

Highly Transmissible Infectious Disease Screening Guidance

Screening for High Consequence Infectious Diseases (HCID) (e.g., Ebola, MERS) and other highly transmissible infectious diseases (e.g., measles, tuberculosis)

All patients should be screened for cough, respiratory symptoms, fever, rash, and travel

Symptom questions: ^a

1. New cough or other respiratory symptoms?
2. Reported fever or fever documented at health care facility?
3. New rash?

Travel question: ^a

Did patient travel, either internationally or domestically to area with active outbreak (e.g., measles), during the past 30 days?

For all patients with either cough or other respiratory symptoms OR fever and rash, have patient wear a facemask and room patient as soon as possible. Determine need for respiratory hygiene and cough etiquette ^b throughout remainder of health care encounter.

Record presence or absence of travel, including dates and destinations, in chart

Reported or documented fever?

No

Yes

Fever
(no rash or respiratory symptoms)

Fever & rash

Fever & respiratory symptoms
(no rash)

and travel?

and travel?

and travel?

No

Yes

No

Yes

No

Yes

Vomiting or diarrhea?

Exposed to measles, chickenpox,
or zoster in past 30 days?

Close contact with a person with
a febrile respiratory illness that
developed within 14 days
of returning from travel?

No

Yes

No

Yes

No

Yes

Does patient appear toxic or have
any signs or symptoms of viral
hemorrhagic fever? ^d

Does patient appear to possibly
have measles, chickenpox,
disseminated zoster, smallpox* or
mpox, or meningococcal infection?

Is patient part of an
epidemiologically-linked group of
patients presenting with **severe**
acute respiratory illness of
unknown etiology, or does the
provider have any other suspicion
for a highly transmissible
infectious disease?

No

Yes

No

Yes

No

Yes

*Smallpox no longer occurs naturally, but it is possible that variola virus could be used in a biological attack.

All patients assessed by front desk staff or triage nurse

Assessed by medical provider
after patient has been roomed

**NO HIGHLY TRANSMISSIBLE
INFECTIOUS DISEASE OR HCID RISK
IDENTIFIED**

Follow routine Standard Precautions
practices

ASSESSMENT FOR HIGHLY TRANSMISSIBLE INFECTIOUS DISEASE OR HCID RECOMMENDED

Examples of HCID include viral hemorrhagic fevers (e.g., Ebola), smallpox, and MERS. There is no definitive list as the pathogen may not always be known and novel pathogens may emerge over time.

- Move patient to private room with closed door or to an airborne infection isolation (All) room & control access to patient; post appropriate isolation signage
- Assess possible infections based on travel history, clinical presentation, or exposures to ill persons who have recently travelled internationally ^c
- Viral hemorrhagic fever may need to be considered even in the absence of specific travel alerts ^d

For patients with recent travel, check for travel health notices:

- CDC Travel Health Notices: wwwnc.cdc.gov/travel/notices
- New York State Department of Health Global Health Update Report: <https://globalhealthreports.health.ny.gov> (updated every Friday, includes U.S. outbreaks)
- WHO Disease Outbreak News: www.who.int/emergencies/disease-outbreak-news

**Suspect HCID or other highly
transmissible infectious disease?**

Yes

IN CONSULTATION WITH MINNESOTA DEPARTMENT OF HEALTH, CONSIDER ACTIVATING YOUR HCID PLAN

1. Implement airborne (or droplet for meningococcal disease) and contact precautions & control access to patient
2. Providers should don appropriate PPE before entering room ^e
3. Notify infection preventionist and Minnesota Department of Health as appropriate (651-201-5414)
4. Screen persons accompanying the patient for symptoms & collect information on other contacts

Highly Transmissible Infectious Diseases Screening Guidance

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

a Fever, new cough or other respiratory symptoms, new rash, and travel in the last 30 days should be ascertained as early in the patient encounter as possible and ideally before arrival for patients making appointments by phone.

