

May 4, 2009

A/H1N1 (Swine Flu) Outbreak: Update for Hospitals

AT A GLANCE

The Issue:

In response to the intensifying outbreak of the A/H1N1 flu virus that has spread to multiple countries, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 5. The Centers for Disease Control and Prevention (CDC) and other federal departments and agencies are releasing a growing number of guidance documents to help hospitals and other health care providers respond to the situation. Hospitals should continue to closely monitor their state/local public health departments for guidance, and to ensure that messages to the public are coordinated. In addition, hospitals should keep their staff informed about the outbreak, including steps being taken to ensure the safety of caregivers and their families.

Our Take:

The staff at the American Hospital Association (AHA) is tracking the progress of the outbreak and working closely with the federal government and state hospital associations as they determine their responses. We will continue to update you on issues and items that require your attention and action.

What You Can Do:

- Share this advisory with your disaster readiness team, chief medical officer, infection preventionists, hospital epidemiologist, occupational health, emergency department director, nurse executive, facilities management, environmental services, risk management, and patient safety officer.
- Closely monitor your state/local public health department's communications and Web site.
- Check the following Web sites frequently: CDC at <http://www.cdc.gov/h1n1flu/> and WHO at <http://www.who.int/en/>.

Further Questions:

Contact Roslyne Schulman, AHA senior associate director for policy, at rschulman@aha.org or (202) 626-2273.

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BACKGROUND

As the nation's hospitals respond to the outbreak of human infections from the A/H1N1 (swine flu) virus that has now spread to multiple countries, the World Health Organization (WHO) has raised the worldwide pandemic alert level to Phase 5, one level below the highest level of a pandemic phase. According to the WHO, a Phase 5 alert is a "strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short." Supplies from the Centers for Disease Control and Prevention (CDC) Division of the Strategic National Stockpile (SNS) have been sent to all 50 states and U.S. territories. In addition, the federal government and manufacturers have begun to develop a vaccine against this new virus.

AT ISSUE

The American Hospital Association (AHA) is tracking the progress of the outbreak and is working closely with the federal government and the state, regional and metropolitan hospital associations as they mount their response. We will continue to update you as appropriate.

Below are some important things for hospital leaders to consider as they are called on to care for the growing number of patients with suspect, probable or confirmed A/H1N1 (swine flu) virus infections.

Internal Communications. Keep your staff and their families informed about the outbreak, including steps you are taking to ensure their safety.

Make sure your staff understands the hospital's general infection prevention and control plan and the ways the plan protects them, such as limiting the numbers of people entering isolation rooms and providing appropriate respiratory protection to those who must enter the rooms of patients in isolation.

To keep patients, visitors and staff safe, urge staff to not report to work if they have a febrile respiratory illness. And, to prevent the transmission of all respiratory

infections in health care settings, including A/H1N1 virus, always practice respiratory hygiene/cough etiquette infection control measures.

External Communications. Hospitals should stay in close touch with their community's emergency response agencies. In particular, since this is an infectious disease that has been shown to spread from person to person, closely monitor your state/local public health department's Web site and other communication vehicles for updates on the changing situation in your community, and for the most up-to-date guidelines for screening for the virus and caring for patients.

This also is a good time to ensure that your hospital's preparedness plan is integrated with that of your public health department. Make sure you have the latest contact numbers for your public health department and other partners (such as fire, law enforcement and emergency medical services), and that they, in turn, have an up-to-date list of your hospital's key contacts.

Because it is likely that the public and media will seek information from hospitals about patients who may be infected with the A/H1N1 virus, it is important that you work closely with state/local public health officials to help designate spokespersons (a public health official may be best) and coordinate messages. When answering questions, keep in mind that the *Health Insurance Portability and Accountability Act* (HIPAA) privacy and security regulations restrict the information you may share with the public. However, general information may be released to help dispel public anxiety. The *Guidelines for Releasing Information on the Condition of Patients*, a product of the AHA's Society for Healthcare Strategy and Market Development¹, advises the following:

“In highly charged situations such as disasters, the public may benefit from the release of general information when specific information cannot be released. For example, you might say, “the facility is treating four individuals as a result of the explosion.” You may state the number of patients who have been brought to the facility by gender or by age group (adult, children, teenagers, etc.). This type of general information can help reduce undue anxiety.”

