

Center for Medicaid and State Operations/Survey and Certification Group

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Revised 5/8/09

DATE: May 6, 2009

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: H1N1 Flu (Swine-Origin Influenza A) - State Survey Agency Guidance
And Survey/Affected Provider Tracking Tools

*****Revised to Clarify Use of Word or Excel Format for Affected Provider Report*****

Memorandum Summary

- **Situation:** Human cases of H1N1 (swine-origin influenza A) virus infection have been identified in multiple States across the nation, as well as internationally. This is a rapidly evolving situation, but at the current time, the Centers for Disease Control and Prevention (CDC) believe this virus has the same properties in terms of spread as seasonal flu viruses. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to 7 days after they get sick.
- **Surveyor Guidance and Tracking Tools.** To assist surveyors to observe signs of the H1N1 flu virus infection, and proper facility etiquette, a guidance document has been developed in collaboration with CDC. To assist in reporting any impact to State survey activities and providers that have been affected by the H1N1 virus infection to the Centers for Medicare & Medicaid Services (CMS) Regional Office, a tracking tool has also been developed.

Background

Human cases of H1N1 (swine-origin influenza A) virus infection have been identified in multiple States across the nation, as well as Mexico and many other countries. This is a rapidly evolving situation, but at the current time, the CDC believes this virus has the same properties in terms of spread as seasonal flu viruses. With seasonal flu, studies have shown that people may be contagious from one day before they develop symptoms to up to seven days after they get sick. Children, especially younger children, might potentially be contagious for longer periods

As of May 7, 2009, CDC has confirmed 1639 cases of H1N1 flu infection in residents of 38 States (for the most up-to-date list please see <http://www.cdc.gov/h1n1flu/>). Investigations of these cases suggest that on-going human-to-human H1N1 virus infection is occurring. Illness signs and symptoms have consisted of influenza-like illness - fever and respiratory tract illness (cough, sore throat, runny nose), headache, muscle aches - and some cases have had vomiting and diarrhea. Cases of severe respiratory disease, including fatal outcomes, have been reported.

CMS has worked closely with the CDC to develop guidance for surveyors regarding health care facility visual alerts and respiratory hygiene/cough etiquette for the 2009 H1N1 virus infection (see attachment entitled *2009 H1N1 Flu (Swine-Origin Influenza A) Surveyor Guidance*).

In addition, CMS has developed a user-friendly tracking and reporting tool for State Survey Agencies (SAs) as a means of tracking impact to the survey activity, and reporting on the status of health care providers that have been affected by the H1N1 virus infection (see attachment entitled *State Agency 2009 H1N1 Flu (Swine-Origin Influenza A)*). The tool to track the status of health care facilities is provided in both MS Word and Excel formats. SAs may use either format according to their preference.

SAs should start using the tools immediately to track any State survey activities that have been impacted, as well as the status of any healthcare facilities that have been affected by the H1N1 virus infection. If the SA or healthcare facility has been impacted due to the H1N1 virus, the completed tools should be submitted to their CMS Regional Office immediately.

For more guidance on H1N1 virus precautions, please see the following websites:

CDC Websites

- Interim guidance for healthcare facilities (e.g., hospitals, long-term care and outpatient facilities, and other settings where healthcare is provided): http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm
- Interim Guidance on Antiviral Recommendations for Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection and Close Contacts: <http://www.cdc.gov/h1n1flu/recommendations.htm>
- Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where Swine Influenza A (H1N1) Virus Transmission Has Been Detected: <http://www.cdc.gov/h1n1flu/masks.htm>
- Interim Guidance on Case Definitions to be Used For Investigations of Swine Influenza A (H1N1) Cases: http://www.cdc.gov/h1n1flu/casedef_swineflu.htm
- Checklist for long term care facilities: <http://pandemicflu.gov/plan/pdf/longtermcare.pdf>

HHS Websites:

- U.S. Department of Health and Human Services: <http://www.hhs.gov/>
- HHS Public Health Emergency declaration: www.hhs.gov/secretary/phe_swh1n1.html
- Pandemic Flu Website: <http://www.pandemicflu.gov/>

Effective Date: This guidance is effective immediately.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

Attachments

2009-H1N1 Virus Infection (Swine-Origin Influenza A) Surveyor Guidance

Background:

2009 H1N1 flu virus (swine-origin influenza A) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. People do not normally get H1N1, but human infections can and do happen.

