I have a comment here about the hand sanitizer and actually promoting the virus mutations in the long run. Teach kids to wash hands and use hand sanitizer as a last resort, also very bad result for most of those hand sanitizers. So maybe it's not for everyone.

>>JONATHAN BALLARD: There's some evidence to that. It's recommended if you have access to soap and water that you wash your hands with soap and water vigorously and dry them, but if you do not have access to that, then hand sanitizer.

>>DOUG HOGAN: Jessica Zupanik has a question that a lot of people probably want the answer to, and that's very simply how long does it generally hang on when you're talking about the flu?

>>JONATHAN BALLARD: Good question.

>>JEFFREY HOWARD: So this can vary, and I'll ask Dr. Ballard to weigh in too. I would say for the average well person, it should last up between 48 hours to seven days, and that is the average person, but some people can have symptoms that last much longer, Doug. And Dr. Ballard, who has treated many of these patients, can comment.

>>JONATHAN BALLARD: That's true. The majority of healthy adults will get over the flu within a week. Some individuals, though, for reasons that we're not certain why, because we do see healthy people who are, you know, struck by the flu in a tough manner, and ‑‑ but the majority of people will be over it within a week.

>>DOUG HOGAN: And I think Blake asked a question too. We kind of touched on this. Can you be contagious before you start showing symptoms of the flu and how long can you pass the virus along? So talk about those two.

>>JEFFREY HOWARD: That's a very good question. The answer is yes, you can, but typically most people have symptoms before they are shedding the virus or they are able to spread the virus, but that's a ‑‑ that's very difficult, and I don't think there's a real clear answer out there, Dr. Ballard.

>>JONATHAN BALLARD: Well, yes, you're correct, Dr. Howard. The people can spread the disease, be infective potentially before they are symptomatic. Symptoms, of course vary. You start with some ‑‑ most people start with some mild symptoms and develop more severe symptoms, and may not even notice that their mild symptoms are the flu. They may think it's the common cold. And it's very difficult to distinguish early on, or mild cases of the flu, what is the common cold, what is ‑‑ or other viruses versus the flu.

>>DOUG HOGAN: What are some characteristics that would make that distinction?

>>JEFFREY HOWARD: Okay.

>>JONATHAN BALLARD: Well, the characteristics of flu itself we can talk about.

>>JEFFREY HOWARD: Yeah. Let's talk about the characteristics of the flu and we'll move into compared to the common cold, because that's a difficult, difficult point. It's difficult for physicians to be able to tell which one you have based just on symptoms. That's the reason a test is required a lot of times. So people who have the flu typically come in with a runny nose, sore throat, cough. They may have some very severe muscle aches. Dr. Ballard described earlier that people feel like they have been hit by a truck. That is typically one of the defining symptoms.

>>JONATHAN BALLARD: You hear that.

>>JEFFREY HOWARD: You may have diarrhea, you may have nausea and vomiting. Those symptoms are more common in kids.

>>JONATHAN BALLARD: And fever.

>>JEFFREY HOWARD: And fever is the other.

>>JONATHAN BALLARD: Yeah.

>>JEFFREY HOWARD: Let me tag on to that, Doug, talking about people who are able to spread the disease. Those who are infective to others typically are still in that febrile period, isn't that correct, Dr. Ballard?

>>JONATHAN BALLARD: Not in all cases, but yes, you're correct. And, you know, some people with the flu won't have any fever at all. And ‑‑

>>JEFFREY HOWARD: Absolutely.

>>DOUG HOGAN: Are there differences in like babies or young children, pediatric cases versus adults.

>>JEFFREY HOWARD: Pediatric cases are really, really hard. This disease typically affects kids younger than five, and especially younger than two, those are ‑‑ those children are at significant risk. The reason it's difficult in them is because they can't tell you what symptoms they have, and if they are at an age that they can talk, they can't describe them very well. So, Dr. Ballard, you want to talk about some points they should be watching out for?

>>JONATHAN BALLARD: So as parents ourselves, we know typical behavior of our children.

>>JEFREY HOWARD: Mine are three and two.

>>JONATHAN BALLARD: Mine is two.

>>DOUG HOGAN: I have two older kids, one's 22 and one's 14, so I'm good.

>>JONATHAN BALLARD: And you know the typical behavior of your child, so things to start looking at then is characteristics that are out of normal for them. So yes, are they developing all those other signs that you can just look at them. Are they having a runny nose and coughing or any difficulty breathing? But if they just start acting fussy, a little bit more clingy or tired, sleeping a lot, those are things to start cueing in on, but every person needs to assess their own individual child and speak with their healthcare provider.

