

PHAB

Public Health Advisory Board Regular Meeting

Date: November 12, 2014
Time: 12:00 – 2:00 pm
Location: Shasta County Public Health
2660 Breslauer Way
Community Conference Room

Meeting Material – Table of Contents

- **Agenda: November 12, 2014**
- **Draft Minutes: July 9, 2014**
- **Draft Minutes: September 3, 2014**
- **Directors' Report: HHSA & PH-RS Branch Highlights**
 - **Attachment: Ebola Update**

Next Meeting: Wednesday, January 14, 2015

PHAB

Public Health Advisory Board Agenda - Regular Meeting

Date: November 12, 2014
Time: 12:00 – 2:00 pm
Location: Shasta County Public Health, 2660 Breslauer Way
Community Conference Room

1. **Call to Order and Introductions**
2. **Public Comment Period** (5 min.)

To address the Board during Public Comment Time: The speaker should approach the table and, after receiving recognition from the chair, give their name and affiliation prior to comments or questions. Sixteen (16) copies of any written material used in the presentation must be provided to the clerk. There is a three-minute limit to an individual's comments, and the speaker may defer comments to a specific agenda item. Pursuant to the Brown Act, action or Board discussion cannot be taken on open time matters other than to receive comments.
3. **Action:** Approval of Minutes (5 min.)
 - a. Approval of Minutes – July 9, 2014
 - b. Approval of Minutes – September 3, 2014
4. **Committee Reports:**
 - a. Executive Committee: Theresa Flynn Gasman (5 min.)
 - b. Membership Committee: Brad Frost (5 min.)
5. **Director's Report:**
 - a. Health & Human Services Agency: Donnell Ewert (5 min.)
 - b. Public Health Branch: Terri Fields Hosler (10 min.)
 - Ebola Update
 - c. Regional Services Branch: Mary Schrank (5 min.)
6. **Health Officer's Report** – Substance Abuse Overview: Andrew Deckert (20 min.)
7. **Presentation:** Substance Abuse Prevention Programs: Terri Fields Hosler (20 min.)
8. **Discussion:** (30 min.)
9. **Member Sharing** (10 min.)
10. **Adjourn**

Next Meeting: January 14, 2015

**Public Health Advisory Board
Minutes for July 9, 2014**

DRAFT

Item 1: Call to Order:

Chair Theresa Flynn Gasman called the meeting to order at 12:04 p.m. The following Public Health Advisory Board (PHAB) members were present during at least part of the meeting: Joe Ayer, Katharine Ann Campbell, John Coe, Jim Holdridge, Linda Heick-Kilzer, Barbara Jackson, and Cathy Wyatt.

Members not in attendance: Lori Chapman-Sifers, Jessica Delaney, Brad Frost, Robin Glasco and Richard Yoder.

Others present: HHS Agency Director, Donnell Ewert, Public Health (PH) Health Officer Andrew Deckert, PH Deputy Branch Director Brandy Isola, HHS – Regional Services Deputy Director Mary Schrank HHS Program Manager Roxanne Burke, MCAH Coordinator Robin Schurig, PH Program Manager Kathey Kakiuchi, Carissa Ballew, PH Accreditation Coordinator Trong Le and Executive Assistant Katherine Hughes.

Item 2: Public Comments – No Comments

Item 3: Action - Approval of Minutes

a. March 12, 2014 -

Motion: Member John Coe, seconded by Member Cathy Wyatt, made a motion to approve the amended minutes of the March 12, 2014 meeting. Correction on the website name that was referred by Dr. Coe should be corrected to CALPIN. The motion carried by a unanimous vote of the members present.

b. May 14, 2014 -

Motion: Member Linda Heick-Kilzer seconded by Member John Coe, made a motion to approve the minutes of the March 12, 2014 meeting. The motion made by a unanimous vote of the members present. Abstained: Cathy Wyatt

Item 4: Committee Reports

a. Executive Committee:

Chair Flynn Gasman reported the Executive Committee met on June 11th and discussed today's agenda which includes a presentation on the Maternal Child & Health Survey, a presentation from Andrew on Brain Development and discussed filling the currently vacant PHAB position. Feedback was given on immunization issues and gun violence in schools.

Action: Consider the recommendation from the Executive Committee that the regular meeting on September 10, 2014 be cancelled and a special joint meeting between PHAB and MHADAB be held on September 3, 2014 @5:15 pm at the Redding Library, to discuss Substance Abuse Prevention and treatment. The Director's Report will remain on the agenda at this meeting which will include updates on the recommendations to the BOS.