Guidance from CDC. The Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR), CDC and other federal departments and agencies are releasing a growing number of guidance documents to help hospitals and other health care providers respond. It is important to note that, because this is a rapidly evolving situation, all CDC guidance documents should be considered interim and hospitals should check their state/local

¹ Hard copies of this guidance may be ordered at www.shsm.org.

public health department's Web site and the CDC A/H1N1 Web site (<http://www.cdc.gov/h1n1flu/>) frequently for updates.

One important set of CDC recommendations for hospitals, released April 29, is the *Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting*. The guidance, which can be downloaded at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm, recommends that patients with confirmed, probable or suspected cases of A/H1N1 infection be placed in individual rooms with the door closed, and instructs health care personnel interacting with these patients to follow the recommendations in the guidance. The guidance includes recommendations on: screening patients presenting to medical facilities; patient placement and transport; limitation of health care personnel entering the isolation room; isolation precautions; respiratory protection; management of visitors; duration of precautions; surveillance of health care personnel; management of ill personnel; stewardship of personal protective equipment and antivirals; environmental infection control; facility access control, and administration of the current seasonal influenza vaccine.

On the same date the CDC also issued interim guidance (<http://www.cdc.gov/h1n1flu/screening.htm>) to help hospitals and clinicians determine which patients to evaluate for possible infection in regions with few or no reported cases.

Public Health Emergency Declaration and Waiver of Regulations. On April 26, HHS issued a nationwide public health emergency declaration. The declaration, made under section 319 of the *Public Health Service Act*, has helped HHS prepare for prevention and mitigation activities by enabling the Food and Drug Administration (FDA) to issue emergency use authorizations for the **Swine Flu Test Kit** (<http://www.cdc.gov/h1n1flu/eua/testkit.htm>) and antiviral drugs **Tamiflu** (<http://www.cdc.gov/h1n1flu/eua/tamiflu.htm>) (oseltamivir) and **Relenza** (<http://www.cdc.gov/h1n1flu/eua/relenza.htm>) (zanamivir).

The declaration also allows the Secretary of HHS to invoke her waiver authority under Section 1135 of the *Social Security Act* and delegate to the Centers for Medicare & Medicaid Services (CMS) the authority to waive or modify certain regulatory requirements. **However, the Secretary has not yet invoked her 1135 authority and therefore no CMS regulations have been modified or waived.** The AHA will keep hospitals apprised if this situation changes.

Resources. There are a variety of local and state resources that may be useful as well. Please check your local or state public health department or emergency services or preparedness Web site, or your state, regional and metropolitan hospital association Web sites.

In addition, we encourage you to review the following Web sites that provide helpful information on the A/H1N1 (swine flu) outbreak.

- CDC Web site at <http://www.cdc.gov/h1n1flu/>
- HHS Web site at <http://www.hhs.gov>
- WHO Web site at <http://www.who.int/en/>
- AHA's special "Disaster Readiness Resources" Web site at http://www.aha.org/aha_app/issues/Emergency-Readiness/index.jsp
- American Health Lawyers Association's *Community Pan Flu Preparedness: A Checklist of Key Legal Issues for Healthcare Providers*: <http://www.healthlawyers.org/PanFluChecklist>.
- Centers for Law and the Public's Health: A Collaborative at Johns Hopkins and Georgetown Universities at <http://www.publichealthlaw.net/Projects/swinefluphl.php>

NEXT STEPS

The AHA is closely monitoring the situation as it develops and will continue to work with the relevant federal agencies, including the agencies within HHS and the Department of Homeland Security, that are key to the response, including CDC, FDA, ASPR, CMS and the Federal Emergency Management Administration. We will continue to share important resources, guidance and tools with the nation's hospitals as appropriate.

FURTHER QUESTIONS

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