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

B: Clinical Risk Assessment and Diagnosis

- Suspected diagnosis of two or more epidemiologically linked cases (in time, place and person, i.e. same wing/section/floor of facility) including staff or residents of ARI within five days in the setting.
- Arrange clinical assessment by health & care professional (i.e. general practitioner, nurse or Social Inclusion (SI)/Migrant Health (MH) in-reach team to investigate suspected outbreak and arrange for appropriate **testing** and **treatment** *(where indicated)*.

C: Report and Public Health Response

- Report to **Regional Department of Public Health**.
- Public Health to conduct PHRA to advise on outbreak control measures, considering factors such as communal/shared activities, volunteer & public access to the facility, and operational continuity.
- Facility to ensure appropriate infection prevention and control (IPC) measures are in place.
- If interpreter services is required, see **HSE guidance on accessing interpreter services.**

D: No Outbreak Confirmed

- No further action needed.
- Recommend vigilance within the facility.
- Staff, and residents should be alert for signs and symptoms of ARI and know how to report these if they become unwell or develop a high temperature.

E: Outbreak Confirmed

- To reduce the impact of ARIs in non-healthcare congregate settings there should be a whole-setting approach including prevention, early identification and notification, and timely access to treatment and prophylaxis (where applicable).
- Facility to ensure appropriate infection prevention and control (IPC) measures are in place.
- Testing may be required to mitigate for clinical severity and risk of transmission. Where testing is deemed appropriate, individuals should follow recommendations in **ARI Guidance Cases & Contacts.**
- Symptomatic residents (who are not tested) should stay in their rooms 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 testing is indicated staff should follow recommendations in **ARI Guidance Cases & Contacts.**
- **If critically unwell, phone 112/999**.
- Consider referral to the **HSE National Infectious Diseases Isolation Facility** if the environment is challenging (e.g., multiple occupancy rooms).

- Ensure **ALL eligible individuals** are offered COVID-19 and influenza vaccinations.
- Encourage **ALL eligible staff** to get COVID-19 and influenza vaccinations.

H: Outbreak Closure

- The **Regional Department of Public Health** (RDPH) will inform the setting and IPAS 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

- In the event of a complex or high-risk outbreak, an Outbreak Control Team (OCT) should be convened to support coordinated response efforts, following the outcome of a PHRA. However, this may not be necessary for all outbreaks.
- Advise staff and health & care workers, entering the setting to provide care to cases, to conduct **Point of Care Risk Assessment** (PCRA) prior to any interaction with a confirmed case.
- Follow all Infection, Prevention and Control (IPC) measures. **Refer to Box A and any additional requirements based on Public Health Risk Assessment (PHRA).**

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.***

Congregate setting for use:

- Refers to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: homeless shelters, refuges, group homes and State-provided accommodation for refugees and applicants seeking protection. Those living or staying in the facility are referred to as residents.

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.
- Symptomatic residents should avoid communal and shared spaces with alternative arrangement for accessing essential services.
- Provide masks to symptomatic residents who need to access communal areas e.g. collect food from kitchen/buffet.
- Consider referral to the **HSE National Infectious Diseases Isolation Facility** for case management if the living environment is challenging, e.g. multiple occupancy rooms, limited washing and laundry facilities.
- Optimise natural ventilation within the setting e.g. advise/encourage residents to open windows where feasible.

G: Additional Actions

- If transport is needed for a resident to avail of isolation at the **HSE National Infectious Diseases Isolation Facility**, IPAS should arrange with a contracted taxi provider.
- In out-of-hours settings, the IPAS OOH duty officer can arrange transport with a contracted taxi provider.
- Guidance and management of specific ARIs can be obtained on the **HPSC website.**

HSE Public Health: National Health Protection Office
FSS Sláinte Poiblí: An Oifig Náisiúnta um Chosaint Sláinte