RECOMMENDATIONS FOR THE PREVENTION AND CONTROL OF VIRAL RESPIRATORY ILLNESS IN LONG-TERM CARE FACILITIES AND OTHER CONGREGATE RESIDENTIAL SETTINGS IN SOLANO COUNTY

October 2024

Epidemiology Unit
Solano Public Health
Department of Health and Social Services
275 Beck Ave, MS 5-240
Fairfield, CA 94533

TABLE OF CONTENTS

Contents

Summary of changes since the 3/31/2023 version:

- Added respiratory syncytial virus (RSV) to testing, surveillance, and isolation guidance
- Added information on recombinant influenza vaccines for individuals 65 years and older
- Removed Solano County Public Health Officer Health Order on influenza vaccination and added Centers for Disease Control and Prevention (CDC) Recommendation
- Added recommendations for improving air circulation and quality

I. INTRODUCTION

Several viruses that cause respiratory illness can co-circulate at any given time during a typical respiratory disease season (usually in the fall and winter seasons) and the severity of the season varies from year to year depending on the circulating viral strain, the percentage of population protected through natural or vaccine-induced immunity, how well the vaccines match currently circulating viral strain/s and non-pharmaceutical intervention practices that are employed, among others.

Long-term care and other residential care facility residents are at increased risk for respiratory illnesses and those who are elderly, have immunocompromised conditions and other chronic medical conditions are at increased risk for severe disease, hospitalization and death.

During the 2023-2024 respiratory disease season, the co-circulation of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), influenza virus, respiratory syncytial virus (RSV) and other respiratory viruses can cause co-infection or concurrent infections that can lead to several residents and staff getting ill, causing an outbreak. Therefore, it is of critical importance for facilities to optimize all available pharmaceutical and non-pharmaceutical interventions to curb the impact of these viruses in their facilities. Vaccination remains the most effective prevention tool against some of these viral infections and their serious complications. The prompt initiation of antiviral therapy and chemoprophylaxis is an important adjunct to vaccination in preventing severe illness. In addition, non-pharmaceutical interventions (NPIs) such as hand washing, masking, isolation, improving air flow and quality, work exclusion and closing group dining and group activities play important roles in limiting the impact and spread of viral respiratory diseases in facilities.

Because respiratory disease symptoms are similar, the only way to identify the cause of illness is through diagnostic testing. Facilities should test symptomatic residents and staff for influenza and SARS-CoV-2 (or other respiratory pathogens, if able), even when the presence of either/other pathogen has been confirmed in the facility.

This guidance is the Solano Public Health guidance for facilities that operate within Solano County. Please note that the California Department of Public Health (CDPH), California Department of Social Services (CDSS) or Centers for Medicare and Medicaid Services (CMS) may have different guidance; consult your licensing entity on their recommendations and their corresponding All Facilities Letters (AFLs), Provider Information Notices (PINs) and Quality, Safety and Oversight (QSOs). **In instances where the guidance differs, follow the strictest guidance given.** Facilities will be notified when changes to the guidance occur.

The guidance is the same for all diseases, unless otherwise specified.

II. REPORTING TO SOLANO PUBLIC HEALTH

- **Report outbreaks** to Solano Public Health. *For more information, see Section X: Outbreak below*

- Facilities do not need to report to Solano Public Health a single case of influenza, COVID-19 or other viral respiratory pathogens in residents or staff

III. GENERAL INFECTION PREVENTION AND CONTROL

VACCINATION

Vaccination is the most effective tool for the prevention of certain viral respiratory illness, such as influenza and COVID-19, and their severe complications. The effectiveness of vaccines varies depending on the currently circulating strain; however, they can prevent severe disease, ICU (intensive care unit) admissions and death. Mild illness is not a contraindication for COVID-19 or influenza vaccine and individuals can receive a COVID-19 vaccine regardless of influenza status and vice versa.

