

Recommendation of HICPAC Influenza A (H1N1) Working Group

At a public meeting held on July 23, the Centers for Disease Control and Prevention's (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) unanimously adopted the recommendations of the Influenza A (H1N1) Working Group with regards to "*Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting.*" The Working Group recommendations were based on the results of a systematic review on respiratory protection devices for Influenza A (H1N1) performed by the Center for Evidence-Based Practice at the University of Pennsylvania Health System in June 2009. The guidance development process continues with a CDC meeting to hear the views of labor organizations on July 28. On August 11-14, 2009, the Institute of Medicine (IOM) will convene an expert panel on personal protective equipment for healthcare personnel in the workplace against H1N1. The guidance development process is expected to be completed by October 1, 2009. APIC is pleased that the Working Group recommendations are consistent with an APIC-endorsed [position paper](#).

As some of you are aware, a number of state health departments, after recognizing that the Novel H1N1 influenza was similar to the seasonal influenza, advised healthcare organizations within their jurisdictions that standard and droplet precautions should be followed for patients with Novel H1N1 rather than airborne infection isolation. After a systematic review of the transmission of airborne infections, the H1N1 Working Group arrived at the following recommendations for minimum isolation precautions:

- Healthcare personnel should wear a surgical mask when caring for patients with suspected or confirmed cases.
- An N95 respirator is recommended for select procedures that are potentially aerosol-generating (e.g. bronchoscopy, intubation, CPR, open airway suctioning, and sputum induction).
- Healthcare personnel should adhere to standard and droplet precautions for 7 days after the onset of illness or until symptoms resolve, whichever is longer.

Healthcare facilities are advised to regularly perform risk assessments that consider the current activity of H1N1 in the community and related issues.

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