

Public Health guidance on prevention and control of infectious diseases in communal settings for displaced people fleeing war in Ukraine

1. Purpose and Overview

- This advice is for staff working in congregate and/or communal settings (i.e. hotels / hostels / sports hall/ reception centres / other settings) where displaced people fleeing Ukraine are staying. It aims to provide guidance on general preventive measures to reduce risk of infectious disease transmission and on the initial steps to take when a person reports symptoms of key infections that pose a significant risk of spread in these settings.
- There is increased risk of infectious disease transmission in communal centres hosting persons displaced from war in Ukraine because the congregate nature of these settings reduces the ability to keep a physical distance from others, reduces access to sanitary facilities and enables rapid spread of certain infections.
- Overcrowding and poor hygiene (personal and environmental) are key factors that contribute to the spread of infections in these settings. Therefore, every effort should be made to minimise overcrowding, provide adequate access to hygiene and sanitation facilities and ensure frequent environmental cleaning. For guidance on minimum hygiene and public health standards required in temporary communal centres see [here](#).
- Also critical in reducing spread of infectious diseases is:
 - Cough etiquette: cover coughs or sneezes with a tissue or sleeve - put used tissues into a bin immediately after use.
 - Hand hygiene: frequently wash hands with soap and hot water for at least 20 seconds or use an alcohol based (at least 60%) hand sanitiser if water is not available.
 - Prompt identification and isolation of ill person(s)

2. General preventive measures

- Posters in Ukrainian and Russian to promote:
 - good cough etiquette
 - promote hand hygiene ([poster in Ukrainian](#))
 - prompt reporting of any symptom suggestive of an infectious respiratory or gastrointestinal illness, e.g. ‘think measles’, ‘think polio’, ‘think Hepatitis A’ etc under [Public Health Resources](#) on HPSC website; [COVID-19 information in Ukrainian](#) on the HSE website
- Provide handwashing stations at key locations, with safe clean warm running water, soap and alcohol rub and “once only” towels. These should be at key locations before touching food (eating, preparing food or feeding a child) and after using the toilet or changing a child’s nappy.
- Ensure adequate ventilation by keeping windows open as much as possible (especially windows opposite each other to encourage air flow) and encouraging outdoor activities
- Ensure frequent environmental cleaning of all touch points, food preparation and storage facilities and toilet and bathing facilities
- Prohibit storage and consumption of food in the communal sleeping quarters, unless necessary due to isolation
- Limit access to pets outside of sleeping and eating facilities
- Provide adequate food storage and cooking facilities (where required) to prevent foodborne illness
- Provide medical face masks (FFP2 or surgical masks): wearing a face mask by residents and staff while in communal areas is particularly recommended if there is an outbreak of COVID-19 or other airborne infection
- Ensure adequate supplies of nitrile gloves and disposable plastic aprons in the event that a resident develops respiratory illness and/or there is an infectious disease outbreak
- Encourage social distancing: keep 2m away from others. This is particularly important if there is an outbreak of COVID-19
- Provide antigen tests to diagnose COVID-19
- There should be designated isolation facility to promptly isolate symptomatic individuals while they await medical assessment and management. This will ideally be a separate room with dedicated toilet within the facility, but could be a prefab/caravan with dedicated toilet facilities

- The facility should always run at approximately 80% occupancy to allow sufficient space to enable cohorting (grouping) of ill persons into separate rooms or into separate areas in the event of an infectious disease outbreak.

THINGS WE CAN DO TO KEEP EACH OTHER SAFE



3. Initial management of infectious disease cases in communal centres

The infectious diseases that pose a particular risk in these settings can be spread via:

- Airborne/droplet
- Faeco-oral route
- Direct contact (touch)

3.1. Airborne/ droplet transmission

For infections that are spread through the air, the germs (bacteria or viruses) causing the infection can travel through the air in small (aerosols) or large droplets for different distances when the infected person coughs, sneezes, sings or shouts. Another person can pick up these germs either by breathing them in (inhaling them), or by them reaching their mouth, nose or eyes when the infected person coughed etc, or by touching surfaces that the aerosols/ droplets have settled on and then transferring the germs to their mouth, nose or eyes.

