



Tri-City Medical Center

IMPORTANCE

Critical

Date: April 29, 2009
To: Medical Staff
From: Ted Gay, M.D. Infection Control Officer
RE: Swine Flu

The situation with swine influenza A (H1N1) is fluid and evolving, and what we know today may not be true tomorrow, including terminology of the virus. For simplicity I will call it swine flu and at this time, and I would like to clarify two issues: testing and isolation precautions.

TESTING:

The rapid antigen test performed at TCMC, like all such tests, is of unknown utility for detecting swine flu. Portions of the virus should be detectable by this test, and therefore it is probably no better nor no worse than it is in detecting seasonal influenza. However, as in that situation a negative result does not rule out swine flu and patients in San Diego with documented disease have had negative screening tests. The county performs a real time RT-PCR test which if influenza A positive, B negative, *human* H1 and H3 negative is reported as non-typeable influenza A and forwarded to the CDC (but probably soon to the state lab) to confirm that it is the swine flu virus. The county lab can perform approximately 40 tests/day and yesterday received over 300 specimens, mostly from the walking worried or outpatients who were not very ill.

At this time, therefore, the county is requesting that we send specimens from only those patients who are ill enough to be admitted to the hospital with influenza like illness, including those with a negative screening test, and have no alternative diagnosis that would exclude swine flu. Such specimens will be prioritized and usually resulted within one day and a non-typeable A strain should be considered to be swine flu unless the state lab or CDC determines otherwise.

INFECTION CONTROL:

Currently, the CDC is requesting that patients with suspected or confirmed swine flu be placed in a *single occupancy room* with the door kept closed and that the patient wear a surgical mask when outside of the room. Because San Diego is considered an endemic area with ongoing human to human transmission, a suspected case would be anyone admitted with an influenza like without an alternative diagnosis. A negative pressure room can be used if available, but the CDC has stopped short of saying these patients require such a room. *Standard, Droplet and Contact precautions should be used* for all patient care activities. Maintain adherence to *hand hygiene by washing with soap and water or using hand sanitizer* immediately after removing gloves and other equipment and after any contact with respiratory secretions. Until further information on the transmissibility is known, a fit-tested N-95 respirator should be worn for entering the room and certainly for any aerosol generating procedures. Full information can be found at http://www.cdc.gov/swineflu/guidelines_infection_control.htm

Do not discontinue these precautions on the basis of a negative rapid screening test. These precautions can be discontinued only if a clear, alternative diagnosis is forthcoming or results from the county and CDC are negative for swine flu.

Much useful information, including recommendations for how to care for infected persons at home, can be found at this frequently updated site: <http://www.cdc.gov/swineflu/index.htm>