City of Milwaukee Health Department (MHD)
2009 Influenza Type A (H1N1) Virus Response

Recommendations for Management of Exposed Health Care Workers (HCWs)
(Updated 10/13/2009)

Background: *It is essential to minimize risk of transmission of 2009 Influenza Type A (H1N1) virus within healthcare settings, especially to high-risk patients.* Influenza 2009 H1N1 has an incubation period of up to 7 days, is infectious from 1 day before symptom onset until 7 days after symptom onset, and is at increased prevalence in our community. Guidance from various national, state, and local public health authorities and from public and private-sector healthcare institutions for post-exposure management of HCWs exposed to 2009 Influenza A (H1N1) virus has been inconsistent and variable. After review of existing guidance, MHD makes the following recommendations:

Definitions - - *for purposes of this document*

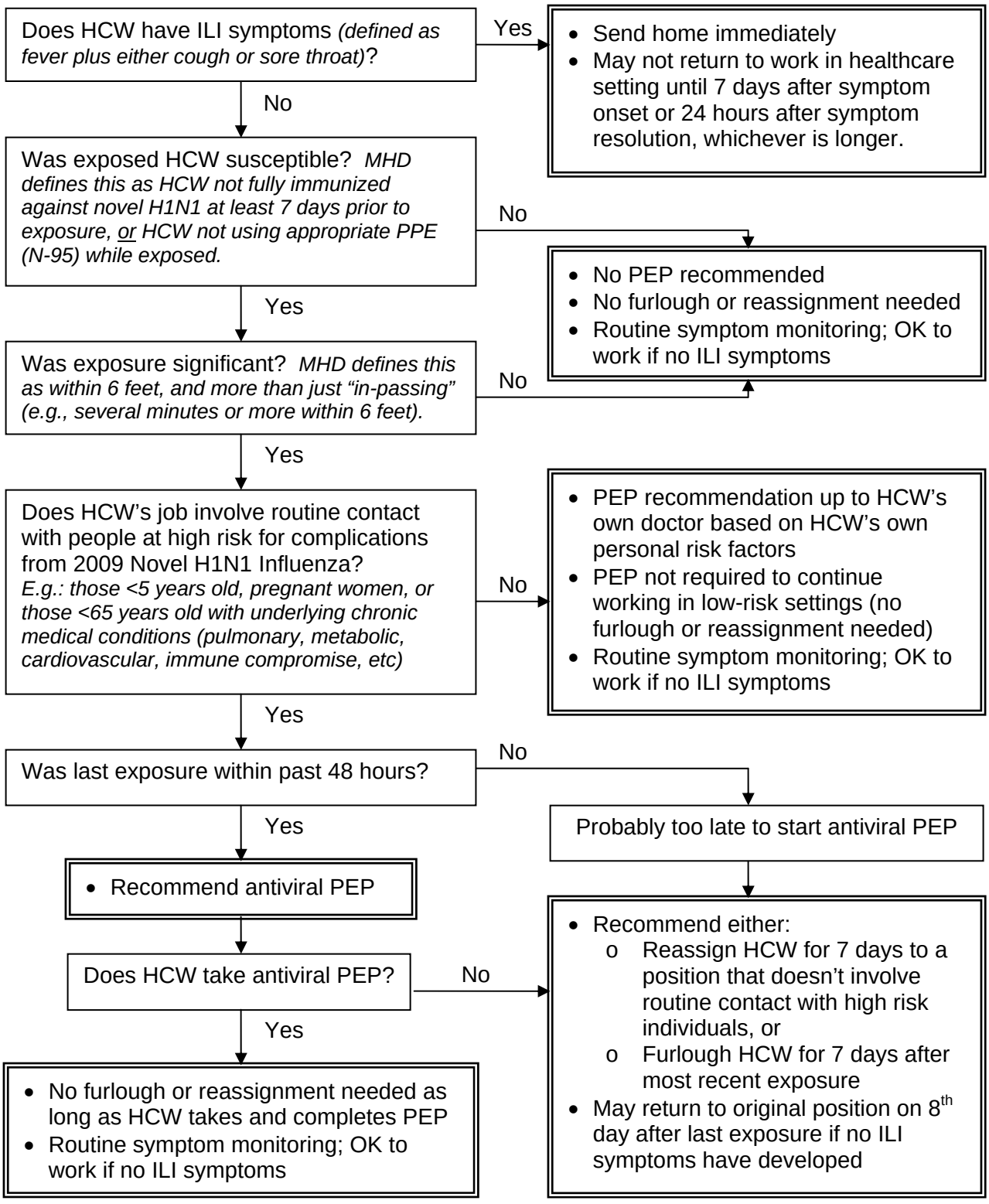
- Influenza-like illness (ILI) means fever plus either cough or sore throat
- "Patients who are at high risk of complications from 2009 H1N1 influenza" means: a) children under 5 years old, b) pregnant women, and c) people ages 5-64 who have certain underlying chronic medical conditions such as pulmonary, cardiovascular, metabolic, or immune compromise
- "Exposed HCW" means a HCW susceptible to 2009 H1N1 (e.g., has not been fully vaccinated or does not have a documented laboratory-proven history of 2009 H1N1 influenza, and who *in occupational or community settings* was within 6 feet of an individual with confirmed, probable, or suspected novel H1N1 disease for a period of at least several minutes, and who was not wearing appropriate personal protective equipment (e.g., N-95) during that exposure.

Recommendations:

I. **Prevent exposures whenever possible**
   A. Encourage all HCW to be vaccinated against both seasonal and 2009 H1N1 Influenza.
   B. Provide all HCW with personal protective equipment (PPE) appropriate to their work environment and potential exposures (e.g., gloves, gowns, fitted N-95 respirators).
   C. Put systems in place (e.g., temperature checks, symptom questionnaires prior to each shift) to actively monitor all HCWs, regardless of known exposure history, for signs and symptoms of influenza-like illness (ILI).
   D. **Send any HCW with ILI symptoms home immediately.** HCWs with ILI symptoms – even if taking antiviral medication – should remain at home for a period of 7 days, or 24 hours after symptoms resolve, *whichever is longer*.

II. **Manage exposed, asymptomatic HCWs to minimize risk to high-risk patients**
   A. If no personal risk factors for influenza complications AND not working in a high-risk clinical area, HCW generally does NOT require antiviral post-exposure prophylaxis.
   B. Use of antiviral post-exposure prophylaxis (PEP) *should be considered* for HCWs with known occupational or community (e.g. sick household contact) exposure, *and is recommended* (if it can be started within 48 hours of last exposure) for exposed HCWs working with patients who are at high risk of complications from novel H1N1 influenza.
   C. Exposed HCWs who are not taking antiviral PEP and who work with patients who are at high risk of novel H1N1 influenza complications should be either a) furloughed, for 7 days after the last exposure, or b) re-assigned to work with generally well individuals or with patients who have low risk of novel H1N1 influenza complications, for 7 days after last exposure, and closely monitored for signs and symptoms of ILI during that time.
   D. Exposed HCWs who are taking antiviral PEP (or, if not taking PEP, who are working with only low-risk patients) do not need to be excluded from work, but should be closely monitored for signs and symptoms of ILI for 7 days after last exposure

III. **Summary algorithm of MHD recommendations for managing exposed HCWs:**



These recommendations do not replace clinicians' judgment, are intended for use only within the City of Milwaukee, and are subject to change as additional clinical and epidemiologic data regarding the 2009 H1N1 virus becomes available.
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