Table 1 outlines the common airborne infections that pose a particular risk in communal settings and their symptoms.

Table 1 Common airborne infections that pose a particular risk in communal settings

Infectious disease	Symptoms	How long cases are infectious (can spread to others) and need to isolate (stay in their room) for
COVID-19 (SARS-CoV-2)	<ul style="list-style-type: none"> -Fever (high temperature - 38 degrees Celsius or above) - including having chills -Dry cough -Fatigue (tiredness) -Loss of sense of taste or smell -Sore throat, runny nose 	<p>48 hours before symptoms begin and seven days after</p> <p>If asymptomatic, 24 hours before test date and seven days after</p> <p>Stay isolated for 7 full days after symptom onset</p>
Measles (Measles Virus)	<ul style="list-style-type: none"> - Fever, cough, runny nose, watery, red eyes for 2 to 4 days before rash starts - Small red spots with white or bluish white centres in the mouth. Blotchy rash that begins on the face and spreads all over the body -Rash lasts 4 to 7 days 	<p>Infectious for 4 days before and 4 days after onset of rash</p> <p>Stay isolated until 5 days after rash onset</p>
Chickenpox (Varicella Zoster)	<ul style="list-style-type: none"> -Fever may be present before an itchy rash develops. -Crops of small red spots turn into fluid-filled blisters. -Direct contact with the fluid from blisters also results in transmission - After the blisters break, open sores will crust over to form dry, brown scabs as they resolve - Usually lasts about 10 days 	<p>Infectious for 1 to 2 days before spots appear and until all blisters have crusted over (usually 5 days after the first blisters appear).</p> <p>Stay isolated until 5 days after first blisters appear</p>
Influenza (Influenza virus)	<ul style="list-style-type: none"> -Muscle aches and high fever -Sore throat and cough -Fatigue, loss of appetite -Nausea and vomiting 	<p>Infectious up to 5 days after symptoms begin</p> <p>Stay isolated until 48 hours after symptoms have resolve</p>
Meningococcal disease (meningitis or septicaemia) (Neisseria Meningitidis)	<ul style="list-style-type: none"> -Fever, severe headache, neck stiffness, nausea and/or vomiting, stomach cramps, diarrhoea, dislike of bright lights, drowsiness and joint or muscle pains. -There may be a rash which spreads quickly and does not disappear when a glass tumbler is pressed against it. This is a late sign. 	<p>Infectious until 24 hours after starting appropriate antibiotic treatment</p>
TB (Mycobacterium Tuberculosis)	<ul style="list-style-type: none"> -Fever and drenching night sweats -Cough (generally lasting more than 3 weeks) -Weight loss -Blood in the sputum (phlegm) at any time 	<p>Infectious up to 2-3 weeks after starting treatment</p>

3.1.1. COVID-19

What to do if there is a suspected or confirmed case of COVID-19 in my setting?

