



Florida Department of Health

Novel Influenza A (H1N1) Guidance

Focus Area: Infection Control

Guidance document number 2009-2

Recommended Changes in Infection Control Precautions for Care of Patients with Confirmed or Suspected Novel Influenza A H1N1 in the Healthcare Setting

Version 1.1 August 10, 2009

The Florida Department of Health endorses implementing infection control practices very similar to those used to prevent transmission of seasonal influenza for the novel influenza A (H1N1) virus, described in more detail in Florida Guidance Document # 2009-2, *Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting*

Healthcare personnel should:

- Adhere to standard and droplet precautions* for patients with suspected or confirmed novel influenza A (H1N1) infection for 7 days after the onset of the patient's illness or until symptoms resolve, whichever is longer (rather than 5 days for seasonal influenza).
- Use surgical masks for routine patient care, rather than N-95 respirators
- Use N-95 respirators and eye protection for aerosol generating procedures including:
 - Bronchoscopy
 - Open suctioning of airway secretions
 - Resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)
 - Endotracheal intubation
 - Sputum induction

Additionally:

- N-95 respirators are **NOT** indicated for the following procedures:
 - Collection of nasopharyngeal specimens from patients with suspect or confirmed novel influenza A (H1N1)
 - Closed suctioning of airway secretions
 - Administration of nebulized medications
- Negative pressure isolation rooms are not indicated for routine patient care
- Aerosol generating procedures should be performed in a single patient room with the door closed. A negatively pressured airborne isolation room should be considered for bronchoscopy and sputum induction.

* Droplet precautions do not include the routine use of eye protection or gowns and gloves upon entry to the room. Careful risk assessment is needed on an ongoing basis at all facilities to assess the need for and appropriateness of personal protective equipment.

Background:

The CDC's Hospital Infection Control Practices Advisory Committee (HICPAC) met on July 23, 2009 as the first step in a three-step consultative process to assess and revise the current "Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting"¹. The three-step process for the HICPAC review includes recommendations from the Work Group, a stakeholders meeting in Washington D.C., and a review from a National Institutes of Health (NIH) expert panel².

A recent position statement from the Society for Healthcare Epidemiology of America (SHEA)³ with the support from Association of Professionals in Infection Control (APIC) and Infectious Disease Society of America (IDSA), recommends the use of surgical masks (droplet precautions) for routine patient care, rather than N-95 respirators, and the use of N-95 respirators (airborne precautions) for certain aerosol generating procedures. This position is based on the observations that the transmission dynamics of novel influenza A (H1N1) are currently similar to those of seasonal influenza and there is a lack of evidence to establish that novel influenza A (H1N1) demonstrates airborne transmission.

The HICPAC Workgroup recommended adopting guidelines in accordance with SHEA's position⁴. This FL Department of Health Interim Guidance will be reviewed and updated (if necessary) when the CDC HICPAC completes the review process and issues updated guidance, which is scheduled for October 1, 2009.

Please note that many of CDC's other guidance documents, including the guidance on antiviral use, refer to the "Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting" or refer to the use of N-95 respirators. In Florida, any reference to use of masks or respirators in the healthcare setting should follow this Florida Guidance document, until CDC releases new recommendations.

References:

¹ Centers for Disease Control and Prevention. Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting. 13 May, 2009. Accessed on 29 July, 2009 at: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

² Centers for Disease Control and Prevention. Process for Stakeholder and Public Review of Interim Guidance for Infection Control in a Healthcare Setting. July-October. 2009. Accessed on 29 July, 2009 at: <http://www.cdc.gov/ncidod/dhqp/pdf/hicpac/StakeholdersPubReview.pdf>

³ 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, June 10 2009. Accessed on 29 July, 2009 at http://www.shea-online.org/Assets/files/policy/061209_H1N1_Statement.pdf

⁴ Centers for Disease Control and Prevention. Transcript of HICPAC Meeting, July 23, 2009. Accessed on 5 August, 2009 at: http://www.cdc.gov/ncidod/dhqp/hicpac_transcript-07-23.html#

For more information, contact your County Health Department or the Bureau of Epidemiology at 850-245-4401.