

## IPAC Management of Respiratory Viruses in LTCs and RHs

This document is to be used as a resource in navigating the key differences in various respiratory viruses for Long-Term Care and Retirement home settings. For more information on testing please see the [Public Health Ontario Respiratory Virus Testing Update](#) and [Ontario Ministry of Health COVID-19 Provincial Testing Guidance](#).

Table 1: IPAC Management of Respiratory Viruses

	COVID-19	Influenza	Non-Influenza, Non-COVID 19 Respiratory Viruses*
Symptoms	Acute onset of fever, upper respiratory symptoms, nausea, vomiting, diarrhea, myalgia and loss of sense of smell and taste. The elderly may present with acute functional decline or confusion, delirium and falls	Fever, headache, aches, chills and cough. Fatigue, loss of appetite, sore throat, nausea and vomiting occurs in children. The elderly may present with acute functional decline or confusion, delirium and falls.	Rhinorrhea, decrease in appetite, coughing, sneezing, wheezing and fever.
Mode of Transmission	<b>Droplet and Contact Transmission</b>		
PPE	Fitted N95 respiratory Eye protection Gown Gloves	Medical Surgical Mask Eye Protection Gown Gloves	
Incubation Period	2-5 days	1-4 days	2-7 days
Period of Communicability	10 days (can be prolonged in immunosuppressed)	5 days (can be prolonged in immunosuppressed)	Highly variable, usually 3-8 days; up to 3-4 weeks in children and immunocompromised
Positive Checklist	<input type="checkbox"/> Droplet and Contact Precautions <input type="checkbox"/> Notify physician/NP to assess for Paxlovid. <input type="checkbox"/> RAT positive residents do not require PCR confirmation to assess for Paxlovid <input type="checkbox"/> Notify TPH Communicable Disease Investigator (CDI) and your IPAC hub	<input type="checkbox"/> Droplet and Contact Precautions <input type="checkbox"/> Notify physician and request initiation of Antiviral (Tamiflu) Treatment for suspect and confirmed case <input type="checkbox"/> Notify Pharmacy to ensure timely dispensing of Tamiflu prophylaxis <input type="checkbox"/> Notify TPH CDI and your IPAC hub	<input type="checkbox"/> Droplet and Contact Precautions <input type="checkbox"/> Notify TPH CDI and your IPAC hub

	COVID-19	Influenza	Non-Influenza, Non-COVID 19 Respiratory Viruses*
<b>Duration of Additional Precautions</b>	10 days from symptom onset OR 10 days from date of positive test if asymptomatic	minimum 5 days OR until resolution of fever (whichever is longer)	maximum of 5 days from onset of acute illness/symptom OR after 24 hours of symptom resolution (whichever is sooner)
<b>Contact Tracing</b>	<p>High Risk Contacts</p> <ul style="list-style-type: none"> <li>Roommate – Isolate and Test for COVID-19 on Day 5 from case’s symptom onset or positivity test date if asymptomatic.</li> <li>Roommates who were previously positive within the last 90 days do not need to be placed on DCP or tested unless symptomatic.</li> <li>Non roommate close contacts - Monitor twice daily for symptoms, wear a well-fitting mask if tolerated, and physically distance from others when outside of their room for 7 days following their last exposure</li> </ul>	<p>High Risk Contacts</p> <ul style="list-style-type: none"> <li>Roommate – Once COVID is ruled-out, the roommate can come off DCP if asymptomatic but should remain cohorted to the unit. Isolate and test if symptoms developed.</li> <li>Tablemates, activity partner, smoking partner – Monitor for symptoms. Isolate and test if symptoms developed.</li> </ul>	
<b>Testing</b>	Test all symptomatic residents with RAT (Rapid Antigen Test). Follow-up with a PCR test for COVID-19 and MRVP (Multiplex Respiratory Virus Panel). Non-Outbreak – unlimited MRVP request; Outbreak – first 4 symptomatic will undergo the full MRVP (9 respiratory viruses), the succeeding samples will undergo FLUVID testing (Flu A and B, RSV and COVID-19)		
<b>Confirmed Outbreak Definition</b>	Two or more residents with a common epidemiological link (e.g., same unit, floor, etc.), each with a positive molecular or RAT within a 7-day period, where both cases have reasonably acquired their infection in the home.	Two cases of acute respiratory infections (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory confirmed <b>OR</b> Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor)	
<b>Declaring Outbreak Over</b>	In consultation with the OMT and TPH the outbreak may be declared over when no new resident cases, which were reasonably acquired in the home, have occurred for 7 days, and there is no evidence of ongoing risk of transmission	To declare an outbreak over, the LTCH must not have had any new cases in 8 days from the onset of symptoms of the last resident case or 3 days from last day of work of an ill staff, whichever is longer.	

\*Respiratory Syncytial Virus (RSV), Rhinovirus/Enterovirus, Parainfluenza, Adenovirus, Human Metapneumovirus, Human Coronavirus (OC43/229E/NL63/HKU1)

Adapted with permission from Michael Garron Hospital

