



New Hampshire Department of Health and Human Services

H1N1 (Swine) Influenza Frequently Asked Questions

Clinical Guidance for Dental Healthcare

Introduction

The Centers for Disease Control and Prevention provides important and up-to-date information to the public and healthcare providers on the recent outbreak of H1N1 (swine) influenza in humans. Interim CDC Guidance for all healthcare providers can be found at <http://www.cdc.gov/swineflu/>. The site is updated on a regular basis and includes information regarding case identification, infection control measures, and other topics that may be pertinent to dental healthcare providers. In addition, the American Dental Association (ADA) website provides information specifically for dental healthcare workers at http://www.ada.org/prof/resources/topics/swine_flu.asp. This interim document is designed to address FAQ about H1N1 influenza prevention specifically in the dental healthcare setting.

Prevention of Disease Transmission in the Dental Healthcare Setting

Patients with a flu-like illness may come for dental treatment at outpatient dental settings. The primary infection control goal is to prevent transmission of disease, which happens with close contact (within 6 feet of the ill patient). Early detection of a suspected case and prompt isolation will reduce the risk of transmission.

What is the best way to prevent transmission of H1N1 flu in my clinic?

- Patients and dental healthcare providers should be vigilant about practicing
 - Hand hygiene (e.g., hand washing with non-antimicrobial soap and water, $\geq 60\%$ alcohol-based hand rub, or antiseptic hand wash) especially after having contact with respiratory secretions and contaminated objects/materials)
 - Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
 - Avoiding touching one's eyes, nose, or mouth.

- Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management of H1N1 influenza. More information can be found at http://www.cdc.gov/ncidod/dhqp/gl_environmental.html.

- When reminder calls are made to patients to confirm their appointment, the receptionist should suggest the patient to re-schedule if he/she has respiratory symptoms.

What are the symptoms of H1N1 influenza?

- Recent onset of fever ($\geq 100^{\circ}\text{F}$)
- Runny/stuffy nose
- Sore throat
- Cough
- Body/ muscle aches
- Vomiting/diarrhea

What to do if a patient arrives for routine treatment and has flu-like symptoms?

- When patients arrive to the clinic, the front desk personal should inquire whether they have flu-like symptoms and advise them to re-schedule if they do.
- All routine/elective treatment should be deferred for 7 days or until the patient is asymptomatic (whichever is longer).

What to do if a patient arrives for urgent care and has flu-like symptoms?

- Front desk personal should identify the patient as ill and direct the patient away from the public waiting area to a private room with a door that can be kept closed. If the patient needs to leave that room, they should wear a surgical mask.
- During procedures, the dentist will use the standard precautions (disposable surgical facemask, gloves, protective eyewear, face shield and protective clothing-gowns & jackets as recommended in the CDC general guidelines for infection control in the dental healthcare setting (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>).
- If the patient has been diagnosed with H1N1 influenza the treatment should be handled in a facility (e.g., hospital with dental care capabilities) that provides airborne infection isolation (i.e., room with negative pressure air handling with 6-12 air changes per hour). Personnel providing direct care to that patient should wear a fit-tested disposable N95 respirator when entering the patient room and during the dental procedure. Information on respiratory protection programs and fit test procedures can be accessed at www.osha.gov/SLTC/etools/respiratory.

What to do if a patient I have treated was later diagnosed with H1N1 influenza?

- The infectious period for H1N1 influenza is one day prior and for seven days after symptom onset. If a dentist had close contact (<6 feet) with a potentially infectious patient and did not use standard precautions, chemoprophylaxis is recommended

(<http://cdc.gov/h1n1flu/recommendations.htm>). If the contact occurred more than 7 days earlier, then prophylaxis is not necessary.

What to do if staff report to work with a flu-like illness?

- Staff should be educated to monitor their own health, and if they have acute febrile respiratory illness symptoms they should stay in home isolation until 24 hours after major symptoms (fever, runny nose) have resolved, in consultation with a health care provider OR seek appropriate medical care. If a staff member becomes sick at work they should be advised to promptly report this to their supervisor and start home isolation until 24 hours after major symptoms (fever, runny nose) have resolved, in consultation with a health care provider OR seek appropriate medical care.
- All symptomatic healthcare providers should be tested for H1N1 influenza. If a healthcare worker is diagnosed with H1N1 influenza, they should not work for 7 days from onset of symptoms or until 24 hours after symptoms resolve whichever is longer.

For any questions regarding the contents of this message, please contact NH DHHS Communicable Disease Control and Surveillance Section at 603-271-4496 (after hours 1-800-852-3345 ext.5300).