Updated October 2025

MDHHS Michigan Department of Health & Human Services | Bureau of Infectious Disease Prevention

Guidelines for Respiratory Virus Outbreaks in Long-Term Care (LTC) Facilities

Michigan Department of Health and Human Services

This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations to control respiratory virus outbreaks in LTC facilities. Residents of LTC facilities can experience severe and fatal illness during respiratory virus outbreaks, therefore, prompt recognition and management of outbreaks is critical.

Any suspected outbreaks should prompt **immediate** action as outlined below.

Please call your local health department (LHD) or the MDHHS communicable disease main line at (517) 335-8165 with any questions.

Definition of a Respiratory Virus Outbreak in Long-Term Care (LTC) Settings

Two or more residents develop respiratory illness within 72 hours of each other.

or

One laboratory-confirmed positive case† in a resident* along with other cases of respiratory infection.

† Positive test results excluding serology

or

A sudden increase over the normal background rate of acute respiratory illness (ARI) cases, with or without documented fever.

*(e.g. influenza, SARS-CoV-2, respiratory syncytial virus (RSV), parainfluenza, human metapneumovirus, adenovirus)

Elderly or medically fragile persons may have atypical signs of respiratory virus infection and may not present with fever

Action Steps

A single case of suspected of respiratory infection is sufficient for triggering testing and prompt implementation of infection prevention and control measures, including active surveillance for new illness cases. The following should be undertaken immediately by the LTC facility with LHD coordination:

Testing and Reporting

- The LTC facility should contact their LHD to report every suspect or confirmed respiratory outbreak. Refer to the *MDHHS reportable diseases list and LHD directory*.
- Active surveillance for additional cases should be implemented as soon as possible once one laboratory-confirmed respiratory virus case is identified in a facility.
- Develop a plan for respiratory virus testing with consideration for a range of possible viral pathogens. The MDHHS Bureau of Laboratories (BOL) can provide testing support to confirm the outbreak etiology. Contact your LHD for consultation and coordination as needed. **Please see the *MDHHS Influenza Testing Algorithm* for information on submitting specimens to MDHHS BOL.**

If needed, order MDHHS test kits **(#45)** through the Laboratory Kit Order Tracking System (LKOTS).
For questions or help placing an order, please reach out to MDHHSLab@michigan.gov.

Local Health Department

- LHDs must notify MDHHS of a respiratory virus outbreak or apparent ARI cluster, either by entering a report into MDSS as a New Aggregate Case and marking Outbreak to 'Yes' or via the *Cluster and Facility Outbreak Notification Report Form*, faxed to 517-335-8263. If the LHD receives a positive respiratory virus lab report for a resident of a LTC facility, they should follow up with the facility to ensure no other respiratory illness is present.

Infection Control

- Institute *standard* and *transmission-based precautions* (see Section III.B.) as appropriate, including the use of face masks upon entering ill patient rooms for source control. Place signs indicating the type of precautions outside of resident rooms.
- Incorporate *respiratory hygiene and cough etiquette* (see Section III.A.1.a.). Gloves do **not** replace the need for hand hygiene. Have a process for monitoring resources, such as personal protective equipment (PPE).
- Private rooms are preferred. If a private room is not available, cohort residents with the same pathogen.
- Consider using in-room HEPA air cleaners in shared spaces to *improve ventilation* which can reduce the number of particles in the air and lower risk of exposure to airborne hazards.
- Consider limiting group activities. Contact your LHD for additional recommendations.
- Restrict ill staff from patient care. Consider having dedicated HCP for units impacted by the outbreak. If cohorting staff is not feasible, have staff care for residents not on transmission-based precautions first whenever possible. Check facility policy whether unvaccinated staff wear a face mask at all times.
- Implement the facility policy for limiting or deferring new resident admissions. Avoid new admissions or transfers to wards with symptomatic residents. Consider restriction of all visitors. Post visitor signs.
- Maintain precautions and conduct daily active surveillance for respiratory illness among residents, monitoring of staff, and screening of visitors.
- Ensure any shared equipment among residents be properly *cleaned and disinfected* between uses with an Environmental Protection Agency (EPA)-registered disinfectant.

Facilities are encouraged to educate staff on the signs and symptoms of various respiratory viruses, testing procedures, the need for ongoing respiratory hygiene, and appropriate control measures. Ideally, education takes place before an outbreak occurs and training/materials are routinely updated. See *CDC Environmental Infection Control Guidelines* for more in depth control measures.

Treatment

- Influenza: Consult with the facility Medical Director regarding antiviral treatment and prophylaxis.
  - All LTC residents who have confirmed or suspected influenza should receive antiviral treatment immediately; **treatment should NOT WAIT for laboratory confirmation.**
  - As soon as an influenza outbreak is confirmed, all non-ill residents on impacted units and wards should receive antiviral prophylaxis, regardless of vaccination status.
  - Antiviral prophylaxis should be offered for unvaccinated staff, especially individuals that provide care to immunocompromised or persons at high risk of complications.
  - Monitor residents and staff receiving prophylaxis and notify the health department if a person develops influenza while on or after receiving antiviral chemoprophylaxis.
- COVID-19: Refer to the *MDHHS COVID-19 Therapeutics Information Page* on administering therapeutics to eligible residents. Treatment should be started as soon as possible **within 5 days of symptom onset**.
- RSV: Provide supportive care to relieve symptoms, such as over-the-counter medications to reduce fever.

Vaccination

- Review and document vaccination status of residents and staff.
- For nursing homes participating in *Medicare and Medicaid programs (see §483.80(d)(1))*, each resident is required to be offered influenza and COVID-19 vaccination unless medically contraindicated, resident has already been immunized, the resident refuses vaccination, or the vaccine is not available due to shortage. While offering RSV vaccination is not required, it is recommended to offer to eligible residents and staff.

