

TDH Overview: Interim Guidance to Infection Preventionists and Pandemic Influenza Coordinators

April 26, 2009 14:00

BACKGROUND

To date, human cases of novel/swine influenza A (H1N1) virus infection have been confirmed in residents of California, Kansas, New York City, Ohio, Texas, Mexico and Canada. Mexico appears to be the source of the outbreak. Illness signs and symptoms have consisted of influenza-like illness - fever and respiratory tract illness (cough, sore throat, runny nose), headache, muscle aches - and some cases have had vomiting and diarrhea. These cases had illness onset during late March to mid-April 2009. However, cases of severe respiratory disease, including fatal outcomes, have been reported in Mexico. The potential for exacerbation of underlying chronic medical conditions or invasive bacterial infection with novel/swine influenza virus infection should be considered.

The novel/swine influenza A (H1N1) virus that has infected humans in the U.S., Mexico and Canada is a new influenza A virus that has not previously been identified in North America. This virus is resistant to the antiviral medications amantadine and rimantadine, but is sensitive to oseltamivir and zanamivir. Investigations of these cases suggest that on-going human-to-human swine influenza A (H1N1) virus is occurring.

- **This is an evolving situation, and guidance likely will change very rapidly as this outbreak of a novel influenza virus with pandemic potential moves through its different phases and we obtain additional information.**
- **As of April 26, 2009 the pandemic threat level remains at WHO alert level 3; the alert level will be reviewed on Tuesday, April 28, 2009 and may change.**

ACTIONS REQUIRED BY HEALTHCARE FACILITY STAFF NOW:

- (1) Ensure contact information in T-HAN is accurate and current:
 - a. Please make sure that the contact information in T-HAN is current and accurate, as all future communication on swine flu will be through T-HAN.
 - i. There should be 2 persons under the role for pandemic influenza coordinator and 2 persons under the role of infection control. There may be overlap between these two roles.
- (2) Ensure compliance with “Cover your Cough/Sneeze” also referred to as respiratory etiquette or good health manners.
 - a. Ensure signage is prominent, and supplies (tissues, masks, alcohol hand-sanitizers, trash bins) are available at all times
 - b. Monitor compliance with respiratory etiquette.

- (3) Commence screening cases (using a short set of questions) for influenza like illness to identify whether the patient is at high risk of novel/swine influenza. See attached swine influenza screening form for healthcare providers.
- (4) Infection control precautions (see detailed attachment)
 - a. For patients with fever + respiratory symptoms OR fever + abnormal CXR or ARDS:
 - i. Staff should wear N-95 respirators for for aerosol generating procedures (e.g., collection of clinical specimens, endotracheal intubation, bronchoscopy, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation)
 - ii. Use droplet precautions (place facemask on patient)
 - b. For patients meeting at least 1 epidemiologic criterion and clinical criteria (i.e., fever + respiratory symptoms OR fever + abnormal CXR/ARDS)
 - i. As above AND
 - ii. Place patient in a single room (negative pressure room preferred), air exhausted to the outside or recirculated via HEPA filter.
 - iii. Staff should wear N-95 respirator upon entry into room.
 - iv. Obtain a sample for confirmation of swine influenza A (H1N1) (see attached guidance)
 1. Use dacron tipped swab, prefer nasopharyngeal, place in standard viral culture medium, refrigerate (do not freeze) and send to State public health laboratory.
 2. Ensure staff taking sample wear appropriate personal protective equipment
 - v. Notify your local/ regional health department that you have a suspect case of novel/swine influenza A (H1N1). The URL for local health depts can be found at: <http://health.state.tn.us/localdepartments.htm>. The number for central office at the TDH is 615-741-7247
- (5) Commence antivirals for patients with ILI and at high risk of complications with influenza (see attached antiviral treatment guidance); <http://www.cdc.gov/swineflu/recommendations.htm>
- (6) Consider antiviral prophylaxis for close contacts/ unprotected healthcare workers at high risk of complications of influenza (see attached antiviral treatment guidance); <http://www.cdc.gov/swineflu/recommendations.htm>
- (7) Familiarize yourself with the influenza surveillance questions in the Hospital Resource Tracking System [HRTS].
 - a. The TDH will start off with only a few questions, but as the situation changes, you should expect that additional questions will be asked
 - i. Ensure you have a mechanism(s) to obtain this information on a daily basis.
 - ii. Designate a person (and back-up) to enter this information into HRTS on a daily basis.
 - b. We expect to activate the influenza surveillance questions within HRTS later this week;
- (8) Review your facility's pandemic influenza plan and the TDH influenza plan.