

Revised Infection Control Recommendations for Novel Influenza A H1N1 in Healthcare Settings

Since the discovery of the novel H1N1 virus, accumulating evidence suggests that it is comparable to seasonal influenza in its spectrum of illness and transmission pattern, and does NOT appear to be causing unusual morbidity or mortality compared to seasonal influenza. **The Southern Nevada Health District (SNHD) recommends that infection control precautions for this virus be similar to those taken for seasonal influenza.** Please note that SNHD recommendations differ from current CDC guidance. However, they are consistent with the most current scientific evidence available and are similar to recommendations distributed by several other state and local health departments.¹⁻³

SNHD recommends the following infection control precautions when caring for patients with influenza-like illness, defined as temperature >100°F and recent onset of cough or sore throat:

- Persons with influenza-like illness, including employees, should be instructed to stay at home until they have been afebrile without anti-pyretics for at least 24 hours.
- Place signs at entryway and in all patient areas instructing ALL PERSONS to cover their mouth and nose when they cough or sneeze and to wash their hands or use waterless hand cleanser after coughing or sneezing.
- Instruct all persons to cover their mouth/nose with a tissue when coughing or sneezing, and throw tissue in the trash after use. Wash hands or use waterless hand sanitizer after contact with respiratory secretions.
- Isolate patients with influenza-like illness as soon as possible, ideally in a private exam room or at a distance of at least 3 feet from others. Isolation in a negative pressure room is **not** required except during procedures described below.
- Use Standard and Droplet precautions for routine medical care of patients with confirmed or probable H1N1 influenza, or influenza-like illness. Negative pressure airborne infection isolation rooms (AIIRs) and N95 respirators are not recommended for routine patient care for patients with H1N1 influenza or influenza-like illness.

- Staff entering the exam room of a patient with influenza-like illness should wear a **surgical mask** until an infectious cause of illness is ruled out. They should wash their hands or use waterless hand cleanser before and after interactions with the patient.
- Aerosol-generating procedures should be performed, when feasible, in a negative pressure airborne infection isolation room (AIIR). Disposable fit-tested N95 respirators, eye protection (goggles or face shield), a clean, non-sterile, long-sleeved gown and gloves should be worn by health care personnel performing these procedures. Aerosol-generating procedures include bronchoscopy, open suctioning of airway secretions, resuscitation involving emergency intubation cardiac pulmonary resuscitation, and endotracheal intubation.
- Health care workers examining, caring for, or obtaining nasal, nasopharyngeal or pharyngeal specimens from patients with probable or confirmed swine influenza should wear a **surgical mask**, because these procedures are not considered to be aerosol-generating procedures.
- Nebulizer treatments for patients with febrile respiratory illness should be provided in a private room with closed door if at all possible or 6 feet apart at a minimum if a private room is not available. If private rooms are limited, reserve the private rooms for patients with febrile respiratory disease. If no private room is available, use a curtain or other barrier between patients who are in the same room when performing nebulizer treatments.

Updates on Swine flu surveillance and any additional recommendations will be posted on the SNHD website at www.southernnevadahealthdistrict.org/outbreaks/swine-flu-index.htm and the CDC website at www.cdc.gov/h1n1flu/.

References:

1. New York City Department of Health and Mental Hygiene *Health Alert #16: Influenza A H1N1 (Swine Origin) Update, May 6, 2009.* www.nyc.gov/html/doh/downloads/pdf/cd/2009/09md16.pdf
2. County of Los Angeles Public Health, *Health Alert – Influenza Activity in Los Angeles County*, July 2, 2009 www.publichealth.lacounty.gov
3. Interim Guidance on Infection Control Precautions for Novel Swine-Origin Influenza A H1N1 in Healthcare Facilities. June 12, 2009. Society for Healthcare Epidemiology of America (SHEA). www.infectioncontroltoday.com