

Clinician Advisory :

prevention and control of novel influenza A (H1N1) virus infections in healthcare settings. >

On July 1, Guam reported the first confirmed case of influenza A (H1N1) infection. With H1N1 in the community, the goal at this time is to limit the spread of the disease and limit illness and complications associated with influenza A (H1N1) infection.

Transmission of H1N1 to HCP is occurring from both community exposures and exposures in healthcare settings. This clinical reminder is to emphasize the need for prompt recognition of patients with possible novel influenza A (H1N1) infection, especially in ambulatory care settings, and to reinforce the importance for comprehensive infection control strategies in all patient care settings, including HCP adherence to infection control recommendations.

Recommendations

The following summarizes CDC's interim guidance to decrease the risk for transmission of seasonal influenza and novel influenza A (H1N1) in healthcare settings (/and will be updated as needed/):

- Implement comprehensive infection control strategies that include administrative controls (e.g., Triage of infectious patients and visitor policies)
- Provision of infection control resources, training in infection control practices and correct use of PPE, identification of all ill HCP, and exclusion of ill HCP from work
- Routine infection control recommendations for seasonal influenza
- Vaccination
- Patient isolation in a single room
- Use of standard precautions and droplet precautions
- Infection control recommendations for novel influenza A (H1N1) virus infection

Routine patient care

Use fit-tested N95 or better respirators

Use eye protection

Practice standard and contact precautions

Maintain adherence to hand hygiene by washing hand with soap and water or using alcohol-based hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions.

Put on non sterile gloves and gowns along with eye protection and a fit-tested disposable N95 respirator or better when entering a patient's room.

Limit healthcare personnel entering the patient's room to those performing direct patient care.

Perform aerosol-generating procedures (e.g., bronchoscopy, elective intubation, suctioning, administering nebulized medications) in an airborne infection isolation room with negative pressure air handling (6 to 12 air exchanges per hour).

Continue isolation precautions for 7 days from symptom onset or until resolution of symptoms, whichever is longer.

Patient placement and transport

Placement: Individual patient room — keep door closed.

Transport

Follow facility procedures for transport of isolation patients

Communicate information to other department(s) and to the other facility when a suspected case is transported to another department or to another facility

Apply routine cleaning and disinfection strategies used during seasonal influenza

Handle management of laundry, utensils, and medical waste in accordance with procedures followed during seasonal influenza

Management of visitors

Place signage at entry points instructing patients and visitors about hospital policies, including need to notify staff immediately if one has signs and symptoms of febrile respiratory illness

Limit visitors to persons who are necessary for patient's emotional well-being and care

Schedule and control visits to allow for appropriate screening for acute respiratory illness before entering hospital or other inpatient healthcare facility (e.g., long term care, chronic care facility, ventilator-care) and appropriate instruction on use of personal protective equipment, other precautions, and limitation of movement within the facility

>

> *For More Information

> *CDC. Novel Influenza A (H1N1) Virus Infections Among Health-Care Personnel --- United States, April—May 2009. MMWR May 18, 2009 / 58(23):641-645

> <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a2.htm>

>

> Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting –

> May 13, 2009

> http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

>

> Interim Additional Guidance for Infection Control for Care of Patients with Confirmed, Probable, or Suspected Novel Influenza A (H1N1) Virus Infection in Outpatient Hemodialysis Settings – May 8, 2009

> http://www.cdc.gov/h1n1flu/guidance/hemodialysis_centers.htm

>

> Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection- May 11, 2009

> http://www.cdc.gov/h1n1flu/guidance_ems.htm

>

> H1N1 Influenza Virus Biosafety Guidelines for Laboratory Workers – May 13, 2009

> http://www.cdc.gov/h1n1flu/guidelines_labworkers.htm

>

> Post-mortem Care and Safe Autopsy Procedures for Novel H1N1 Influenza – May 28, 2009

> http://www.cdc.gov/h1n1flu/post_mortem.htm

>

> ^1 Rationale for the use of respiratory protection with N95 respirator or better is a more conservative approach than for seasonal influenza and is needed until more is known about the specific transmission characteristics of this new virus

>

> -----

/

>