

<b>Section:</b> UTMB On-line Documentation	<b>01.17 - Policy</b>
<b>Subject:</b> Infection Control & Healthcare Epidemiology Policies and Procedures	<b>Revised: 03.28.22</b>
<b>Topic:</b> 01.17 – Prevention and Control of Influenza	<b>1980 – Author</b>

## 01.17 - Prevention and Control of Influenza

**Purpose** To describe methods of preventing transmission of influenza in UTMB healthcare facilities.

**Applicability** All healthcare workers and students in UTMB hospitals and clinics.

**Policy** Key control measures include use of respiratory hygiene/cough etiquette measures, isolation precautions, vaccination of personnel, work restrictions for personnel with influenza, and visitor control measures as needed.

- I. Respiratory hygiene/cough etiquette (“cover the cough”)
  - A. Post alerts in healthcare buildings instructing patients to report symptoms of influenza-like illness (ILI) and cover their cough.
  - B. Staff will provide instructions for coughing patients in ambulatory settings:
    1. Provide an isolation, procedure or surgical mask to cover the cough.
    2. Tissues to clear secretions as needed, with instructions to dispose of tissue and clean hands.
  - C. Febrile patients with a cough will be moved from the waiting room to an exam room as quickly as possible.
- II. Droplet precautions
  - A. Droplet precautions will be implemented for patients suspected of having influenza until testing is completed.
    1. For inpatients, an isolation order will be entered into EPIC. A procedure or surgical mask is worn to enter the patient’s room. It is not necessary to use an N95 respirator.
    2. No special ventilation requirements are necessary. Any private room is acceptable.
  - B. If influenza or other respiratory infections requiring droplet precautions are ruled out, droplet precautions may be discontinued.
  - C. For patients testing positive for influenza, precautions will continue for 7 days after onset of symptoms (longer for immunocompromised patients).
- III. Vaccination of personnel
  - A. UTMB follows state requirements for vaccination of healthcare workers, outlined in IHOP 03.07.07. Healthcare workers are employees who provide direct patient care, enter a patient’s room, or meet patients face-to-face within six feet in the course of their duties
    1. Although vaccine is not 100% effective, it is the best means to prevent infection and serious complications of influenza, to prevent transmission from healthcare workers to patients, and to minimize absenteeism.
    2. All UTMB employees are offered vaccine free of charge through Employee Health. Only those employees defined as healthcare workers are required to be vaccinated or offer a written declination.
      - a. In accordance with state law, healthcare workers may decline on the basis that the vaccine is medically contraindicated or as a matter of

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conscience.

- b. Healthcare workers who decline influenza vaccine will be required to wear a surgical mask while working in patient care spaces during the influenza season (areas where patient contact would be likely, such as inpatient rooms, nursing unit corridors or nursing stations, clinic exam/procedure rooms. The rationale is that unvaccinated healthcare workers are more likely to become infected and would be infectious to others a day before symptoms appear.
  - c. A healthcare worker who is immunized outside of UTMB will be considered compliant if they submit proof of vaccination to Employee Health.
  - d. Healthcare workers who have been vaccinated with influenza vaccine will be given a button, sticker or some other form of identification to wear that provides visual, public verification of their vaccination status. Healthcare workers not wearing their influenza identifier and not wearing a surgical mask during the specified period may be referred to their supervisor.
- B. Employees  $\geq$  65 years of age will be offered the high dose licensed influenza vaccine. If they decline the high dose vaccine, they will be offered the standard influenza vaccine.

IV. Work restrictions for healthcare workers with influenza: Healthcare workers who contract influenza may not work until afebrile for 24 hours without the use of fever-reducing medication. Treatment with antiviral medication is recommended to reduce the duration of illness and shedding of the virus. Up on return to work, until nasal congestion or cough have resolved, facemask will be used during encounter with patients and other healthcare workers.

V. Visitation during flu season

- A. Visitors will be notified via notices in public areas that those who have flu-like illness shall not visit until symptoms have resolved.
- B. Visitors to areas housing patients who are at risk of complications from influenza will be screened at each clinical unit by asking if they are experiencing symptoms of influenza such as fever with cough and sore throat.
- C. Additional restrictions may apply depending on local incidence and severity of disease. These may include, but are not limited to, the age of the visitor and number of visitors who may visit at one time.

## References

1. CDC. Prevention and Control of Seasonal Influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2017-18 Influenza Season. MMWR Aug 25, 2017; 66(2);1-20.
2. CDC (2019) Information for Health Professionals. <https://www.cdc.gov/flu/professionals/index.htm>
3. CDC (2019) Guidance for the Prevention and Control of Influenza in the Peri and Postpartum Settings, <https://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>
4. ACOG (2018). Assessment and Treatment of Pregnant Women with Suspected or Confirmed Influenza <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/assessment-and-treatment-of->

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[pregnant-women-with-suspected-or-confirmed-influenza](#)

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## Appendix: Newborns and Mothers

### Isolation Policy for Newborn Infants Whose Mothers and Family Members Have Confirmed, Probable or Suspected Flu

#### Mother with Flu Delivers a Newborn Infant

**Droplet Precautions** should be initiated for all pregnant women in labor or post-partum period with flu-like symptoms. (fever, cough sore throat, muscle or body aches, headache, runny or stuffy nose and fatigue) Test all mothers with flu-like symptoms with Influenza test (PCR is preferred). Begin antiviral medications while waiting for test results. **Locations with antigen testing alone should follow precautions until a negative PCR can be obtained.**

If mother's confirmatory flu PCR test is negative, isolation and treatment may be discontinued.

For all Flu PCR positive mothers, their Infants shall remain in nursery, separate from mother, until mother has met below conditions.

#### Visitation Policy of Newborn Infant for Mothers and Family Members Who Have Confirmed, Probable or Suspected Flu

**Mothers** who have the flu shall avoid close contact with her infant until the following conditions have been met:

- Has received antiviral medications for 48 hours

- Fever has fully resolved without the use of fever reducing medication like Tylenol for 24 hours

- She can control coughs and secretions

**Visitors** or alternative care givers with flu-like illness shall not be allowed to visit the newborn infant.

If rooming-in of infant with mother is unavoidable due to special circumstances, keep newborn  $\geq 6$  feet away from mother using engineering controls like physical barriers (e.g., a curtain between mother and newborn) and ensure that an alternate, healthy caregiver is present to care for the newborn. Mother shall wear facemask at all times when in contact with the newborn.

As soon as all above conditions are met, the mother may care for the newborn infant in nursery by adhering to the following procedures:

- Change to a clean gown or clothing before leaving her room

- Wear a facemask to leave her room

- Wash her hands

Once inside the nursery:

- Wash her hands

- Put on gown and gloves

- Put on facemask

#### Feeding Policy of Newborn Infant for Mothers Who Have Confirmed, Probable or Suspected Flu

Mothers with influenza-like-illness should be encouraged and assisted to express milk, until she meets the above requirements for contact with her baby. Prior to that time, all feedings should be provided by a healthy caregiver if possible. (Nursery staff or alternative caregiver designated by mother of the baby).