

# High Consequence Infectious Disease (HCID) Screening Guidance

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

## Symptom questions: <sup>a</sup>

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

## Travel question: <sup>a</sup>

Did patient travel internationally during the past 30 days?

Determine need for respiratory etiquette: Implement and maintain respiratory etiquette <sup>b</sup> measures throughout remainder of health care encounter for all patients with either:  
1) cough or other respiratory symptoms, or 2 & 3) fever & rash

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

Subjective or documented fever?

No

Yes

All patients assessed by front desk staff or triage nurse

Assessed by medical provider after patient has been roomed

Fever  
(no rash or respiratory symptoms)

and travel?

No

Yes

Vomiting or diarrhea?

No

Yes

Does patient appear toxic or have any signs or symptoms of viral hemorrhagic fever? <sup>c</sup>

No

Yes

Fever & rash

and travel?

No

Yes

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

No

Yes

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

No

Yes

Fever & respiratory symptoms  
(no rash)

and travel?

No

Yes

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

No

Yes

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 HCID or tuberculosis?

No

Yes

- Follow routine Standard Precautions practices

No HCID risk identified

- Move patient to private room with closed door or to an airborne infection isolation (AII) 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
- Viral hemorrhagic fever may need to be considered even in the absence of specific travel alerts <sup>c</sup>

HCID assessment recommended

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

- Travel Clinical Assistant (TCA): [dph.georgia.gov/TravelClinicalAssistant](http://dph.georgia.gov/TravelClinicalAssistant)
- CDC Travel Health Notices: [wwwnc.cdc.gov/travel/notices](http://wwwnc.cdc.gov/travel/notices)
- WHO Disease Outbreak News: [www.who.int/csr/don/en/](http://www.who.int/csr/don/en/)

Suspect HCID or other highly infectious disease?

Yes

1. Implement airborne (or droplet for meningococcal disease or plague) and contact precautions & control access to patient
  2. Providers should don appropriate PPE before entering room <sup>d</sup>
  3. Notify infection preventionist and MDH (651-201-5414)
  4. Screen persons accompanying the patient for symptoms & collect information on other contacts
- In consultation with MDH, consider activating your HCID plan*

# High Consequence Infectious Disease (HCID) Screening Guidance

**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.**

- All viral hemorrhagic fevers:
  - VHF should be considered among patients presenting with fever, severe myalgia, or extreme exhaustion, especially when accompanied by evidence of coagulopathy (e.g., petechial rash, ecchymosis, overt bleeding), or gastrointestinal complaints (abdominal pain, vomiting, or diarrhea), following travel 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 recently traveled to an area that is currently experiencing a VHF outbreak.
- Ebola virus disease (EVD):
  - Per current CDC guidance, providers can eliminate EVD from the differential diagnosis of an ill traveler returning from a country currently experiencing a widespread EVD outbreak if the patient does not have any of following EVD exposure risk factors:
    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).
  - If any of these exposures are present, there is a risk of EVD.

**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 N95 respirator 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, *Clostridioides 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 clinically stable persons under investigation (PUIs) for VHF and for patients with suspected or confirmed non-VHF types of HCID (e.g., MERS, SARS, monkeypox, smallpox) includes the following: fluid-resistant gown or coverall (American National Standards Institute [ANSI]/Association for the Advancement of Medical Instrumentation [AAMI] level 3), gloves that extend past gown cuffs (two pairs for suspected VHF), fit-tested N95 respirator or PAPR (CDC states regular face mask can be used for clinically stable PUIs with suspected VHF), and full face shield. In addition, hair covers and booties are optional.
- Level 2 Full Barrier HCID precautions:
  - PPE for confirmed VHF or for persons under investigation (PUIs) for VHF who are clinically unstable or have vomiting, diarrhea, bleeding, or may require aerosol-generating procedures (e.g., intubation, suctioning) requires complete coverage including the following: impermeable gown extending to mid-calf or coverall (ANSI/AAMI level 4), two pairs of gloves that extend past gown cuffs, fit-tested N95 respirator or PAPR, hood or head cover that extends to shoulders and covers neck, full face shield, impervious boots extending to mid-calf, and an apron in some circumstances.

## 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; <sup>a,b</sup>  
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

<sup>a</sup> Does not include pathogens for which only cultures are considered Category A Infectious Substances.

<sup>b</sup> 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.