State of California—Health and Human Services Agency
California Department of Public Health

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
H1N1 INFLUENZA VIRUS (SWINE INFLUENZA)
INFECTION CONTROL RECOMMENDATIONS
IN AN OUTPATIENT SETTING
May 8, 2009

The following infection control recommendations have been developed to assist health care workers in outpatient (ambulatory care) clinics and non-hospital health care settings (including physician's offices) to triage and manage patients who may be ill with H1N1 influenza virus (swine influenza), or H1N1 Flu. These recommendations are consistent with the Centers for Disease Control and Prevention (CDC) Infection Control for Patients in a Health Care Setting (http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm). Further information is available on the California Department of Public Health (CDPH) swine flu website at http://ww2.cdph.ca.gov/HealthInfo/discond/Pages/SwineInfluenzaHealthPros.aspx

These recommendations are subject to change. Monitor CDPH and CDC websites and your local health department for recommendations regarding H1N1 Flu. CDPH and CDC recommendations for infection control precautions are currently consistent and are not expected to change in the next few days, but may differ from those of your local health department. If you have questions about infection control issues please contact your local health department swine influenza hotline (attached).

Case definitions for infection with H1N1 Swine Flu for infection control purposes

A ***confirmed case*** of H1N1 Flu infection is a person with an acute febrile respiratory illness with laboratory confirmed H1N1 Flu infection by one or more of the following tests:

1. real-time RT-PCR
2. viral culture

A ***probable case*** of H1N1 Flu infection is a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR.

A ***suspected case*** of H1N1 Flu infection in California is any patient with an acute febrile respiratory illness, due to the transmission of H1N1 Flu throughout the state and the presentation of patients with H1N1 Flu.

Acute febrile respiratory illness is a measured temperature of ≥37.8°C (100°F) plus recent onset of at least one of the following: rhinorrhea or nasal congestion, sore throat, or cough.

Situational Guidance

Clinical Assessment
These guidelines are intended to provide a general approach. Clinicians are urged to continue their normal practice to every extent possible and apply sound clinical judgment to the approach of each individual patient. It is important to remember that the clinical symptoms and presentation of H1N1 Flu infection may be similar to other respiratory illnesses and should be considered in the context of a complete differential diagnosis.

Exposure (to a confirmed or probable H1N1 Flu case or to a geographic area where H1N1 Flu has been identified) alone is not an indication for hospital or emergency room referral.

Patients who report mild illness AND who have no underlying medical conditions that place them at higher risk of complications from influenza need not be seen in the office.

These patients can be screened by phone, given symptomatic treatment recommendations, and instructed to contact their physician for any signs of worsening severity of illness. With the current limitations in confirmatory testing capacity, for typical clinical management purposes, **patients with mild illness should NOT be tested for influenza because screening tests will not influence treatment decisions.**

Patients who report serious illness should be further evaluated; the most appropriate setting for the evaluation of a severely ill patient may be the hospital emergency room. Do **NOT** send patients to an emergency department unless you believe hospital admission may be warranted.

Any unusual clusters of febrile respiratory illness should be reported to your local health department immediately. Local public health authorities may request testing of patients associated with a suspected outbreak, even if the patient's illness is mild.

Patients with symptoms of acute respiratory illness should have elective procedures postponed until after symptoms have subsided.

This guidance is restricted to infection control issues. Other resources for the clinician can be located in the CDC and CDPH websites:

http://www.cdc.gov/h1n1flu/guidance/ and http://ww2.cdph.ca.gov/Pages/default.aspx. A guidance for identifying and caring for patients is available on the CDC site.

Patient Triage

There are three opportunities to perform triage in a timely manner to prevent unnecessary exposure of other patients and staff to H1N1 Flu. Health care workers at the point of first contact should be trained to screen patients for H1N1 Flu infection.

1. Signs in appropriate languages for the community should be posted at entrances.

An example of a sign follows.