- Patient should be asked about international travel and domestic travel to an area with an active outbreak of highly transmissible infectious disease (e.g., measles). Refer to [New York State Department of Health: Global Health Update Report \(globalhealthreports.health.ny.gov\)](http://globalhealthreports.health.ny.gov) for information on U.S. outbreaks.

b Health care facilities should implement year-round respiratory hygiene and cough etiquette for all patients presenting with cough or other signs of respiratory infection, or fever and rash.

- Measures include the following:
 - Have patient wear clean facemask.
 - Display respiratory etiquette signs at entry and waiting points.
 - Provide easy access to hand hygiene supplies in patient waiting areas.
 - Provide space and encourage patients to sit as far away from others as possible.
 - Room patients as soon as possible for evaluation.

c Initial screening questions when considering a high consequence infectious disease (HCID).

Examples of HClDs include viral hemorrhagic fevers (VHF, e.g., Ebola), smallpox, and MERS. Refer to HCID Definition below.

There is no definitive list as the pathogen may not always be known and novel pathogens may emerge over time. Screening uses a syndromic-based approach (fever, rash, respiratory symptoms) and travel history.

- Has the patient been in contact with a person who had a suspected or confirmed infection with a HCID or any object contaminated by their body fluids?
- Has the patient been to an area with an active outbreak of a disease caused by a HCID or where a HCID is endemic? If so, has the individual sought health care or worked in or visited a health care facility?
- Has the patient worked in a laboratory that handles special pathogens?

For guidance for obtaining a comprehensive exposure history when assessing a patient with a suspected HCID (including travel history, travel activities, exposures to animals or other possible vectors), please consult [MDH: Clinical Assessment of Patient with Suspected HCID \(www.health.state.mn.us/diseases/hcid/assess.pdf\)](http://www.health.state.mn.us/diseases/hcid/assess.pdf).

Please notify the Infection Prevention and Control Department immediately if evaluating a patient for a suspected HCID.

d Considerations for viral hemorrhagic fevers (VHF).

- VHF should be considered among patients presenting with fever $\geq 100.4F/38C$ AND any additional symptoms, including though not limited to, headache, arthralgias/myalgias, fatigue/exhaustion, evidence of coagulopathy (e.g., petechial rash, ecchymosis, overt bleeding), or gastrointestinal complaints (abdominal pain, vomiting, or diarrhea), following travel to an area that is currently experiencing a VHF outbreak or to areas where VHF is endemic (including certain areas in South America, Africa, the Middle East, Mediterranean areas, or Asia) or following close contact with a sick person who had a suspected or confirmed VHF or any object contaminated with their bodily fluids.
- VHF symptoms can appear anywhere from 2 to 21 days after exposure to the virus.

e Only assign providers who have been trained in the use of appropriate personal protective equipment (PPE) to the care of the patient.

Refer to [CDC Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions \(www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html\)](http://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html) for standard and contact precautions. Appropriate precautions and PPE for High Consequence Infectious Diseases include the following. Refer to [MDH: Infectious Disease Personal Protective Equipment \(PPE\) Grid \(www.health.state.mn.us/diseases/hcid/hcidiso.pdf\)](http://www.health.state.mn.us/diseases/hcid/hcidiso.pdf).