- Facilities should develop, review or update their vaccination plan according to the latest information and guidance

- As part of the plan, develop and distribute educational materials for residents and their families/guardians and for staff that describe the benefits of the vaccines and their possible side effects

- Vaccination of **residents**: Also consider the following when developing, reviewing, or updating your plan
    - Obtain standing vaccination orders from residents' providers or vaccination consent forms from family members/guardians or residents prior to each respiratory disease season
    - Review pneumococcal vaccination status of residents who are 65 years and older or those with medical conditions that increase their risk for pneumococcal disease and encourage them or their family members/guardians to be up-to-date with the resident's pneumococcal vaccine
    - The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that adults 65 years and older receive the high dose, recombinant, or adjuvanted influenza vaccines: https://www.cdc.gov/flu/media/pdfs/2024/08/acip-2024-25-summary-of-recommendations.pdf

- Vaccination of **staff**:
    - Defer to CDC's guidance on vaccination for health care personnel: https://www.cdc.gov/covid/hcp/infection-control/index.html

RESPIRATORY AND HAND HYGIENE

- Ensure easy access to alcohol-based hand sanitizer in common areas for staff, residents, and visitors

- Provide tissues, supplies for hand hygiene and waste receptacles at facility entrances year round
- Post visual alerts instructing staff, residents, visitors and others to not enter the facility if they have acute respiratory symptoms
- **STAFF:** Require staff to wash hands/use alcohol-based hand sanitizer before and after contact with every resident, before donning and after doffing personal protective equipment (PPE), before and after eating and toileting
- Provide regular in-service to residents and staff on proper respiratory and hand hygiene
- Solano Public Health can provide in-service and other educational training for staff; email SolanoLTCF@SolanoCounty.com for more information or to schedule a training (See Appendix D - Trainings Offered by Solano Public Health). If facilities are interested in a training not listed in the Appendix, reach out to SolanoLTCF@SolanoCounty.com for inquiries.

SURVEILLANCE FOR RESPIRATORY ILLNESS

- Monitor residents for new onset of respiratory symptoms and test for COVID-19, influenza, and RSV
- Educate and instruct staff to report signs and symptoms of respiratory illness including fever, headache, muscle aches, sore throat, chills, fatigue, runny or stuffy nose, cough, and/or mental status changes occurring in residents
- Monitor staff absenteeism due to respiratory symptoms in order to track facility respiratory illness activity
- Instruct staff to self-report any respiratory infection symptoms to their supervisor and record using a surveillance log (See Appendices B-Sample Surveillance Log for Residents and C-Sample Surveillance Log for Staff for examples)

ENVIRONMENTAL CLEANING AND DISINFECTION:

- Improve air circulation and quality by implementing the following strategies:
  - opening windows;
  - using fans to increase air flow;
  - using high-efficiency particulate air (HEPA) systems to purify air; and
  - using heating, ventilation, and cooling (HVAC) systems to bring in outside air: https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html#Ventilation-Frequently-Asked-Questions.
- Clean and disinfect frequently touched surfaces and areas, resident rooms, toilets and staff break areas
- Use EPA-approved healthcare grade disinfectants: https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

IV. VISITATION

- Encourage visitors to get vaccinated for COVID-19 and influenza
- Visitation, both indoor and outdoor, is **allowed** regardless of resident's illness status; however, visitors should wear the appropriate required **PPE** based on the resident's illness status. Facilities should **educate** visitors on the required PPE and **train** them on proper donning and doffing.
- Clean and disinfect frequently touched surfaces and areas, resident rooms, toilet
- Visitation is **allowed at all times**, both indoor and outdoor, even when a facility is on outbreak, unless otherwise limited by Solano Public Health
- Visitors who are **exposed** to someone with COVID-19 are allowed to visit, regardless of vaccination status, as long as they do not show symptoms
- Visitors with acute respiratory symptoms should **reschedule** their visit until their symptoms have resolved
- Visitors with fever should **reschedule** their visit until 24 hours after they have been fever-free without the use of any anti-fever medication
- Solano Public Health has no requirement on vaccination or on masking for asymptomatic visitors

V. TESTING

A true diagnosis of COVID-19 or influenza or RSV or other viral respiratory disease cannot be based on symptoms alone. When there is a cluster of cases of acute respiratory illness, it is of critical importance to establish the diagnosis through testing.

