

Infection control recommendations for avian influenza in health-care facilities

Background

The current avian influenza A(H5N1) epizootic in birds began in south-east Asia in 2003 and has since spread to other parts of the world. Human cases have been reported in several countries since December 2003 and health-care facilities in several countries now face the challenge of providing care for patients infected with avian influenza (AI). It is critical that health-care workers use appropriate infection control precautions when caring for these patients in order to minimize the possibility of transmission of AI to themselves, other health-care workers, patients, and visitors.

As of the date of this document, no efficient human-to-human transmission of A(H5N1) virus is known to have occurred, and there is no evidence of airborne transmission from person to person. However, infection control precautions are warranted with patients with suspected or confirmed AI because it has been highly lethal to humans, and it is possible that the virus could mutate or change at any time into a strain capable of efficient human-to-human transmission, constituting a disease of potential international concern.

Important advice

- Use Standard and Droplet precautions* when providing care for patients with acute, febrile, respiratory illness, regardless of whether AI infection is suspected. Facial mucosa protection and hand hygiene are the most critical elements of these precautions and should be prioritized.
- Standard and Contact Precautions* should be used, when possible, when working in direct contact with patients suspected or confirmed as infected with AI.

* **Standard Precautions:** basic precautions designed to minimize direct unprotected exposure to potentially infected blood, body fluids or secretions (www.who.int/csr/resources/publications/standardprecautions/en/index.html)

Contact Precautions: health care workers to wear gowns and clean gloves when providing direct care. Placement of patients with same diagnosis in designated areas may facilitate the application of infection control precautions

Droplet Precautions: health-care workers to wear medical mask if working within 1 metre of the patient.

✓ Personal protective equipment (PPE) and hand hygiene checklist

- Before entering the AI patient room or area, put on PPE including:
 - a clean, non-sterile, long-sleeved gown; if cloth gowns are used, a plastic apron should be added if splashing of blood, body fluids, excretions, or secretions is anticipated;
 - clean, non-sterile gloves;
 - face protection; either (1) medical mask and eye-visor or goggles; or (2) a face shield.
- If an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy) is to be performed, PPE should include:
 - a clean, non-sterile, long-sleeved gown;
 - gloves (some of these procedures require sterile gloves);
 - eye-visor/goggles, or face shield, and
 - particulate respirator (e.g. EU FFP2, US NIOSH-certified N95).
- Put on PPE carefully to avoid the need for adjustments and to reduce the risk of self-contamination/inoculation.
- Remove PPE carefully to avoid self-contamination/inoculation.
- Perform hand hygiene before and after any patient contact and after contact with contaminated items, whether or not gloves are worn.
 - Perform hand hygiene before putting on PPE, immediately after glove removal, and after taking off all PPE items.
 - Hand hygiene includes either washing hands with soap and water, or, preferably, the use of an alcohol-based hand rub.
 - Wash hands with soap and water when they are visibly soiled.

For more details, see **Avian Influenza, including Influenza A (H5N1), in Humans: WHO Interim Infection Control Guideline for Health-care Facilities** available at http://www.who.int/csr/disease/avian_influenza/guidelines/infectioncontrol1/en/index.html



World Health
Organization

Health-care facility infection control recommendations for avian influenza (AI)

KEY ELEMENTS AT A GLANCE

1. Basic infection control recommendations for all health-care facilities

Standard and Droplet Precautions when caring for patients with acute, febrile, respiratory illness.

2. Respiratory hygiene/cough etiquette

Health-care workers, patients and family members should cover mouth and nose with a tissue when coughing and perform hand hygiene afterwards.

3. Isolation precautions for suspected and confirmed AI cases

Place patient in adequately-ventilated room. Standard, Contact and Droplet Precautions for all persons entering the isolation room.

4. Early recognition and reporting of AI cases

Consider AI in patients with acute, febrile, respiratory illness who have been in an AI-affected region within the 2 weeks prior to symptom onset and who have had exposure to birds or to a human AI case.

5. Additional measures to reduce nosocomial AI transmission

Limit numbers of health-care workers/family members/visitors exposed to the AI patient.

6. Specimen collection/transport/handling within health-care facilities

Use Standard, Contact and Droplet Precautions for specimen collection. Use Standard Precautions for specimen transport to the laboratory. Health-care facility laboratories should follow good biosafety practices.

7. Family member/visitor recommendations

Family members/visitors should be limited to those essential for patient support and should use the same infection control precautions as health-care workers.

8. Patient transport within health-care facilities

AI patient should wear surgical mask. Health-care workers doing transport should wear gowns and gloves.

9. Pre-hospital care

Infection control precautions similar to those practiced during hospital care for all involved in the care of suspected AI patients.

10. Waste disposal

Treat waste which may be contaminated with AI virus as clinical waste.

11. Dishes/eating utensils

Wash with routine procedures, water and detergent. Use non-sterile rubber gloves.

12. Linen and laundry

Wash with routine procedures, water and detergent; avoid shaking linen/laundry during handling. Use non-sterile rubber gloves.

13. Environmental cleaning and disinfection

Clean soiled and/or frequently touched surfaces regularly.

14. Patient care equipment

Dedicate to AI patient. If not possible, clean and disinfect before reuse in another patient.

15. Duration of AI infection control precautions

Adults >12 years: 7 days after resolution of fever
Children <12 years: 21 days after symptom onset.

16. Patient discharge

If AI patient is still infectious (i.e. discharged within the period of AI infection control precautions: see 15 above), instruct family members on appropriate infection control precautions in the home.

17. Occupational health recommendations

Monitor health of health-care workers exposed to AI patients. Antiviral prophylaxis should follow local policy. Promote the use of seasonal influenza vaccine.

18. Health-care facility administrative controls

Health-care worker AI education, training, and risk communication. Adequate staffing and PPE.

19. Prioritization of PPE when supplies are limited

Facial protection (eyes, nose, and mouth) and hand hygiene are priorities.

20. Health-care facility engineering controls

Place AI patients in adequately-ventilated single rooms. If single rooms are not available, cohort patients in wards keeping at least 1 metre between beds.