Section UTMB On-line Documentation

Subject Healthcare Epidemiology Policies and Procedures

Revised 11.27.13 2004 - Author

Policy 3.18

: 3.18 - Investigation and Management of Incidents of Unprotected Exposure to Cases of an Emerging Infectious Disease (EID)

3.18 - Investigation and Management of Incidents of Unprotected Exposure to Cases of an Emerging Infectious Disease (EID)

Purpose

To identify and notify patients, Healthcare Workers (HCWs) and visitors about unprotected contacts with cases of an EID and to take appropriate actions to prevent H7N9 influenza in such contacts, and to place patients exposed to H7N9 or MERS-CoV on All Barrier Precautions (ABPs).

Audience

All healthcare workers.

Policy Statement:

- Exposure to a patient who develops an EID after clearing screening in the Emergency Department (ED) or who develops an EID in the hospital from an unknown source.
 - A. The patient will immediately be placed on ABPs.
 - B. The patient will be evaluated for an EID. Temperature will be taken.
 - Case definition for MERS-CoV. A case of MERS-CoV is defined as a patient with one or more of the symptoms in a. and a contact history consistent with b. or c.
 - a. Fever (> 38°C or > 100.4°F) cough, shortness of breath or difficulty breathing.
 - Traveled outside the U.S. in the past 14 days to an area of the world where local spread of MERS-CoV is occurring
 - c. Contact with a person with fever, cough, shortness of breath, or difficulty breathing who traveled in the past 14 days to an area of the world where local spread of MERS-CoV is occurring.
 - 2. Case definition for H7N9 influenza. A case of H7N9 influenza is defined as a patient with one or more of the symptoms in a. and a contact history consistent with b. or c.
 - a. Fever (> 38°C or > 100.4°F) cough, shortness of breath, muscle pain, sore throat, headache or diarrhea.
 - b. Traveled outside the U.S. in the past 10

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days to an area of the world where local spread of H7N9 influenza is occurring

- c. Contact with a person with fever (>38°C or 100.4°F), cough, shortness of breath, muscle pain, sore throat, headache or diarrhea who traveled outside of the U.S. in the past 10 days to an area of the world where local spread of H7N9 influenza is occurring
- C. If the patient is determined to have an EID, they will remain on ABP.
- D. The patient will be questioned regarding contacts with other patients and with healthcare workers in the hospital and with visitors.
- E. The patient's medical record will be reviewed for contacts.
 - 1. Patient contacts will be placed on ABP and evaluated for an EID as above.
 - Contact tracing will be done on these patients if they have symptoms of an EID and their contacts will be isolated and evaluated as above.
 - 3. This process will continue until no new cases of an EID have been identified.
 - 4. Patients who have been exposed to H7N9 influenza and who have no symptoms will be offered prophylaxis with oseltamivir 75 mg po once per day for 10 days. There is no prophylaxis available for MERS-CoV.
- F. Contacts diagnosed with MERS-CoV will remain on isolation until 10 days after they have defervesced.

 Contacts diagnosed with H7N9 influenza will remain on isolation until 14 days after onset of symptoms.
- G. Contacts who have no evidence of an EID at initial evaluation will remain on ABP until 14 days have passed since exposure to MERS-CoV or until 7 days have passed since exposure to H7N9 influenza with no symptoms or until they are discharged, which ever comes first. If they develop symptoms of an EID while on ABP, they will remain on isolation until they are afebrile for 10 days for MERS-CoV, and for 14 days after onset of symptoms for H7N9 influenza.

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- II. Exposure of HCWs to patients with an EID without appropriate ABP.
 - A. This type of exposure does not include exposure during highrisk respiratory procedures. Management of the latter type of exposure is described in Policy 3.8 Protection from Emerging Infectious Diseases (EIDs) During the Conduct of High-Risk Respiratory Procedures.
 - B. Exposed HCWs who screen negative for an EID.
 - 1. There is no prophylaxis for MERS-CoV, but HCWs exposed to a patient with H7N9 influenza who have no symptoms will be offered prophylaxis with oseltamivir 75 mg po once per day for 10 days.
 - 2. HCWs who have been exposed to MERS-CoV and have no symptoms will be allowed to continue working and will screen themselves daily by taking their temperature twice a day and recording any symptoms using a check off list of symptoms in the Appendix of this policy. If the HCW develops an illness suggestive of MERS-CoV while at work or home while being monitored for MERS-CoV, the HCW will take the steps below to avoid exposure of others while seeking healthcare at the UTMB ED.
 - C. If HCWs become ill while at home, they should not come to work. They should call the ED and ask where to report to be seen for a possible EID.
 - D. If they become ill at work, exposed HCWs will remove themselves from contact with patients/other persons, wash their hands with an antimicrobial soap or apply an alcohol hand rub and apply a surgical mask.
 - E. The HCW will call the ED, inform them that he/she may have an EID and ask for information on where to report at the ED.
 - F. If the ill HCW screens positive for an EID, he/she will be treated as appropriate and will be interviewed by Healthcare Epidemiology staff for contact with other HCWs and with patients.
 - G. Information from the ill HCW will be used to trace and evaluate contacts. Healthcare Epidemiology staff will review medical records of the ill HCW's patients to obtain information on contacts. A contact list for exposed HCWs and patients will be developed.

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Appendix

Employee Monitoring Form for an Emerging Infectious Disease EID

Check and record temperature twice daily at 0800 and 2000 hours (8 AM and 8 PM).	Please check
Yes or No for each of the symptoms listed on the table below every day. If you develop	p fever (100° F
or 37.8° C) and \geq 2 symptoms from the list in the table below, if at work, notify your su	pervisor, don a

surgical mask, practice hand hygiene and leave the worksite; if at home, remain at home and notify your supervisor.

Name____

	DATE	TEMPERATURE		SYMPTOM CHECK LIST							
		8 AM	8 PM	COUGH	SORE THROAT	RUNNY NOSE	MUSCLE ACHES	CHILLS	HEAD ACHE	VOMITING	DIARHEA
1				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
2				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
3				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
4				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
5				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
6				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
7				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
8				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
9				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O
10				YES O	YES O	YES O	YES O	YES O	YES O	YES O	YES O