- **Test** residents or staff with respiratory symptoms, regardless of vaccination status, for BOTH influenza and COVID-19, even when the presence of either pathogen has been confirmed in the facility, in order to inform proper treatment and resident placement
- If specimens are negative for both SARS-CoV-2 and influenza, consider testing for other respiratory pathogens per the individual's primary care/medical provider
- Asymptomatic staff or residents **do not** need to be tested for COVID-19 or influenza, regardless of their exposure or vaccination status
- **INFLUENZA:** Specimens obtained within 72 hours of when symptoms first appeared is optimal for influenza testing

VI. MANAGEMENT OF RESIDENTS

MANAGEMENT OF RESIDENTS WITH CONFIRMED VIRAL DIAGNOSTIC TEST

- Restrict residents from **group activities** while in isolation
- Restrict residents from **communal dining** while in isolation; serve meals in their rooms
- **Isolate** a positive resident in a single room, if available. If a single room is not available, residents who test positive for influenza may remain in their rooms with spatial separation of at least 6 feet and privacy curtain between residents. Consider increasing ventilation using HVAC systems.
- **Cohort** positive residents together with the same test-confirmed illness if single rooms are not available
- Do not cohort symptomatic residents who are waiting test confirmation with those who have tested positive
- Reschedule medical appointments, unless necessary. If residents on isolation need to leave the facility for medically necessary appointments, place a facemask on the residents, if tolerated, and have residents perform hand hygiene
- **INFLUENZA:** When there's a single positive case of influenza and a single room is not available, residents who test positive for influenza may remain in their rooms with spatial separation of at least 6 feet and privacy curtain between residents
- For residents with symptoms
    - Remove residents who test positive for COVID-19, influenza, or RSV from isolation after 5 (five) full days* from when symptoms first appeared **AND** after fever has resolved for at least 24 hours without the use of fever-reducing medication **AND** when symptoms are improving.
- **COVID-19:** For residents with no symptoms
    - Isolate asymptomatic residents who test positive for COVID-19 for 5 (five) full days* from the first date of their COVID-19 (+) test
- ***COVID-19**: For residents who are severely immunocompromised or who are severely or critically ill
    - Those with symptoms: Remove residents from isolation after 20 full days from when symptoms first appeared **AND** after fever has resolved for 24 hours without the use of fever-reducing medication **AND** when symptoms are improving
    - Those with no symptoms: Isolate for 20 full days from the first date of their COVID-19 (+) test
- If residents who have ended their isolation develop new or worsening symptoms, retest the resident for COVID-19, influenza, and RSV and isolate/cohort depending on the test result. Isolate the resident in single room, if possible, while test results are pending
- **PPE:** at a minimum, staff should wear a surgical mask, gloves and gown when caring for/providing assistance to residents in isolation. Use an N95 for aerosol-generating procedures
- **ANTIVIRAL:** Treatment should be initiated as soon as symptoms develop. *For more details, see Section VIII: Treatment and Chemoprophylaxis below*

MANAGEMENT OF SYMPTOMATIC RESIDENTS WITHOUT VIRAL DIAGNOSTIC TEST OR WAITING DIAGNOSTIC TEST RESULT

- **Isolate** residents with respiratory symptoms in their room pending test results
- **Restrict** residents from group activities and communal dining until test results are obtained
- Test symptomatic residents for COVID-19, influenza, and RSV regardless of vaccination status and regardless of the presence of either pathogen in the facility, in order to inform appropriate treatment and resident placement
- Residents with symptoms of acute respiratory illness who test negative for COVID-19, influenza, and RSV should be cared for using transmission-based precautions and isolated based on their suspected clinical diagnosis
- **PPE**: at a minimum staff should wear a surgical mask, gloves and gown
- **ANTIVIRAL:** *For more details on when treatment should be provided to symptomatic residents, see Section VIII: Treatment and Chemoprophylaxis and Section X: Outbreak (for chemoprophylaxis during an outbreak) below*

