

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




Core Prevention Strategies

Immunizations


Hygiene


Steps for Cleaner Air



Treatment


Stay Home and Prevent Spread*




Additional Prevention Strategies

Masks



Distancing


Tests


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

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


 Your symptoms are getting better


 You are fever-free (without meds)

for 24 hrs



Then take added precaution for the next 5 days





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 2025/26 respiratory virus season CDC recommends for residents and the Food and Drug Administration (FDA) has approved COVID-19 vaccines for:

- **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** for individuals 6 months and older should be determined by individual decision-making based on shared clinical decision-making with their provider (including physicians, nurses and pharmacists).
- **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. 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), and EPA-approved disinfectants are available so that HCP, residents, and visitors can adhere to recommended infection prevention and control (IPC) practices is another important infection prevention measure. It is also important to make sure that all staff who might care for a resident in airborne infection isolation are properly fit tested and trained on the use of N95 respirators according to the Occupational Safety and Health Administration (OSHA).



3. Respiratory Hygiene and stay home when sick.

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: <https://www.cdc.gov/respiratory-viruses/data/index.html> . 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. If they suffer from allergies or other non-infectious conditions that cause coughing or sneezing, encourage respiratory and cough etiquette principles.

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. Ensure that staff know when to stay home from work and the duration of absence based on the respiratory illness.

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. If using personal fans, ensure they are cleaned and stored appropriately. Also, they should not be blowing air from one resident to another.



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 are always applicable. 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. Keep in mind that older adults do not always exhibit the same symptoms as the general population. 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.
- Confirm that EPA-approved disinfectants are effective against the circulating pathogens, ie EPA list N for SARS-CoV-2.
- 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's [Viral Respiratory Pathogens Toolkit for Nursing Homes](https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/#cdc_generic_section_2-action-prepare-for-respiratory-viruses-e-g-sars-cov-2-influenza-rsv) https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/#cdc_generic_section_2-action-prepare-for-respiratory-viruses-e-g-sars-cov-2-influenza-rsv
2. CDC [Vaccines and Immunizations page](https://www.cdc.gov/vaccines/index.html): <https://www.cdc.gov/vaccines/index.html>
3. EPA [list of disinfectants](https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectant): <https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectant>
4. CDC [Memo](https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.htmls) <https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.htmls>

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