

Interim Guidance for Personal Protection for Department of Homeland Security Personnel Working in Areas of Documented Swine Influenza A (H1N1)

April 27, 2009

This document provides interim guidance and will be updated as needed. Supervisors in need of guidance should contact the DHS Office of Health Affairs.

BACKGROUND

The swine influenza A (H1N1) virus that has infected humans in the U.S., Mexico, and Canada is a novel influenza A virus that has not previously been identified in North America. Not all details are known at this time, but CDC and HHS are currently investigating and taking appropriate actions to ensure the protection of port-based staff who may encounter ill individuals. Illness signs and symptoms have consisted of influenza-like illness — fever and respiratory tract illness (cough, sore throat, runny nose, pneumonia), headache, muscle aches — and some cases have had vomiting and diarrhea. Investigations of these cases suggest that on-going human-to-human swine influenza A (H1N1) virus is occurring. Travelers from Mexico may be at particularly increased risk for being ill.

INTERIM RECOMMENDATIONS

DHS should reinforce the following for all DHS employees operating on the borders or in areas of documented Swine Flu:

Passive surveillance protocols that are currently in place for ill travelers or border crossers should be maintained. If a DHS employee on the border or elsewhere encounters someone who appears unwell, especially if that person reports a fever or has a cough, please separate him or her from others and notify the CDC Quarantine Station of jurisdiction. If available, ill individuals should be placed in a private room with the door closed, or separated from others by at least 6 feet.

All DHS employees should maintain a minimum of 6 feet distance from the suspected ill individual. Ideally, separation with a glass, acrylic, plexiglass, or similar barrier creating a separate airspace is preferable to constant use of personal protective equipment. If closer contact is needed, DHS employees should don a fit-tested disposable N-95 respirator. Disposable respirators should not be reused; once removed they should be discarded. However it is reasonable to wear a respirator continuously if in close contact with large numbers of travelers until the mask becomes moist or soiled, according to the manufacturer's instructions. If the mask becomes moist or soiled it should be replaced. Disposable non-sterile gloves should be worn if any contact with respiratory secretions is expected. Hands should be washed with soap and water or cleaned with a hand sanitizer gel immediately after removing gloves.

Ill travelers should be provided a surgical mask to wear. Travelers and staff should also be encouraged to clean hands frequently and follow respiratory hygiene practices.

ANTIVIRAL MEDICINES

This virus is resistant to the antiviral medications amantadine and rimantadine, but is sensitive to oseltamivir (Tamiflu) and zanamivir (Relenza). Antiviral prophylaxis is not recommended at this time, but should be prepared and available in case further recommendations are implemented. Please stand by for further recommendations.

It is not currently known whether prior vaccination for seasonal influenza confers immunity to swine influenza A (H1N1).

ADDITIONAL INFORMATION

CDC and HHS are actively monitoring this situation and further recommendations and guidance will be forthcoming. DHS is working closely across the government interagency to ensure employees receive the most updated information.

The following document may offer useful guidance on cleaning transit stations if travelers with suspected influenza have been encountered:

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