MANAGEMENT OF RESIDENTS WITH NO SYMPTOMS OR WHO ARE NOT POSITIVE FOR ANY RESPIRATORY DISEASE

- Quarantine is **not required** for asymptomatic residents, regardless of exposure or vaccination status
- Testing is **not required** for asymptomatic residents, regardless of exposure or vaccination status
- Residents with no acute respiratory symptoms can **participate** in group activities and communal dining, regardless of exposure and vaccination status
- **PPE:** no PPE is required by Solano Public Health
- **ANTIVIRAL:** Consider initiation of post-exposure chemoprophylaxis for residents exposed to a positive influenza case. *For more details, see Section VIII: Treatment and Chemoprophylaxis and Section X: Outbreak (for chemoprophylaxis during an outbreak) below*

VII. MANAGEMENT OF STAFF

MANAGEMENT OF STAFF WITH CONFIRMED VIRAL DIAGNOSTIC TEST

- **Exclude** staff from work
- For staff with symptoms
    - Staff who test positive for COVID-19, influenza, or RSV can **return** to work after 5 (five) full days from when symptoms first appeared **AND** after fever has resolved for at least 24 hours without the use of fever-reducing medication **AND** when symptoms are improving. Notify Solano Public Health at SolanoEpi@SolanoCounty.com if facility is experiencing staff shortages, and special considerations can be made.

- **COVID-19:** For staff with no symptoms
    - Staff who test positive for COVID-19 can return to work after 5 (five) full days from the first date of their COVID-19 (+) test

- **ANTIVIRAL**: *For more details, see Section VIII: Treatment and Chemoprophylaxis and Section X: Outbreak (for chemoprophylaxis during an outbreak) below*

MANAGEMENT OF SYMPTOMATIC STAFF WITHOUT VIRAL DIAGNOSTIC TEST OR WAITING DIAGNOSTIC TEST RESULT

- **Exclude** staff from work pending test result
- Test symptomatic staff for COVID-19, influenza, and RSV, regardless of vaccination status and regardless of the presence of either pathogen in the facility
- Staff with symptoms of acute respiratory illness who test negative for COVID-19, influenza, and RSV should be restricted from work and can return based on the return-to-work policy of the facility or based on the clinical diagnosis of the staff's medical provider
- **ANTIVIRAL:** *For more details on treatment during an outbreak, see Section X: Outbreak below*

MANAGEMENT OF STAFF WITH NO SYMPTOMS OR WHO ARE NOT POSITIVE FOR ANY RESPIRATORY DISEASE

- Quarantine is **not required** for asymptomatic staff, regardless of exposure or vaccination status
- Testing is **not required** for asymptomatic staff, regardless of exposure or vaccination status
- **ANTIVIRAL:** *For more details on chemoprophylaxis during an outbreak, see Section X: Outbreak below*

VIII. ANTIVIRAL TREATMENT AND CHEMOPROPHYLAXIS

Antiviral medications are an important adjunct to vaccines in the control of respiratory illness and can be used to treat or prevent viral respiratory illnesses and their serious complications.

Facilities should consider having standing or pre-approved orders for treatment/chemoprophylaxis from residents' primary care/medical provider to not delay appropriate treatment or post-exposure chemoprophylaxis.

INFLUENZA

ANTIVIRAL TREATMENT FOR RESIDENTS WHO ARE SYMPTOMATIC OR WHO TEST POSITIVE FOR INFLUENZA

- Initiate **antiviral treatment** as soon as possible for residents who test positive for influenza **OR** for those with clinically suspected influenza, regardless of influenza vaccination status
- Treatment should not wait for results of influenza testing. Consider having residents evaluated by their medical providers and/or the facility medical director so that appropriate treatment and dosage can be provided

- Maximum benefit occurs when treatment is started within 48 hours of when symptoms first appeared but may still be effective when given more than 48 hours after symptoms first appeared

- If a resident with influenza does not respond to treatment after 72 hours **OR** they become ill with influenza 72 hours after starting post-exposure chemoprophylaxis, notify Solano Public Health at SolanoEpi@SolanoCounty.com in case testing for **antiviral resistance** is warranted

- For current recommendations on antiviral dosing for treatment, chemoprophylaxis, contraindications, side effects and adverse events, see: https://www.cdc.gov/flu/professionals/antivirals/index.htm

ANTIVIRAL CHEMOPROPHYLAXIS FOR RESIDENTS WHO ARE EXPOSED TO INFLUENZA

- **Post-exposure antiviral chemoprophylaxis** should be administered as soon as possible to all exposed residents who do not have suspected or confirmed influenza, regardless of influenza vaccination status

