



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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To: Communicable Disease Programs and Medical Directors
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From: Mary Grace Stobierski, DVM, MPH
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Date: February 13, 2004

Re: CDC issues Interim Recommendations for Enhanced US Surveillance, Testing and Infection Control for Influenza A (H5N1) and SARS

Due to the recent human cases of influenza A (H5N1) in Vietnam and Thailand, the Centers for Disease Control and Prevention (CDC) has recently issued interim recommendations for enhanced surveillance, testing and infection control for avian influenza A (H5N1) and SARS.

In response, the MDCH Bureau of Laboratories has recently sent out a correspondence to laboratories throughout the state detailing testing issues related to enhanced H5N1 and SARS surveillance. This correspondence is attached for your information.

In addition, MDCH has received a number of calls about infection control guidelines for suspect H5N1 or SARS-CoV cases. Please find the current CDC guidelines below. It should be noted that **ALL** patients who present to a healthcare setting with fever or respiratory symptoms should be managed according to recommendations for Respiratory Hygiene and Cough Etiquette <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm> and questioned regarding their recent travel history.

Infection Control Recommendations for all hospitalized patients diagnosed or under evaluation for influenza A (H5N1) or SARS-CoV (those who meet the clinical AND epidemiologic criteria outlined in the laboratory correspondence-attached):

1. Implement the following isolation precautions:
 - Standard Precautions (Pay careful attention to hand hygiene before and after all patient contact)
 - Contact Precautions (Use gloves and gown for all patient contact)
 - Eye protection (Wear when w/in 3 feet of patient)
 - Airborne Precautions (Place patient in airborne isolation room i.e., monitored negative air pressure in relation to the surrounding areas with 6 to 12 air changes per hour, use a fit-tested respirator-at least as protective as a NIOSH-approved N-95 filtering facepiece respirator when entering the room)
2. These precautions should continue for 14 days after onset of symptoms until an alternative diagnosis is established. Patients managed as outpatients or hospitalized patients discharged before 14 days should be isolated in the home setting on the basis of principles outlined for the home isolation of SARS patients (see <http://www.cdc.gov/ncidod/sars/guidance/i/pdf/i.pdf>)

3. For additional information regarding these and other health-care isolation precautions, see the Guidelines for Isolation Precautions in Hospitals (<http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>)

You may find this information and additional H5N1 and SARS information on the MDCH website. Go to <http://www.michigan.gov/mdch> and find the influenza and SARS link directly on the homepage.