1. Anyone **with symptoms of COVID-19** or other viral respiratory infection, regardless of vaccination status, should immediately **self-isolate** (stay in their room or in a designated room/facility in the Centre) and have an **antigen or PCR test** because of living in congregate settings where COVID-19 can spread rapidly
2. If anyone is concerned about their symptoms, you should ensure they can contact a GP for clinical assessment through locally arranged pathways
3. Please assist the residents in reporting positive antigen tests on the COVID care tracker (CCT) system so that cases are notified to Departments of Public Health in the usual way.
<https://antigentesting.hse.ie/>
4. Advise the person with COVID-19 to self-isolate and also **wear a medical face mask** (FFP2 or surgical) they have to be around other people, **for 7 full days** from date of onset of symptoms, or if they have no symptoms, from the date of a positive test result (either an antigen or PCR test)
5. Ask the person to identify their close contacts so that you can advise them to follow the advice below for close contacts. A close contact is anyone who has spent more than 15 minutes cumulative time within 2 meters of a case.
6. Where possible, person(s) with COVID-19 should isolate as a family unit (i.e., stay in their hotel room with a window they can open). Where it is not possible, self-isolation facilities should be made available in the setting or they should move off site to dedicated isolation facility. Citywest in Dublin has an isolation facility and can receive referrals via the email address: covid.isolationrequest@hse.ie. The local GP may need to make this referral
7. Symptomatic individuals or people with confirmed COVID-19 should not use communal areas
8. They should keep away from other people, if possible, – especially older people or anyone with a long-term medical condition
9. If it is not possible to keep away from others, anyone aged 12 years or older with COVID-19 should wear a medical face mask (FFP2 or surgical mask) during self-isolation and for 3 days after they finish self-isolation and also keep a 2 metre distance away from another person. Children aged 9-12 years old should wear a well fitted mask as much as is reasonably practical during the 10-day period
10. They should use a different bathroom to others if possible, and if not possible keep the bathroom very clean and clean frequent touch or hard surfaces after each use (e.g. toilet handle, door handle, taps) with bleach containing products

11. Staff should ensure food is delivered to their room and if this is not possible the person with COVID-19 may ask friends, family or delivery drivers to drop off food or supplies
12. **On exiting self-isolation** after 7 full days, cases should continue the following protective measures until day 10:
 - Wear a medical face mask (FFP2 or surgical mask) in crowded, enclosed or poorly ventilated spaces
 - Limit close contact with other people outside their household group, especially those who are at higher risk of severe infection

What should close contacts of a COVID-19 case do?

13. **Close contacts with no symptoms** do not need to restrict their movements, regardless of vaccination status. However, public health recommends they have 3 antigen tests:
 - the first as soon as possible after they know they are a close contact,
 - then 3 days later,
 - and also 7 days after contact with a COVID-19 case
14. **Close contacts with symptoms** should promptly self-isolate and **do an antigen or PCR test.**

What to do if there is an outbreak of COVID-19?

An outbreak of COVID-19 occurs when there are two linked cases in the same setting.

1. Move people who have COVID-19 to dedicated isolation area within the setting or move off site to dedicated isolation facility. Citywest in Dublin has an isolation facility and can receive referrals via the email address: covid.isolationrequest@hse.ie. The local GP may need to make this referral.
2. Provide antigen test for those who are **symptomatic** in the setting.
3. Provide antigen testing for **close contacts** who do not have symptoms.
4. All staff should wear a FFP2 or surgical mask while on the premises.
5. All residents should wear surgical or FFP2 masks when not in their rooms (unless they are outside). A box of masks should be delivered to each room. Staff should encourage the use of masks.
6. Increase ventilation where possible by opening windows and doors (subject to weather conditions and comfort level of room occupants) to allow air flow.
7. Identify all significant touch-points (door handles, tables, elevators, stair rails) and increase the frequency of cleaning such surfaces.
8. In the event of any serious concerns such as a large number of cases or multiple hospitalisations, [Departments of Public Health](#) can be contacted for further advice.

For further information on managing COVID in your setting please go [here](#).

3.1.2. Other airborne infections

What to do when a person(s) reports symptoms of other illnesses listed above and is COVID-19 antigen negative?

1. When a person reports symptoms suggestive of any of the illnesses listed above and is antigen negative for COVID-19 a medical assessment is required as soon as possible to guide diagnosis and management.
2. You should contact the local GP or refer them for clinical assessment through locally arranged pathways.
3. The person(s) should be kept in a separate room/isolation area within the facility until such time as the medical assessment is completed. Each facility should plan in advance where this isolation area/room is within the setting, ensuring appropriate access to separate or dedicated toilet facilities.



