Chicago Department of Public Health

Health Alert

City of Chicago
Richard M. Daley, Mayor

Immunization Program

Chicago Department of Public Health
Terry Mason, M.D., F.A.C.S., Commissioner

Swine Influenza Update 20

Date: June 9, 2009

To: Chicago: **Microbiology Lab Personnel**
Infection Control Professionals
Primary Care Providers
Emergency Room Directors
Infectious Disease Physicians

From: **Dr. Susan Gerber, Chief Medical Officer**
Dr. Julie Morita, Medical Director, Immunization Program
Dr. Stephanie Black, Medical Director, Acute Disease Surveillance

Subject: Updated Guidance for Novel Influenza A (H1N1) Virus in Healthcare Settings: Diagnostic Testing of Healthcare Personnel (HCP) and Revision of Infection Control for Patients with Confirmed or Suspected Novel Influenza A Infections

Diagnostic testing of HCP

CDPH recommends diagnostic testing of HCP with mild ILI* if they provide direct patient care. Nasopharyngeal swabs for reverse transcriptase-polymerase chain reaction (RT-PCR) are recommended as rapid antigen testing is not reliable in this setting.

The advantages of testing HCP include:

1. Ability to make informed decisions regarding prophylaxis of potentially exposed patients or other HCP.

2. Ability to determine duration of exclusion from work. HCP with novel influenza A infections should be excluded from work for 7 days.

3. Ability to discontinue antiviral treatment or prophylaxis if it was begun empirically.

Revised infection control recommendation¶ - use of surgical masks, NOT procedure masks

In addition to Standard Precautions, healthcare personnel should adhere to Droplet Precautions[1] during the care of a patient with suspected or confirmed influenza for 7 days after the onset of illness (a minimum of 10 days for children < 5 years and immuncompromised patients):

Healthcare workers should wear a **surgical mask (not procedure mask)** when entering the patient's room. Remove the mask when leaving the patient's room and dispose of the mask in a waste container. However, healthcare personnel who may be at increased risk for severe complications from H1N1 swine influenza should wear a fit tested disposable N95 respirator and eye protection (eg. goggles or face shield).[2,3]

If patient movement or transport is necessary, have the patient wear a **surgical mask (not a procedure mask)**, if possible.

The remainder of CDPH infection control guidance is as outlined in HAN 13[4].

* Fever 100.0º F (37.8º C) AND cough or sore throat

¶These recommendations differ from CDC recommendations that were issued April 29, 2009.

1. http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html
2. Information on respiratory protection programs and fit test procedures can be accessed at www.osha.gov/SLTC/etools/respiratory.
3. Additional information on N95 respirators and other types of respirators may be found at the following sites: http://www.cdc.gov/niosh/npptl/topics/respirators/factsheets/respfact.html and www.fda.gov/cdrh/ppe/masksrespirators.html
4. HAN13 (CDPHHAN_SwineFlu_050509_13.pdf)