To all patients:

To prevent the transmission of Swine Flu to healthcare workers and other patients, please follow these instructions:

If you have a fever and sore throat, new cough, or runny nose

PLEASE

1. Inform the assistant at the front desk of your symptoms.
2. Place a surgical mask, located (location of mask instructions) over your nose and mouth before entering this health care facility.
3. Cough or sneeze into a tissue or your sleeve;
4. Dispose of tissues in the nearest waste receptacle after use; and
5. Perform hand hygiene after contact with respiratory secretions.

THANK YOU FOR PROTECTING OTHER PATIENTS AND HEALTHCARE WORKERS

2. If possible, triage patients when they call for an appointment. If the patient has symptoms of acute respiratory illness (fever >37.8°C (100°F) **plus** one or more of the following: cough, sore throat, rhinorrhea or nasal congestion. Other questions to ask are:

   - Within the past 7 days, has the patient been in close contact with a person known or suspected to have swine flu?
   - Within the past 7 days, has the patient or a close contact recently travelled to a community either in the United States or internationally where one or more cases of swine flu infection have been confirmed?

- Does the patient reside in a community where one or more cases of swine flu have been identified?

The patient with symptoms of influenza-like illness should be should be encouraged to

- Self-isolate in their home for 7 days or until their temperature has subsided, whichever is longer.
- Seek medical care for severe respiratory symptoms such as difficulty breathing or for dehydration from vomiting and/or diarrhea. They may also need to seek early medical attention if they have a chronic health condition that puts them at risk for the complications of influenza.
- If the patient must go into the community (e.g., for medical care), they should be instructed to wear a mask over their nose and mouth when within six feet of other persons.

3. If the patient enters the clinic or office, they should be assessed immediately for symptoms of acute respiratory illness. If symptomatic, they should not remain in the waiting room but should be taken immediately to an examination room and the door should remain closed or be asked to wait outdoors, weather permitting.

- Provide the patient with and instructions on how to wear a surgical mask over their nose and mouth. The mask should remain on **at all times** while in the clinic or office waiting area, examination room and during transportation to the emergency department (if necessary.)
- Coordinate with and follow instructions from your local health department on respiratory specimen collection.
- If the patient must be transported to a hospital by ambulance, the hospital emergency room and the ambulance transport service should be notified of the possible swine flu infection diagnosis and instructed to take the appropriate infection control precautions.

Personal Protective Equipment

1. Health care workers assigned to outpatient clinic or physician's offices should have immediate access to personal protective equipment including gowns, gloves, respirators, masks, and goggles or face shields.

- Health care workers should wear disposable, long sleeve gowns fastened in the back when direct face-to-face contact with a patient with risk factors for swine influenza infection or the patient has signs of symptoms of acute respiratory infection and is in respiratory distress.

- Disposable, non-sterile gloves should be worn when contact with respiratory secretions, blood and other body fluids are anticipated.
- Gloves should be put on immediately before patient contact and removed when physical contact with the patient is no longer necessary. Gloves should be changed between each patient. Use of gloves is **not** a substitute for hand washing.
- A fit-tested N-95 disposable respirator* should be worn when entering the room of a patient with suspected swine influenza infection.
- Eye protectors (eye shields or goggles) should be worn when in direct face-to-face contact with the patient.

2. Hands should be washed with soap (plain or antimicrobial) and water after contact with all patients and environmental surfaces in close proximity to the patient. If hands are not visibly soiled with respiratory secretions, blood or other body fluids, an alcohol-based hand rub can be used.

3. Healthcare workers should be instructed not to touch the mucous membranes of their nose, eye or mouth with unwashed hands.

Patient Care Equipment

- Reusable examination equipment such as stethoscopes and blood pressure cuffs and should be disinfected with a properly diluted, EPA-approved, germicidal solution after use on a patient with influenza-like illness.
- Environmental surfaces should be disinfected with a properly diluted EPA-approved disinfectant after the patient leaves the examination room and before admitting another patient to that room. If demand for examination rooms is high, leave room unoccupied for at least as long as it takes for disinfectant to dry. It is not possible at this time to recommend an optimal time to leave rooms unoccupied between patients.
- Disposable examination gowns and sheets may be disposed of as regular waste.
- No special precautions are required for the handling of laundry.
- Within the clinic, high touch surfaces and items (doorknobs, elevator buttons, restrooms, chairs, etc.) should be regularly cleaned and disinfected. Information can be found at http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html.

