

Influenza Like Illness (ILI)¹ Precautions and Exposure Algorithms

The purpose of this document is to give algorithms to follow during the current H1N1 2009 pandemic.

Isolation Precautions

During the current pandemic, influenza should be considered in the differential of ALL patients with respiratory symptoms AND a fever >100, including community acquired pneumonia (CAP). These patients must be immediately placed AND kept in **droplet and contact** precautions upon presentation to the Emergency Department, Outpatient Clinics or Inpatient settings, independent of rapid test results.

Healthcare workers taking care of the patient must be wearing an N95 respirator at all times in addition to gowns and gloves, regardless of whether the patient is masked or of rapid test results.

If the patient is admitted, a private room must be provided. Isolation precautions MUST be communicated to floor teams both inpatient RN AND MDs.

A positive rapid influenza test or DFA confirms the diagnosis, but a negative test does NOT rule out influenza.

Exposure to a Patient or Health Care Worker(HCW) with ILI:

Exposure list:

Immediately after a potential exposure is recognized, an exposure list with contact information must be generated and must follow the attached communicable diseases exposure protocol (IC web: <http://www.ucsdhealthcare.ucsd.edu/ic/>, under Infectious Diseases Acct #: 9990144 EXP). Health Care Workers who are on the list may be eligible for influenza prophylaxis.

The unit manager of the unit where the potential exposure is recognized (inpatient, ED, outpatient unit, procedure area) will be responsible for generating a list of ALL HCW meeting the criteria of significant exposure³, in conjunction with the patient's physician, the Infectious Diseases (ID) Consultation Service and Infection Prevention and Clinical Epidemiology (IPCE). This will include nursing, respiratory therapy personnel, physicians and students. Health care workers with significant exposure AND who are able to get prophylaxis within 48 hours of exposure should be considered for prophylaxis.

Prophylaxis Distribution:

The significant exposure list faxed to the ED, COEM, IPCE, and Pharmacy:

- a. If on site staff should be referred to ED (Hillcrest or Thornton) or COEM to start prophylaxis.
- b. If off site and able to be seen at ED or COEM within 48 hr of exposure, refer for prophylaxis
- c. If unable to start prophylaxis within 48 hours, observe for symptoms, continue to work

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Pharmacy has to be notified of the exposure list to proceed with and to account for prophylaxis distribution.

Prophylaxis: Oseltamivir (Tamiflu®), 75 mg, 1 tablet p.o. once a day for 10 days

1. Prophylaxis:

- Individuals meeting the significant exposure definition AND
- No signs or symptoms AND
- Receiving first dose of prophylaxis within ≤ 48 h from exposure

2. Disclosure to and Prophylaxis of inpatients:

- Disclosure by patient's attending or MD designated by attending.
- Prophylaxis only if within 48 hours of exposure

No significant exposure = No prophylaxis

Influenza rapid test negative = No prophylaxis, unless close family member(s) with laboratory-documented influenza test.

¹**Influenza-like illness** (ILI) is defined as:

Fever >37.8 C (100 F) **AND**

- Cough
- Sore throat
- Rhinorrhea (runny nose)
- Myalgias (muscle aches), arthralgias (joint aches)
- Headaches, chills, and fatigue
- Sometimes nausea, vomiting, and diarrhea

²**Flu test:** Rapid A, Viral DFA, Viral Culture

³**Significant Exposure:**

- Source: Patient/HCW with Influenza A Rapid Test Positive OR Rapid Test Negative but close family member(s) with laboratory-documented influenza test².
- For Health Care Workers: Exposure to respiratory secretions of the source during face-to-face contact ≤ 1 foot (e.g. intubation, suctioning, induced sputum) without wearing mask AND patient not masked.
- For Patients: Sharing room with non-masked patient AND ≤ 6 feet