4. The attending doctor will either confirm the diagnosis clinically or order further tests as appropriate.
5. The sick person may need to continue isolating after a diagnosis is made and while they recover to prevent the spread of infection. Details of isolation periods for the different infections can be found in Table 1.
6. Where possible, the sick person(s) should isolate within their family/ household unit (i.e., stay in their hotel room with a window they can open). Where it is not possible, self-isolation facilities should be made available in the setting.
7. They should use a different bathroom to others if possible and if not possible keep the bathroom very clean.
8. Staff should ensure food is delivered to their room and if this is not possible the sick person may ask friends, family or delivery drivers to drop off food or supplies.
9. Call an ambulance if the ill person is very unwell with any of the following:

- a. Drowsy or unresponsive
 - b. Short of breath with difficulty breathing
 - c. A high fever with a rash that does not disappear when you press on it with a glass
10. The local Public Health team will advise on appropriate isolation duration, contact management and environmental cleaning measures required.

What to do when there is an outbreak of airborne infections?

1. In the event of an outbreak, it may be necessary to cohort (group) all sick persons into dedicated areas (e.g. one floor or wing in a hotel) or rooms. Each facility should have a plan of where and how this will be managed if the need arises.
2. A medical review by the local GP or through the local referral pathways for clinical assessment should be arranged as required.
3. Contact your local [Department of Public Health](#) for further advice.
4. Increase ventilation where possible by opening windows and doors (subject to weather conditions and comfort level of room occupants) to allow air flow.
5. Identify all significant touch-points (door handles, tables, elevators, stair rails) and increase the frequency of cleaning such surfaces.

3.2. Faeco-oral transmission or spread

Faeco-oral transmission happens when the germs (bacteria or viruses) that cause illness are found in the **stool (faeces)** of an infected person (or animal) and are spread to another person. These germs enter the **mouth** of that other person either directly from contaminated hands (unwashed hands carrying the germs), or indirectly through contaminated food or water carrying the germs. Table 2 outlines common infections via faeco-oral spread that pose a particular risk in communal settings.

As well as faeco-oral spread, Norovirus (often called 'vomiting bug', but also causes diarrhoea) can also be spread through the air when a person vomits and releases germs which are ingested by a healthy person. Therefore, vomit should **always** be treated as potentially able to spread infection. For further information on managing Norovirus in your setting please go [here](#).

Table 2 Common infections via faeco-oral spread that pose a particular risk in communal settings

Infectious disease	Symptoms	How long cases are infectious (can spread to others) and need to isolate (stay in their room) for
Gastroenteritis caused by: -Norovirus, Rotavirus -Campylobacter, -Salmonella, - Shigella, -E. coli O157:H7, - Giardia lamblia,	- Loose or frequent stools - Nausea, vomiting - Abdominal pain or cramps, -There may be mucous or blood in stool. -There may be a fever.	-Until 48 hours after symptoms resolve -For some infections period of isolation or exclusion from food preparation varies
Hepatitis A	-Fever, fatigue, - Loss of appetite, - Nausea, vomiting, -Abdominal pain and jaundice (yellowing of the skin and eyes).	2 weeks before to 2 weeks after the onset of symptoms, or 1 week after the onset of jaundice.

What do if a person is vomiting and/or has diarrhoea?

1. In general, if a person vomits once and subsequently feels well, they may not necessarily have an infection but the vomit should be treated as potentially infectious, and safely disposed of
2. If any person vomits, you should immediately:
 - **Cover** the area of vomit
 - **Clear** other people away
 - **Cordon** off the immediate area, and
 - **Clean** and decontaminate the area while wearing gloves. Cleaning first with warm water and detergent, then disinfect with 0.1% bleach
 - **Wash** your hands after removing your gloves with soap and warm water
3. If the person continues to feel unwell, vomits repeatedly or reports diarrhoea, an infectious disease should be suspected and they should be isolated.
4. **Isolate ill persons** and keep them separate from other residents as far as possible. Each facility should plan in advance where this isolation area/room is within the setting, ensuring appropriate access to separate or dedicated toilet facilities.
5. Where possible sick person(s) should isolate as a family unit (i.e., stay in their hotel room with a window they can open). Where it is not possible, self-isolation facilities should be made available in the setting.