>>JEFFREY HOWARD: Let me add some real severe warning symptoms for parents. If your child, your baby, isn't eating, that's a concern. If they're not taking the bottle, that's a concern. If they stop making wet diapers or the rate of wet diapers stop, that can be a sign of dehydration. That can mean they are very ill. If they are crying without tears, that can be a sign they are very ill. Those kids probably need to be seen in an emergency room at that point.

>>JONATHAN BALLARD: Yes, or at least consult with their healthcare provider. The emergency room could be an appropriate place.

>>DOUG HOGAN: Is there a way to help the mom and the baby to help them not spread the virus to other people they come into contact with, because obviously many times you're talking about pediatricians' offices, but there's also day cares, there's, you know, mother's morning out, there's lot of church events you're going to, so on, so forth.

>>JONATHAN BALLARD: Well, parents in general, you follow the same precautions that you would for an adult. You exclude your child from day care. And I understand how difficult that is. So we encourage employers to be ‑‑ really take those considerations into play, essentially, when you're looking at your employment practices for employees with children. You know, children will need to be excluded if they are having active flu, if they are sick, of course.

>>JEFFREY HOWARD: A couple other points, Doug, is you shouldn't be kissing your child around the face or mouth, shouldn't be sharing food and utensils during this time.

>>DOUG HOGAN: That's tough for a lot of parents.

>>JEFFREY HOWARD: I admit it. I admit it.

>>DOUG HOGAN: Especially at that age.

>>JEFFREY HOWARD: Yeah.

>>DOUG HOGAN: Pam asked, can someone have the flu even though he or she tests negative?

>>JONATHAN BALLARD: Yes. In the flu season itself ‑‑ so there's a few different tests for the flu. There are knows rapid tests that are pretty quick in the doctor's office, then there's another rapid test that takes longer, 15, 20 more minutes, that's a little bit more accurate, and then there's something called laboratory‑confirmed flu cases. Those are the more extensive tests called a PCR test that's done in hospital labs and at the Kentucky ‑‑ at our state lab here in Frankfort. In a flu season, though, if the rapid tests are positive, it's more of an indication that you are flu ‑‑ that you do have flu. When it's not flu season and a test is positive or negative, it may not be as certain. But they are. And one point, and might be interesting to the public, there are such thing as called laboratory‑confirmed flu cases, and that is actually when those specimens or blood specimens or in this case respiratory droplets, usually, that are sent to our state lab, we analyze those and we determine what kind of flu it is, is this H3N2, H1N1, is it type B flu or one of the strains of that, and then that is actually compiled and sent to the CDC, and that's what's actually used to determine the flu vaccine for the following year. And so I think that's just an interesting thing. That's how we actually determine what's in the flu vaccine.

>>DOUG HOGAN: And those laboratory‑confirmed cases, those are the numbers that our office in communications, works with department for public health, and that's what we send out in the form of news stories and advisories to the news media and that's typically what they are reporting on is those laboratory‑confirmed cases. And I think I read something yesterday or the day before, we are north of 2700 laboratory‑confirmed cases in the entire state, but maybe in one region, we may have that many rapid flu cases.

>>JONATHAN BALLARD: Oh, absolutely.

>>DOUG HOGAN: So it can be a little confusing as to what those numbers are.

>>JEFFREY HOWARD: Exactly. And that's an excellent point, Dr. Ballard, the number of flu cases certainly exceeds that number across the whole state. I wouldn't personally venture to guess. Maybe Dr. Ballard is brave enough to.

>>JONATHAN BALLARD: Well, flu is determined to be widespread in all 120 counties of the state. It's ‑‑ every region, every county is reporting influenza. At the CDC they also monitor, it's called ILI net, influenza‑like illness net. And this is where they do sampling of like medications that are being dispensed at pharmacies, other ways that cases are being diagnosed and determined at certain specific sites around the country, and the ILI net is also saying widespread influenza. We're seeing it in all 50 states ‑‑ excuse me, all 48 continental states as well. So it's across the country.

>>DOUG HOGAN: I want to say Jim Rivard has a comment. As a deaf individual who is often left out of important informational videos such as this one, I just want to thank CHFS for offering captioning so that I may follow along. And, Jim, you are very welcome. I think we have at the bottom of the screen, we can put it up again, that link. In case you're just tuning in, we do have live captioning available. You can go to the link that's on the bottom of the screen there, click on that and follow along with live captioning. And we're happy to be able to provide that service to the folks this evening.

