

General Information and Interim Guidance for Emergency Medical Service Communities

CDC has issued guidance for Emergency Medical services and 9-1-1 Public Safety for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection. Coordination between Emergency Medical Services (EMS) systems, EMS Dispatchers and EMS providers is needed for the prevention, treatment, and its progression of the Swine Flu Influenza. This document summarizes the information contained in that guidance and includes Standard Precautions, cleaning emergency medical transport vehicles, use of Personal Protective Equipment (PPE) and recommendations for triaging through dispatch. It is recommended by the State of Alaska Health and Human Services that the actions in the guidance be followed to prevent exposure to potential infectious patients. It is important that we give you information that can protect you and your families. If you have any questions on this information, please call Lee Parham at 907-465-5467 (lee.parham@alaska.gov) or Terry Olliff at 907-465 2262, (terry.olliff@alaska.gov).

One of the things we can do as Health Care and EMS providers is to use universal precautions, plain old hand washing for at least 20 seconds after you have taken off your gloves from contact with a patient, after using the bathroom, coughing/sneezing or blowing your nose and before & after the handling of food. The use of alcohol base products is good to use if water and soap are not available. The use of face masks when taking care of the sick and injured with suspected infection of the H1N1 can greatly reduce the exposure to you, your families and co-workers.

**Until further notice
this information is the most recent
as of today's date
26 May 2009**

CDC Emergency Operations Center (EOC)

<http://emergency.cdc.gov/cotper/eoc/>

- Functions of the EOC
- Operation
- Public Health Events
- CDC Involvement in Emergencies



When a disaster occurs, CDC must respond effectively to support international, national, state, local, tribal, territorial, and private sector public health emergency response partners. A critical component of CDC's work during an event is to coordinate response activities and provide resources to state and local public health departments. During the terrorist attacks of 2001, CDC headquarters for response activities consisted of available conference rooms with limited equipment. The Emergency Operations Center (EOC) was established in 2003 to serve as CDC's command center for monitoring and coordinating CDC's emergency response to public health threats in the United States and abroad.

What are the functions of the EOC?

The EOC allows CDC to maintain situational awareness of public health-related events at the international, national, state, and local levels. Staffed around-the-clock, it serves as CDC's central point of contact for reporting public health threats, and supports the Department of Health and Human Services (HHS) Secretary's Operations Center. During an emergency response, the EOC brings together scientists from



across CDC to efficiently exchange information and connect with public health emergency response partners. For multi-state or severe emergencies, CDC provides additional public health resources and coordinates response efforts across multiple jurisdictions, both domestically and abroad. The improved 24,000-square-foot EOC facility which became operational in 2006 can accommodate up to 230 personnel per shift when fully staffed for two to three shifts per day to



handle situations ranging from local interests to worldwide events. CDC's Division of Emergency Operations (DEO) manages the EOC. To support state and local efforts during an emergency response, EOC staff coordinates deployment of CDC staff and equipment that CDC responders may need. In addition, the EOC has the capability to transport life-supporting medications, samples/specimens, and personnel at any time anywhere in the world via aircraft that can be

launched within 2 hours of notification for domestic and 6 hours for international responses.

How does the EOC operate?

When the EOC receives information about an event or incident, a preliminary assessment team of subject matter experts from across CDC is convened to recommend the scope of the response. The team's assessment is reported to the Director of the Coordinating Office of Terrorism Preparedness and Emergency Response who then advises the CDC Director of the situation and provides recommendations for action, including a request for activation of the EOC.

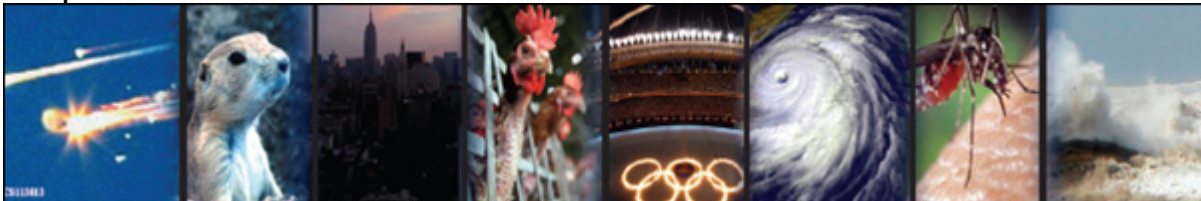
CDC uses the Incident Management System to manage responses to events. IMS is based on the Incident Command System and the National Incident Management System, both of which are universal and standardized emergency response operating systems used around the country. CDC and all 50 states have trained public health officials on their specific roles and responsibilities during an emergency as outlined by Incident Command System. This training helps ensure that CDC field response teams operate effectively as part of the state or local response structure.



During an activation, the Incident Management System is led by the Incident Manager, who manages the response in collaboration with teams of experts pulled from across CDC to work with EOC core personnel. Emergency operation plans developed by CDC describe the roles and responsibilities of different offices, centers, and institutes across the agency during an emergency. CDC has an all-hazards base plan (Emergency Operations Plan) that outlines core roles and responsibilities for all-hazard responses, as well as plans for scenario-specific events such as hurricanes.

EOC staff also serve as the initial point of contact to communicate with public health emergency response partners who provide support to the on-scene Incident Commander. The Incident Commander is responsible for the on-scene incident response, including control of resources and resolution of on-scene issues.

What public health-related events have activated a CDC response?



