

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

Individuals with respiratory symptoms should cover cough with mask or tissue and perform hand hygiene

3. 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 in the region

4. Isolation precautions for suspected and confirmed AI cases

Place patient in negative pressure room (if available). Full barrier precautions (standard, contact, and airborne) for all persons entering the isolation room

5. Additional measures to reduce nosocomial AI transmission

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

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

Use full barrier precautions for specimen collection. Use standard precautions for specimen transport to the laboratory. Health-care facility laboratories should follow best biosafety practices

7. Family member/visitor recommendations

Family members/visitors should be limited to those essential for patient support and should use full barrier precautions

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

Full barrier precautions for all involved with suspected AI patients

10. Waste disposal

Treat waste possibly contaminated with AI virus as clinical waste

11. Dishes/eating utensils

Use standard precautions

12. Linen and laundry

Use standard precautions; avoid shaking linen/laundry

13. Environmental cleaning and disinfection

AI virus can survive in the environment for variable periods of time (hours to days), and is inactivated by standard hospital disinfectants. Clean and disinfect AI patient room at least once a day; frequently touched surfaces should be cleaned more often

14. Patient care equipment

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

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 box 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. Use of seasonal influenza vaccine should be promoted

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

If single rooms for AI patients are not possible, cohort patients in isolation wards keeping at least 1 m between beds. Negative pressure rooms for AI patients, if available