

AHCA/NCAL Infection Preventionist Hot Topic Brief

Preparing for Respiratory Virus Season

Preventing the spread of respiratory viruses in nursing homes requires a comprehensive approach that includes not only vaccination, but also testing, treatment, and the implementation of proven infection prevention and control measures that are listed below. When implemented together, these actions can protect residents, visiting family, and visitors as well as healthcare personnel (HCP) from becoming infected with respiratory viruses.

Common respiratory viruses include Influenza, RSV and COVID, but other respiratory viruses causing the “common cold” in kids or adults (such as adenovirus, rhinovirus and parainfluenza) spread through similar mechanisms and can cause serious illness, hospitalizations and death in older adults particularly those with chronic diseases or dementia.

Respiratory Virus Guidance Snapshot

The infographic is divided into two main sections: Core Prevention Strategies and Additional Prevention Strategies. The Core section includes Immunizations, Hygiene, Steps for Cleaner Air, Treatment, and Stay Home and Prevent Spread*. The Additional section includes Masks, Distancing, and Tests. A callout box provides specific guidance for staying home and away from others until symptoms improve and fever is gone for 24 hours, followed by added precautions for 5 days. The CDC logo is in the bottom right corner.

CORE STRATEGIES

Core Prevention Strategies

- Immunizations
- Hygiene
- Steps for Cleaner Air
- Treatment
- Stay Home and Prevent Spread*

ADDITIONAL STRATEGIES

Additional Prevention Strategies

- Masks
- Distancing
- Tests

***Stay home and away from others until,**

- Your symptoms are getting better
- and
- You are fever-free (without meds)

for 24 hrs

Then take added precaution for the next 5 days

CDC

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering



1. Vaccination Recommendations for Residents, HCP, and Visitors

Providing information of the most up-to-date vaccine recommendations for respiratory pathogens is a very important step in the campaign to prevent respiratory pathogen transmission. Recommended vaccines help prevent infection and complications such as severe illness and death.

For this 2024/25 respiratory virus season CDC recommends for residents:

- **Influenza vaccine** each season for any one over the age of six months. Adults over age 65, those with chronic diseases and/or in LTC setting are at higher risk and ideally should receive the adjuvanted or high-dose inactivated vaccines.
- **COVID-19 vaccine** everyone ages six months and older are recommended to receive an updated 2024-2025 COVID-19 vaccine. Note: Like influenza this vaccine is updated based on current variants.
- **RSV vaccine** adults over age of 75 and those in LTC settings between the ages of 60 and 74, a single dose is recommended.

Vaccine recommendations are updated annually resulting in the potential for individuals to be unaware of the importance of participation in vaccination programs. For example, the RSV vaccine recommendations have been simplified recently for older adults as well.¹ Communicating recommendations by making available updated information in the form of printed materials, posters, or brochures to HCP, residents and their families, and visitors, can help in communicating the importance of the most current recommendations that apply to them.

2. Ensure Adequate Resources

Planning ahead for increased needs and ensuring that supplies of personal protective equipment (PPE) or alcohol-based hand sanitizer (ABHS), are available so that HCP, residents, and visitors can adhere to recommended infection prevention and control (IPC) practices is another important infection prevention measure. An example would be if multiple individuals suspected or diagnosed with respiratory pathogens occurred in a short time interval requiring more gowns and gloves. Another example could occur if you implement facility-wide source control masks at the same time as regional or local community respiratory viral activity increases so that public health recommends the general public to use source control masks as well.



3. Monitor and Mask

As noted in the example above, it is important for the Infection Preventionist (IP) to be aware of increasing local or surrounding community respiratory virus transmission (e.g., common cold or “flu”) which is available on [CDC’s respiratory virus tracking website](#). When levels in the community are higher, for prevention reasons, consider having visitors and HCP always wear

a mask when in the facility regardless of symptoms, and at a minimum, consider having residents wear a mask when outside of their room. Remind them that many respiratory viruses, including influenza and COVID-19 may be most contagious just before symptoms appear. This is especially common around fall and winter holidays or school vacations when people are traveling and visiting, which often increases the risk of viral spread.

Making sure staff and consultants do not work while sick can also decrease the spread of respiratory viruses.

4. Educate

Ensure everyone, including residents, visitors, and HCP, are aware of recommended IPC actions in the facility. As mentioned earlier, providing printed educational information such as posters, letters, or brochures can be effective. Follow facility policy for communicating when specific IPC actions are being implemented in response to new infections in the facility or increases in respiratory virus levels in the community.

Also, consider the year-round promotion of encouraging visitors with respiratory symptoms (e.g., fever, cough, runny nose) to delay non-urgent in-person visitation until their symptoms have improved and they have gone 24 hours fever free without medication. Some illnesses, like COVID-19, may have specific time frames, like five days from illness onset, when individuals should not visit.

5. Ventilate

By optimizing the use of administrative and engineering controls, the indoor air quality may be improved, reducing the risk of respiratory pathogen transmission in certain circumstances. In consultation with facility engineers, explore options to improve ventilation delivery and indoor air quality in resident rooms and all shared spaces. This may include changing the HVAC filters to MERV-13 or higher, running the HVAC continuously during high prevalence of respiratory illnesses. Also ensure that local administrative code for nursing home ventilation is followed and preventive maintenance is up to date.



6. Test and Treat

CDC recommendations include developing plans to provide rapid clinical evaluation and intervention to ensure residents receive timely treatment and/or prophylaxis when indicated for COVID or Influenza. Ensure access to respiratory viral testing with rapid results (i.e., onsite or send-out testing with results available within 24 hours). Testing results can inform recommended treatment and IPC actions.

Establishing a pharmacy connection to enable the use of any available respiratory virus treatments or prophylaxis is an important element of planning before respiratory viruses are spreading in the community.

7. Prevent Spread

Take rapid action when an acute respiratory infection is identified in a resident or HCP. Residents with respiratory infections should be placed on transmission-based precautions based on the suspected cause of their infection. While decisions about treatment, prophylaxis, and the recommended duration of isolation vary depending on the pathogen, IPC strategies, such as maintaining symptomatic residents in their room, considering any roommates potentially exposed, and placement of the affected resident in a single-person room. The affected resident or HCP should use a facemask for source control, and should maintain physical distancing. This is the same regardless of the pathogen.²

8. Surveillance

Actively watch for new cases to identify any additional ill residents or HCP using symptom screening and evaluating potential exposures. For SARS-CoV-2 infection, testing of exposed individuals is recommended, even if they are asymptomatic.²

9. Notification

Notify the local or state public health department when respiratory viral outbreaks (such as two or more individuals with the same illness) are suspected or confirmed. Once spread is identified in a nursing home, rapid and coordinated action is necessary to prevent further transmission. Health departments have IPC expertise and might also have access to additional testing resources to identify a potential etiology.²

10. Additional Measures to Control Limited Spread

- Consult with the local or state public health department about additional interventions.
- Consider establishing cohort units for residents with confirmed infections.
- Limit group activities and communal dining.
- Consider modifications to indoor visitation policies.
- Avoid new admissions or transfers into and out of units with infected residents or facility-wide if the outbreak is more widespread.²

References/Resources

1. CDC. [Updates Vaccine Recommendations](#) (7/12/24). National Center for Immunization and Respiratory Diseases.
2. CDC. [Viral Respiratory Pathogens Toolkit for Nursing Homes](#).
3. CDC. [Vaccines & Immunizations](#).

Interested in joining the National Infection Prevention Forum?

[LEARN MORE](#)