CDC Public Health Responses Since 2001

2009: *Salmonella typhimurium* outbreak; Presidential Inauguration; H1N1 Influenza

2008: Satellite intercept; *Salmonella* and *E. coli* outbreaks; Hurricane Dolly; Tropical Storm Edouard; Hurricanes Gustav, Hanna, and Ike

2007: XDR/MDR TB Patient; Hurricane Dean

2006: Mumps; Tropical Storm Ernesto; *E. coli* outbreaks, Botulism Outbreak, Mycoplasma Pneumonia

2005: Presidential Inauguration, Marburg virus; Hurricanes Katrina, Rita, and Wilma

2004: Avian Influenza, BioWatch, Influenza vaccine shortage; Guam typhoon; Ricin; Citites Readiness Initiative, G8 Summit; Summer Olympics; Democratic National Convention; Republican National Convention; Hurricanes Charley, Frances, Ivan, and Jeanne; West Nile Virus; Tsunami

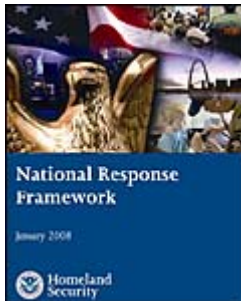
2003: Columbia Space Shuttle Disaster; SARS; Monkeypox; Northeast blackout; Hurricane Isabel; Domestic Influenza; California wildfires; Ricin; Tularemia; Anthrax; BSE (Mad Cow Disease)

2001: World Trade Center Attacks; Anthrax Attacks

EOC exercises. In addition to responding to real world events, CDC also conducts exercises to enhance the agency's response capabilities. Examples of agency-wide exercises that CDC has conducted to test its response plans include simulated hurricanes, detonation of radiological dispersal devices (i.e., dirty bombs), and an outbreak of pandemic influenza.

What determines CDC involvement in public health response activities?

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 100-707) determines whether CDC and other federal agencies assist with matters that affect states and localities. The Stafford Act is a U.S. federal law designed to provide an orderly and systemic means of providing federal disaster assistance to state and local governments. The Stafford Act, a 1988 amended version of the Disaster Relief Act of 1974 (Public Law 93-288), created the system in place today by which a Presidential Disaster Declaration triggers financial and physical assistance through the Federal Emergency Management Agency (FEMA). The act gives FEMA the responsibility for coordinating government-wide relief efforts.



The National Response Framework (NRF), successor to the National Response Plan (NRP), identifies the roles and responsibilities of 28 federal agencies, including CDC, and nongovernmental organizations, such as the American Red Cross, during federal disaster response operations. State and local governments have primary responsibility for incident response, with federal assistance provided in accordance with the NRF and Stafford Act if the event or incident exceeds their capabilities.

<http://emergency.cdc.gov/cotper/eoc/>

For Dispatchers receiving calls for H1N1

Recommendations for 9-1-1 Public Safety Answering Points (PSAP)

It is important for the PSAPs to question callers to ascertain if there is anyone at the incident location who is possibly afflicted by the swine-origin influenza A (H1N1) virus, to communicate the possible risk to EMS personnel prior to arrival, and to assign the appropriate EMS resources. PSAPs should review existing medical dispatch procedures and coordinate any modifications with their EMS medical director and in coordination with their local department of public health.

Interim recommendations:

- PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever or other flu-like symptoms.
 - If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory febrile illness, they should make sure any first responders and EMS personnel are aware of the potential for “acute febrile respiratory illness” before the responders arrive on scene.

PUBLIC SERVICE ANNOUNCEMENT

THE SPREADING FLU

May 11, 2009 9:45 AM ET http://www.cdc.gov/h1n1flu/psa/psa_spreading_flu.htm

 [Audio - Download MP3 file](#) (:60)

Script

From the U.S. Department of Health and Human Services, I'm Ira Dreyfuss with HHS HealthBeat. Health officials are concerned about the novel H1N1 flu virus that's been spreading from person to person. But people can protect themselves and their families, with the same steps they can take for seasonal flu.

- Wash your hands often with soap and water, especially after you cough or sneeze.
- Cover your nose and mouth with a tissue, and throw the tissue away after use.
- Check with your local leaders, schools, employers and other community groups about their plans in the event of an outbreak in your community.
- If you have flu-like symptoms such as fever, body aches, nausea, vomiting and diarrhea, it could be wise to see a health care professional. Acting Surgeon General Steve Galson:

"You may want to contact your health care provider particularly if you're worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed."

To learn more, visit www.cdc.gov/h1n1flu or call 1-800-CDC-INFO. HHS HealthBeat is a production of the U.S. Department of Health and Human Services.

http://www.cdc.gov/h1n1flu/psa/psa_spreading_flu.htm

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PUBLIC SERVICE ANNOUNCEMENT

Hygiene Habits to Help Fight Novel H1N1 Flu Audio

May 12, 2009 8:01 PM ET <http://www.cdc.gov/h1n1flu/psa/hygiene.htm>

 [Audio - Download MP3 file](#)

Script

- Health officials are concerned about a novel H1N1 flu, spreading from person-to-person.
- To help fight this flu, cover your nose and mouth with a tissue when you cough or sneeze, then throw the tissue away.
- Wash your hands often with soap and water, especially after coughing or sneezing. If you're sick, stay home and limit contact with others to keep from infecting them.

To learn more, visit www.cdc.gov/h1n1flu or call 1-800-CDC-INFO.

