



# RSV outbreak guidelines

## Checklist for long-term care facilities

2023-2024 Season

Use the following checklist in conjunction with the latest [Guidelines for Prevention and Control of RSV-Associated Outbreaks in Long Term Care Facilities: 2023-2024 Season](#) from the Colorado Department of Public Health and Environment (CDPHE). This checklist may serve as a tool to prevent and control outbreaks of respiratory syncytial virus (RSV) in long-term and residential care facilities and settings.

Outbreak definition for RSV-associated outbreaks in a long-term care facility:

- Suspected RSV outbreak: One resident with a positive test for RSV, among one or more other residents with undiagnosed respiratory illness with symptom onset occurring within a 1-week period.\*
- Confirmed RSV outbreak: Two or more positive cases of RSV among residents with symptom onset occurring within a one-week period.

\*The occurrence of respiratory illness (fever [ $>100^{\circ}$  F orally] and/or [new cough or sore throat]) among residents should first be considered suspect for COVID-19. If RSV or other respiratory illnesses such as influenza are circulating locally, these pathogens should also be considered suspect until testing proves otherwise. Co-infections of SARS-CoV-2 and other viral respiratory pathogens can and may occur.

RSV symptoms may include:

- Rhinorrhea & sneezing (nasal discharge or runny nose)
- Pharyngitis (sore throat)
- Chills
- Headache
- Fatigue
- Decreased appetite
- Coughing
- Wheezing and/or difficulty breathing
- Fever (may or may not present as a symptom in adult patients)

## Outbreak Checklist

If one or more residents present with respiratory symptoms, first defer to the [COVID-19 Mitigation and Outbreak Guidance](#) document until testing confirms the cause of the illness or outbreak. Do not wait for confirmation of a diagnosis to implement infection control precautions. The following checklist should be referred to if testing indicates an outbreak of RSV only. If there is a co-outbreak of COVID-19 and RSV (or other respiratory illness such as influenza), COVID-19 outbreak response measures supersede those of RSV and other pathogens and should be followed accordingly. If testing confirms the presence of both influenza and RSV, guidance measures for RSV are superseded by those of influenza, and the facility should follow the influenza outbreak guidelines.

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## Residents

- Residents with symptoms of respiratory illness are confined to their rooms (isolated) or limited to the affected unit (cohorted) until the outbreak is over.
  - Symptomatic residents should be confined to their rooms or limited to the affected unit for: Eight days after illness onset and until 24 hours after they no longer have a fever (without the use of fever-reducing medicines) and other symptoms (e.g., cough) are improving.
  - Elderly persons and other long-term care residents, including those who are medically fragile and those with neurological or neurocognitive conditions, may manifest atypical signs and symptoms with RSV infection and may not present with fever.
- Do not wait for confirmation of illness to confine (isolate) or cohort symptomatic residents as ongoing transmission can occur during this time.
- If transport is necessary, have the resident wear a mask and communicate information about the residents' illness with appropriate personnel before transferring them (internal and external transports).
- New admissions should be limited or housed in unaffected areas until the outbreak is over.
- Cancel group activities until the outbreak is over (at least two incubation periods (16 days) after the date of symptom onset of the last case of illness).
- Continued viral shedding can occur up to four weeks among residents who are immunocompromised; therefore, the time period for recommended precautionary protocols may be extended for these people for this time frame.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an [EPA-registered, hospital-grade disinfectant](#) to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for RSV in healthcare settings, including those patient-care areas in which aerosol-generating procedures (AGPs) are performed.
- Infection control measures must be maintained until the outbreak is over (at least two incubation periods (16 days) after the date of symptom onset of the last case of illness).

## Staff

- Staff are informed of RSV cases and the following infection control precautions are implemented:
  - Standard precautions
  - Contact precautions
  - Droplet precautions
  - Proper hand hygiene
  - Assessing for compliance
- Healthcare personnel that are confirmed positive for RSV are excluded from work until at least 24 hours have passed since their last fever without the use of fever-reducing medications (i.e., ibuprofen or acetaminophen) and all other respiratory symptoms (i.e., cough) are improving.

- Designate all staff (e.g., healthcare workers, environmental services, dietary, etc.) to a certain unit/floor/neighborhood/POD. Do not allow staff members to work in both affected and unaffected units. Staff treating or interacting with residents should be cohorted by pathogens if possible. Gowns and gloves should be changed between every resident treatment.
- Symptomatic staff should be excluded from resident care/contact until they have not had a fever for 24 hours without the use of fever-reducing medications and/or all other symptoms are improving.

## Visitors

For the safety of the visitor, in general, residents should be encouraged to limit in-person visitation while they are infectious. For the safety of the residents, in-person visitation should be limited if a visitor is symptomatic and/or infectious. However, facilities should adhere to local, territorial, tribal, state, and federal regulations related to visitation. Additional information about visitation from the Centers for Medicare and Medicaid Services (CMS) is available at [Policy & Memos to States and Regions](#).

- Alert visitors to the facility of the current outbreak, [CDPHE has a sign for this purpose](#).
- Counsel residents and their visitor(s) about the risks of an in-person visit.
- Visitors, staff and residents should be notified of any current infection prevention and control (IPC) practices in place in the event of an outbreak or routine infection prevention (i.e. hand hygiene, source control and/or PPE).
- Encourage use of alternative mechanisms for resident and visitor interactions, such as video-call applications on cell phones or tablets, when appropriate.
- Facilities should provide instruction before visitors enter the resident's room on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.
- Visitors should be instructed to only visit the resident room. They should minimize their time spent in other locations in the facility.
- Visitors are notified that an outbreak of RSV is occurring in the facility. Signage can be an effective way to communicate this information, but it must be visible.
- Visitors are encouraged to perform hand hygiene upon entry into the facility and upon exiting the facility.
- Visitors are educated and adhere to isolation precautions. This includes gowning, gloving, masking, proper disposal, and proper hand hygiene.
- Visitors who are less than 12 years of age should delay in-person visits whenever possible. If it is necessary to allow visitation, public health should be consulted to assist with disease control measures.

## Surveillance

- Conduct daily active surveillance (e.g., line list and/or calendars) for new illness among residents and staff until at least two incubation periods (16 days) after symptom onset of the last case of illness have passed. [A line list template is available online](#).
- Monitor the progression of the outbreak (note if there is spread between units and/or resident rooms).
- Report the outbreak (suspected or confirmed) to local or state public health. Local public health will report the outbreak to CDPHE.

- This online REDCap outbreak report form may be used to report RSV outbreaks. Alternatively, an RSV outbreak report form for long-term care facilities is also included in this document, however the REDCap report form is preferred. Email notifications of outbreaks, submission of outbreak report forms, and questions regarding RSV outbreaks to [cdphe\\_flu\\_rsv@state.co.us](mailto:cdphe_flu_rsv@state.co.us) and [nina.strayhorn@state.co.us](mailto:nina.strayhorn@state.co.us).
- Complete the outbreak form and email to [cdphe\\_flu\\_rsv@state.co.us](mailto:cdphe_flu_rsv@state.co.us) and [nina.strayhorn@state.co.us](mailto:nina.strayhorn@state.co.us) when the outbreak has ended (two incubation periods or 16 days have passed with no new RSV cases since the date of symptom onset of the last case of illness).