

CDPH Recommendations for Prevention and Control of Respiratory Viral Infections in Skilled Nursing Facilities

Streamlined guidance that can be broadly applied for the prevention and control of SARS-CoV-2, influenza, respiratory syncytial virus, and other respiratory viruses. Key messages:

- Encourage residents and healthcare personnel (HCP) to be **up-to-date on recommended vaccinations**
- Develop policies for **source control masking**
- Initiate prompt **testing and treatment** of COVID-19 and influenza

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-36.aspx>

Vaccination

- CMS requires SNFs to:
 - **Educate and offer** COVID-19, influenza, and pneumococcal vaccines to residents, and COVID-19 vaccines to HCP
- During outbreaks, continue to offer vaccines to residents and HCP per CDC recommendations.
 - No recommendation to delay vaccination until the outbreak has ended.
 - No contraindication to receiving a vaccine if exposed.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#infection>

[https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80\(d\)\(3\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80#p-483.80(d)(3))

Q: If an individual is positive with COVID-19, when can they get the COVID-19 vaccination?

- People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.
- COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARSCoV-2 infection, including people with prolonged post-COVID-19 symptoms.
- People who recently had SARS-CoV-2 infection may consider delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
 - Individual factors such as risk of COVID-19 severe disease or characteristics of the predominant SARS-CoV-2 strain should be taken into account when determining whether to delay getting a COVID-19 vaccination after infection.

Immediately test symptomatic residents and HCP

- Test for SARS-CoV-2; when influenza is circulating, also test for influenza
- If RSV is circulating, consider preferential use of a molecular test that includes RSV in addition to SARS-CoV-2 and influenza
 - This could be a full respiratory panel or other multiplex assay
- If initial testing is negative and >1 resident is ill, obtain a full respiratory panel to evaluate for other respiratory infections

Testing of asymptomatic individuals

- In general, testing asymptomatic individuals for influenza, RSV, or other non-SARS-CoV-2 respiratory viruses is **not recommended**.
- Reserve combined SARS-CoV-2 and influenza rapid tests for residents with respiratory symptoms.
 - Do not use combined SARS-CoV-2/influenza rapid tests for asymptomatic testing, e.g., post-exposure SARS-CoV-2 testing.

Isolation of symptomatic residents

- Symptomatic residents and residents with respiratory virus exposures should generally remain in their current room and wear a mask for source control when outside their room.
- Avoid movement of residents that could lead to new exposures.
 - For example, roommates of symptomatic residents, who have already been potentially exposed, should not be placed with new roommates, if possible.

Transmission-Based Precautions for symptomatic residents

- While awaiting test results on symptomatic residents, implement empiric Transmission-Based Precautions for COVID-19.
 - HCP should use a fit-tested N95 or higher-level respiratory, eye protection, gloves, and gown.
- If SARS-CoV-2 test results are negative, HCP may downgrade their N95 to a surgical mask while awaiting test results for influenza and other respiratory viruses
- Ongoing Transmission-Based Precautions will depend on the determined etiology.

Recommended Transmission-Based Precautions for Healthcare Personnel Caring for Residents with Respiratory Viral Infections

Virus	Mask or Respirator*	Eye Protection	Gown	Gloves	Duration of Isolation
SARS-CoV-2	N95 or higher-level respirator	Yes	Yes	Yes	10 days
Influenza	Surgical mask	Per Standard Precautions	Per Standard Precautions	Per Standard Precautions	≥ 7 days
RSV and other respiratory viruses	Surgical mask	Per Standard Precautions	Yes	Yes	≥ 7 days

*SNFs are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements. See: https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf

Q: Do COVID-19 positive residents still need to isolate for 10 days?

- Yes, per CDC guidance updated on May 8, 2023, residents still need to isolate for 10 days <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.
- Residents who test positive and are asymptomatic throughout their infection should be isolated until at least 10 days have passed since the date of their first positive test.
- Residents who test positive and are symptomatic with mild to moderate illness and are NOT moderately to severely immunocompromised should be isolated until the following conditions are met:
 - At least 10 days have passed since symptoms first appeared; and
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
 - Other symptoms (e.g., cough, shortness of breath) have improved.
- Residents who are with severe to critical illness and who are NOT moderately or severely immunocompromised, may require isolation for up to 20 days after the onset of symptoms.
- Vaccination and treatment status does not influence duration of isolation.

Duration of Transmission-Based Precautions for RSV

- [CDC's RSV Guidance for Healthcare Providers](#) refers to their [2007 Guideline for Isolation Precautions](#), which recommends transmission-based precautions for RSV be continued for the “duration of illness.”
- Based upon available information about the duration of viral shedding in adults with RSV ([Walsh et al](#)), a reasonable approach is to isolate for at least 7 days after illness onset or until 24 hours after the resolution of fever and improvement in respiratory symptoms, whichever is longer.