<http://www.cdc.gov/h1n1flu/psa/planning.htm>

<http://www.cdc.gov/h1n1flu/psa/hygiene.htm>

PUBLIC SERVICE ANNOUNCEMENT

H1N1 CONSUMER FRAUD

May 12, 2009 7:30 PM ET <http://www.cdc.gov/h1n1flu/psa/consumerfraud.htm>

 [Audio - Download MP3 file](#) (:30)

Script

Consumers: Be wary of Internet, e-mail, and other ads promoting products that prevent, cure, treat, or diagnose novel H1N1 flu. Some of these ads promote fraudulent flu remedies.

Products that carry these fraudulent claims might be promoted as dietary supplements, drugs, vaccines, or diagnostic tests.

For questions about the flu or approved flu-related products, contact your doctor or pharmacist. A message from the U.S. Department of Health and Human Services.

<http://www.cdc.gov/h1n1flu/psa/consumerfraud.htm>

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection

May 11, 2009 8:30 PM ET

This document provides interim guidance for 9-1-1 Public Safety Answering Points (PSAPs), the EMS system and medical first-responders. Updates will be posted as needed on the [CDC H1N1 Flu guidance](#) page. The information contained in this document is intended to complement existing guidance for healthcare personnel, "[Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)".

Background

As a component of the Nation's critical infrastructure, emergency medical services (along with other emergency services) play a vital role in responding to requests for assistance, triaging patients, and providing emergency treatment to influenza patients. However, unlike patient care in the controlled environment of a fixed medical facility, prehospital EMS patient care is provided in an uncontrolled environment, often confined to a very small space, and frequently requires rapid medical decision-making, and interventions with limited information. EMS personnel are frequently unable to determine the patient history before having to administer emergency care.

Interim Recommendations

Coordination among PSAPs, the EMS system, healthcare facilities (e.g. emergency departments), and the public health system is important for a coordinated response to swine-origin influenza A (H1N1). Each 9-1-1 and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of EMS medical directors is critically important. The guidance provided in this document is based on current knowledge of swine-origin influenza A (H1N1).

The U.S. Department of Transportation's *EMS Pandemic Influenza Guidelines for Statewide Adoption and Preparing for Pandemic Influenza: Recommendations for Protocol Development and 9-1-1 Personnel and Public Safety Answering Points (PSAPs)* are available online at www.ems.gov (Click on Pandemic News). State and local EMS agencies should review these

documents for additional information. For instance, Guideline 6.1 addresses protection of the EMS and 9-1-1 workers and their families while Guideline 6.2 addresses vaccines and antiviral medications for EMS personnel. Also, EMS Agencies should work with their occupational health programs and/or local public health/public safety agencies to make sure that long term personal protective equipment (PPE) needs and antiviral medication needs are addressed.

Infectious Period

Persons with swine-origin influenza A (H1N1) virus infection should be considered potentially infectious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods.

Non-hospitalized ill persons who are a confirmed or suspected case of swine-origin influenza A (H1N1) virus infection are recommended to stay at home (voluntary isolation) for at least the first 7 days after checking with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or

emphysema. Learn more about how to take care of someone who is ill in "[Taking Care of a Sick Person in your Home.](#)"

Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A (H1N1) Virus Infection in a Healthcare Setting

May 13, 2009 7:00 PM ET

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

Case Definitions for Infection with Novel Influenza A (H1N1) Virus

View the [Case Definitions for Confirmed, Probable and Suspected cases.](#)

Recommendations for 9-1-1 Public Safety Answering Points (PSAP)

It is important for the PSAPs to question callers to ascertain if there is anyone at the incident location who is possibly afflicted by the swine-origin influenza A (H1N1) virus, to communicate the possible risk to EMS personnel prior to arrival, and to assign the appropriate EMS resources. PSAPs should review existing medical dispatch procedures and coordinate any modifications with their EMS medical director and in coordination with their local department of public health.

Interim recommendations:

- PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever or other flu-like symptoms.
 - If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory febrile illness, they should make sure any first responders and EMS personnel are aware of the potential for "acute febrile respiratory illness" before the responders arrive on scene.

Recommendations for EMS and Medical First Responder Personnel Including Firefighter and Law Enforcement First Responders

For purposes of this section, "EMS providers" means prehospital EMS, Law Enforcement and Fire Service First Responders." EMS providers' practice should be based on the most up-to-date swine-origin influenza clinical recommendations and information from appropriate public health authorities and EMS medical direction.

Patient assessment

Interim recommendations:

If there HAS NOT been swine-origin influenza reported in the geographic area (See [U.S. Human Cases of H1N1 Flu Infection](#)), EMS providers should assess all patients as follows:

1. EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
 - If no acute febrile respiratory illness, proceed with normal EMS care.
 - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
 - If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
 - If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area (See [U.S. Human Cases of H1N1 Flu Infection](#)):

1. Address scene safety:
 - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
 - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough).
 - If no symptoms of acute febrile respiratory illness, provide routine EMS care.
 - If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Personal protective equipment (PPE):

Interim recommendations:

- When treating a patient with a suspected case of swine-origin influenza as defined above, the following PPE should be worn:
 - Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
- When treating a patient that is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:

- Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
- Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Infection Control:

EMS agencies should always practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).

Interim recommendations:

- Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the patient.
- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.
- All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient.

Interfacility Transport

EMS personnel involved in the interfacility transfer of patients with suspected or confirmed swine-origin influenza should use standard, droplet and contact precautions for all patient care activities. This should include wearing a fit-tested disposable N95 respirator, wearing disposable non-sterile gloves, eye protection (e.g., goggles, eyeshield), and gown, to prevent conjunctival exposure. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment. Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

Interim Guidance for Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed Swine-origin Influenza Patient

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed swine-origin influenza patient. This guidance may be modified or additional procedures may be recommended by the Centers for Disease Control and Prevention (CDC) as new information becomes available.

Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.

After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

For additional detailed guidance on ambulance decontamination EMS personnel may refer to "[Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic](#)".

EMS Transfer of Patient Care to a Healthcare Facility

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.

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Recommendations for EMS and Medical First Responder Personnel Including Firefighter and Law Enforcement First Responders

For purposes of this section, "EMS providers" means pre-hospital EMS, Law Enforcement and Fire Service First Responders." EMS providers' practice should be based on the most up-to-date swine-origin influenza clinical recommendations and information from appropriate public health authorities and EMS medical direction.

Patient assessment:

Interim recommendations:

If there HAS NOT been swine-origin influenza reported in the geographic area (<http://www.cdc.gov/h1n1flu/>), EMS providers should assess all patients as follows:

- Step 1: EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
 - If no acute febrile respiratory illness, proceed with normal EMS care.
 - If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
 - If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.

- If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area (<http://www.cdc.gov/h1n1flu/>)

- Step 1: Address scene safety:
 - If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
 - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.
- Step 2: Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).
 - If no symptoms of acute febrile respiratory illness, provide routine EMS care.
 - If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Personal protective equipment (PPE):

Interim recommendations:

- When treating a patient with a suspected case of swine-origin influenza as defined above, the following PPE should be worn:
 - Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
- When treating a patient that is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:
 - Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
 - Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Emergency Use of Authorization of N95 Respirators

<http://www.cdc.gov/h1n1flu/eua/n95.htm>

Emergency Use Authorization of Swine Flu Test Kit

<http://www.cdc.gov/h1n1flu/eua/testkit.htm>

Interim Recommendations for Facemask and Respirator Use in Certain Community Settings Where H1N1 Influenza Virus Transmission Has Been Detected

May 8, 2009 10:35 PM ET

This document provides interim guidance and will be updated as needed.

NOTE: On May 22, 2009, CDC issued updated [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#). This new guidance should be considered the most up-to-date and supersede previously issued guidance.

Content related to masks and respirators on this web page will be updated to reflect the new guidance in the near future.

Detailed background information and recommendations regarding the use of masks and respirators in non-occupational community settings can be found on [PandemicFlu.gov](#) in the document [Interim Public Health Guidance for the Use of Facemasks and Respirators in Non-Occupational Community Settings during an Influenza Pandemic](#).



Information on the effectiveness of facemasks¹ and respirators² for the control of influenza in community settings is extremely limited. Thus, it is difficult to assess their potential effectiveness in controlling swine influenza A (H1N1) virus transmission in these settings. In the absence of clear scientific data, the interim recommendations below have been developed on the basis of public health judgment and the historical use of facemasks and respirators in other settings.

In areas with confirmed human cases of novel influenza A (H1N1) virus infection, the risk for infection can be reduced through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent handwashing, covering coughs, and having ill persons stay home, except to seek medical care, and minimize contact with others in the household. Additional measures that can limit transmission of a new influenza strain include voluntary home quarantine of members of households with confirmed or probable novel influenza A (H1N1) cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded settings.

When close contact³ with others cannot be avoided, the use of facemasks¹ or respirators² in areas where transmission of novel influenza A (H1N1) virus has been confirmed should be considered as follows:

1. Persons who are at high risk of complications from novel influenza A (H1N1) infection (for example, persons with certain chronic medical conditions, children less than 5 years, persons 65 or older, and pregnant women) should consider their risk of exposure to novel influenza if they attend public gatherings in communities where novel influenza A virus is circulating. In communities with several reported cases of novel influenza A (H1N1) virus infection, persons who are at risk of complications from influenza should consider staying away from public gatherings.

2. Based on currently available information, for non-healthcare settings where frequent exposures to persons with novel influenza A (H1N1) are unlikely, masks and respirators are not recommended.
3. Persons who are ill with influenza-like symptoms should stay home and limit contact with others as much as possible. When not alone or in a public place, protect others by wearing facemasks¹ to reduce the number of droplets coughed or sneezed into the air and the time spent in crowded settings should be as short as possible.
4. Respirators² should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

These interim recommendations will be revised as new information about the use of facemasks and respirators in the current setting becomes available.

For more information about human infection with swine influenza virus, visit the [CDC H1N1 Flu website](#).

1 Unless otherwise specified, the term "facemasks" refers to disposable masks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Such facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type of facemask is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by the FDA for use as medical devices have been determined to have specific levels of protection from penetration of blood and body fluids.

2 Unless otherwise specified, "respirator" refers to an N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).

3 Three feet has often been used by infection control professionals to define close contact and is based on studies of respiratory infections; however, for practical purposes, this distance may range up to 6 feet. The World Health Organization uses "approximately 1 meter"; the U.S. Occupational Safety and Health Administration uses "within 6 feet." For consistency with these estimates, this document defines close contact as a distance of up to 6 feet.

Summary Fact Sheet for Disposable Respirators for Use During the Swing Flu Emergency May 4 2009, 10:30 am ET

<http://www.cdc.gov/h1n1flu/eua/summary-factsheet.htm>

Related Media

- [CDC Podcast: General Instructions for Disposable Respirators](#)

Infection Control:

EMS agencies should always practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).

Interim recommendations:

- Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza A (H1N1)

- cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the patient.
- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.
 - All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient.