	Droplet Precautions	Airborne Precautions	Airborne & Contact Precautions	HCID Level 1 PPE		HCID Level 2 PPE
Condition/Suspected Infection(s)	e.g., seasonal influenza, pertussis, meningococcal meningitis, pneumonic plague	e.g., measles, tuberculosis	e.g., chickenpox, disseminated zoster, HPAI, mpox	<ul style="list-style-type: none"> • Respiratory diseases (e.g., MERS, SARS-CoV-1) • Smallpox 	<ul style="list-style-type: none"> • PUI for VHF or Nipah who is clinically stable AND does not have vomiting, diarrhea, or bleeding 	<ul style="list-style-type: none"> • Confirmed VHF or Nipah • PUI for VHF or Nipah who is clinically unstable OR has vomiting, diarrhea, or bleeding, OR requires intubation or other invasive procedures or AGPs
Personal Protective Equipment (PPE)	Facemask Note: CDC recommends respirator with AGPs (influenza)	Respirator (fit-tested N95 or higher level) or PAPR	Gown, gloves, respirator (fit-tested N95 or higher level) or PAPR	<ul style="list-style-type: none"> • *Single-use (disposable) fluid-resistant gown – refer to note below • 1 pair gloves that extend past gown cuff • **Fit-tested NIOSH-certified N95 or higher-level respirator with full-face shield or PAPR 	<ul style="list-style-type: none"> • *Single-use (disposable) fluid-resistant gown, ANSI/AAMI Level 3 – refer to note below • 2 pairs gloves that extend past gown cuff • **Fit-tested NIOSH-certified N95 or higher-level respirator with full-face shield or PAPR • Hair cover and booties optional 	<ul style="list-style-type: none"> • Single-use (disposable) impermeable gown extending to mid-calf, ANSI/AAMI PB70 level 4 – refer to note below • 2 pairs of gloves that extend past gown cuff • Fit-tested NIOSH-certified N95 or higher-level respirator with head cover that extends to shoulders and covers neck and full-face shield or PAPR with full-face covering and head-shroud • Impervious boots extending to mid-calf • PPE fully covers skin, clothing, eyes, nose, and mouth; use apron in some circumstances (e.g., patient vomiting or has diarrhea)
AIIR***	When feasible with AGPs (influenza)	Yes	Yes	Yes	Yes	Yes

AAMI – Association for the Advancement of Medical Instrumentation; AGP – Aerosol Generating Procedures, e.g., intubation, suctioning, active resuscitation, AIIR – airborne infection isolation room; ANSI – American National Standards Institute; HCID – high-consequence infectious disease; HPAI – highly pathogenic avian influenza; MERS – Middle East Respiratory Syndrome; NIOSH – National Institute for Occupational Safety and Health; PAPR – powered air purifying respirator; PUI – person under investigation; SARS – Severe acute respiratory syndrome; VHF – viral hemorrhagic fever

*CDC does not recommend a specific gown standard for all suspected or confirmed infections listed in HCID Level 1 PPE. Facilities should strongly consider using a fluid resistant or impermeable gown that has received FDA clearance such as ANSI/AAMI PB70 level 3 or EN 13795 high performance surgical gown. CDC also includes coveralls as an option. For complete list of CDC recommendations regarding specifications for fluid-resistant gowns and coveralls refer to [CDC PPE: Clinically Stable Patients Suspected to have VHF \(www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html\)](http://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-stable-puis.html) and [CDC NIOSH: Selecting Protective Clothing \(www.cdc.gov/niosh/healthcare/protective-clothing/selection.html\)](http://www.cdc.gov/niosh/healthcare/protective-clothing/selection.html).

** Per CDC a facemask can be considered for clinically stable PUIs with suspected VHF who are 1) not exhibiting obvious bleeding, vomiting or diarrhea AND 2) will not require invasive or aerosol-generating procedures.

*** If there are no AIIR and portable negative pressure devices are not available, identify a private, closed-door room that the patient can be placed in while remaining masked. Follow facility policies and procedures and notify Infection Prevention and Control Department.

HCID Definition

While there is no standardized list of high consequence infectious diseases (HClDs) or special pathogens, expert consensus defines these as infectious agents that may be novel or re-emerging, easily transmitted from person-to-person, may have limited or no medical countermeasures (such as an effective vaccine, prophylaxis, or treatment), have a high mortality in otherwise healthy people, require prompt identification and implementation of infection control activities (for example, isolation, special personal protective equipment), and require rapid notification to public health authorities.

Adapted from [The Joint Commission Standards FAQs: High-consequence Infectious Diseases or Special Pathogens - Understanding The Requirements \(IC.07.01.01\) \(www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/standards-faqs/000002503\)](http://www.jointcommission.org/en-us/knowledge-library/support-center/standards-interpretation/standards-faqs/000002503)