



## Interim Guidance for Facemask and Respirator Use for the Response to Human Infections with the 2009 Influenza A H1N1 Virus

Information on the effectiveness of facemasks (see CDC guidance at <http://www.cdc.gov/h1n1flu/masks.htm#footnote1#footnote1>) and respirators (see CDC guidance at <http://www.cdc.gov/h1n1flu/masks.htm#footnote2#footnote2>) for the control of influenza in community settings is extremely limited. It is therefore difficult to assess their potential effectiveness in controlling Influenza A (H1N1) virus transmission in these settings. In the absence of clear scientific data, the interim recommendations below were developed based on public health judgment and the historical use of facemasks and respirators in other settings.

### Basic Measures to Limit Transmission

In areas with confirmed human cases of Influenza A (H1N1) virus infection, reduce the risk for infection through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent hand washing, covering coughs and sneezes, and having ill persons minimize contact with other household members.

Persons ill with influenza-like symptoms should remain at home until at least 24 hours after they are free of fever (100° F [37.8° C]), or signs of a fever without the use of fever-reducing medications. Most ill people recover after a few days of rest and do not necessarily have to go to the doctor's office unless their condition worsens. Those ill with the Influenza A (H1N1) virus should call the doctor to receive care instructions.

Additional measures that can limit transmission of a new influenza strain include voluntary home quarantine of members of households with confirmed or probable influenza cases, reduction of unnecessary social contacts, and avoidance whenever possible of crowded settings.

### Apparatus Guidance

Whenever possible, rather than relying on the use of facemasks or respirators, avoid close contact with people who might be ill and avoid being in crowded settings.

When it is necessary to enter a crowded setting or to have close contact (see CDC guidance at <http://www.cdc.gov/h1n1flu/masks.htm#footnote3#footnote3>) with persons who might be ill, the time spent in that setting should be as short as possible. If used correctly, facemasks and respirators may help reduce the risk of getting influenza, but they should be used along with other preventive measures, such as avoiding close contact and maintaining good hand hygiene. When individuals cannot avoid crowded settings or close contact with others, use facemasks or respirators in areas where transmission of Influenza A (H1N1) virus has been confirmed.

### Facemasks

- 1) Facemasks are loose-fitting, disposable masks that cover the nose and mouth. These include products labeled as surgical, dental, medical procedure, isolation, and laser masks.

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Facemasks help stop droplets from being spread by the person wearing them. They also keep splashes or sprays from reaching the mouth and nose of the person wearing the facemask. They are not designed to protect you against breathing in very small particles.

Wear facemasks once and discard after use.

Individuals entering crowded settings should use facemasks to protect their nose and mouth from other people's coughs and sneezes, and to reduce the wearers' likelihood of coughing and sneezing on others. Minimize the time spent in crowded settings.

## Respirators

- 2) A respirator (for example, an N95 or higher filtering facepiece respirator) is designed to protect you from breathing in very small particles, which might contain viruses. N95 respirators are most commonly used in construction and other jobs that involve dust and small particles. Some healthcare workers, such as nurses and doctors, use these types of respirators caring for patients with diseases that can be spread through the air.

Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

Like surgical masks, wear N95 respirators only once and discard after use.

If you have a heart or lung disease or other health condition, you may have trouble breathing through respirators. Talk with your doctor before using a respirator.

## Definitions

- Infection control professionals often use 'three feet' to define close contact based on studies of respiratory infections; however, for practical purposes, this distance may range up to six feet. The World Health Organization uses "approximately 1 meter." The U.S. Occupational Safety and Health Administration uses "within 6 feet." For consistency with these estimates, this document defines "close contact" as a distance of up to 6 feet.
- Unless otherwise specified, "respirator" refers to an N95 or higher filtering facepiece respirator certified by the U.S. National Institute for Occupational Safety and Health (NIOSH).
- Unless otherwise specified, the term "facemasks" refers to disposable masks cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. This includes facemasks labeled as surgical, dental, medical procedure, isolation, or laser masks. Facemasks have several designs. One type is affixed to the head with two ties, conforms to the face with the aid of a flexible adjustment for the nose bridge, and may be flat/pleated or duck-billed in shape. Another type is pre-molded, adheres to the head with a single elastic band, and has a flexible adjustment for the nose bridge. A third type is flat/pleated and affixes to the head with ear loops. Facemasks cleared by the FDA for use as medical devices have specific levels of protection from penetration of blood and body fluids.

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