Respiratory Virus Outbreaks in Long Term Care (LTC) Facilities

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Notify your local health department (see directory on pg. 2) for any of the following:

- Two or more residents develop respiratory illness within 72 hours of each other
- A resident with severe respiratory illness resulting in hospitalization or death
- ≥3 residents or health care staff with newly onset respiratory symptoms within 72 hours of each other

Confirmed Influenza

Test symptomatic persons in the affected unit(s) as well as previously unaffected units in the facility.

Apply standard and droplet precautions with eye protection for residents with influenza. Residents confirmed with influenza only should be placed in a private room, if available, or cohort residents with the same strain of influenza. Guidance for Influenza Outbreak Management | CDC

Conduct daily active surveillance for acute respiratory illness among all residents, staff, and visitors.

Administer influenza antiviral treatment to all residents with confirmed or suspected influenza. Antiviral treatment should **not** wait for laboratory confirmation of influenza.

Initiate influenza antiviral chemoprophylaxis to all non-ill residents on the outbreak unit(s). Consider chemoprophylaxis for residents on other unaffected units and unvaccinated caregivers.

Administer current seasonal influenza vaccine to unvaccinated residents and all unvaccinated staff.

Apply additional facility measures to reduce transmission among residents and staff. Maintain resident precautions for 7 days after illness onset or until 24 hours after resolution of fever, whichever is longer. See staff precaution guidelines.

Confirmed COVID-19

Test symptomatic persons in the affected unit(s) as well as previously unaffected units in the facility.

Apply transmission-based precautions with gown, NIOSH-approved, fit-tested N95, eye protection, and gloves for staff. Infection Control Guidance: SARS-CoV-2 | CDC

Implement universal source control for residents, visitors, and staff during an outbreak. Increase hand hygiene and disinfection of high-touch surfaces.

Conduct daily active surveillance for acute respiratory illness among all residents, staff, and visitors.

Administer therapeutics for residents **not** requiring hospitalization. Assess residents for exposure and **administer antiviral therapy** as applicable within 5 days of symptom onset. For Health Care Providers (michigan.gov).

Administer COVID vaccine to residents and staff as applicable. Up-to-date is considered when an individual has received the most recently available COVID-19 vaccine.

Apply additional facility measures to reduce transmission among residents and staff. Maintain resident precautions for at least 10 days since symptoms first appeared, 24hrs after resolution of fever, and until symptoms have improved. See staff precaution guidelines.

Confirmed RSV

Test symptomatic persons in the affected unit(s) as well as previously unaffected units in the facility.

Apply standard and contact precautions with masks for residents with RSV and gowns and gloves for staff. Residents confirmed with RSV only should be placed in a private room, if available, or cohort with other residents with RSV.

Conduct daily active surveillance for acute respiratory illness among all residents, staff, and visitors.

Provide supportive care to residents to manage symptoms such as over-the-counter medications to relieve fever. There is currently no treatment for RSV.

Administer RSV vaccine to unvaccinated residents and all unvaccinated staff. The RSV vaccine is recommended for all adults ages 75+ and adults ages 50-74 at increased risk of severe RSV disease.

Apply additional facility measures to reduce transmission among residents and staff. Maintain precautions for until symptoms have resolved. Type and Duration of Precautions | CDC

Unknown Etiology

Test for other respiratory pathogens known or suspected to be circulating in your community. Supportive testing is available at the MDHHS Bureau of Laboratories (BOL).

Apply standard precautions and any additional transmission-based precautions based on suspected or confirmed diagnosis of ill residents with neither SARS-CoV-2, influenza, nor RSV.

Conduct daily active surveillance for acute respiratory illness among all residents, staff, and visitors

For suspected community-acquired pneumonia cases not requiring hospitalization, **see treatment recommendations** from American Thoracic Society-Infectious Diseases Society of America Adult Community-acquired Pneumonia Guidelines.

No recommendations for chemoprophylaxis. Provide supportive care as needed.

Provide routine vaccination care of residents for vaccine-preventable respiratory diseases.

Apply additional facility measures to reduce transmission among residents and staff. Infection Prevention and LTCFs | CDC

Note: This document outlines recommendations for control of influenza, COVID-19, RSV, and other respiratory outbreaks and is not meant to be a comprehensive guide or complete course of action steps.

Resources

- CDC Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities
- CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings
- CDC Infection Control Guidance: SARS-CoV-2
- CDC Viral Respiratory Pathogens Toolkit for Nursing Homes
- CDC Recommendations for Application of Standard Precautions from the Isolation Guidelines
- CDC Precautions to Prevent Transmission of Infectious Agents from the Isolation Guidelines
  - Standard Precautions (see Section III.A.)
  - Transmission Based Precautions: Droplet, Contact, Airborne (see Section III.B.)
- CDC Type and Duration of Precautions Recommended for Selected Infections and Conditions
- CDC Hygiene and Respiratory Viruses Prevention
- CDC About Ventilation and Respiratory Viruses
- CDC Environmental Infection Control Guidelines
- CDC Disinfection and Sterilization Guidelines
- MDHHS List of Reportable Diseases in Michigan and Local Health Department Directory
- MDHHS Initial Cluster Report Form – can be used to report outbreaks
- MDHHS Respiratory Illness Outbreak Response Tool

Webpages

- Influenza: (MDHHS) (CDC)
- SARS-CoV-2 (COVID-19): (CDC)
- Respiratory Syncytial Virus: (CDC)
- Parainfluenza: (CDC)
- Adenovirus: (CDC)
- Enterovirus: (CDC)
- Common Human Coronaviruses (not SARS-CoV-2): (CDC)