Motion: Member Joe Ayer, seconded by Member Cathy Wyatt made a motion to cancel the regular meeting on September 10 and have a special joint meeting between PHAB and MHADAB to be held on September 3, 2014. The motion made by a unanimous vote of the members present.

b. Membership Committee:

In Brad's absence, Joe presented the Membership Committee report. Five (5) applicants applied for the board position and four (4) completed an interview. Carissa Ballew was chosen to fill the position. Chair Glasco welcomed Carissa and asked her to give a brief introduction of herself.

Action: Consider recommending Carissa Ballew to the Board of Supervisors for appointment to the PHAB to complete the term April 2012 to March 31, 2015.

Motion: Member Joe Ayer, seconded by Member Katharine Ann Campbell to recommend Carissa Ballew to the Board of Supervisors for appointment to the PHAB. The motion made by a unanimous vote of the members present.

Item 5: Director's Report:

a. Health & Human Services: Donnell Ewert, MPH – A written report was provided (see attachment). Donnell announced the appointment of Dean True, Branch Director of the Adult Services Branch to also take over as the new Alcohol and Drug Program Administrator for Shasta County. Donnell also advised that he had nominated Melissa Janulewicz as the Shasta First 5 Commissioner to replace Jane Wilson who recently resigned. Melissa was appointed to the commission by the Board of Supervisors on June 17th. Donnell further advised that the State Budget has passed and reflects better revenues for the state.

b. Public Health Branch:

In Branch Director Terri Fields Hosler's absence, Deputy Branch Director Brandy Isola presented an overview of the Public Health Director's Report (see attachment). Brandy introduced Trong Le, the new Accreditation Coordinator indicating progression towards accreditation. Brandy provided a brief overview on the E-Cigarette issues and the suggestion to amend current County Ordinance to include E-cigs where smoking tobacco is prohibited. Brandy also provided a brief report on the progress of another amendment to the ordinance making all of our HHS campuses, smoke free. A short discussion followed on implementing the same type of policy in Anderson and other areas in Shasta County.

Action: Consider recommending to the Board of Supervisors that they support Public Health's effort to add Electronic Nicotine Delivery Device language to the County's Smoking in Workplaces and Enclosed Public Places ordinance (Chapter 8.45).

Motion: Member Linda Heick-Kilzer, seconded by Member Ayer to recommend to the Board of Supervisors that they support Public Health's effort to add Electronic Nicotine Delivery Device language to the County's Smoking in Workplaces and Enclosed Public Places ordinance (Chapter 8.45). The motion made by a unanimous vote of the members present.

Action: Consider recommending to the Board of Supervisors that they support Public Health's effort to implement a smoke free campus policy at all HHS campuses.

Motion: Member Katharine Ann Campbell, seconded by Member John Coe to recommend to the Board of Supervisors that they support Public Health's effort to implement a smoke free campus policy at all HHS campuses. The motion made by a unanimous vote of the members present. Abstained: Member Wyatt

c. Regional Services Branch:

Deputy Director Mary Schrank reviewed highlights of the Regional Services Branch report (see attachment). Health Care Reform/ACA implementation saw an increase of 77% on their Medi-Cal cases. Mary further advised that they were starting their EBT Market Match program for extra tokens at the Farmer's Market and the program is going well. Mary also mentioned the Breastfeeding Training Opportunities and that this training may include some system changes that might help offer a better acceptance of it in the medical community. Also included in her report, was a reminder that WIC is sponsoring a Grand Rounds presentation on August 15th by Jane Morton, MD, a breastfeeding expert.

Item 6: Health Officer's Report – Brain Development: Andrew Deckert

Andrew provided an overview on the MCAH (Maternal, Child Adolescent Health) population and why this population (moms, kids and teens) are so important to Public Health. He also spoke about the results of a recent survey conducted here in Shasta County. This survey was conducted on 8 of the 10 ACE categories, revealing the number one Household Dysfunction is Substance Abuse which was reported by 60% of those surveyed. A quarter of the adults surveyed indicated 5 or more ACE's. Andrew further discussed the long term affects these ACE's have on our community's health.

