

ECDC INTERIM GUIDANCE

Interim ECDC public health guidance on case and contact management for the new influenza A(H1N1) virus infection

Version 3, 19 May 2009

ECDC intends to produce a series of interim guidance documents on suggested procedures to be put in place in order to reduce the risk of transmission of the new influenza A(H1N1) virus.

This guidance only applies to a situation when there are relatively few persons under investigation, and will be revised if there seems to be a wider spread.

This particular document specifically relates to the management of persons defined below and their close contacts from a public health perspective. It does not cover the detailed medical management of patients, especially those with severe infection.

Management guide for persons investigated for influenza A(H1N1)

This guidance concerns persons being investigated for influenza A(H1N1) on the basis of symptoms and epidemiology.

Steps

1 Confirmatory diagnosis

Instructions to be provided on:

- how to collect and handle specimens;
- where to send specimens (laboratories with suitable diagnostic capacity and their addresses should be identified and disseminated to the appropriate healthcare professionals at the country level).

2 Measures to limit the spread

- (a) In persons who arrive with symptoms at point of entry (e.g. in an airport):
- (i) *Depending on national healthcare system, Member States (MS) should consider measures to limit the spread during the transport from the point of entry to home / hospital* (these could involve e.g. transport with dedicated ambulance with personal protective measures for personnel, etc as defined at country level according to their respective pandemic preparedness plans).
- (b) In persons who developed symptoms in home setting:
- (i) *Home isolation*, if clinical status allows, for at least seven days after onset of symptoms (to be updated when more information on the incubation period becomes available);
 - (ii) *Procedures for seeking medical assistance* (e.g. avoiding waiting room exposure, domiciliary visits from GPs or other procedures defined at country level according to their pandemic preparedness plans and specific to their organisation of healthcare);
 - (iii) *Advice on standard respiratory and hygiene precautions* to be implemented at home (hand washing, respiratory hygiene, safe disposal of tissues, etc.) (see the flowchart algorithm on 'Steps to take if you experience flu-like symptoms');
 - (iv) *Use of personal protective equipment (PPE)* by affected persons and their household members (see the flowchart algorithm on 'Steps to take if you experience flu-like symptoms').
- (c) In persons who present with symptoms in hospitals:
- (i) On admission:
 - *Isolation in single room*;
 - *Personal protective measures for healthcare personnel* (see flowchart algorithm on 'Protection of healthcare workers working with patients with suspected or confirmed infection with the new influenza A(H1N1) virus').

3 Medical management

- (a) Will depend on the *setting of care* (home care vs. hospital care):
- (i) in a home setting follow GP advice;
 - (ii) in hospital: see flowchart algorithm on 'Persons under investigation in hospital — influenza A(H1N1): suggested pathway'.
- (b) Treatment options:
- (i) antiviral treatment (information to date suggests susceptibility to neuraminidase inhibitors (NAIs) but not to adamantanes): all cases should receive antiviral treatment with NAIs if not contraindicated;
 - (ii) other therapeutics (antibiotics if bacterial complications, e.g. pneumonia);
 - (iii) supportive care depending on clinical severity (oxygen therapy, mechanical ventilation, etc.).

4 Protection of healthcare workers

- (a) Healthcare workers with close contact to use the following measures:
- (i) Infection control measures for **all patient activities**:
 1. Hand washing with soap and water or alcohol-based sanitiser before and after wearing PPE and patient contact;
 2. Mask upon entering patient's room and for all activities;
 3. If there is additional risk of splashes from activities involving body fluids, secretions, excretions, then also use:
 - disposable, non-sterile gloves,
 - gown or plastic apron,
 - protective eyewear (goggles) for conjunctival protection.
 - (ii) Infection control for **high-risk procedures**:
 1. Additional protective measures (e.g. use of FFP2 – or higher – mask) for all activities which are higher risk, including procedures likely to generate aerosolised particles.

See more details in the flowchart algorithm: 'Protection of healthcare workers working with patients with suspected or confirmed infection with the new influenza A(H1N1) virus'.