Interfacility Transport

EMS personnel involved in the interfacility transfer of patients with suspected or confirmed swine-origin influenza should use standard, droplet and contact precautions for all patient care activities. This should include wearing a fit-tested disposable N95 respirator, wearing disposable non-sterile gloves, eye protection (e.g., goggles, eyeshield), and gown, to prevent conjunctival exposure. If the transported patient can tolerate a facemask (e.g., a surgical mask), its use can help to minimize the spread of infectious droplets in the patient care compartment. Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Interim Guidance for Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed Swine-origin Influenza Patient

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed swine-origin influenza patient. This guidance may be modified or additional procedures may be recommended by the Centers for Disease Control and Prevention (CDC) as new information becomes available.

Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.

After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

For additional detailed guidance on ambulance decontamination EMS personnel may refer to "Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic" available at: http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html .

EMS Transfer of Patient Care to a Healthcare Facility

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Patients with acute febrile respiratory illness should wear a surgical mask, if tolerated. Small facemasks are available that can be worn by children, but it may be problematic for children to wear them correctly and consistently. Moreover, no facemasks (or respirators) have been cleared by the FDA specifically for use by children.

http://www.cdc.gov/h1n1flu/guidance_ems.htm (May 6, 2009).

Novel H1N1 Flu and Travel

Human cases of novel H1N1 flu virus infection have been identified in the United States and several countries around the world. For daily updates on where cases have been identified, see the [CDC H1N1 Flu website](#).

CDC is working very closely with officials in states where human cases of novel H1N1 flu have been identified, as well as with the World Health Organization (WHO) and health officials in Mexico and Canada. CDC also has prepared some information below about issues related to the travel industry. This is a rapidly evolving situation, and CDC will provide new information as it becomes available.

Travel Notices

Travel & Travel Industry Guidance

- [Guidance for Cruise Ships](#) May 4
- [Flight Crews Arriving from Affected Areas](#) April 30
- [Identifying Passengers Who May Have Swine Influenza](#) April 30

Domestic Travel

[Outbreak Notice: Novel H1N1 Flu in the United States](#) Updated May 09, 2009

Health Information for Travelers Exposed During Travel

[Information for airline passengers exposed to novel H1N1 flu](#) (136.27 KB, 1 page) May 14, 2009

Interim Guidance for Airlines Regarding Flight Crews Arriving from Domestic and International Areas Affected by Swine Influenza <http://www.cdc.gov/h1n1flu/aircrew.htm>

III Crew Members and Passengers

During an influenza outbreak or pandemic, if a cabin or flight deck crew member or passenger is displaying signs and symptoms of an influenza-like illness prior to flight, they should not board the aircraft. If passengers or crew develop symptoms en route, they should cover their nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions, dispose of used tissues in the nearest waste receptacle after use, and wear a facemask if tolerated. Hands should be washed after contact with respiratory secretions or contaminated objects or materials. If a pilot becomes ill with the symptoms of H1N1 flu, all persons in the cockpit should wear masks.

As the guidelines for swine influenza are being developed and new information is gained, more detailed guidelines will be published to the CDC website. In the event of a widespread outbreak

or pandemic, social distancing will play the primary role in preventing exposure of persons to the virus (www.pandemicflu.gov).

For additional updated information about this swine influenza outbreak, consult the [CDC H1N1 Flu website](#).

Management of Passengers or Crew Members with Symptoms of Influenza

- Cabin and flight deck crew should be aware of the possible symptoms of swine influenza including fever, cough, sore throat, body aches, headache, chills, fatigue, and in some cases, diarrhea and vomiting. For more information, see the CDC [key facts](#) about the H1N1 Flu. Visit CDC's website about swine flu.
- Minimize the number of personnel directly exposed to the ill person.
- Separate the ill person (6 feet) from others as much as possible without compromising flight safety.
- Have the ill person wear a facemask, if it can be tolerated, to reduce the number of droplets coughed or sneezed into the air.
- If a facemask can not be tolerated, provide tissues and ask the ill person to cover his or her mouth and nose when coughing or sneezing along with a plastic bag for proper disposal of contaminated tissues.
- Gloves are not intended to replace proper hand hygiene. Gloves should be carefully removed and discarded and hands should be cleaned immediately following activities involving contact with body fluids. Gloves should not be washed or reused.
- Personnel having close contact with an ill person should wear a facemask at a minimum or, ideally, a NIOSH-certified particulate respirator rated N-95 or better.
- Dispose of soiled material, gloves, items contaminated with body fluids, and disposable respirators in a sturdy plastic bag that is tied shut and not reopened, and disposed of according to state solid waste regulations.
- Personnel should wash hands for 20 seconds with soap and warm water before tending to the ill person, and after removing gloves and mask, touching commonly touched surfaces, contacting respiratory secretions or tending to the sick person.
 - Use waterless, alcohol-based hand gels when soap is not available and hands are not visibly soiled.
- If a person shows observable signs of swine flu illness while on a flight bound for the US, the captain is required by law to report the illness to [CDC Quarantine Station](#), in the jurisdiction of the airport where the plane is expected to land prior to arrival or as soon as illness is noted. Quarantine officials will arrange for appropriate medical assistance to be available when the airplane lands and will notify state and local health departments and the appropriate CDC officials. Quarantine officials will work with the airline and local and state health departments to assist with medical transportation of the patient upon arrival, disease control and containment measures, passenger and crew notification and surveillance activities, and airline disinfection procedures.
- If a person on an international or domestic flight is ill with what is believed is to be swine flu illness, crew members should immediately contact the nearest U.S. [Quarantine Station](#) and Emergency Medical Services (EMS) at the destination airport. Quarantine station staff will assist with the situation.
- The flight deck crew should ensure that the aircraft air conditioning/ventilation system stay on until all passengers and crew have disembarked in order to maximize continued removal of virus particles from the cabin air.

