



## State of New Jersey

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### **Updated Novel Influenza A (H1N1) Guidance May 1, 2009**

The New Jersey Department of Health and Senior Services (NJDHSS) is providing this update regarding the ongoing investigation of Novel Influenza A (H1N1).

The guidance in this update is intended for providers seeing patients in NJ. As you are aware, laboratory testing performed at the Centers for Disease Control and Prevention (CDC) has confirmed infection with this novel virus in five NJ residents.

For the purposes of this investigation, we are providing the following definitions:

#### **Influenza-like Illness (ILI)**

- Oral temperature  $>37.8^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) AND cough AND/OR sore throat in the absence of another known cause (e.g., strep throat)

#### **Acute Respiratory Illness (ARI)**

- Oral temperature  $<37.8^{\circ}\text{C}$  ( $100^{\circ}\text{F}$ ) AND rhinorrhea OR nasal congestion, sore throat, cough in the absence of another known cause (e.g., seasonal allergies)

#### *Clinical Assessment*

These guidelines are intended to provide a general approach. Clinicians are urged to continue their normal practice to every extent possible and apply sound clinical judgment to the approach of each patient. It is important to remember that the clinical symptoms and presentation of this novel H1N1 virus infection may be similar to other respiratory illnesses and should be considered in the context of a complete differential.

Exposure (to a confirmed or probable H1N1 case or to a geographic area where a case has been identified) alone is not an indication for hospital or emergency room referral.

Patients who report mild illness AND who have no underlying medical conditions that place them at higher risk of complications from influenza need not be seen in the office. These patients can be screened by phone, given symptomatic treatment recommendations and instructed to seek medical attention for any signs of worsening severity of illness.

Patients who report more serious illness OR who have underlying medical conditions that place them at higher risk of complications from influenza, should be evaluated. Do NOT send patients to an emergency department unless hospital admission is warranted.

The NJDHSS Public Health and Environmental Laboratories (PHEL) will no longer be accepting clinical specimens from patients who exhibit influenza-like illness (ILI) who do not require admission to an acute care hospital.

Physicians with the ability to perform rapid influenza testing should perform the test if the test will influence clinical management. Physicians should not perform screening tests of **asymptomatic** individuals even if they have an epidemiological link to a confirmed case or a travel history to a community where confirmed cases have been identified.

Any unusual cluster of febrile respiratory illness should be reported to the local health department (LHD) immediately. Public health officials may request testing of patients associated with a suspect cluster. Individual cases of ILI should not be reported to the LHD.

An algorithm is attached which outlines clinical testing recommendations for individuals presenting to outpatient facilities or emergency departments.

NJDHSS would like to ensure that healthcare providers are taking precautions to prevent transmission of influenza-like illnesses within the office setting. Providers must take steps to ensure a safer environment for patients and staff. These include:

#### **Institute Triage Policies**

- Ask patients with influenza-like illnesses to identify themselves upon arrival.
- Ensure that patients with influenza-like illnesses are evaluated expeditiously.
- Consider scheduling patients with influenza-like illnesses at the end of the day or at a time separate from well visits.
- Consider having patients with influenza-like illnesses arrive through a separate entrance or wait in a different area from others.
- Ensure that you or a member of your staff calls ahead if you are referring a patient with an influenza-like illness to another medical facility.
- Encourage your staff and your patients with influenza-like illnesses to remain at home.

#### **Follow Respiratory Etiquette and Hand Hygiene**

- Place signs in waiting areas describing Respiratory Etiquette guidelines. Additional information and signage are available at <http://www.nj.gov/health/flu> and <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>.
- Provide tissues in the waiting area to contain respiratory secretions when coughing or sneezing.
- Provide no-touch receptacles for disposal of used tissues.
- Provide alcohol-based hand sanitizers in waiting areas and encourage hand hygiene after contact with respiratory secretions.
- Provide symptomatic individuals with surgical masks to wear while interacting with others in the office.

#### **Ensure Availability of Appropriate Personal Protective Equipment**

- Use standard, droplet and contact precautions for all patient care activities for all patients with influenza-like illness.
- Wear disposable non-sterile gloves, gowns and eye protection when collecting clinical specimens from suspected or confirmed cases. Personnel engaged in aerosol-generating activities for suspected or confirmed novel influenza cases should wear a fit-tested disposable N95 respirator. Pending clarification of transmission patterns for this virus, personnel providing direct patient care for suspected or confirmed novel influenza A (H1N1) cases should wear a fit-tested N95 respirator when entering the patient room. If an N95 is not available, use a surgical mask. Additional information about infection control is available at [http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm).

#### **Use Antiviral Agents Appropriately**

- Follow guidance issued by the Centers for Disease Control and Prevention (CDC) for the appropriate use of antiviral agents for treatment and prophylaxis. This guidance can be accessed on the CDC web site at <http://www.cdc.gov/swineflu/recommendations.htm>. You should check this website regularly as recommendations are subject to change.
- Do not prescribe antiviral agents for asymptomatic individuals. Individuals who are hospitalized with ILI and those who are at high-risk for complications of influenza should be given priority when prescribing antiviral agents.

**Provide Detailed Discharge Instructions**

- Ensure that patients receive information about taking care of an ill individual at home.
- Instruct individuals with ILI to stay home for seven days after illness onset and until symptoms are resolved; wash their hands frequently, especially after coughing and sneezing; cough into a tissue (not bare hands or onto another person); and dispose of tissues in the trash.
- Instruct individuals with ARI to stay home for 24 – 48 hours after resolution of symptoms; wash their hands frequently, especially after coughing and sneezing; cough into a tissue (not bare hands or onto another person); and dispose of tissues in the trash.
- Ensure that contacts at high-risk for complications from influenza be referred for appropriate medical management as per CDC guidance.

**Understand Surveillance and Reporting Policies**

- Keep abreast of information about the status of this swine influenza outbreak in New Jersey by accessing the NJDHSS web site at <http://www.nj.gov/health> and the CDC web site at <http://www.cdc.gov/swineflu/guidance>.
- NJDHSS is collecting information only for hospitalized patients and clusters of individuals with suspected swine influenza. Do not report individual cases to the LHD.
- Contact your local health department <http://nj.gov/health/lh/directory/lhdselectcounty.shtml>