



Provider Health & Safety Alert Novel Influenza

The Austin / Travis County Health and Human Services Department, Surveillance Unit has informed the Office of the Medical Director regarding the presence of a novel influenza type A (H1N1) flu that has been seen in 2 Guadalupe County residents. This Provider Health and Safety Alert is to impart important current information and appropriate actions that should be taken if you come in contact with a patient or patients experiencing a Influenza-like Illness (ILI).

On April 23, 2009, Texas received laboratory confirmation of a novel swine influenza A virus in two teenagers in Guadalupe County in central Texas. Additionally, 5 cases of novel swine flu have been identified in California. It is not known if the Texas and California cases are related. It is believed the California cases represent human-to-human transmission. There is an ongoing investigation into all cases.

Providers in conjunction with all clinicians throughout Texas should enhance surveillance of patients with influenza-like illness (ILI)¹. This is especially important since fewer cases of ILI are presenting at this time.

Providers should consider animal as well as seasonal influenza virus infections in their differential diagnosis of patients who have acute respiratory illness² and who have met any of the following criteria:

- 1) live in Bexar and/or Guadalupe and counties near or around them, or
- 2) have traveled to these counties or were in contact with ill persons from these counties in the 7 days preceding their illness onset, or
- 3) have had recent exposure to pigs.

The information below includes the interim guidance provided by the Centers for Disease Control and Prevention (CDC) on infection control, antiviral treatment and chemoprophylaxis, and monitoring of close contacts of cases of swine influenza virus infection. The guidance will be updated as needed.

Infection Control

Recommended PPE for personnel providing care to ill individuals in a clinic or non-hospital setting:

- Use surgical mask (N95 respirator preferred). Depending on symptoms and nature of procedures consider using disposable gowns, gloves and goggles. Use of N95 respirators should be used in conjunction with gloves, eyewear, and gowns if undertaking airway management procedures such as airway visualization, suctioning, nebulization, and /or intubation.

Recommended Infection Control for a non-hospitalized patient (ER, clinic or home):

- Separation from others in single room if available until asymptomatic. If the ill person needs to move to another part of the house, they should wear a mask. The ill person should wash hands frequently and follow [respiratory hygiene practices](#). Also encourage ill person and family members to use alcohol hand sanitizer frequently when appropriate. Cups and other utensils used by the ill person should be thoroughly washed with soap and water or by a dishwasher before use by other persons.

Antivirals

At this time, RT-PCR testing indicates swine H1N1 influenza appears to be sensitive to Neuraminidase Inhibitors (oseltamivir [PO] or zanamivir [Inhaled]).

Treatment

- Antiviral treatment for confirmed or suspected ill case of swine influenza virus infection may include either oseltamivir or zanamavir, with no preference given at this time.
- Initiate treatment as soon as possible after the onset of symptoms.
- Recommendations for use of antivirals may change as data on antiviral susceptibilities become available.

Chemoprophylaxis

- Antiviral chemoprophylaxis (pre-exposure or post-exposure) can be considered for close contacts⁴ of a confirmed or highly suspected case of swine influenza virus infection.

Follow-up Monitoring of Exposed Close Contacts

- Close contacts should be monitored daily for fever (temp ≥ 38.0 °C) and/or any respiratory symptoms up to 7 days following the last known exposure to an ill person who is a confirmed case of swine influenza virus infection. Examples include household members, social contacts, public health care workers, medical health care workers, and others.
- Close contacts of an ill person who is a confirmed case of swine influenza virus infection should be educated about the signs and symptoms of swine influenza virus infection
- Close contacts should be advised to contact public health staff if fever or feverishness or any respiratory tract symptoms occur up to 7 days following the last known exposure to the ill case.

Further information on infection control and antiviral medications may be obtained from the document: ***Interim Guidance on Infection Control and***

Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A Virus Infection at:

<http://www.cdc.gov/flu/swine/recommendations.htm>

Definitions:

- ¹ Influenza-like illness: Influenza-like illness, or ILI, is defined as fever >100°F AND cough and/or sore throat (in the absence of a known cause other than influenza).
- ² Acute respiratory illness is defined as recent onset of at least two of the following: rhinorrhea or nasal congestion, sore throat, cough (with or without fever or chills)
- ³ A suspected case of Swine Influenza Virus (SIV) is defined as a person with an acute respiratory illness who was a close contact to a confirmed case of SIV infection while the case was ill, or is an acutely ill person (acute respiratory illness) with a recent history of contact with an animal with confirmed or suspected SIV infection.
- ⁴ Close contact is defined as: within about 6 feet of an ill person who is a confirmed case of swine influenza A virus infection

Austin / Travis County Procedures for Patients Suspected of an Influenza-like Illness

- Maintain a heightened level of suspicion on respiratory response types.
- Obtain your view from the door of any indications of an Influenza-like Illness. Review the definition.
- Don the appropriate level of Personal Protective Equipment as you enter within 6 feet of the ill patient.
- Ensure appropriate respiratory precautions are utilized during any airway management procedures. Gowns, eyewear, and masks must be worn along with gloves in order to prevent respiratory secretion contamination on clothing.
- Ensure the hospital and other receiving facilities have been notified of the possibility of Influenza-like Illness.
- Ensure the patient is “wrapped” prior to being moved to minimize environmental contamination.
- Perform thorough cleaning of all equipment.
- Emphasize the need for diligence in hand hygiene.
- Notify your appropriate supervisory chain in the event of a possible exposure to infectious materials from a suspect influenza-like illness patient.

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It is vital that these control measures are implemented quickly and sustained throughout patient care contact in order to prevent ongoing transmission. Persons with symptoms of Influenza-like Illness should be brought to the attention of their healthcare provider.

EMS providers have been instrumental in assisting in identifying previous possible infectious outbreaks in the past.

For additional guidance on implementing control measures and to report unusual incidents of Influenza-like Illness occurring during any of your agency's responses, contact the system infection control officer.

Should the scope of this event significantly change or the interim guidelines provided by CDC and the Health Department are amended, additional Provider Health and Safety Alerts will be disseminated.

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