Management of Crew Exposure After Flight Completed

Flight deck and cabin crew members and ground personnel who may have been exposed to a passenger or worker suspected of having influenza should monitor their health for 7 days after the exposure. If they become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea they should immediately take the following steps:

- Stay home except to seek medical care; do not report to work.
- Notify their employer.
- Contact their occupational health service or personal physician.
- Inform the occupational health service, clinic, or emergency room before visiting about the possible exposure to influenza.
- Do not travel, unless it is critical to travel locally for health care.
- Limit contact with others as much as possible.
- When not alone or in a public place, wear a facemask to reduce the number of droplets coughed or sneezed into the air.
- If traveling away from home, notify their employer and request assistance in locating a health care provider.
- If illness onset occurs while outside the United States, the airline's medical consultants or overseas medical assistance companies should be contacted to assist finding an appropriate medical provider in that country.

For More Information

[Interim Guidance for Airline Flight Crews and Persons Meeting Passengers Arriving from Areas With Avian Influenza](#)

[Pandemicflu.gov: Travel Industry Pandemic Influenza Planning Checklist](#)

Interim Guidance to Assist Airline Flight Deck and Cabin Crew in Identifying Passengers Who May Have Novel H1N1 Flu

This document provides interim guidance for domestic and international flights originating from areas affected by novel H1N1 flu and will be updated as needed. <http://www.cdc.gov/h1n1flu/aircrew.htm>

Interim Recommendations:

During the novel H1N1 flu outbreak, extra vigilance is required to identify and report passengers with respiratory symptoms or fever. Any passenger who appears ill, or who reports not feeling well, should be observed or queried for the following signs or symptoms:

- Feeling feverish or temperature greater than 100° F (37.8° C) if measured. For children, feeling warm by parent's report.
- Sore throat
- Cough
- Stuffy or runny nose

Any passengers observed to have or who report having two or more of these symptoms should be reported immediately to the CDC Quarantine Station in the jurisdiction of the airport where the plane is expected to land. (See [the Quarantine Stations information webpage](#).) Flight and cabin crew should follow airline guidelines for preventing spread of infection when interacting with these travelers.

<http://www.cdc.gov/h1n1flu/aircrew.htm>

Interim Novel Influenza A (H1N1) Guidance for Cruise Ships

This document provides interim guidance for crew members and passengers of cruise ships originating from or stopping in ports in areas affected by the new H1N1 influenza virus outbreak. It will be updated as needed.

<http://www.pandemicflu.alaska.gov/>

Ill Crew Members and Passengers

If a crew member or passenger is displaying signs and symptoms of an influenza-like illness prior to the cruise, they should not board the ship. If a passenger or crew member develops influenza-like symptoms en route, they should be medically evaluated and confined to their cabin quarters for the duration of the illness. Ill people should cover their nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of used tissues in the nearest waste receptacle after use. If tolerated they should wear a surgical mask to reduce the number of droplets coughed or sneezed into the air. Hands should be washed after contact with respiratory secretions or contaminated objects or materials.

See the [Interim Guidance on Case Definitions to be Used For Investigations of Swine-Origin Influenza A \(H1N1\) Cases](#) and [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#).

MANAGEMENT OF PASSENGERS OR CREW MEMBERS WITH SYMPTOMS OF INFLUENZA

- Cruise ship personnel should be aware of the possible symptoms of novel influenza A (H1N1) virus including fever, cough, sore throat, body aches, headache, chills, fatigue, and in some cases, diarrhea and vomiting. Visit [CDC's novel H1N1 flu](#) website.
- Minimize the number of personnel directly exposed to the ill person.
- Separate the ill person from others as much as possible (at least 6 feet).
 - Move the sick person to an isolated area such as their cabin quarters. They should remain in their cabins for the duration of their illness.
 - Consider isolating the sick person with a family member or companion if necessary for control, comfort, or compliance. The companion should take appropriate precautions to protect themselves.
- Have the ill person wear a surgical mask in common areas, if it can be tolerated, to reduce the number of droplets coughed or sneezed into the air. Surgical masks should not be reused.
- If a surgical mask can not be tolerated, provide tissues and ask the ill person to cover his or her mouth and nose when coughing or sneezing.
- Wash hands for 20 seconds with soap and warm water before tending to the sick person and after handling garbage, touching commonly touched surfaces, contacting respiratory secretions or tending to the sick person.
- Wash hands before removing a respirator and after removing gloves and a respirator.
- Use waterless, alcohol-based hand gels when soap is not available and hands are not visibly soiled.
- Personnel tending to the ill person or contacting potentially infectious materials should use impermeable, disposable gloves. Gloves are not intended to replace proper hand hygiene. Gloves should be carefully removed and discarded and hands should be cleaned immediately after activities involving contact with body fluids. Gloves should not be washed or reused.
- Personnel having close contact with an ill person ideally should wear a NIOSH-certified particulate respirator, rated N-95 or better, as described previously. Respirators should not be reused.
- Dispose of soiled material, gloves, items contaminated with body fluids, and disposable respirators in a sturdy plastic bag that should be tied shut and not reopened, and disposed of according to state solid waste regulations.

- [Ensure that the cruise ship is adequately cleaned and disinfected by personnel wearing appropriate PPE](#).