Item 7: Presentation: Maternal, Child and Adolescent Health (MCAH) Needs Assessment Results – Kathey Kakiuchi/Robin Schurig

Deputy Director Brandy Isola introduced MCAH Coordinator Robin Schurig and her Program Manager Kathey Kakiuchi. Robin provided a power point presentation on the 5-year Needs Assessment process required by State law. The Needs Assessment was completed during 2013/2014; Action Plans for fiscal years 2015/2016-2019/2020 will be developed during fiscal year 2014/2015.

Robin discussed the #1 priority identified from the list of health issues as Adverse Childhood Experiences (ACE) and its causes. Robin also reviewed some of the solutions that were identified through the Needs Assessment process as well as the current activities being implemented to address the problems. Questions followed.

Robin further advised that Substance Abuse is one of the causal pathways identified in the survey and provided additional local data on Perinatal Substance Use/Abuse in Shasta County derived from hospital toxicology screenings identifying THC/Alcohol as the most common result. Robin concluded her presentation by reviewing the Healthy Babies Program and the treatment/resources they provide.

Item 8: Discussion

Members discussed a variety of ideas and various social issues surrounding the Needs Assessment data. Our poverty rate is higher than other counties, we have complex social issues that are multi-generational as well as high substance abuse rates. Some of the topics revisited were family planning and better patient education around contraception. It was suggested that due to the size of these problems and the barriers they present, a meeting should be facilitated to further break down the issues involved before moving forward with a plan. Donnell reminded the board that they are advisors to the PH Branch and those already doing the work within the funded PH programs. Further discussion will take place at the next Executive Committee for PHAB planning.

Item 9: Member Sharing (10 min.)

Dr. Coe reported that HEP C treatment is about to change radically. Pill medication treatment just came out at \$1,000.00 for the first pill, and \$500.00 for the second. Insurance companies have already started denying patient treatment due to cost. Approximately 4 million people are currently infected and most infection is transmitted by sharing needles. There is currently no vaccine for HEP C so it is treated like HIV but instead of a lifelong treatment, it's a 12 week treatment program and expensive. For HCV patients meeting selection criteria, it has a high cure rate which benefits the patient and decreases transmission. This would be a good topic for further discussion. He will report back when he gets more information.

Item 10: Adjourned – 2:07 pm

**Shasta County Mental Health, Alcohol and Drug Advisory Board (MHADAB) and
Public Health Advisory Board (PHAB)**

**Joint Meeting
Minutes for September 3, 2014**

DRAFT

Item 1: Call to Order:

PHAB Vice Chair Joe Ayers called the meeting to order at 5:25 p.m. The following Public Health Advisory Board (PHAB) members were present during at least part of the meeting: Joe Ayer, Linda Heick-Kilzer, Barbara Jackson, and Jim Holdridge

Members not in attendance: Katharine Ann Campbell, John Coe, Lori Chapman-Sifers, Jessica Delaney, Brad Frost, Theresa Flynn Gasman, Robin Glasco, Brad Frost, Cathy Wyatt and Richard Yoder

Note: There was no quorum at this meeting and therefore no action items were made. The meeting convened with advisory reports and presentations.

HSA Staff: Donnell Ewert, Dean True, Maxine Wayda, Jamie Hannigan, Terri Fields Hosler, Mary Schrank, Kathey Kakiuchi, Roxanne Burke, Brandy Isola, Stephanie Taylor, Andrew Deckert, Stephanie Taylor, Cara Schuler and Katherine Hughes

Guest: Susan Wilson, Stevan Keyser, Mary Rickert, Karen Crum, Marjeanne Stone, and Sandra Tary

Item 2: Public Comments – No Comments

Item 3: Director's Report - The Directors' Report was sent out prior to the meeting for the Board members and guests to review. [See Attachment]

- a. Donnell Ewert, HSA Director, had nothing to add to the written report.
- b. Dean True, Adult Services Branch Director, had nothing to add to the written report.
- c. Maxine Wayda, Children's Services Branch Director had nothing to add to the written report.
- a. Terri Fields Hosler, Public Health Branch Director, provided visuals and handouts for upcoming events:
 - Walk to Prevent Suicide: Out of the Darkness Community Walks
 - National Take Back Initiative – Medication Disposal Event
 - Immunization Posters
- b. Mary Schrank, Regional Services Deputy Branch Director, had nothing to add to the written report.

