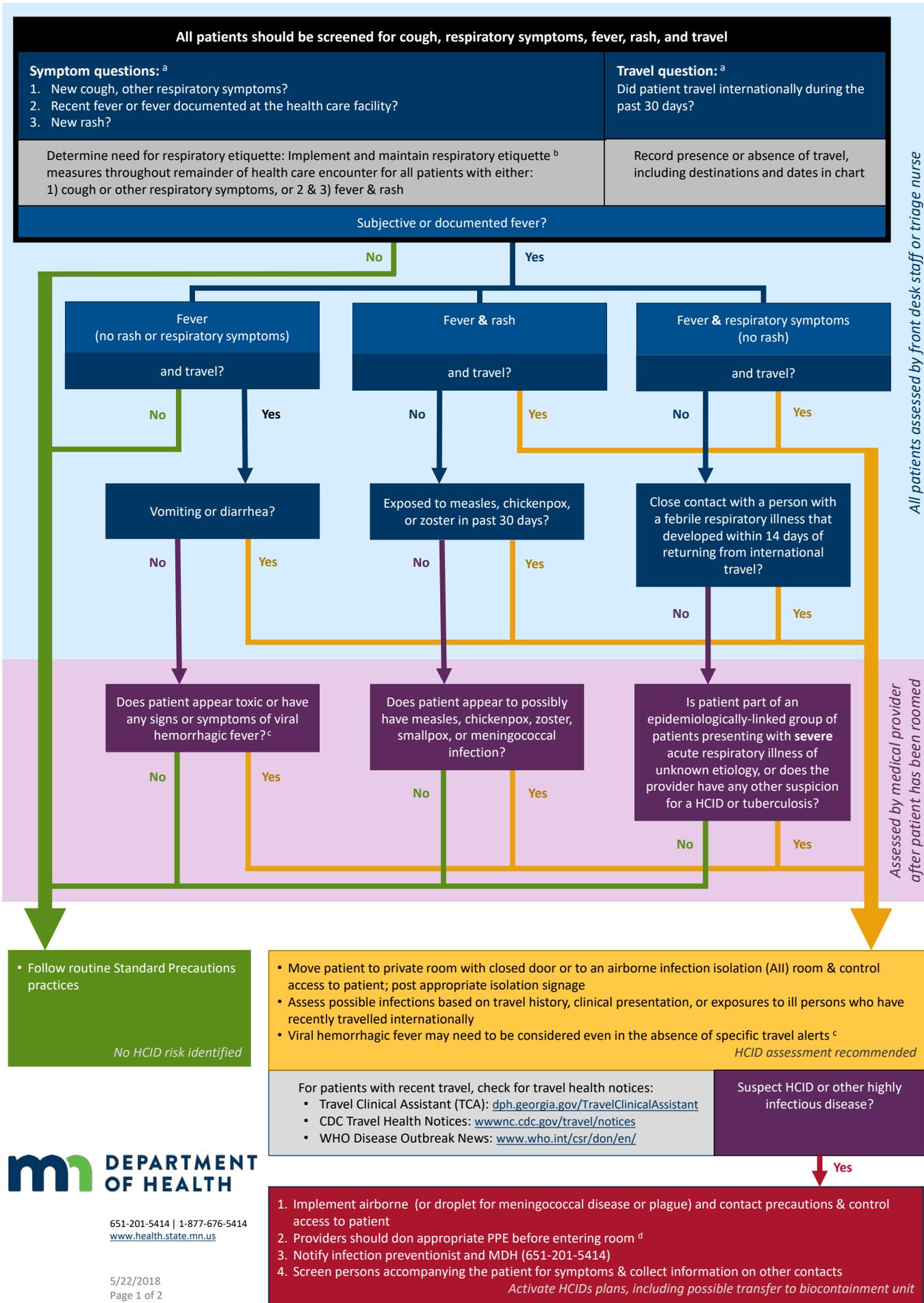


High Consequence Infectious Disease (HCID) Screening Guidance



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Implementation of this screening guidance may vary based on site-specific considerations.

