



MEMORANDUM

DATE: July 16, 2009

TO: Microbiology Lab Directors, Infection Control Professionals, Primary Care Providers, Emergency Department Directors, Infectious Disease Physicians

FROM: Michael O.Vernon, DrPH, Director, Communicable Disease Control
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SUBJECT: Interim Infection Control Guidance for Patients with Suspected or Confirmed Novel Influenza A H1N1 in Healthcare Settings

Current epidemiological data and clinical information suggest that the transmission dynamics of H1N1 are consistent with those of seasonal influenza.¹ Based on this evidence, the Cook County Department of Public Health (CCDPH) recommends implementation of the following infection control measures* when caring for patients with suspected or confirmed novel influenza A H1N1 infection:

I. Standard Precautions

Standard Precautions² include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status. The application of Standard Precautions during patient care is determined by the nature of the healthcare personnel-patient interaction and the extent of anticipated body fluid exposure. For patients with suspected or confirmed novel H1N1, Standard Precautions should include:

1. Hand hygiene after touching respiratory secretions, immediately after removing gloves, and between patient contacts. When hands are visibly soiled or contaminated with respiratory secretions, use soap and water. If hands are not visibly soiled, an alcohol-based hand rub may be used.
2. Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
3. Wear a gown during procedures and patient-care activities when contact of clothing/exposed skin with a patient's respiratory secretions is anticipated.
4. Change gloves and gowns after each patient encounter and perform hand hygiene.
5. Handle soiled patient-care equipment and laundry in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.

* These recommendations differ from CDC recommendations that were issued April 29, 2009

II. Droplet Precautions

In addition to Standard Precautions, healthcare personnel should adhere to Droplet Precautions² when caring for patients with suspected or confirmed novel influenza A H1N1 infection for 7 days after the onset of illness (a minimum of 10 days for children < 5 years and immunocompromised patients). Droplet Precautions include:

1. Place surgical masks on patients with suspected or confirmed novel influenza A H1N1 infection at the point of contact with the healthcare facility.
2. Place patients with suspected or confirmed novel H1N1 in a single-patient room, if available, or cohort them with other infected patients. Negative pressure rooms are not required for the routine care of these patients.
3. Wear a surgical mask[§] when entering the patient's room. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
4. If patient movement or transport is necessary, have the patient wear a surgical mask, if tolerated.

III. Enhanced Respiratory Protection Precautions

Enhanced respiratory protection includes the use of a fit-tested N95 particulate respirator, gloves, eye protection and gown and should be used under the following circumstances:

1. When performing certain aerosol-generating procedures on patients with suspected or confirmed novel H1N1. The following procedures should be considered aerosol-generating: bronchoscopy, open suctioning of airway secretions, resuscitation involving emergency intubation or cardiac pulmonary resuscitation, and endotracheal intubation.³

The following procedures should not be considered aerosol-generating and, therefore, do not require enhanced respiratory protection: collection of nasopharyngeal specimens (e.g. nasal washes or nasopharyngeal aspirates and swabs) from patients with suspected or confirmed novel H1N1, closed suctioning of airway secretions, and administration of nebulized medications.

2. By healthcare personnel who may be at increased risk for severe complications from H1N1 (e.g., pregnant women and people with certain chronic medical conditions including asthma and diabetes).

[§]Surgical masks are now recommended for routine patient care activities as opposed to N95 respirators. Universal use of N95 respirators when caring for patients with suspected or confirmed novel H1N1 does not provide enhanced protection against the virus and may adversely affect patient and healthcare worker safety by creating a shortage of N95 respirators for healthcare activities that require such protection (e.g. caring for patients with active *M. tuberculosis* infection).

IV. Additional Controls

1. Administrative controls⁴ are key components in infection prevention strategies and include implementation and facilitation of infection control precautions; patient triage for early detection; patient placement (maintain a distance of 6 feet between influenza-like illness [ILI]^b cases and others); organization of services; policies on rational use of available supplies; policies on patient procedures; and strengthening of infection control infrastructure.
2. Environmental/engineering controls,⁴ such as adequate environmental ventilation and appropriate environmental cleaning can help reduce the spread of some pathogens in the healthcare setting.
3. Occupational/employee health programs should ensure that healthcare personnel who develop a febrile respiratory illness should be excluded from work for 7 days or until 24 hours after symptoms have resolved, whichever is longer.

While current scientific evidence suggests that the transmission dynamics of novel H1N1 are consistent with those of seasonal influenza, public health officials at federal, state and local levels continue to monitor the situation closely. If new information suggests that the transmission dynamics of the novel strain are changing, these interim infection control recommendations will be re-evaluated and revised accordingly.

Questions or concerns about this memorandum can be directed to the Infection Prevention Program at (708) 492-2653.

^bILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

1. Centers for Disease Control and Prevention. Novel H1N1 Flu (Swine Flu) and You. Accessed on July 16, 2009 at <http://www.cdc.gov/H1N1flu/qa.htm>
2. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Accessed on July 16, 2009 at <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/isolation2007.pdf>
3. The Society for Healthcare Epidemiology of America (SHEA) Position Statement: Interim Guidance on Infection Control Precautions for Novel Swine-Origin Influenza A H1N1 in Healthcare Facilities. Accessed on July 16, 2009 at http://www.shea-online.org/Assets/files/policy/061209_H1N1_Statement.pdf
4. World Health Organization. Infection Prevention and Control in Health Care for Confirmed or Suspected Cases of Pandemic (H1N1) 2009 and Influenza-Like Illnesses. Accessed on July 16, 2009 at http://www.who.int/csr/resources/publications/20090429_infection_control_en.pdf