



OUTBREAK MANAGEMENT PATHWAY FOR ACUTE RESPIRATORY INFECTIONS (ARI) in NON- HEALTHCARE SETTING (CHILDREN & CCF) (Version 1.0 - 29/09/2025)

B: Clinical Risk Assessment and Diagnosis

- Suspected diagnosis of two or more epidemiologically linked cases (including staff or children) of ARI within five days in the setting.
- Recommend guardians/parents on behalf of children or staff arrange clinical assessment by healthcare professional (i.e. general practitioner, nurse) to investigate suspected outbreak and arrange for appropriate testing and treatment.

NOTE:

1. Testing is not routinely required for mild symptoms unless there is a clinical or public health indication, such as severity of illness, presence of vulnerable individuals.
2. Where testing is indicated, combined nasal and throat swabs are recommended to optimise diagnostic sensitivity.

A: Operational Considerations

Acute Respiratory Infection (ARI)** Definition:

- Sudden onset of symptoms.
- **AND** at least one of the following four respiratory symptoms:
 - Cough, sore throat, shortness of breath, and coryza.
- **AND** a clinician's judgement that the illness is due to an infection.

** This case definition aligns with the European Commission/ European Centre for Disease Prevention and Control case definition.

Setting for use of this algorithm:

- Refers to facilities where children and young people gather, such as schools, childcare centres, and youth clubs.
- Mild ARI cases in these settings may not require testing unless clinically indicated.

Infection Prevention and Control (IPC) Measures

- Ensure adequate hand-washing facilities throughout accommodation. Dispensers for alcohol-based hand rub should also be provided throughout the facility.
- Handwashing/dispensers should have appropriate signage and instructions in multiple languages.
- **Hand hygiene and respiratory etiquette** should be reinforced throughout the setting, especially during outbreaks or respiratory season.
- Optimise natural ventilation within the setting e.g. advise/encourage children/staff to open windows where feasible.

ARIs are common in children and young people, particularly during the winter months.

C: Report and Public Health Response

- Report to regional **Department of Public Health, only in the event of a complex or severe outbreak**, such as hospitalisation, rapid spread in children & CCF setting, or involvement of high-risk individuals.
- Public Health to conduct Public Health Risk Assessment (PHRA) to advise on outbreak control measures, considering factors such as communal/shared activities, volunteer & public access to the facility, and the need for operational continuity.
- Facility to ensure appropriate infection prevention and control (IPC) measures are in place.

D: No Outbreak Confirmed

- Recommend vigilance within the setting.
- Recommend reinforcement of IPC measures.
- Suggest communication with parents, guardians and staff to maintain awareness.

- Encourage guardians/parents to ensure **ALL eligible children and young person** receive influenza and COVID-19 vaccinations.
- Encourage **ALL eligible staff** to get influenza and COVID-19 vaccinations.

E: Outbreak Confirmed

- To reduce the impact of ARIs in these settings there should be a whole-setting approach including prevention, early identification & prompt notification.
- Setting to ensure appropriate infection prevention and control (IPC) measures are in place.
- Symptomatic individuals should stay away from setting and avoid contact with others until 48 hours after symptoms have substantially or fully resolved.
- Symptomatic staff should remain at home and avoid contact with others until 48 hours after symptoms have substantially or fully resolved.
- **If critically unwell in setting, phone 112/999.**

H: Outbreak Closure

- The **Department of Public Health (DPH)** will inform the setting when an appropriate period has elapsed from the last case linked to the outbreak, based on the epidemiological characteristics of the ARI pathogen involved.

F: Outbreak Actions for Setting

- Implement outbreak control measures as advised by Public Health.
- In school and childcare settings, full isolation of symptomatic individuals is not generally required. Instead, the following proportionate actions should be taken:
 1. **Symptomatic children and staff** with a high temperature or who feel unwell **should stay at home and avoid contact with others** until they feel better and have been fever-free for at least 24 hours without the use of antipyretics.
 2. **Individuals with mild symptoms** (e.g. runny nose, headache) who are otherwise **well** may **continue to attend**, to minimise disruption to education and care.
 3. **Masks (if tolerated) may be offered** to symptomatic individuals who remain in the setting while awaiting collection or healthcare assessment, especially if they need to access communal areas.
- Advise health & care workers, entering the setting to provide care, or children and CCF staff interacting with a confirmed/suspected case to conduct **Point of Care Risk Assessment (PCRA)** prior to any interaction.

G: Additional Actions

- Outbreak control measures should be **site-specific and proportionate**, ensuring continuity of education and care while reducing transmission risk.
- Guidance and management of specific ARIs can be obtained on the **HPSC website**.
- Testing and outbreak management should be guided by the regional **Department of Public Health**.
- Due to **complex domestic circumstances**, the option of isolation of a child or young person at the **National Infectious Diseases Isolation Facility** (NIDIF) can be considered, but they should be accompanied by a parent or guardian.