Kathy Frier asked, are there any herbs that will promote or improve your body's immunity?

>>JONATHAN BALLARD: Well, there are varying degrees of evidence of things that would work or not work, and from a ‑‑ just from a standpoint of being family medicine doctor, there's nothing that we would necessarily recommend that would be helpful for preventing the flu or any other condition that would be herbal. Some healthcare providers may have differing opinions on that.

>>JEFFREY HOWARD: What I would say, Doug, is when we, as a department of public health, are evaluating evidence and trying to make recommendations and to follow recommendations given by the Centers for Disease Control and other organizations, we look at the level of evidence, and that's stratified, and as far as herbs and other sort of specialty nonprescribed medication, non‑ over‑the‑counter medication, there isn't anything that's the highest level of evidence for that category.

>>DOUG HOGAN: But there could be some benefit for certain individuals based on their characteristics. Herb X might work really well for some people or this vitamin or that vitamin, at least that's their ‑‑ their prerogative when they have the ‑‑

>>JONATHAN BALLARD: As a provider, I never necessarily just say no, that's never going to work for you.

>>DOUG HOGAN: Right. Right.

>>JONATHAN BALLARD: We just don't have the evidence that it is going to work from my level to recommend to anybody.

>>JEFFREY HOWARD: And there's also no evidence that these things would hurt, so we wouldn't want to discourage anyone who wants to use them to do that.

>>JONATHAN BALLARD: At least talk to your healthcare provider, anyway, about it. Make sure that you do tell your healthcare provider any supplements or herbal supplements that you are taking.

>>DOUG HOGAN: I think that's a question that Erika asked, would you recommend any vitamins at all or just prescribe drugs? So I guess you kind of just answered that question in a way. Take them, you know, if you feel it's something that you feel is necessary for your yourself, but let your medical provider know.

>>JONATHAN BALLARD: They can have complications if you have other conditions or interact with medicines you take, so I do ‑‑ make sure that you talk to your healthcare provider.

>>JEFFREY HOWARD: For the most part, Doug, at the recommendation of your physician, most people should take a multivitamin. That's a fair ‑‑ most people should, but there's no evidence that super therapeutic, that means above normal levels, of vitamins or minerals are useful against the flu that I know of.

>>JONATHAN BALLARD: Yeah. I think if you eat a healthy diet that's rich in all the vitamins that you need and you stay healthy, you get exercise, that means you're going to have a strong immune system, and then if you practice all those other habits we talked about by washing your hands, covering your mouth, you know, those things, then I think that's the best way, recommendations I could give for someone.

>>JEFFREY HOWARD: Absolutely.

>>DOUG HOGAN: Let's talk about hydration. And Jason Lewis says what types of drinks are recommended, Gatorade, sprite, 7UP, anything like that, you know, if maybe you're having some symptoms of the flu or even if you're battling the flu.

>>JONATHAN BALLARD: I think it depends on what your symptoms. In general, water is the healthiest drink you have.

>>JEFFREY HOWARD: And generally just maintaining a normal level of hydration. So typically for most people that doesn't require any special balance in the makeup of the liquid that they are drinking. So water usually is just fine. Some people prefer to drink Powerade or Gatorade or some sort of flavored drink. That's okay. Still we want to make sure people are drinking healthy drinks. You don't want to drink and overly sugary drink. Don't use the flu as an excuse to binge.

>>JONATHAN BALLARD: If somebody is dehydrated, there would be special recommendations to take electrolyte fluids or, like, I mean, there's different ones.

>>JEFFREY HOWARD: At that point, though, they should be seeing their care provider.

>>JONATHAN BALLARD: Yes. Yes.

>>DOUG HOGAN: Mandy says sugar? Sugar further complicates the immune system. Sugar, no sugar?

>>JONATHAN BALLARD: Moderation.

>>JEFFREY HOWARD: Moderate amounts like we would typically recommend with a routine diet. There's no evidence that I know of for increasing sugar amounts when you may be sick.

>>JONATHAN BALLARD: I mean, what would your mother say? I guess they would say ‑‑ you know, not everybody's mother would say it, but, I mean, you know, chicken noodle soup and staying home is a good thing.

>>JEFFREY HOWARD: There's actually some ‑‑ I saw a study recently. There's actually some benefit from chicken noodle soup. I think it's the steam off of it opens the airways. I saw a study recently, I thought it was interesting.

>>DOUG HOGAN: Rebecca says is this flu airborne?