6. They should use a different bathroom to others if possible and if not possible keep the bathroom very clean.
7. Staff should ensure food is delivered to their room and if this is not possible the sick person may ask friends, family or delivery drivers to drop off food or supplies.
8. In general, they can mix as normal, 48 hours after their vomiting and diarrhoea has stopped.
9. If any person who develops vomiting, becomes very unwell, call the local GP or Accident and Emergency Department on the telephone for advice or arrange a medical review through locally arranged pathways for a clinical assessment.
10. **Exclude ill staff** from work for 48 hours after their vomiting and diarrhoea has stopped.
11. **Environmental cleaning** with warm water and detergent; and disinfection with the recommended concentration of bleach. When cleaning, pay special attention to the area where the person vomited, and all hand-touch surfaces (counter tops, toilet flush handles, light switches, etc) that the person may have touched.

Of note, Norovirus (vomiting bug) is very resistant to cleaning and disinfection. Temperatures of over 60°C or a 0.1% bleach solution¹ are needed to destroy the virus.

What to do if there is an outbreak of gastroenteritis?

1. If a sick resident continues to display signs of gastroenteritis and other residents become ill too, arrange a medical review for sick persons by their GP or through locally arranged pathways for clinical assessment as required.
2. Call your local [Department of Public Health](#) – they will advise you on the immediate steps you need to take to control the spread of infection.
3. When the number of sick persons exceeds isolation facilities, it will be necessary to cohort (group) all sick persons into dedicated areas away from healthy occupants, ensuring adequate access to separate toilet facilities.
4. If an outbreak of gastroenteritis is identified, public health doctors will review the situation, and provide direction as to what should be done. They may also undertake a risk assessment to determine if it is safe to accept admissions to the reception centre, or to allow residents to move on to other locations.

¹ In general, to make a 0.1% bleach solution, add 1 part of normal household bleach to 50 parts of tap water. However, the concentration of supermarket domestic bleach solutions can vary and the dilution recommended by the manufacturer for disinfection of surfaces should be used.

3.3. Direct contact transmission or spread

Direct contact transmission occurs through direct skin-to-skin contact or for some infections, indirectly through sharing contaminated bedding or clothes like hats and helmets. Table 3 describes common infections that spread via direct contact from person-to-person that pose a particular risk in communal settings.

Table 3 Common infections via direct contact that pose a particular risk in communal settings

Infectious disease	Symptoms	How long cases are infectious (can spread to others) and need to isolate (stay in their room) for
Scabies	-Red, very itchy rash that usually appears between fingers, on palms, armpits, wrists, elbows, groin area, buttocks, and shoulder area. -Itchiness is usually worse at night and may persist for several weeks despite successful treatment.	Until treated after 1 or 2 courses a week apart
Head Lice	-Itchy scalp (may be worse at night) -Nits (whitish-grey egg shells) attached to hair shafts	As long as live nits or lice are present

What to do if there is a case of scabies or head lice?

1. Persons with symptoms consistent with either head lice or scabies do not require strict isolation away from others but should be asked to minimise direct contact with others and to stop the sharing of any clothes, hairbrushes, towels or bedding while they await treatment.
2. Diagnosing and treating scabies will require a medical assessment by the local GP or through the locally arranged pathway for clinical assessment.
3. Whereas head lice are a common condition that can be identified and treated without a formal assessment, and with over-the-counter treatments (a local pharmacist can advise on these).
4. Appropriate disinfection and cleaning of contaminated items is necessary.

For further information on other common childhood illnesses including impetigo and ringworm please go to [Management of Infectious Disease in Childcare Facilities and Other Childcare Settings](#).