



HOME QUARANTINE GUIDANCE FOR CASES AND THEIR HOUSEHOLD CONTACTS

Introduction

Since April 2009, a new strain of influenza A H1N1 virus has spread all over the world and transmitted from human to human. On 11 June 2009, the World Health Organization (WHO) has announced the current influenza pandemic has reached phase 6 to indicate community wide spread in more than one country in more than one of the WHO 6 regions.

Influenza A (H1N1) is a respiratory disease transmitted from person to person. The most common modes of transmission is through the inhalation of respiratory droplets from close contact with an infected person or by self-contamination (hand-to-nose, hand-to-eye or hand-to-mouth) after touching someone's virus-contaminated hands or a virus-contaminated object or surface.

In other words, when infected people cough or sneeze, infected droplets get on their hands, drop onto surfaces, or are dispersed into the air. Another person can breathe in contaminated air, or touch infected hands or surfaces, and be exposed.

WHO considers the overall severity of the pandemic to be moderate based on the available information to date. This assessment reflects that:

- Most people recover from infection without the need for hospitalization or medical care
- Overall course of the disease appears to be similar to levels seen during seasonal influenza periods

Based on the WHO recommendations, the decisions have been taken by the MOH to voluntarily isolate and treat mild cases at their homes. The following guidance highlights important precaution need to be followed by cases and their contacts during the treatment period.

All of the household should be instructed regarding Good Hygiene Practice:

- Use a tissue to cover your mouth and nose when coughing and or sneezing.
- Dispose of the tissue promptly and then wash your hands.
- Wash hands frequently with soap and water, especially after coughing, sneezing and using tissues.
- Avoid touching your mouth, eyes and nose unless you have recently cleaned your hands.



- Use regular household detergent and water to clean surfaces frequently touched by hands.
- An alcohol hand rub / gel, which kills the flu virus within 30 seconds could be used as an alternative for cleaning hands which are visibly clean.

Cases

- Follow the recommended guidance and treatment protocol as per the MOH guidance.
- Get enough sleep, plenty of fluids, and good nutrition
- All cases should be asked to wear a surgical mask whilst in the same room as their carers and household contacts to reduce the risk of transmission until they are asymptomatic.
- If they are unable to wear a mask then individuals living in the same household should be encouraged to wear a surgical mask when in the same room as the individual. MOH will provide surgical masks to households as required.
- All cases should be encouraged to sleep in a separate room (if available) from their carers and household contacts until they are asymptomatic.

Disposal of potentially contaminated waste in the home

Several items of waste may be generated in the homes of cases of influenza A(H1N1), e.g. tissues, masks and cloths used to wipe down contaminated surfaces.

To discard of waste safely requires, the placement of any contaminated items into a plastic bag, sealing the plastic bag by tying the top into a knot and then performing hand hygiene. Placing the waste bag in a second waste bag would add a further but probably unnecessary level of security.

Social distancing measures

Cases:

Voluntary Limitation of Movement, Home-isolation and Self-exclusion from Work of all confirmed cases

It is anticipated that the majority of cases of influenza A(H1N1) would be managed at home.

Cases should be advised that for the duration of their treatment with antiviral medication **and** until symptoms have resolved they should:

- Voluntarily restrict their movements
- Encourage visitors to stay away
- Stay away from work (7-day quarantine leave letter will be provided by the MOH health care facility).



Contacts:

Voluntary Limitation of Movement, Self-isolation and Self-exclusion from Work of all Contacts

Voluntary isolation is not usually necessary for asymptomatic contacts of confirmed or probable cases. However, a local risk assessment should be undertaken for the contacts of all confirmed and probable cases of influenza A (H1N1) to determine whether any special risk exists that may indicate the need for voluntary limitation of movement, voluntary self-isolation and / or self-exclusion from work. Consideration should then be given to: contacts who visit or work with people who are already ill or vulnerable especially those whose immune system is not working properly (e.g. because they are taking therapy for cancer or taking oral steroids).

If they go out they should avoid crowded places and enclosed communal settings such as schools, nurseries, hospitals, care homes, dormitories and social gatherings.

NB:

Patients (and their nominated home carer) managed at home should be informed of the actions they should take in the event of any clinical deterioration, and provided with written instruction about how and whom to contact, both during normal working hours, and out with normal working hours, to facilitate their medical assessment.