- a Recent fever, fever documented at the health care facility, new rash, and international travel in the last 30 days should be ascertained as early in the patient encounter as possible; if possible, before arrival for patients making appointments by phone.**
- b Health care facilities should implement year round respiratory etiquette measures for all patients presenting with cough, other signs of respiratory infection, fever and rash, or skin lesions.**
- Measures include the following:
 - 1) Have patient wear face mask (and replace damp or soiled masks).
 - 2) Provide easy access to hand hygiene supplies in patient waiting areas.
 - 3) Provide space and encourage patients to sit as far away from others as possible.
 - 4) Room patients as soon as possible for evaluation.
 - 5) Display respiratory etiquette signs at entry and waiting points.
 - 6) Droplet precautions may be instituted pending determination if airborne precautions are needed.
- c Viral hemorrhagic fever (VHF) considerations.**
- Travel to any location:
 - VHF should be considered among patients presenting with fever, severe myalgia, or extreme exhaustion in combination with evidence of coagulopathy (e.g., petechial rash, ecchymoses, overt bleeding) and gastrointestinal complaints (abdominal pain, vomiting, or diarrhea), especially following travel to South America, Africa, the Middle East, Mediterranean areas, or Asia.
 - Travel to Guinea, Liberia, or Sierra Leone:
 - Current U.S. Centers for Disease Control and Prevention (CDC) guidance indicates to only test persons with any signs or symptoms of Ebola virus disease (EVD) who visited Guinea, Liberia, or Sierra Leone in the past 21 days if any of the following high risk Ebola virus exposures are present:
 - 1) Contact with blood or bodily fluids of acutely ill persons with suspected or confirmed EVD, such as providing care in a home or health care setting.
 - 2) Participation in funeral rituals, including preparation of bodies for burial or touching a corpse at a traditional burial ceremony.
 - 3) Working in a laboratory where human specimens are handled.
 - 4) Handling wild animals or carcasses that may be infected with Ebola virus (primates, fruit bats, duikers).
 - 5) Contact with the semen from a man who has recovered from Ebola virus disease (for example, oral, vaginal, or anal sex).
- d Only assign providers who have been trained in the use of appropriate Personal Protective Equipment (PPE) to the care of the patient.**
- Appropriate precautions and PPE for particular suspected infections include the following:
- Standard precautions:
 - All patients.
 - Droplet precautions:
 - PPE consists of simple face mask. Example pathogens include pertussis, influenza, meningococcal infection, and pneumonic plague in the absence of aerosol-generating procedures.
 - Airborne precautions:
 - PPE consists of fit-tested N-95 face mask or Powered Air Purifying Respirator (PAPR). Example pathogens include measles, tuberculosis, and pneumonic plague if aerosol-generating procedures are required.
 - Contact precautions:
 - PPE consists of gown and gloves. Example pathogens include MRSA, *clostridium difficile*, and other multidrug resistant organisms.
 - Airborne and contact precautions:
 - Example infections include chickenpox and disseminated zoster.
 - Level 1 Full Barrier HCID precautions:
 - PPE for "dry" HCIDs includes fit-tested N-95 respirator or PAPR, gloves (double gloves for suspected VHF), gown (American National Standards Institute [ANSI]/ Association for the Advancement of Medical Instrumentation [AAMI] level 3), hair cover, face shield, and booties. Example pathogens include Middle East Respiratory Syndrome [MERS], Severe Acute Respiratory Syndrome (SARS), smallpox, monkeypox, and dry viral hemorrhagic fever (i.e., no vomiting, diarrhea, bleeding, or need for aerosol-generating procedures including suctioning or intubation).
 - Level 2 Full Barrier HCID precautions:
 - Full barrier PPE for "wet" HCIDs requires complete coverage through use of hood that covers head, neck and face, 3 pairs of gloves, impermeable gown extending to at least mid-calf or a coverall (ANSI/AAMI level 4), high boots, PAPR (or fit-tested N95 respirator), and an apron in some circumstances. Example infections included suspected viral hemorrhagic fever in a patient with bleeding, vomiting, diarrhea, or require intubation, suctioning, or are otherwise clinically unstable.

HCID Definition

Activation of a biocontainment unit in a HCID Assessment or Treatment Center should be considered a for any **confirmed or suspected** symptomatic infection with a pathogen that meets either of the following criteria:

1. Pathogens for which all forms of medical waste (including patient excreta, secretions, blood, tissue, tissue swabs, and specimens in transport media) are classified as Category A infectious substances (UN2814) by the U.S. Department of Transportation;^{a,b}
OR
2. A pathogen with the potential to cause a high mortality rate among otherwise non-critically ill immunocompetent people for which no routine vaccine exists and has one or both of the following characteristics:
 - a. At least some types of direct clinical specimens pose generalized risks to laboratory personnel
 - b. Known risk of secondary airborne spread within health care settings or unknown mode of transmission

^a Does not include pathogens for which only cultures are considered Category A Infectious Substances.

^b For some category A pathogens that cause a wide spectrum of disease for which severe manifestations are rare and have no evidence of person-to-person transmission (e.g., Seoul virus), infection control decisions should be made on a case-by-case basis, and do not absolutely require activation of an HCID Assessment Hospital or Treatment Center.