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 the spread of an EID from such contacts.

Audience: All healthcare workers.

Policy Statement:

I. 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 All Barrier Precautions (ABP).

   B. The patient will be evaluated for an EID. Temperature will be taken.

      1. Case definition for SARS

         a. Fever (> 38°C or > 100.4°F) and ≥ 1 of the following

         b. Cough

         c. Shortness of breath

         d. Difficulty breathing

         e. Traveled outside the U.S. in the past 10 days to an area of the world where local spread of SARS is occurring

         f. Contact with a person with fever, cough, shortness of breath, or difficulty breathing who traveled in the past 10 days to an area of the world where local spread of SARS is occurring.

      2. Case definition for avian influenza

         a. Fever (> 38°C or > 100.4°F) and ≥ 1 of the following

         b. Cough

         c. Shortness of breath

         d. Muscle pain

         e. Sore throat

         f. Headache

g. Diarrhea

h. Traveled outside the U.S. in the past 10 days to an area of the world where local spread of avian influenza is occurring

i. Contact with a person who traveled outside of the U.S. in the past 10 days to an area of the world where local spread of avian influenza is occurring

3. Case definitions for swine influenza

A case of swine influenza is defined as a patient with 3 or more of the following symptoms: fever (≥100°F or 37.8°C) and ≥ 2 of the following symptoms: cough, sore throat, or runny / stuffy nose.

C. If the patient is determined to have an EID, they will remain on ABP.

D. The patient will be questioned regarding contacts 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.
2. Contact tracing will be done on these patients if they have symptoms of an EID and their contacts 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 avian or swine 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 SARS.**

F. Contacts diagnosed with SARS will remain on isolation until 10 days after they have defervesced. Contacts diagnosed with avian influenza will remain on isolation until 14 days after onset of symptoms, and contacts diagnosed with swine influenza will remain on isolation for 7 days after onset of symptoms or until they have been afebrile for 24 hours without the use of fever-reducing medications, whichever is longer.

G. Contacts who have no evidence of an EID at initial evaluation will remain on ABP until 10 days have passed

since exposure to SARS or until 7 days have passed since exposure to avian or swine 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 SARS, for 14 days after onset of symptoms for avian influenza or 7 days after onset of symptoms or for 24 hours after they defervesce without the use of fever-reducing medications, whichever is longer, for swine influenza or until they are discharged, which ever comes first.

II. Exposure of HCWs to patients with an EID without appropriate ABP.

A. This type of exposure does not include exposure during high-risk respiratory procedures. Management of this 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 SARS, but HCWs exposed to a patient with avian or swine 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 SARS and have no symptoms will be allowed to continue working and will screen themselves daily by taking their temperature and screening themselves for symptoms using a check off list of symptoms as described in Policy 3.09 Post Exposure Monitoring of UTMB Employees for an Emerging Infectious Disease (EID). If the HCW develops an illness suggestive of SARS while at work or home while being monitored for SARS, the HCW will take the steps outlined in Policy 3.09 to avoid exposure of others while seeking healthcare at the UTMB ED.**
3. **HCWs exposed to avian influenza will be furloughed after being started on prophylaxis with oseltamivir. HCWs exposed to swine influenza may continue working after starting prophylaxis. If symptoms develop, the HCW will leave the worksite if at work or stay home if at home as described in Policy 3.09 Post Exposure Monitoring of UTMB Employees for an Emerging Infectious Disease (EID).**

C. If they become ill, exposed HCWs will remove themselves from contact with patients/other persons, wash their hands with an antimicrobial soap or apply an alcohol hand gel and apply a surgical mask.

D. 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.

E. 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.

F. 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 will be developed.