

Section 5: Clinical Guidelines

- I. Overview**
- II. Objectives**
- III. Clinical Guidelines for the Interpandemic and Pandemic Alert Periods**
- IV. Clinical Guidelines for the Pandemic Period**
- V. Activities by Pandemic Period**

Section 5: Clinical Guidelines

I. Overview

The NYSDOH Pandemic Flu Plan, Section 5, provides detailed guidance for clinicians and covers all phases of Pandemic Flu. It will serve as an invaluable reference tool for Broome County Health Department (BCHD) planning and during an event. The BCHD Pandemic Flu Plan concentrates on the response mechanisms and clinical procedures needed to abate the transmission and consequent sequelae of a local or regional outbreak.

In the event of a local outbreak with confirmed person-to-person transmission of a novel influenza A virus strain, the BCHD will

- Serve as an informational resource for other health care providers and community
- Assess resources (diagnostics, antiviral drugs, vaccine, hospital beds, shelter availability, isolation and quarantine accommodations)
- Ensure early detection of the virus
- Provide guidance and support for clinical management of supportive care and influenza-related complications.

II. Objectives

- Ensure the availability of current information to aid in education of clinicians and diagnosis of novel influenza viruses.
- Provide guidance on the clinical management of suspect and confirmed novel influenza virus cases.
- Facilitate laboratory testing of specimens on suspect and confirmed novel influenza cases.
- Provide consultation on atypical presentations of disease and follow up on possible drug resistant strains of virus.

III. Clinical Guidelines for the Interpandemic and Pandemic Alert Periods

During the Interpandemic and Pandemic Alert Periods, the primary goal of rapid detection is to quickly identify and contain cases of novel influenza.

The Broome County Health Department will ensure early detection of an outbreak through prompt and systematic collection and interpretation of timely patient-based and healthcare utilization data. The first opportunity for the detection of pandemic flu may not occur until individuals present to their healthcare providers. Detection of the flu virus requires heightened awareness among health care providers of the illness patterns and diagnostic clues that may indicate a novel flu. Active surveillance systems for unusual illnesses or clusters may play a critical role in the prompt detection of the presence of pandemic flu.

Section 5: Clinical Guidelines

The Broome County Health Department will:

- Institute an infectious disease surveillance and monitoring system;
- Receive data from and participate in the emergency department unusual disease/cluster of illness surveillance program (See Section III of the BCHD EOP);
- Notify New York State Department of Health regional epidemiologist; and
- Notify County Office of Emergency Services in the event there is an unusual disease/cluster of illness outbreak in the county. (See Section III.H. Notification Procedures for Apparent Incidents or Threats of Bioterrorism).

All hospitals shall report cases to the BCHD communicable disease nurse and submit appropriate samples to the State Lab for analysis. Hospitals have developed policies and procedures for reporting case statistics to the Broome County Health Department and on the HPN. Local Office of Emergency Services shall coordinate local resources in response to the pandemic.

A. Criteria for evaluation of patients with possible novel influenza

1. Clinical criteria

Any suspected cases of human infection with a novel influenza virus must first meet the clinical criteria:

- Severe illness: hospitalized with severe ILI, including pneumonia or ARDS
- Mild to moderate illness:
 - Fever (temperature $>38^{\circ}$ C or 100.4° F) and
 - Either sore throat, cough, or dyspnea

2. Epidemiologic criteria

Epidemiologic criteria for evaluation of patients with possible novel influenza focus on the risk of exposure to a novel influenza virus with pandemic potential. Although the incubation period for seasonal influenza ranges from 1 to 4 days, the incubation periods for novel types of influenza are currently unknown and might be longer. **Therefore, the maximum interval between potential exposure and symptom onset is set conservatively at 10 days.**

Exposure risks—Exposure risks fall into two categories: travel and occupational.

- **Travel risks**

Persons have a travel risk if they have:

- 1) Recently visited or lived in an area affected by highly pathogenic avian influenza A outbreaks in domestic poultry or where a human case of novel influenza has been confirmed,
- 2) Had direct contact with poultry, or
- 3) Had close contact with a person with confirmed or suspected novel influenza. Updated listings of areas affected by avian influenza A (H5N1) and other current/recent novel strains are provided on the websites of the OIE (http://www.oie.int/eng/en_index.htm), WHO (www.who.int/en/), and CDC (www.cdc.gov/flu/).
- 4) Other risks to be determined

Section 5: Clinical Guidelines

BCHD Contact Identification and Tracing: All personnel designated for case interviews or contact-tracing activities must receive appropriate prophylaxis/personal protective measures prior to initiating their first face-to-face interview with a suspect, probable or confirmed case or contact tracing activities.