>>JONATHAN BALLARD: Yes.

>>DOUG HOGAN: Should people over the age of 65 get a different flu shot? That's a question from Blake Johnson.

>>JONATHAN BALLARD: That's a tough one.

>>JEFFREY HOWARD: So there are some variations in the flu shot. Dr. Ballard, do you want to talk about those? Some have three viruses, some have four. As of now there's no strict recommendation that I know of. Do you know of any?

>>JONATHAN BALLARD: No, but we can probably follow up on that, put a posting.

>>DOUG HOGAN: And fatigue again is something that Pam Fitzpatrick writes about. Again, that's one of the symptoms, extreme fatigue, I would think, with this strain of the flu.

>>JONATHAN BALLARD: Right.

>>DOUG HOGAN: Nonverbal, tendencies for your baby, you know, if there's issues like that. We kind of talked about that, but can you expand on, you know, the nonverbal? Like if you have a child, I think you said, you know, the toddler or the infant can't tell you what's wrong, but again, some fussiness.

>>JEFFREY HOWARD: So there can be fussiness. They sometimes don't want to eat or drink because it hurts their ‑‑ they have a sore throat and it hurts when they eat or drink. They may be pointing at their ears or tugging at their ears frequently. They may be seeming more lethargic, meaning they may not be as responsive or as active as they normally would be. Anything else, Dr. Ballard?

>>JONATHAN BALLARD: I think that's pretty well it.

>>JEFFREY HOWARD: Routine fevers, things like that. You want to be watching fevers. They may have diarrhea, the other symptoms we talked about earlier, but I think that pretty much exhausts it.

>>DOUG HOGAN: Donna Patton Eades asked a question, and I know the answer to this just because it happened to one of the folks in my office here in the communication shop. Can you get the flu more than one time if you've already had it?

>>JONATHAN BALLARD: Unfortunately, yes. Unfortunately. Because there's different strains. Just because you're protected against one or you get H3N2 strain, it doesn't mean you won't get type B later on.

>>JEFFREY HOWARD: Doug, let me make a point that our viewers may find interesting. How you build immunity to a particular virus, for example, if you get the vaccination, you get part of that virus in your system and your body amounts an immune response to that, and so your body, if it's reintroduced to that virus or those same sort of particles, it will attack and kill them, but if you ‑‑ let's just use an imaginary number, flu type Z, and your body has an immune response to flu type Z, but if you got infected with flu type X, your body couldn't fight that off because you wouldn't have immunity to that other flu type. I hope that makes sense to our viewers. That's explains a little bit how the vaccine works and how you could get the flu twice.

>>DOUG HOGAN: Orange juice. Back to the drinks for just a second. Beneficial? Detrimental?

>>JEFFREY HOWARD: I recommend people to drink orange juice, not particularly to fight the flu, but I think it's ‑‑ especially the ones that are not overly sugary is a good drink to include in your sort of routine diet. But again, at moderation and not above your caloric and sugar intake needs.

>>DOUG HOGAN: This may be a question for Dr. Ballard with your personal practice.

>>JONATHAN BALLARD: Okay.

>>DOUG HOGAN: But Erika is asking about concerns with Tamiflu. What's the body of evidence with Tamiflu? Are there any concerns there? Are there studies?

>>JONATHAN BALLARD: Sure. Like any medication, every medication for a small number of people can have complications. It's been FDA approved, the medication Tamiflu, and for ‑‑ and it's a very small complication rate, but yes, there is complications to any medications, and so that's why we say talk to your individual healthcare provider to tell whether or not your risk or your need for it, because of the flu, outweighs any complications. And that's true for every medication.

>>DOUG HOGAN: Okay. Anything to add there?

>>JEFFREY HOWARD: No, no, I think that's spot on and well said by Dr. Ballard.

>>DOUG HOGAN: Blake asked a question, and I'm going to mess this up, okay, so I'm going to do this, but he says ‑‑

>>JONATHAN BALLARD: Doug, you know Blake's already asked a question. Does he get two questions?

>>DOUG HOGAN: He's asking what's the benefit of getting the ‑‑

>>JONATHAN BALLARD: Pneumococcal.

>>DOUG HOGAN: ‑‑ pneumococcal vaccine in addition to the flu vaccine.

>>JONATHAN BALLARD: Pneumococcal vaccine is actually ‑‑

>>DOUG HOGAN: Easy for you to say.