- Consider having residents evaluated by their medical providers and/or the facility medical director so that appropriate prophylaxis and dosage can be provided

- If a resident with influenza does not respond to treatment after 72 hours **OR** they become ill with influenza 72 hours after starting chemoprophylaxis, notify Solano Public Health at SolanoEpi@SolanoCounty.com in case testing for **antiviral resistance** is warranted

- *For more details on chemoprophylaxis during an outbreak, see Section X: Outbreak below*

COVID-19

ANTIVIRAL TREATMENT FOR RESIDENTS WHO TEST POSITIVE FOR COVID-19

- **Antiviral treatments** should be initiated as soon as possible

- Consult the resident's primary care/medical provider so that appropriate treatment and dosage can be provided

- There are several antiviral treatments available for outpatients. For the latest information, check https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/outpatient-treatment-overview.html

- There are also several monoclonal antibodies that have been authorized by the US Food and Drug Administration (FDA) for treatment of COVID-19. For the latest information, check https://www.covid19treatmentguidelines.nih.gov/therapies/anti-sars-cov-2-antibody-products/anti-sars-cov-2-monoclonal-antibodies/

ANTIVIRAL CHEMOPROPHYLAXIS FOR RESIDENTS WHO ARE EXPOSED TO COVID-19

There are currently no FDA-authorized or approved post-exposure prophylaxis (PEP) for people who may have been exposed to COVID-19. For more information, check the NIH COVID-19 Treatment Guidelines Panel's Prevention of SARS-CoV-2 Infection at

https://www.covid19treatmentguidelines.nih.gov/overview/prevention-of-sars-cov-2/

IX. PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Caring for residents who test positive for respiratory disease: *See Section VI: Management of Residents above*
- Caring for residents with respiratory symptoms: *See Section VI: Management of Residents above*
- Caring for residents without symptoms or who are not positive for respiratory disease *See Section VI: Management of Residents above*

X. OUTBREAK

OUTBREAK DEFINITIONS

Influenza: ≥2 people with ILI/atypical symptoms *(see Appendix A: Terminologies for definition)* within 72 hours of each other **AND** at least 1 person with confirmed diagnostic test for influenza

COVID-19: ≥3 people with confirmed diagnostic test for COVID-19 within 10 days that are epi-linked (*see Appendix A: Terminologies for definition)* to the facility

Other respiratory disease: a cluster of ≥3 people with acute respiratory symptoms within 5 days that are epi-linked to the facility

Outbreaks due to one respiratory disease (e.g. influenza) can occur separately or concurrently with another respiratory disease (e.g. COVID-19 or RSV, etc.); the presence of a confirmed respiratory disease (e.g. influenza) does not preclude the possibility of an outbreak due to another respiratory disease (e.g. COVID-19 or RSV, etc.)

- Notify Solano Public Health at SolanoEpi@SolanoCounty.com and provide the following information:
    - Name of facility:
    - Address of facility:
    - Facility contact person name, email address and phone number:
    - Type of facility (SNF, ARF, RCFE, etc.):
    - Total number of residents:
    - Number of residents with symptoms:
    - Number of residents positive:
    - Total number of staff:
    - Number of staff with symptoms:
    - Number of staff positive:
    - Attach a floor plan/map of your facility, if available