Item 4: Presentations

a. Alcohol and Other Drug Use Prevention –

PH Branch Director Terri Fields Hosler provided a PowerPoint presentation on Alcohol and Other Drug Use Prevention Activities (see handout). Alcohol abuse is the #1 substance abused by youth in America. Teen substance abuse is prevalent in Shasta County and binge drinking and marijuana usage is measured at 7th, 9th and 11th grade levels. Early prevention is key justifying public health's focus on youth changing community norms around drug and alcohol use in our community. A greater understanding within our adult population and parents on how minors are abusing alcohol and the harm that it is causing. Educating seniors and grandparents is also another focus as kids most often get prescription drugs from their own homes or that of relatives. The medical community is just one of the many partners who are helping in the control of prescription substance abuse. Terri further reviewed some of the programs being implemented in the community through our Substance Abuse Prevention Program. Terri concluded with the need to work together using data to drive our work, as well as using evidence based strategies and collaboration with community partners.

b. MHSA Prevention and Early Intervention –Maxine Wayda, Children Services Branch Director, provided a presentation on MHSA Prevention and Early Intervention- Evidence Based Practice Implementation (see attachment). A brief description was provided about the Positive Action Program and their philosophy based on the concept that positive thoughts lead to positive actions. Charts and data surveys were reviewed on the overall evaluation of the program. Maxine read some positive quotes from parents whose children are in the Positive Action Program. School representatives who work in the program also spoke on the success of the program (Sandra Tary, Olivia LaField, and Donna Walker). Student Kamryn told her story of how the program has changed her vision for her future goals. Maxine concluded with a review of future plans for moving this program forward.

Item 4: Reminders – See attached agenda.

Item 5: Adjournment @ 6:50

**Health & Human Services Agency, Public Health & Regional Services
Directors Report - Public Health Advisory Board
November 12, 2014**

CURRENT ISSUES:

Health & Human Services Agency (HHS) Update:

- Dianna Wagner, M.S., L.M.F.T., has been appointed to the position of Deputy Branch Director in the Children's Services Branch, a vacancy created when Jane Wilson left HHS at the end of May. Dianna most recently held the position of Clinical Program Coordinator in Regional Services Branch overseeing the Behavioral Health Team and Perinatal Treatment Program. Prior to that Dianna worked for Victor Treatment Centers for more than 15 years, six of which as the Assistant Executive Director. Dianna's first day on the job was October 6.
- We are finishing up interviews for the Deputy Branch Director position in Adult Services. We hope to have the position filled soon after the first of the year. Roxanne Burke is currently serving as interim Deputy Branch Director in Adult Services, after serving the same role in Children's Services for about 10 weeks.

Public Health Branch Update:

- Public Health has collaborated with Partnership Health Plan of California on two communicable disease campaigns recently. Our first campaign stressed the importance of community immunity with the "Friends Don't Give Friends Measles" posters and radio ads. The second campaign to "Protect Your Child Against Whooping Cough" is currently being launched with posters and radio ads as well. These campaigns received statewide recognition from the Director of the California Department of Public Health (CDPH) Ron Chapman at both the Health Officer and Health Director statewide meetings. The campaign is being shared with other Partnership Counties for a consistent immunizations message in the North State.
- To address the Gonorrhea Outbreak, posters and bus shelter ads are placed throughout the county through January, and staff is partnering with the Sheriff's office and our community family planning agencies on screening, treatment and prevention efforts.
- The Healthy Communities Branch is finalizing the scope of work on a \$1.6 million grant from CDC that will start in January and cover chronic disease prevention efforts for the next 5 years. Shasta County was one of 7 counties funded as part of the states application, and this grant will support goals in the Healthy Shasta strategic plan and efforts to screen for pre-diabetes and hypertension with our medical community providers.

Regional Services Branch Update:

- The Covered Shasta Community Stakeholder group met on October 29, 2014. Members discussed issues with Medi-Cal and Covered California renewals, partner outreach and enrollment efforts, estimates for Covered California insurance premium increases and local advocacy efforts to improve provider networks. Dignity Health is coordinating an enrollment event on December 4, 2014 from 5 – 8 pm at the North Cottonwood School Multi Purpose Room. Insurance representatives, Certified Enrollment Counselors and Medi-Cal representatives from Shasta and Tehama County will be present at the event. Shasta County Medi-Cal cases totaled 24,823 at the end of September.
- The Shasta County NFP Program was invited by the California Home Visiting Program to participate on a panel at the First 5 Conference in Sacramento in February to showcase our successful collaboration and coordination of services with Shasta Head Start.
- Our Shasta County Farmers' Market program proved successful again this year. Our numbers were similar to last year with 2,160 clients utilizing the program. \$20,651 Money Market Tokens were distributed to clients with \$20,080 redeemed by the Vendors. Happy to report that 82% was spent on Fruits and Veggies; 12.5% on Prepared Foods; and 5.5% on Whole Foods.