>>JONATHAN BALLARD: Yeah, like pneumonia. Pneumococcal is a different vaccine. It's a bacterial illness, so just, if you get a cold or you get the flu, antibiotics will not help you. It does not treat your condition. If you get a respiratory condition that's because of a virus, antibiotics will not work. Just the same way, a flu vaccine will not prevent you from getting a bacterial pneumonia, and the pneumococcal vaccine will help prevent you from getting pneumonia caused from the particular bacteria that is ‑‑ that that virus, excuse me, vaccine helps protect against.

>>DOUG HOGAN: Spring break is coming up pretty soon, at least for colleges, about a month and a half away for K through 12, you're looking at the first week of April, and Linda has a question about are you safe on a plane? Talk about, you know, traveling.

>>JEFFREY HOWARD: That's a good one.

>>DOUG HOGAN: On a flight to another location, because naturally this is not just a Kentucky.

>>JONATHAN BALLARD: No.

>>DOUG HOGAN: Flu epidemic, as you mention.

>>JEFFREY HOWARD: In general flight is safe, traveling in close proximity to other people is safe, taking a bus is safe, but you want to maintain routine precautions. Now, if you are sick, you might want to avoid traveling so you don't infect other travelers, but in general just take routine precautions.

>>JONATHAN BALLARD: Just remember the same things, wash your hands frequently, cover your mouth if you're coughing.

>>DOUG HOGAN: We've talked about some of those who are at risk or at higher risk of the flu, but I'm not sure we have kind of gone over that. Who is at high risk, who is at higher risk for the flu?

>>JEFFREY HOWARD: So go ahead.

>>JONATHAN BALLARD: Okay. People are at high risk if they have chronic health conditions. That could be anything from diabetes to asthma to heart disease, anything that causes your body to expend energy because of your condition or weaken your immune system. So we know that for pediatric populations asthma is a risk factor.

>>JEFFREY HOWARD: Absolutely.

>>JONATHAN BALLARD: And for the elderly or the older population, really any chronic health condition that makes you more at risk is included. Do you have anything else?

>>JEFFREY HOWARD: In general it's older individuals, people older than 65 and children younger than five, especially the population less than two years of age. Chronic medical conditions in the older, especially chronic lung diseases, chronic kidney diseases, put people at particular risk.

>>DOUG HOGAN: All right. Let's kind of wrap ‑‑ start wrapping up with, what's the bottom line?

>>JONATHAN BALLARD: Okay.

>>DOUG HOGAN: And let's kind of talk about where we are and what you want to make sure that people leave this viewing with.

>>JEFFREY HOWARD: Of course. Want to take a shot? Go ahead.

>>JONATHAN BALLARD: Sure. I mean, the bottom line message is that flu is widespread across the state and country. There are measures that we can do ourselves to protect ourself and our loved ones who ‑‑ those measures include vaccination. That's our first recommendation to strongly get. It will help protect you and your loved ones from getting the flu and spreading it. As well, wash your hands, cover your mouth, and stay home if you're sick. I think that's the primary message.

>>JEFFREY HOWARD: I think that is the primary message. Get the vaccine. At this point we still strongly recommend that. There's plenty of vaccine available. Folks can go to their local health department, they can go to their primary care providers, many pharmacists vaccinate in this state, and many small clinics, even little clinics, I think within Kroger vaccinate so recommend folks to get this flu vaccine this year. It not only protects yourself, but it protects your loved ones as well.

>>DOUG HOGAN: What have we not talked about, gentlemen, because again, you're the subject matter experts. When we started we wanted to talk about issues to protect yourself and your family, what to do if you think you have the flu or someone you know has the flu and then get to some of the questions, and we've talked about a variety of those discussion points that really came about from the Facebook posts from earlier, you know, some about the effectiveness and the safety of the virus ‑‑ of the vaccine, I should say, and then some of the other points that we've talked about as well.

>>JEFFREY HOWARD: You know, Dr. Ballard the one thing we didn't really talk is, we alluded how hard it is to differentiate between the common cold and the flu. At what point, if somebody's at home and they're feeling like, I'm not feeling well, I think I'm getting sick, at what point should that person see you, see their primarily care physician, or their primary care provider?

>>JONATHAN BALLARD: If that question is actually triggering in your brain, that might be the point. So symptoms of a cold are runny nose, congestion, fullness to the ears kind feeling, but when you start ‑‑ what's different about that typically from the flu, muscle aches are not that common among the common cold, fever for a long time period is not that common for common cold. Those things, you know, start triggering you to think it's the flu. If you've been around people, though, who have been diagnosed, confirmed flu cases, then you start to develop those symptoms, it makes me think that it's much more likely that you have the flu. So that would be an indication to talk to your healthcare provider as well.