If a suspect H1N1 influenza case is identified aboard a ship (see [Interim Guidance on Case Definitions to be Used For Investigations of Swine-Origin Influenza A \(H1N1\) Cases](#)) the captain is required by law to report the illness to the CDC Quarantine Station in the jurisdiction of the U.S. port where the ship is expected to arrive (see [Quarantine Stations](#)).

If the ship will not be arriving imminently at a U.S. port, Quarantine health authorities will assist ship officials with the management and isolation of the suspect case and the recommendations for other passengers and crew members.

When the ship arrives in a U.S. port, Quarantine officials will work with the cruise ship industry and local and state health departments to assist with medical transportation of the patient upon arrival, disease control and containment measures, passenger and crew notification and surveillance activities, communicating with local public health authorities, and cruise ship disinfection procedures.

MANAGEMENT OF CREW FOLLOWING EXPOSURE

Crew members who may have been exposed to a passenger or coworker suspected of having influenza should monitor their health for 7 days after the exposure. If they become ill with influenza-like symptoms, including fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea they should immediately take the following steps:

- Notify their supervisor
- Report to the shipboard dispensary
- Follow the current recommendations for the use of antiviral medications (see [Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A \(H1N1\) Virus Infection and Their Close Contacts](#))
- If the crew member is taken to a health care facility off the ship, inform the facility before visiting about the possible exposure to influenza.
- Limit contact with others as much as possible. When not alone or in a public place, wear a surgical mask to reduce the number of droplets coughed or sneezed into the air.

For More Information

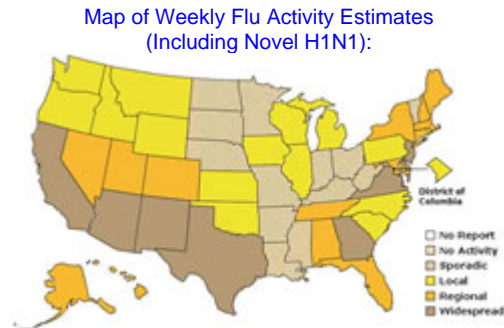
[CDC novel influenza A \(H1N1\) virus](#)
<http://www.cdc.gov/h1n1flu/guidance/cruiseships.htm>
<http://www.pandemicflu.alaska.gov/>

U.S. Human Cases of H1N1 Flu Infection

H1N1 Flu (Swine Flu) <http://www.cdc.gov/h1n1flu/>

Site last updated May 25, 2009, 11:00 AM ET

H1N1 Flu Situation Update



See also [FluView Weekly Surveillance Report](#)

[Full update with state case counts >>](#)
(updated Mon-Fri)

A New Influenza Virus

Novel influenza A (H1N1) is a new flu virus of swine origin that was first detected in April, 2009. The virus is infecting people and is spreading from person-to-person, sparking a growing outbreak of illness in the United States. An increasing number of cases are being reported internationally as well.

It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread; mainly through the coughs and sneezes of people who are sick with the virus.

It's uncertain at this time how severe this novel H1N1 outbreak will be in terms of illness and death compared with other influenza viruses. Because this is a new virus, most people will not have immunity to it, and illness may be more severe and widespread as a result. In addition, currently there is no vaccine to protect against this novel H1N1 virus. CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this new virus in the coming days and weeks.

Novel influenza A (H1N1) activity is now being detected through CDC's [routine influenza surveillance systems](#) and reported weekly in FluView. CDC tracks U.S. influenza activity through multiple systems across five categories. The fact that novel H1N1 activity is now detected through seasonal surveillance systems is an indication that there are higher levels of influenza-like illness in the United States than is normal for this time of year. Most of the influenza viruses being

[Learn More >>](#)

More on the Situation

- [Guidance](#)
- [Reports & Publications](#)
- [Press Briefings](#)
- [Past Updates on the Situation](#)

What You Can Do to Stay Healthy

- **Stay informed.** This website will be updated regularly as information becomes available.
- Influenza is thought to **spread mainly person-to-person** through coughing or sneezing of infected people.
- **Take everyday actions to stay healthy.**
 - Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
 - Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hands cleaners are also effective.
 - Avoid touching your eyes, nose or mouth. Germs spread that way.
 - Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.
- **Follow public health advice** regarding school closures, avoiding crowds and other social distancing measures.
- Find healthy ways to **deal with stress and anxiety.**
- Call 1-800-CDC-INFO for more information.

<http://www.cdc.gov/h1n1flu/>

Related Links

- PandemicFlu.gov
- [FDA: 2009 H1N1 \(Swine\) Flu Virus](#)
- [FDA: FDA Authorizes Emergency Use of Influenza Medicines, Diagnostic Test in Response to Swine Flu Outbreak in Humans](#)
- [GenBank Influenza Virus Resource \(swine influenza A \[H1N1\] sequences\)](#)
- [WHO: Reducing excess mortality from common illnesses during severe pandemic](#)
- [WHO: Pandemic flu preparedness & mitigation in refugee & displaced populations](#)
- [WHO: Influenza-Like Illness in U.S. & Mexico](#)
- [WHO: Protocol for antiviral susceptibility testing by pyrosequencing](#)
- [WHO: Sequencing primers & protocol](#)
- [WHO: CDC protocol of realtime RTPCR for swine influenza A\(H1N1\)](#)
- [WHO: Additional Guidance](#)

CDC HAN Info Service Message: NEW and UPDATED Interim CDC Guidance Documents on H1N1 Flu <http://www.cdc.gov/h1n1flu/HAN/051109.htm>

Distributed via the HAN Info Service

May 11, 2009, 20:00 EDT (8:00 PM ED)

HANINFO-0291-05-11-09-N

NOTE: This document is provided for historical purposes only and may not provide our most accurate and up-to-date information. The most current information can be found on the [Home Page](#).

