



CDC Updates for Clinicians

Clinician Outreach and Communication Activity (COCA)
Emergency Communication System

June 24, 2009

We would like to provide you with the following information about prevention and control of novel influenza A (H1N1) virus infections in healthcare settings. Please share this information with your organization's members and clinician colleagues.

If you have any questions on this or other clinical issues, please write us at coca@cdc.gov.

Novel Influenza A (H1N1) Virus

Summary CDC reported on June 19, 2009, that as of May 13, 2009, CDC had received 48 reports from 18 states of confirmed or probable novel influenza A (H1N1) virus infection among healthcare personnel (HCP). Cases were reviewed and categorized to determine the most likely source of acquisition, community or healthcare settings. Findings suggest that transmission 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.

Background

To better understand the risk for acquiring infection with novel influenza A (H1N1) virus among healthcare personnel (HCP) and the impact of infection control recommendations, CDC solicited reports of infected HCP from state health departments. Twenty-six of the 48 (54%) HCP case reports included detailed information regarding risk factors. Of the 26 HCP, 13 (50%) were deemed to have acquired infection in a healthcare setting. Six of the 12 HCP (50%) with probable or possible patient-to-HCP acquisition reported working in outpatient settings during the week preceding symptom onset. Among 11 HCP with probable or possible patient-to-HCP acquisition, none reported complete adherence to CDC's interim infection control recommendations for care of patients with novel influenza A (H1N1) virus infection.

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., visitor policies and triage of potentially infectious patients), 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 respirators¹
 - Use eye protection
 - Practice standard and contact precautions
 - Maintain adherence to hand hygiene by washing hands 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 nonsterile 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 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., longterm 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

¹Rationale 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

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