Objective:

Conduct epidemiological investigations to characterize and track the public health emergency.

The BCHD communicable disease nurses will coordinate CD teams and overall onsite contact identification, tracing, vaccination assurance and surveillance activities.

Personnel designated for contact identification and determination of case travel history include staff registered nurses, public health nurses, nurse practitioners and others trained for this activity. Staff and MRC volunteers will also be assigned for tracing, interviewing, and arranging vaccination /prophylaxis and surveillance of contacts.

Using the forms in Appendix 26 of the BCHD EOP, staff will interview each suspected, probable, or confirmed case to get detailed name and contact information (where known) for all persons with whom case had face-to-face contact since period of contagion.

The interviewer will obtain as much locating information as possible (e.g., names, addresses, and telephone numbers) for every person with whom the case had known face-to-face contact following the period of contagion. The case will be questioned as to what they did and who they saw each day; beginning with the day of infectiousness.

Detailed information will be sought about places visited since onset of symptoms to determine sites where unknown persons are likely to be exposed to an infectious case. These include:

- doctor's offices, hospital emergency departments, health clinics;
- work and school locations;
- regular activities; and
- occasional activities.

Interview will be conducted with the patient's family and other close contacts.

If only contacts in one state are involved, all information obtained will be given to the personnel responsible for tracing, interviewing, and surveillance of contacts within the state. The names of the contacts and household members of contacts will be provided to personnel or clinics responsible for completing contact information (name, address, phone number, etc) and prophylaxis of contacts. If out-of-state contacts or places of travel are identified, the information will be given to the NYSDOH and CDC via the HIN/HPN/HAN.

Once all contacts are listed, they will be prioritized for prophylaxis based on transmission factors for the particular virus identified.

Section 5: Clinical Guidelines

The Broome County Health Department communicable disease public health nurse will be designated by the state medical officer or federal health authorities to coordinate tracing, interviewing, arranging for vaccination and the surveillance of contacts. The following staff within BCHD could be utilized as needed:

- Professional clinic staff;
- Public health educators;
- Public health representatives;
- Program specialists;
- Medical assistants;
- Medical Reserve Corp. staff;
- Sanitarians;
- Reception staff (may be trained if necessary due to extremely high volume);
- NYSDOH and CDC staff
- Additional personnel will be provided from state resources as needed.

Personnel assigned to trace contacts will receive names and any known address, telephone numbers(s) or other locating information for these contacts from case investigation personnel. The number of contacts for each case may require a very large number of personnel be identified, trained and available for contact tracing and follow-up activities. Please see BCHD EOP Section III and the following Appendices.

Appendix 26 – Communicable Disease Intake Log

Appendix 27 – Communicable Disease Contact Worksheet (Form)

Appendix 28 – Summary of Outbreak Case Histories (Form)

- BCHD has established seven Blast Fax Alert Group lists to enable quick faxing capacity. These Blast Fax Group Lists have been programmed into all four large Divisional Fax Machines to allow for simultaneous operations. Two staff members have been trained and drilled on operation of each fax machine. The group lists include:
 1. Priority Media outlets (3 major video outlets, one major print venue, one AM/FM Radio News Outlet) to ensure immediate broadcast of information to the public;
 2. General Media, includes various public relation offices of local institutions, weekly town/regional newspapers, organizational newsletters, cable access channel, and Provider supported telephone referral Response Lines;
 3. City and Town Clerks;
 4. School Administrators including emergency contact system;
 5. Medical Facilities, includes all hospital administrative offices, ambulatory care managers, and infection control officers as well as large unaffiliated Provider group offices, the local Medical Society, and Higher Educational Institutions;
 6. Residential Care Facilities and Adult Homes; and
 7. Hospital Laboratories and Emergency Rooms.

In this situation, Group Lists 5, 6, & 7 will be sent material including case definition and contact arrangements.