Emergency room preparation should be considered as follows:

- 1 Create a triage telephone system directing patients to primary care physicians or to hospital.
- 2 Appoint a triage coordinator who will direct patients with flu-like symptoms for further evaluation or to outpatient physician.
- 3 Designate a special area for patients with flu-like symptoms.
- 4 Offer surgical masks, non-sterile gloves and alcohol-based hand sanitiser at entrance.
- 5 Triage coordinator should have a checklist to:
 - collect clinical information;
 - decide whether patient goes home or needs to be evaluated by physician in Emergency Room.

Laboratory workers should wear protective equipment, including disposable gloves, solid-front or wrap-around gowns, scrub suits, or coveralls with sleeves that fully cover the forearms, head coverings and, where appropriate, shoe covers or dedicated shoes, eye protection and a surgical mask, or full-face shield, because of the risk of aerosol or droplet exposure when performing specific manipulations. For more details please consult the 'WHO laboratory biosafety guidelines for handling specimens suspected of containing avian influenza A virus' until more specific guidance is developed:

http://www.who.int/csr/disease/avian_influenza/guidelines/handlingspecimens/en/

5 Management of close contacts

Persons having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of influenza A(H1N1) are recommended

- 1 *Self-monitoring (passive monitoring)* for symptoms including fever and respiratory symptoms in identified contacts as advised by the primary care health personnel.
- 2 If symptoms indicative for influenza appear, *contact primary care health personnel* who should consider initiating the procedure as in Part I above.

Annexes

Annex 1. Steps to take if you experience flu-like symptoms

Annex 2. Protection of healthcare workers working with patients with suspected or confirmed infection with the new influenza A(H1N1) virus

Annex 3. Persons under investigation in hospital — new influenza A(H1N1) virus: suggested pathway

Steps to take if you experience flu-like symptoms

Influenza-like disease:

Temperature > 38 °C **AND** cough **OR** sore throat; possibly combined with body aches, headaches, chills, vomiting, diarrhoea.

If cases have been confirmed in your country, follow general precautionary measures advisable for everyone, regardless of symptoms:

- If possible, avoid contact with sick people.
- Cover sneezes and coughs.
- Clean your hands with soap and water regularly, especially after sneezing and coughing.

Contact a healthcare facility or your healthcare provider **by phone** to get advice: inform the health care provider about your symptoms, special underlying health conditions like diabetes, heart disease, asthma; whether you had travelled to an area with known transmission of the influenza A(H1N1) virus during the last week; whether you had close contact with cases; and about close contacts at your home.

At home

- Unless you need to seek medical care, stay at home until the symptoms resolve and the fever is gone.
- Avoid close contacts during that time, and do not go to work or school.
- Use a surgical mask if available.
- Cover sneezes and coughs.
- Wash your hands with water and soap regularly, especially after sneezing and coughing; make sure that family members and other close contacts do the same.
- Go to the emergency department in case of difficulties breathing, chest pain, extreme vomiting and diarrhoea, signs of dehydration, and/or confusion.

On your way to the healthcare facility

- Avoid public transport.
- Use a surgical mask if available.
- Cover sneezes and coughs.
- Avoid close contacts.

Protection of healthcare workers working with patients with suspected or confirmed infection with the new influenza virus A(H1N1)

Is there a high-risk contact with the patient?

No

Yes

Personal Protective Equipment for standard patient care

Infection control measures for all patient activities:

- Handwashing with soap and water or alcohol-based sanitizer before and after wearing PPE and patient contact
- Mask upon entering patient's room and for all activities.

If there is additional risk of splashes from activities involving body fluids, secretions, excretions, then also use:

- Gown or plastic apron
- Disposable, non-sterile gloves
- Protective eyewear (goggles) for conjunctival protection.