The Centers for Disease Control and Prevention continues its response to the novel H1N1 Flu outbreak. As of May 11, 2,600 human infections with novel H1N1 flu have been confirmed in 43 states and the District of Columbia. There have been three confirmed deaths in the U.S. associated with the novel H1N1 virus to date. CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this new virus in the coming days and weeks because the population has little to no immunity against it.

CDC's goals continue to be to reduce transmission and illness severity and provide information to assist health care providers, public health officials and the public. To this end, CDC continues to develop and update interim guidance documents.

New Postings:

[Interim CDC Guidance for Public Gatherings in Response to Human Infections with Novel Influenza A \(H1N1\)](#)

This document provides *interim* guidance for state, local, territorial, and tribal officials to use in developing recommendations for large public gatherings in their communities, such as graduation ceremonies.

[FluView Surveillance Report: 2008-2009 Influenza Season, Week 17 ending May 2, 2009](#)

This is a weekly surveillance report covering week 17 of 2009 (week ending May 2, 2009).

[Interim CDC Guidance for Institutions of Higher Education and Post-secondary Educational Institutions in Response to Human Infections with Novel Influenza A \(H1N1\) Virus](#)

This document provides *interim* guidance specific for institutions of higher education during the outbreak of novel influenza A (H1N1) virus on suggested means to reduce the spread of influenza in their communities.

[New Audio Public Service Announcement \(PSA\) for Kids](#)

This is downloadable audio and text of a 30-second public service announcement about behaviors that can limit the spread of illness.

[Audio and Transcript for CDC Press Briefing](#)

This link provides access to transcripts of the most recent CDC press briefings regarding novel H1N1 Flu.

[Interim Guidance for Clinicians on the Prevention and Treatment of Novel Influenza A \(H1N1\) Influenza Virus Infection in Infants and Young Children](#)

This document provides interim guidance for clinicians who are caring for young children with novel influenza A (H1N1) virus infection.

[Interim Additional Guidance for Infection Control for Care of Patients with Confirmed, Probable, or Suspected Novel Influenza A \(H1N1\) Virus Infection in Outpatient Hemodialysis Settings](#)

This information is provided to clarify novel influenza A (H1N1) virus infection control recommendations that are specific to outpatient hemodialysis centers. This information

complements, but does not replace the general infection control recommendations for novel influenza A (H1N1) at [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#).

Additional documents for health care providers, public health officials and the public are available on www.cdc.gov. Information for the public is posted daily in both English and Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

This Message was distributed to State and Local Health Officers, Public Information Officers, Laboratory Directors, Weapons of Mass Destruction Coordinators, Epidemiologists and HAN Coordinators as well as Association and Clinician organizations

The HAN Info Service is utilized by the CDC's Health Alert Network to distribute general correspondence from CDC which is not necessarily considered to be of an emergent nature. <http://www.cdc.gov/h1n1flu/HAN/051109.htm>

Updated Information

H1N1 Flu (Swine Flu) and You

This document has changed to reflect the new name for the illness.

Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A (H1N1) Virus Infection

This document has changed as more ill persons have been identified and more epidemiologic and clinical information has been gathered. CDC recommends that testing be prioritized for those with severe respiratory illness and those at highest risk of complications from influenza, as reflected in this document.

Additional documents for health care providers, public health officials and the public are available on www.cdc.gov. Information for the public is posted daily in both English and Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

Listed below are links for recommendations and guidance from the State of Alaska, Center for Disease Control and Prevention (CDC), National EMS Management Association (NEMSMA), EMS.gov, and World Health Organization (WHO).

State of Alaska's Multi-Agency Website

<http://www.pandemicflu.alaska.gov/>

**State of Alaska Epidemiology
Swine Flu Information**

<http://www.epi.hss.state.ak.us/id/influenza/swineflu.htm>

<http://www.epi.hss.state.ak.us/id/influenza/SwineFluGuidanceAKHealthCareProviders.pdf>

Preparing Tribal Nations to Receive Strategic National Stockpile Assets

http://www.cdc.gov/h1n1flu/pdf/preparing_tribal_national_stockpile.pdf

Interim Guidance for Cleaning Emergency Medical Service (EMS) Transport Vehicles during an Influenza Pandemic

<http://www.nemsma.org/LinkClick.aspx?fileticket=HRdJxb2l6vA%3d&tabid=80&mid=446>

EMS.gov

<http://www.ems.gov/>

World Health Organization

http://www.who.int/csr/disease/swineflu/guidance/healthcare_management/en/index.html

Epidemic and Pandemic Alert and Response (EPR)

Situation Updates – Influenza A (H1N1)

<http://www.who.int/csr/disease/swineflu/updates/en/index.html>

Guidance for health professionals

http://www.who.int/csr/disease/swineflu/guidance/health_professionals/en/index.html

Center for Disease Control and Prevention

http://www.cdc.gov/h1n1flu/guidance_ems.htm

<http://www.cdc.gov/h1n1flu/masks.htm>

PandemicFlu.gov

http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html

http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html

http://www.pandemicflu.gov/travel/cleaning_aircraft.html

What's New on the H1N1 Flu Site

<http://www.cdc.gov/h1n1flu/whatsnew.htm>