

Now what?



Testing of residents with respiratory symptoms in your facility



Resident with respiratory virus symptoms

As COVID-19, influenza, and other respiratory viruses are difficult to distinguish based on clinical symptoms alone *laboratory confirmation* during an outbreak is needed for definitive diagnosis

THE USE OF ANTIGEN DETECTION TESTS ARE NOT RECOMMENDED
Send a PCR Swab for Respiratory Panel

(suspected outbreaks – refer a maximum of 3 - 5 PCR swabs per outbreak)



Isolate resident using droplet precautions

The results are in! What's next..? Are the results...

Positive for COVID-19?

Positive for influenza?

Positive for RSV or another virus?

Negative or "not detected"?

- Discuss with GP use of antivirals.
- The period of isolation is a **minimum of 5 days** from date of symptom onset irrespective of vaccination status.
- Contact tracing is not required. Testing of contacts is not recommended unless they have symptoms.

Antiviral treatment should be offered to residents with severe illness **within 48 hours** of symptom onset.

Isolation for a **minimum of 5 days** from date of symptom onset

Identify close contacts; consider prophylactic antivirals **within 48 hrs** of exposure. Contacts are not required to isolate or restrict movements.

- Medical review if clinically unwell, sometimes elderly people with RSV need hospital.
- Isolation is a **minimum of 5 days** from date of onset of symptoms
- Contact tracing not required.

- Medical review: If case was suspected influenza and is already on antivirals then the **full course of treatment should continue**, unless an alternative diagnosis can be established.
- Isolate until acute symptoms have substantially resolved for 48 hours.