Personal Protective Equipment for high-risk patient care

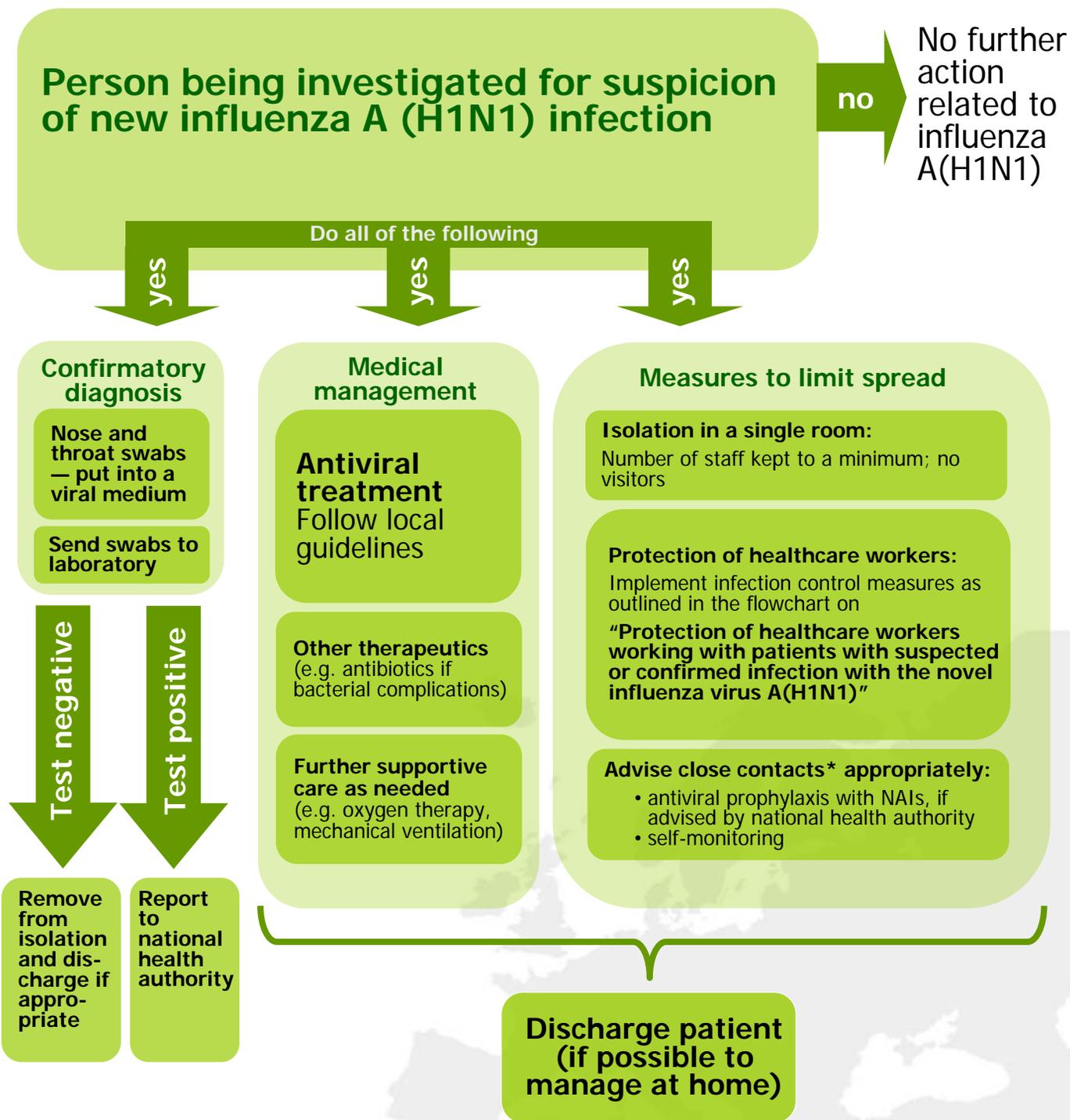
Infection control measures for all patient activities:

- Handwashing with soap and water or alcohol-based sanitizer before and after wearing PPE and patient contact
- FFP2 (or higher) mask upon entering patient's room and for all activities
- Disposable, non-sterile gloves for all contact with patients
- Gown or plastic apron
- Protective eyewear (goggles) for conjunctival protection

Examples of high-risk procedures

- Procedures which generate aerosolised particles, i.e. bronchoscopy, endotracheal intubation, nebulizer treatments
- Cardiopulmonary resuscitation of a patient with suspected or confirmed H1N1 influenza

Persons under investigation in hospital – new influenza A(H1N1) virus: suggested pathway



* Definition of close contact (WHO): "Close contact: having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a probable or confirmed case of swine influenza A(H1N1)."