- **Discontinue** group activities, unless necessary. Discuss with Solano Public Health any group activity/therapy that needs to continue
- **Close** communal dining; serve meals in resident rooms
- **New admissions are allowed** when facilities are on outbreak unless otherwise restricted by Solano Public Health
- Admit returning residents with no prior illness to unaffected areas
- ALL **visitations are allowed** during an outbreak, unless otherwise restricted by Solano Public Health. Visitors should wear PPE as appropriate for the illness status of the resident they are visiting *(See Section IV: Visitation above for more information)*
- Assign staff to work on only one unit, if possible
- **Restrict** staff movement from areas of the facility with outbreaks to areas without symptomatic residents
- Test residents or staff with acute respiratory symptoms for COVID-19, influenza, and RSV, regardless of vaccination status or the cause of the outbreak, in order to inform treatment options and for appropriate resident placement
- Reinforce good hand hygiene (e.g. washing hands or using alcohol-based hand sanitizer) and covering coughs and sneezes
- Conduct daily active surveillance for influenza-like illness (ILI) or atypical symptoms (*see Appendix A: Terminologies below)* among residents, staff, and visitors to the facility until at least one week after the last confirmed influenza case occurred
- Consider increasing the frequency of environmental cleaning during an outbreak
- Update linelist with newly symptomatic or newly positive staff or residents
- *For management of residents and staff, see Section VI: Management of Residents and Section VII: Management of Staff*
- **INFLUENZA**: Initiate **antiviral treatment** as soon as possible for all residents with suspected or confirmed influenza. Treatment should not wait for results of influenza testing
- **INFLUENZA**: As soon as an influenza outbreak is determined, initiate post-exposure **antiviral chemoprophylaxis** for all **non-ill** residents, regardless of influenza vaccination status. Residents living in the same room, unit or floor as an ill resident should be prioritized. Post-exposure antiviral chemoprophylaxis of oral oseltamivir (Tamiflu®) and inhaled zanamivir (Relenza®) should continue for a minimum of 2 weeks and continue for at least 7 days after the last known case is identified and isolated, whichever is longer. (*So, the shortest time that non-ill residents are on prophylaxis is 14 days. If the facility continues to have suspect cases or cases that test positive for influenza and the 14 days is before the 7 days after the last known case, prophylaxis should be continued until 7 days after the last identified case was isolated).* For duration of oral baloxavir (Xofluza®) post-exposure chemoprophylaxis, click on the CDC link below.
- **INFLUENZA:** Start returning residents with no prior illness on **chemoprophylaxis** as soon as possible; the length of chemoprophylaxis for returning residents should be for the remaining

time that the rest of the residents are on chemoprophylaxis

- **INFLUENZA:** If a resident with influenza does not respond to treatment after 72 hours **OR** they become ill with influenza 72 hours after starting chemoprophylaxis, notify Solano Public Health at SolanoEpi@SolanoCounty.com in case testing for antiviral resistance is warranted
- **INFLUENZA**: Consider providing post-exposure antiviral chemoprophylaxis to unvaccinated staff **OR** staff at high risk for complications of influenza due to age or medical condition **OR** to all staff, regardless of vaccination status, if the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine. Monitoring staff for ILI and initiating early antiviral treatment is an alternative to chemoprophylaxis.
- For additional information on dosing for antiviral chemoprophylaxis, see https://www.cdc.gov/flu/professionals/antivirals/index.htm

XI. OUTBREAK CLEARANCE

- Solano Public Health will clear a facility from outbreak
- Testing is not required for outbreak clearance by Solano Public Health, regardless of respiratory pathogen
- Outbreak clearance depends on what testing is occurring in the facility
    - **COVID-19**
        - If facility is testing ALL symptomatic residents and staff, facility will be cleared from outbreak **8 full days** from the date the last positive case in the facility was isolated; **OR**
        - If facility is not testing all symptomatic staff and residents, facility will be cleared from outbreak **8 full days** from the date the last symptomatic case in the facility was isolated
    - **INFLUENZA**
        - If facility is testing ALL symptomatic residents and staff, facility will be cleared from outbreak **6 full days** from the date the last positive case in the facility was isolated; **OR**
        - If facility is not testing all symptomatic staff and residents, facility will be cleared from outbreak **6 full days** from the date the last symptomatic case in the facility was isolated
    - **OTHER VIRAL RESPIRATORY PATHOGENS**
        - If facility is testing ALL symptomatic residents and staff, facility will be cleared from outbreak **10 full days** from the date the last positive case in the facility was isolated; **OR**
        - If facility is not testing all symptomatic staff and residents, facility will be cleared from outbreak **10 full days** from the date the last symptomatic case in the facility was isolated

- When cleared from outbreak, facilities can re-open common areas, like dining rooms, and resume group activities and unrestricted admission
- If the entire facility is on outbreak and it has areas where residents and most of staff can be kept separate the entire time, then an area can be reopened if it meets the re-opening criteria above; Solano Public Health will assess if an area can be re-opened

APPENDIX A – TERMINOLOGIES

Appropriate PPE: wearing the appropriate mask based on the guidance being followed.