BOARD OF SUPERVISOR STAFF REPORTS (September– October 2014):

- Appoint Member to the Public Health Advisory Board – Carissa Ballew
- Office of Traffic Safety Revenue Agreement
- Revenue Agreement for Public Health Emergency Preparedness and Emergency Response Activities

Shasta County Public Health
Ebola Update for Public Health Advisory Board
November 6, 2014

- Public Health staff is participating on regular Centers for Disease Control (CDC), national, state and local calls related to Ebola, and key staff is meeting throughout the week to continue to prepare and communicate as needed. Our website at www.shastahhsa.net is being updated continuously, and includes a state Ebola Hotline number and pertinent information from the state health department and CDC.
- A tabletop exercise with approximately 40 participants, representing 12 agencies, was held on October 10th in preparation for the Ebola functional exercise scheduled for November 20th
- Dr. Deckert provided an Ebola overview to HHS Public Health Nurses on November 6th, and a follow up training for a team of nurses prepared to interview and monitor any potentially exposed travelers from Guinea, Liberia and Sierra Leone and contacts of suspect cases will be scheduled soon.
- We are actively cooperating with our local healthcare and first responder partners as they provide hands-on training in the use of appropriate Personal Protective Equipment for their staff and clinicians.
- Staff is working with Environmental Health to discuss their preparedness around environmental clean-up as needed of a confirmed Ebola patient's living area.
- The state Health Officer ordered Quarantine for high-risk and some-risk potentially exposed travelers coming to the U.S. from the affected 3 West African countries, requiring local Health Officers to do the same. We are working to define our local procedures within the state's guidelines, including local Health Officer Quarantine order for potentially exposed to monitor them for signs of symptoms of early disease.
- CDPH will be releasing Isolation Guidelines for Public Health and Health Care providers that will apply locally to SRMC and Mercy Redding who have agreed to accept suspect Ebola cases. Confirmed Ebola patients would be transferred to one of the California Ebola Treatment facilities, and our identified facility is UC Davis.
- Ken Cole our Lab Supervisor has secured a contract with a company equipped to transfer suspect Ebola specimens and is working with both Mercy and SRMC labs to assure coordination in the process for collecting/transporting suspect specimens.
- We are responding to media requests as they come in.
- Attached is a comprehensive FAQ and handout shared with county and city officials for distribution to their staff as appropriate. Again, additional up to date information can be found at www.shastahhsa.net. (scroll to **New:** Information on Ebola)

Ebola Virus Disease (Ebola)

1. What is Ebola?

Ebola is a rare disease that has caused outbreaks (more disease than usual) in West Africa. Right now, there is a large Ebola outbreak in 3 countries, specifically Guinea, Sierra Leone, and Liberia.

2. How does Ebola spread?

Ebola spreads from person-to-person by direct contact with a patient's body fluids, like saliva, blood, vomit, urine, feces, and sweat. The virus gets into the body through broken skin or mucous membranes (spongy skin like the kind you find in your nose or mouth). Ebola can also be spread by infected objects, like needles, that have been tainted with body fluids. Ebola can also spread after death, when preparing the patient's body for burial. Ebola can't spread through the air, in food, or water.

It takes 8–10 days for most people to get symptoms, but it can range from 2–21 days. Patients can spread the virus while they have a fever or other symptoms. People who don't have symptoms can't spread Ebola.

3. What are the symptoms of Ebola?

Ebola can cause these signs of disease:

- Headache
- Vomiting
- Fever
- Stomach pain
- Weakness
- Lack of appetite
- Diarrhea
- Abnormal bleeding

4. How is Ebola treated?

There is no specific medicine or vaccine for Ebola. Instead, treatment focuses on keeping the patient alive by giving fluids and managing the serious health problems that can happen.



Key Points:

- The risk of getting sick with Ebola is very low in the U.S. and in Shasta County.
- Ebola patients can only spread the disease when they have symptoms.
- A person must have direct contact with a patient's body fluids to be infected.
- The department is taking safety measures to prevent its spread in Shasta County, if a case were to come here.

