

**Implement “Cover your Cough” Education** (also known as “respiratory hygiene / cough etiquette” or “good health manners”)

**Objective:** Reduce the spread of illnesses (including influenza) spread via respiratory droplets in areas such as waiting rooms of Emergency Departments or outpatient clinics.

- All patients or visitors with fever + cough should be provided with a surgical mask.
- A screening form for swine influenza is available for use (attached).
- Provide instructions on proper use and disposal of masks. Posters developed by CDC can be found at the following URL: <http://www.cdc.gov/flu/protect/covercough.htm>. Other educational materials can be found at <http://www.publichealth.va.gov/InfectionDontPassItOn/>
- For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them and the importance of hand hygiene after handling this material.
- Provide hand hygiene materials in waiting room areas and encourage patients with respiratory symptoms to perform hand hygiene. Alcohol concentrations of alcohol-based hand sanitizers should be between 60 and 95%.
- Designate an area in the waiting room where patients with respiratory symptoms can be segregated (ideally by at least 3 feet) from other patients who do not have respiratory symptoms.
- Place patients with respiratory symptoms in a private room (preferred) or cubicle as soon as possible.
- Implement use of surgical masks by healthcare personnel during the evaluation of patients with respiratory symptoms.
- Consider the installation of plexiglass barriers at the point of triage or registration to protect healthcare personnel from contact with respiratory droplets.
- If no barriers are present, instruct registration and triage staff to remain at least 3 feet from unmasked patients and to consider wearing surgical masks. If triage staff are in an area where aerosol-generating procedures are performed, N95 respirators should be considered.
- Continue to use droplet precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond Standard Precautions.
- Staff should wear N-95 respirators if performing aerosol-generating procedures (including collection of respiratory specimens)
- CDC recommends wearing of N-95 respirators, gowns, gloves and eye-protection when obtaining upper respiratory specimens such as nasopharyngeal swabs

### **Interim Guidance for Antiviral Treatment**

**Objective:** To reduce mortality and complications from influenza

- Treat all patients with influenza like illness [ILI] as you would for seasonal influenza:
  - Consider antivirals for persons at high risk of complications from severe flu (e.g., elderly, serious chronic disease)
  - Remember seasonal H1N1 may still be present and is resistant to oseltamivir
  - Use zanamivir (Relenza) or oseltamivir (Tamiflu) + amantadine or rimantadine if considering possible seasonal flu vs. swine flu
  - Dosage and duration of therapy is the same as for seasonal influenza.
- Patients at low risk for complications and patients with uncomplicated infections do not necessarily require antivirals
- Secondary bacterial infections are possible during any influenza illness (consider methicillin-resistant *Staphylococcus aureus* [MRSA])
- Details can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>

### **Interim Guidance for Antiviral Prophylaxis**

**Objective:** To reduce mortality and complications from influenza

- Treat contacts of possible novel/swine flu cases like contacts of a seasonal influenza case:
  - Consider antivirals for persons at high risk of complications from severe flu (e.g., elderly, serious chronic disease)
- Seasonal H1N1 may still be present and is resistant to oseltamivir
  - Use zanamivir (Relenza) or oseltamivir (Tamiflu) + amantadine or rimantadine if considering possible seasonal flu vs. swine flu
- Prophylaxis is for 7 days after last contact with infectious patient
- Details can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>

### **Interim Guidance for Diagnostic Testing for Novel H1N1 (Swine) Influenza:**

**Objective:** To characterize the presence of novel/swine influenza virus in Tennessee, **not** to diagnose every ILI. Results of testing will **not** influence treatment decisions

- Instructions on collection and shipping of specimens (prefer nasopharyngeal vs. oropharyngeal) are attached.
  - Use only sterile Dacron or rayon swabs with plastic shafts. Do **not** use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit PCR testing.
  - Place in viral transport medium
  - Refrigerate specimen, do **not** freeze.
  - Send to State Public Health Laboratory for PCR testing
    - Do **not** send to commercial/in-house laboratory
    - Due to risk to laboratory staff, viral cultures should **not** be performed.