Atypical symptoms:

- Presence of lower respiratory symptoms (i.e. cough) only **OR** new/worsening malaise, headache, dizziness, nausea, vomiting, diarrhea and loss of smell/taste in adults 85 years old and older OR in immunocompromised persons (e.g. persons on high dose steroids, on cancer treatment, have chronic renal disease, recent organ transplant, on renal dialysis, or have been diagnosed by their provider as being immunocompromised); **OR**

- Presence of fever only in people 84 years old and younger with no immunocompromised condition

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction

Diagnostic tests: diagnostic tests available for the detection of viral respiratory pathogens include molecular assays (including rapid molecular assays, reverse transcription polymerase chain reaction (RT-PCR) and other nucleic acid amplification tests) and antigen detection tests (including rapid antigen diagnostic tests and immunofluorescence assays).

Epidemiologic linkage: a person who has had contact/interacted with one of more people with the disease and the contact occurred in the facility

Influenza-like illness (ILI): documented fever (≥100^{o}F) plus cough and/or sore throat in the absence of a known cause

Outbreak definition:

- Influenza: ≥2 people with ILI/atypical symptoms within 72 hours of each other AND at least 1 person with confirmed diagnostic test for influenza

- COVID-19: ≥3 people with test confirmed diagnostic test for COVID-19 within 10 days that are epi-linked to the facility

- Other respiratory disease: a cluster of ≥3 people with acute respiratory symptoms within 5 days that are epi-linked to the facility

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Severely immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year from receiving hematopoietic stem call or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days may cause higher degree of immunocompromise and require actions such as a lengthening duration of HCP work restrictions or discontinuation of transmission-based precautions using a symptom or time based strategy.

APPENDIX B – SAMPLE SURVEILLANCE LOG FOR RESIDENTS

Resident Identification			Resident Location			Vaccination Status		Illness description										Influenza Test Results		Pneumo coccal Test Results		Antivirals	Antibiotics	Illness outcome				
Name	Age	Sex (M/F)	Building	Unit	Room #, Bed designation	Influenza (Y/N)	Pneumococcal (Y/N)	Date onset illness	Highest temperature	Cough (Y/N)	Malaise/fatigue (Y/N)	Chills/rigors (Y/N)	Sore through (Y/N)	Arthralgia/myalgia (Y/N)	Change in respiratory status (e.g., sputum) (Y/N)	Pneumonia (Y/N)	CXR confirmed (Y/N)	Rapid antigen (=/-/ND)	Viral culture	Gram stain	Sputum culture	Date started/Date ended	Date started/Date ended	Influenza (Y/M)	Pneumonia (Y/N0	Hospitalized (Y/N)	Days hospitalized	Died (Y/N0 if yes, date

APPENDIX C – SAMPLE SURVEILLANCE LOG FOR STAF

Resident Identification			Resident Location			Vaccination Status		Illness description										Influenza Test Results		Pneumo coccal Test Results		Antivirals	Antibiotics	Illness outcome				
Name	Age	Sex (M/F)	Building	Unit	Room #, Bed designation	Influenza (Y/N)	Pneumococcal (Y/N)	Date onset illness	Highest temperature	Cough (Y/N)	Malaise/fatigue (Y/N)	Chills/rigors (Y/N)	Sore through (Y/N)	Arthralgia/myalgia (Y/N)	Change in respiratory status (e.g., sputum) (Y/N)	Pneumonia (Y/N)	CXR confirmed (Y/N)	Rapid antigen (=/-/ND)	Viral culture	Gram stain	Sputum culture	Date started/Date ended	Date started/Date ended	Influenza (Y/M)	Pneumonia (Y/N0	Hospitalized (Y/N)	Days hospitalized	Died (Y/N0 if yes, date

APPENDIX D - TRAININGS OFFERED BY SOLANO PUBLIC HEALTH

1. Proper Use of Personal Protective Equipment (PPE)
2. Infection Prevention and Control 101
3. Environmental Cleaning and Disinfection
4. Norovirus 101
5. MPX 101