>>JEFFREY HOWARD: Exactly. Doug, these symptoms are usually much more severe than a common cold. Most of us have experienced a common cold every other year or so. If you have very severe symptoms, severe muscle aches, severe headaches that won't go away, high fevers, you ought to seek care.

>>DOUG HOGAN: Looks like one more. This may be a good one to end on, we'll see. It's from Jim
Ebly. What's your recommendation for how long people can transmit the virus to others? I've seen people say 24 hours after a fever, but then I've seen the virus can still be shared with the public, family, and friends up to seven days from when they were first starting with their sickness, so is there a good answer to that question?

>>JONATHAN BALLARD: The Centers for Disease Control gives guidance and recommendation, and that type person actually must know that pretty well, because there is evidence that 24 hours past a fever being gone is time that the spread of flu is much less. Now, yes there are cases where spread ‑‑ the flu can be spread much longer than that, you know, up to a week or so, but that is the recommendation, exclude yourself from school, work, if you have ‑‑ for at least 24 hours after that fever.

>>DOUG HOGAN: And we did have a question, and I apologize, there was a question that came in earlier, a lady, a mother, who said that she did not get the flu shots for her five‑ and 12‑year‑olds, and they go to a small private school, so if she gets them now, would that actually be worse for them if they get the flu, if they get the ‑‑ before the two‑week period?

>>JEFFREY HOWARD: No, they should still be vaccinated. It will not be worse for them should they contract the flu.

>>JONATHAN BALLARD: The flu season is expected to go through the middle of may, and it'll take about two weeks for those children to get fully ‑‑ their immunity to fully build up against the flu, but there's lots of time between now and may that that person ‑‑ that those children are going to benefit from the protection of that vaccine.

>>JEFFREY HOWARD: And let me reemphasize a point I made earlier. If this flu season mimics flu seasons from the past, we expect the vaccine to be more effective against later versions of the flu, so they would still have added protection if they got the vaccine now.

>>JONATHAN BALLARD: We typically see type B flu toward the end of the season, so that vaccine would help protect them from that.

>>DOUG HOGAN: We're at about 30 percent effectiveness at this point?

>>JEFFREY HOWARD: High thirties.

>>JONATHAN BALLARD: It's preliminary data from the CDC. They are going to officially share their preliminary data in mid February is what they tell us. They say it's about the same as last year, which was 39 percent effective, so you have a greater than one out of three chance of protecting yourself from the flu with the vaccine, so that's a very good way to protect yourself from the flu.

>>DOUG HOGAN: And this question from Andrew Colgrew. How many people who have died in Kentucky from the flu got the flu shot? I don't think we have those numbers yet. That's an excellent question and something that we actually talked about before this program and talked about earlier today, as a matter of fact.

>>JONATHAN BALLARD: In general, when there's anybody that dies of any illness there's a ‑‑ you know, a look back at what was the contributing factors to their death, and that has happened for, you know, the 65 people in Kentucky.

>>DOUG HOGAN: Right.

>>JONATHAN BALLARD: Who have passed away. Many of those people have been unvaccinated, some have been vaccinated. The biggest group that we have is actually we don't know what their vaccination status was because, you know, if a person went out to one location or a pharmacy or here or there to get their vaccine, that record may not be readily available to the coroner or medical examiner to tell us whether they were vaccinated or not.

>>DOUG HOGAN: So it may be a while before you actually get the data, if you can get the data.

>>JONATHAN BALLARD: If we can.

>>JEFFREY HOWARD: We are always fighting the battle of getting good data in public health.

>>DOUG HOGAN: Well, gentlemen, I appreciate your time this evening, Dr. Howard and Dr. Ballard from our department of public health, and we really appreciate you joining us for this Facebook live event tonight talking about the flu. There were a lot of questions, or some, at least, I was trying to scroll through here and didn't get to all of them. I apologize if I didn't get to your question. We will go over and we will have Dr. Ballard and Dr. Howard, you know, later tonight, before they go to bed they can go back and reply to all these questions if you want. But we will try to get someone from DpH to get back with you again, because if you have, you know, questions and actual concerns that need to be addressed, then we'll try to get back with you on the Facebook posts. We appreciate you joining us this evening and we will continue to reach out in platforms like this when there is a need, and we feel like there's a need in this situation, and have some interactive dialogue. So thank you very much for your time. Good night.

>>JONATHAN BALLARD: Thank you.

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