Patients/Family Instructions

- Patient and family members should be informed how swine influenza and other respiratory infections are transmitted, and what precautions they can take to not spread the infection (see below).
- Family members should be instructed to call their doctor or an advice nurse if they develop a fever and a cough, sore throat, or other respiratory symptoms.

Household contacts who are well should:

- Remain home at the earliest sign of illness;
- Minimize contact in the community to the extent possible;
- Designate a single household family member as the ill person's caregiver to minimize interactions with asymptomatic persons.

Resources for persons with influenza in the home setting:

CDC: Interim Guidance for H1N1 Flu (Swine Flu): Taking Care of a Sick Person in Your Home. http://www.cdc.gov/h1n1flu/guidance_homecare.htm.

* Cal/OSHA requires a respirator program for the use of N95 respirators that includes medical evaluation, fit-testing and training. However, these requirements should not prevent a facility from providing N95 respirators to employees as an interim emergency measure. Medical evaluation, training and fit-testing can then be done as soon as is reasonably possible.

A Model Respiratory Protection Program for facility use is posted on the CAHF Web site. Fit-testing procedures are detailed in Appendix A.
http://www.cahfdownload.com/cahf/dpp/CAHF_ModelRespiratoryProtectionProgram.pdf

Guidance from Cal/OSHA on the emergency use of respirators is available at:
http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm.

Information on respirators, including general instructions for use is available at:
http://www.cdc.gov/niosh/topics/swineflu/

An on line respiratory medical evaluation site is available at:
http://www.respexam.com/

Local Health Department
H1N1 Flu Hotline Phone Numbers

County	Flu Info/Hotline Phone Numbers	County	Flu Info/Hotline Phone Numbers
Alameda	1-888-604-4636	Orange	800-564-8448
Alpine	530-694-2146	Pasadena City	626-744-6012
Amador	209-223-6407	Placer	530-889-7161
Berkeley City	510-981-5340 or 510-981-2489	Plumas	530-283-6330
Butte	1-866-444-2405	Riverside	951-358-5107
Calaveras	209-754-6460	Sacramento	916-875-5881
Colusa	530-458-0380	San Benito	831-637-5367
Contra Costa	925-313-6469	San Bernardino	1-800-782-4264
Del Norte	707-465-0319	San Diego	877-358-0202
El Dorado	530-621-6188	San Francisco	415-554-2830
Fresno	1-888-993-3003	San Joaquin	209-469-8200
Glenn	530-934-6588	San Luis Obispo	805-788-2903
Humboldt	707-476-4945	San Mateo	650-573-3927
Imperial	760-482.4438	Santa Barbara	1-888-722-6358 or 805-681-5280
Inyo	760-873-7868	Santa Clara	408-885-3980
Kern	1-877-818-4787	Santa Cruz	831-454-4343
Kings	559-584-1401	Shasta	800-971-1999
Lake	707-994-9433 or 707-263-1090	Sierra	530-993-6705
Lassen	530-251-8183	Siskiyou	530-841-2100
Long Beach City	562-570-4499	Solano	707-553-5402
Los Angeles	213-351-7800	Sonoma	707-565-4477
Madera	559-675-7893	Stanislaus	209-558-8872
Marin	415-473-6007	Sutter	530-822-7215
Mariposa	1-800-459-4466	Tehama	530-527-6824
Mendocino	707-472-2675	Trinity	530-623-8218
Merced	209-381-1180	Tulare	559-687-6965
Modoc	530-233-6311	Tuolumne	209-533-7401
Mono	760-924-1830	Ventura	805-981-5175
Monterey	831-755-1280	Yolo	530-666-8645
Napa	707-253-4540	Yuba	530-749-6366
Nevada	530-265-7258		