

Acute Respiratory Infection (ARI) Case Definition

*It is important to remember that older people with viral infections very often do not have fever and respiratory symptoms and may only have symptoms such as:

Clinical judgement with a high index of suspicion should be used when assessing residents.

Atypical bacterial infection Meets ARI case (e.g.Mycoplasma, definition or suspected Chlamydophila, ARI* Legionella) **Implement transmission-based** precautions. See here for more information. Reinforce standard precautions. Apply appropriate transmission-based precautions and inform infection prevention and control. Requires hospitalisation?*** If critically unwell, phone 112/999 Consideration should also be given to any care plans already in place for critical illness or Νο end-of-life care. • Undertake multiplex PCR testing for respiratory viruses**** • Where multiplex testing is not available, testing for influenza and Positive for COVID-19 COVID-19 should be undertaken · Assess for treatment according to national guidelines. simultaneously using appropriate · Treat as per HSE guidance. • Implement appropriate infection prevention and control precautions · For duration of using a Point of Care Risk transmission-based Assessment. precautions, please see • Do not delay necessary antiviral here. treatment while awaiting test results if Positive influenza is suspected (e.g. for possible cases with influenza-like illness or for probable cases with a Positive for Influenza (or clinical assessment indicates known epidemiological link to a possible or probable Influenza) confirmed influenza case). Suitability · Assess suitability for antiviral therapy e.g. Oseltamivir. for antiviral therapy should be • Treatment should be started as early as possible, ideally assessed in consultation with within 48 hours of symptom onset. resident's GP • A public health risk assessment should be undertaken to • If there are two or more linked cases, assess the requirement for providing antiviral or an outbreak is suspected, follow chemoprophylaxis to exposed residents and staff. This risk Public Health advice for management assessment can be undertaken by the OCT or local public of the outbreak.**** See HSE influenza antiviral treatment and prophylaxis Negative for both guidance here or see antibioticprescribing.ie for further management advice. Conduct a clinical risk assessment to determine if further testing should be undertaken for other respiratory viruses. A diagnosis of COVID-19 or Influenza is still possible following a "not detected" result if a resident remains unwell with no alternative diagnosis. Continue with infection prevention and control measures.

*Please note the term Residential Care Facility (RCF) encompasses all congregate care settings where people live for extended periods for example nursing homes, community hospitals, certain mental health facilities and community housing units for people with intellectual and physical disabilities.

Please note this pathway provides guidance for testing of Acute Respiratory Infections in Residential Care Facilities. This pathway should be read in conjunction with Public Health & Infection Prevention and Control Guidelines on the Prevention and Management of Outbreaks of COVID-19, Influenza and other Respiratory Infections in Residential Care Facilities

***Determined by a clinical assessment undertaken following extant procedures within the Residential Care Facility.

****In the context of an outbreak (two or more cases) of acute respiratory infection, a Public Health Risk Assessment (PHRA) will be undertaken. This PHRA will direct the management of the outbreak. Testing of up to five symptomatic residents is generally recommended. However, in some circumstances e.g. when infection with more than one respiratory pathogen is suspected in the facility, additional testing of symptomatic individuals may be required following a clinical risk assessment. This will be assessed on a case by case basis. See here for further information.

ARI Outbreak Definition

A cluster/outbreak of two or more cases of acute respiratory infection (ARI) arising within the same 48- hour period in the above settings/situations, which meet the same clinical case definition. Investigation of lower numbers of cases in a shorter timeframe can be undertaken if considered appropriate following public health risk assessment.

Differential diagnosis

of ARI may include:

• COVID-19 • Influenza RSV Rhinovirus • Parainfluenza

hMPV Adenovirus

Pertussis

(e.g. Hib, Streptococcus, Staphylococcus) Infective exacerbation

of COPD

Bacterial infection