

Officials, public urged to use latest evidence as guide in H1N1 prevention and protection

August 12 2009

As flu season draws nearer along with the potential for resurgence in H1N1, leading infectious diseases doctors, hospital epidemiologists, and infection preventionists urge officials to base recommendations for the public and healthcare workers on scientific knowledge and frontline experience gained from the outbreak this summer.

In a joint statement, the three leading scientific organizations focusing on infectious disease prevention, The Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the Association for Professionals in Infection Control and Epidemiology (APIC), as well as the American College of Occupational and Environmental Medicine (ACOEM) cautioned that failing to act on what science indicates will not lead to enhanced protection, but instead could inhibit an effective response to a future outbreak.

"In response to the [H1N1 influenza pandemic](#), the infectious diseases community immediately launched studies into how the virus spreads, how it causes disease, and what is the best means to treat and prevent illness. We now know that the H1N1 virus appears to spread like seasonal influenza - primarily through droplets. It is not an airborne transmissible disease, like tuberculosis - an important distinction that must be the basis for protocols in hospitals and healthcare settings," said Mark Rupp, MD, of the University of Nebraska Medical Center and President of SHEA.

Prudent measures, according to Rupp, require rigorous and consistent application of basic infection control and personal hygiene practices including: adherence to [hand hygiene](#) and cough etiquette, rapid identification and separation of patients with the virus, and utilization of appropriate personal protective equipment - surgical masks, in the case of droplet transmissible diseases like H1N1.

The scientific groups also offered recommendations for circumstances that would warrant the use of fit-tested respirator masks. In the case of certain procedures that could potentially "aerosolize" the virus, thereby allowing for airborne transmission, healthcare workers should wear respirators. The procedures warranting this extra precaution include: bronchoscopy, open suctioning of airway secretions, resuscitation involving emergency intubation or cardiac pulmonary resuscitation, and endotracheal intubation.

"[Surgical masks](#) provide the level of protection needed for healthcare workers who may be exposed to the H1N1 virus. Using respirators in situations other than when there is the potential for the virus to become aerosolized is not wise," said Anne Gershon, MD, FIDSA, President of IDSA. "Respirators do not provide increased protection against the H1N1 virus. Inappropriate use could result in a shortage of the respirators, which are essential to the prevention and control of truly airborne pathogens such as tuberculosis. This would put healthcare workers and patients at even greater risk," Gershon added.

Another critical component to an appropriate response to the H1N1 virus, according to the groups, is avoiding implementation of automatic reassignment of high-risk healthcare workers who could be exposed to the virus. The current protocol provides sufficient protection, and reassignment wrongfully implies this is not the case.

"The members of our organizations are professionals who come face to

face with patients on a daily basis. Our utmost concern is the protection of healthcare workers and the community against the spread of this virus," said Christine Nutty RN, CIC, President of APIC. "Adherence to basic infection prevention precautions is crucial. Community exposures, failing to adhere to precautions like rigorous hand hygiene, and failing to identify and isolate affected patients are causes of the majority of H1N1 illnesses among healthcare workers."

"Scientists around the world are researching the H1N1 virus to keep patients and healthcare workers safe as we enter the [flu season](#) this fall. Our goal is to protect our colleagues and ourselves, to provide excellent care to our patients, and to make sure our hospitals are safe for visitors and families," said Rupp of SHEA. "Ignoring what we know about the biology of this virus and how it spreads, and allowing fear to drive our decisions will make us no safer, and will undoubtedly put us at greater risk by limiting our capacity to manage future outbreaks of this virus and other infectious diseases."

Source: [Infectious Diseases](#) Society of America ([news](#) : [web](#))

Citation: Officials, public urged to use latest evidence as guide in H1N1 prevention and protection (2009, August 12) retrieved 23 June 2024 from <https://medicalxpress.com/news/2009-08-urged-latest-evidence-h1n1.html>

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