For more information:

Shasta County Health and Human Services Agency

www.shastahhsa.net

California Department of Public Health

<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>

Centers for Disease Control and Prevention

http://www.cdc.gov/vhf/ebola/outbreaks/guinea/qa.html?mobile=no_content

5. What can you do to prevent Ebola?

There is very low to no risk of spread to the public. The key is to avoid contact with anyone who is sick with Ebola. The Centers for Disease Control (CDC) and Prevention ask that the U.S. public avoid unnecessary travel to countries in West Africa that are currently affected by Ebola, since travelers may not have access to the health care they need if they get sick. If you recently visited one of these countries, and had contact with someone who had Ebola, see your doctor and mention your recent travel. If returning from one of the 3 affected West African countries and did not have known contact with an Ebola patient, take your temperature two times per day. If you get a fever or other symptoms within 21 days of your return to the U.S., call your doctor and mention your recent travel.

6. What is Public Health doing to prevent Ebola in Shasta County?

Right now there are no cases of Ebola in Shasta County. We are taking safety measures to prevent and stop its spread if a case were to come here. For example, we are working with:

- Doctors and hospitals in the County, the CDC and the California Department of Public Health (CDPH) to find anyone who could have the disease.
- Hospitals and clinics in Shasta County to make sure they use good infection control practices to prevent the possible spread of Ebola if they see a patient who may have the illness.

Want to learn more about the current outbreak?

For information about past and current cases and deaths by country, visit:

Centers for Disease Control and Prevention
<http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html>

World Health Organization (WHO)
<http://www.who.int/mediacentre/factsheets/fs103/en/>



CDCP-ACDC-0004-01 (10/7/14)

Is it Flu or Ebola?



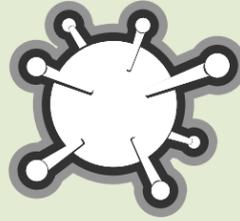
Flu (influenza)



The **flu** is common a contagious respiratory illness caused by flu viruses. The flu is different from a cold.

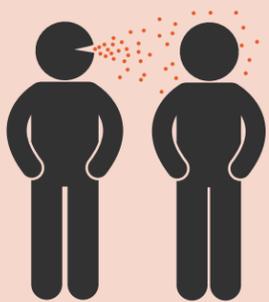
Flu can cause mild to severe illness, and complications can lead to death.

Ebola



Ebola is a rare and deadly disease caused by infection with an Ebola virus.

How Flu Germs Are Spread



The flu is spread mainly by droplets made when people who have flu cough, sneeze, or talk. Viruses can also spread on surfaces, but this is less common.

People with flu can spread the virus before, during, and after they are sick.

How Ebola Germs are Spread

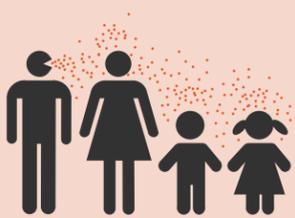


Ebola can only be spread by direct contact with blood or body fluids from

- A person who is sick or who has died of Ebola.
- Objects like needles that have been in contact with the blood or body fluids of a person sick with Ebola.

Ebola cannot spread in the air or by water or food.

Who Gets The Flu?



Anyone can get the flu.

Some people—like very young children, older adults, and people with some health conditions—are at high risk of serious complications.

Who Gets Ebola?



People most at risk of getting Ebola are

- Healthcare providers taking care of Ebola patients.
- Friends and family who have had unprotected direct contact with blood or body fluids of a person sick with Ebola.

Signs and Symptoms of Flu

The signs and symptoms of flu usually develop within 2 days after exposure. Symptoms come on quickly and all at once.

Signs and Symptoms of Ebola



The signs and symptoms of Ebola can appear 2 to 21 days after exposure. The average time is 8 to 10 days. Symptoms of Ebola develop over several days and become progressively more severe.

- *People with Ebola cannot spread the virus until symptoms appear.*



- **Fever or feeling feverish**
- **Headache**
- **Muscle or body aches**
- **Feeling very tired (fatigue)**
- **Cough**
- **Sore throat**
- **Runny or stuffy nose**



- **Fever**
- **Severe headache**
- **Muscle pain**
- **Feeling very tired (fatigue)**
- **Vomiting and diarrhea develop after 3–6 days**
- **Weakness (can be severe)**
- **Stomach pain**
- **Unexplained bleeding or bruising**

For more information about the flu and Ebola, visit www.cdc.gov/flu and www.cdc.gov/ebola.