As of this date, 1639 human cases of H1N1 flu infection have been confirmed in residents of the United States (for the most up-to-date list please see <http://www.cdc.gov/h1n1flu/>). Investigations of these cases suggest that on-going human-to-human H1N1 virus infection is occurring. Illness signs and symptoms have consisted of influenza-like illness - fever and respiratory tract illness (cough, sore throat, runny nose), headache, muscle aches - and some cases have had vomiting and diarrhea. In the U.S. cases of severe respiratory disease, including one fatal outcome, have been reported.

Although the CDC has not identified the current outbreak as a pandemic, some information on pandemics may be useful in understanding the current outbreak. A pandemic is an infection **disaster** with a different effect than a fire, tornado, ice storm or hurricane. A pandemic can come in "waves" separated by months. Patients, visitors, staff and staff families are potential transmitters and victims. Surveyors may review, observe and interview for the same plans and procedures during all three Pandemic Phases: the **Interpandemic** Period, the Pandemic **Alert** Period and the **Pandemic** Period.

Much of the guidance that has been developed for regular seasonal and pandemic flu is useful. Additionally CDC has issued interim H1N1 virus infection guidance, which is available on the CDC website (see <http://www.cdc.gov/h1n1flu/specimencollection.htm>).

To help prevent the transmission of **all** respiratory infections in healthcare settings, including the H1N1 virus infection, respiratory hygiene and cough etiquette infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of standard precautions. For more information, see <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>.

Healthcare facilities should establish mechanisms to screen patients and caregivers for signs and symptoms of febrile respiratory illness who are presenting to any point of entry to the facility for care or making appointments to be seen at the facility. Provisions should be made to allow for prompt segregation and assessment of symptomatic patients.

During the survey process, surveyors should look for the following:

- Visual Alerts
 - Facilities should have signage at entry points instructing patients/residents and visitors about facility policies, including the need to notify staff immediately if they have signs and symptoms of febrile respiratory illness.
 - Facilities should have signage emphasizing appropriate respiratory hygiene/cough etiquette and hand hygiene.
- Adherence to respiratory hygiene/cough etiquette
 - Facilities should ensure the availability of materials for adhering to respiratory hygiene/cough etiquette including:
 - Tissues and receptacles for used tissue disposal.
 - Conveniently located dispensers of alcohol-based hand rub and/or adequate soap and disposable towels where sinks are available.

- Staff, patients, and visitors should cover their nose/mouth when coughing or sneezing (the insides of elbows are preferable to hands when covering noses and mouths).
- Staff, patients, and visitors should use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
- Staff, patients, and visitors should perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Patient Placement/Transport/Personal Protective Equipment (PPE)
 - Facilities should have a plan in place to appropriately manage patients with confirmed, probable or suspected cases of H1N1 virus infection.
 - Nonsterile gloves, gowns, eye protection, and fit-tested disposable N95 respirators or equivalent.
 - Facilities should have a policy for communicating information about confirmed, probable or suspected cases of H1N1 virus infection to other facilities.
- Management of ill healthcare personnel
 - Facilities should have a policy for management of ill healthcare personnel. Guidance related to H1N1 virus infection can be found at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.
- If deficient practices resulting in noncompliance have been identified, surveyors should review the appropriate interpretive guidelines for Infection Control, such as the guidance at F441 - F444 for nursing homes.

State Agency 2009-H1N1 Flu (Swine-Origin Influenza A) Virus Update Report

State:
 Region:
 Date:

City/County where Survey Activities Impacted	Number of Survey Staff Absentees due to H1N1 flu (self or family member).			Any other Survey Agency Issues/Concerns
	Possible	Confirmed	TOTAL	

2009-H1N1 Flu (Swine-Origin Influenza A) Virus Affected Provider Update Report

If this information is available on existing state reporting system, please provide link and access information here:

Facility		Type	City	County	Facility Beds		Residents Affected #	Staff Affected #	Bed Increase Requested? #	Facility Lockdown/ Closed to Public? (Y/N)	Other Facility Needs/Concerns?
Name	CCN				Total	Census					