Management of adults and children presenting with symptoms of acute respiratory infections (ARI) at Primary Care Facilities when influenza is circulating

Acute Respiratory Infection (ARI) Case Definition

- **Sudden onset of symptoms**

AND

- **At least one of the following four respiratory symptoms: cough, sore throat, shortness of breath, coryza**

AND

- **A clinician's judgement that the illness is due to an infection**

This case definition aligns with the European Commission/ European Centre for Disease Prevention and Control case definition

Meets ARI case definition

Requires hospitalisation?

Yes

- Provide appropriate supportive care
- If critically unwell, phone 112/999

No

Is the patient at **high risk** of severe or complicated COVID-19* or Influenza** ?

No

- Follow advice for symptomatic individuals.
- Manage as per clinical judgement.
- Consider differential diagnosis of ARI.
- Testing to identify the specific organism causing infection is generally not required.
- Antibiotic treatment is generally not required.
- If antibiotics are considered necessary, see antibioticprescribing.ie for further management advice.

Yes

- Consider testing for respiratory viruses
- If patient presents with symptoms suggestive of severe influenza, assess suitability for antiviral therapy or suitability for transfer to hospital.
- Follow the isolation recommendations for symptomatic individuals (see relevant box)

Positive for COVID-19

- Treatment may be considered for selected seriously immunocompromised COVID-19 patients for the licensed indication. Guidance can be found here.

- Adults should stay at home for **5 days** and avoid contact with others from date of onset of symptoms, where the date of symptom onset is day 0.
- Exit from this period after day 5 is on the basis that symptoms have substantially or fully resolved.
- Children and young people (under 18 years of age) should stay at home and avoid contact with others **for 3 full days**, after the day they took the test or from the day their symptoms started (whichever was earliest).

Positive for Influenza

- Assess suitability for antiviral therapy e.g. severe influenza.
- See HSE antiviral treatment guidance for influenza here or see antibioticprescribing.ie for further management advice.
- Treatment should be started as early as possible, ideally within 48 hours of symptom onset.
- Assess suitability of **chemoprophylaxis** amongst close contacts.

- Self-isolate for a full 5 days from date of symptom onset
- This may be extended to 7 days for patients who are immunocompromised.

Negative for both

Follow advice for symptomatic individuals.

Infection Prevention and Control in Primary Care

Hand hygiene

- Perform hand hygiene as per the WHO 5 moments here.
- Clean and disinfect all surfaces including equipment and/or environment.

PPE for Health and Care Workers

- Undertake a Point of Care Risk Assessment with every patient at each interaction. See here for further information.

Physical distancing

- Stagger appointments to avoid overcrowding in waiting areas
- Schedule patients with ARI at the start or end of a session, whenever feasible and safe to do so
- Separate patients waiting with acute respiratory symptoms from other patients where possible
- Ask patients with respiratory symptoms to wear a surgical face mask if tolerated. Advise patients on cough etiquette and hand hygiene.
- Actively encourage staff and patients to maintain a physical distance of at least 1m. Separate seating in waiting rooms to facilitate this.

Advice for Symptomatic Individuals

- Anyone with symptoms of a viral respiratory tract infection is advised to stay at home and avoid contact with other people until 48 hours after symptoms have substantially or fully resolved.
- Clinical reassessment if any concerns, clinical deterioration or failure to improve.
- Anyone with an underlying risk profile who may be eligible for therapeutic intervention should seek medical advice.
- Advice, tips, information and videos on getting over flu and other common illnesses is available at https://www2.hse.ie/conditions/common-illnesses/
- **Health & Care Workers** should follow general testing advice for the public. The testing strategy for staff linked to a specific outbreak may be informed by the PHRA. This is particularly relevant if staff work with clinically vulnerable patients.

Differential diagnosis of ARI may include:

- COVID-19
- Influenza
- RSV
- Rhinovirus
- Parainfluenza
- hMPV
- Adenovirus
- Pertussis
- Bacterial infection (e.g. Hib, *Streptococcus, Staphylococcus*)
- Infective exacerbation of COPD
- Atypical bacterial infection (e.g.*Mycoplasma, Chlamydophila, Legionella*)

***Risk Factors for severe COVID-19**

The following patient groups have been identified as at the highest risk from COVID-19:

- Immunocompromised
- Persons ≥65 yrs who have not had COVID-19 infection within the past 3 months **or** not received a vaccine within the previous 6 months
- Persons aged over 18 yrs who have not had COVID-19 infection within the past 3 months **or** not received a vaccine within the previous 6 months and have additional risk factors

Additional risk factors include:

- Obesity (BMI > 35)
- Diabetes mellitus
- Hypertension
- Cardiovascular disease
- Chronic lung disease

See here for more information on at-risk groups.

****Risk Factors for complicated Influenza**

- Age 65 yrs and over
- Pregnancy (including up to two weeks post-partum)
- Children aged <2 yrs
- Chronic respiratory disease including those on medication for asthma
- Chronic heart, kidney, liver or neurological disease
- Diabetes mellitus
- Haemoglobinopathies
- Immunosuppression (whether due to treatment or disease e.g. HIV)
- Morbid obesity (BMI ≥40)
- Those with any condition that can compromise respiratory function (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder), especially those attending special schools/day centres.
- Those with Down Syndrome
- Persons with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability
- Residents of nursing homes or RCF.

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