Single case of acute respiratory illness (ARI) in your facility – what next?

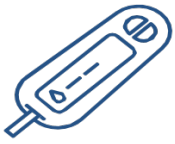
What's new? A summary of the latest guidelines (September 2025)

Residents who test positive for an acute respiratory illness

- Liaise with the resident's GP to see if antiviral treatment is recommended for those with flu. Treatment should be started as early as possible, ideally **within 48 hours** of symptom onset.
- The period of isolation for ARI **is not less than 5 days from date of symptom onset** having had no or minimal residual symptoms for the last two days. **Don't repeat COVID-19 or flu tests** - even at the end of the illness.

Staff who test positive for an acute respiratory illness

- Staff who test positive should self-isolate at home for at least 5 days from symptom onset. Before returning to work their symptoms must have fully or mostly gone for the last 48 hours.
- Staff with symptoms suggestive of an ARI, such as flu or COVID-19, who have not been tested are advised to stay at home until 48 hours after symptoms have substantially or fully resolved.



Who might need testing for an acute respiratory illness?

- During flu season undertake respiratory panel PCR testing for residents presenting with symptoms suggestive of an ARI. Inform your Community Support Team, Community IPC team (HSE only) and Public Health if you suspect an outbreak (refer max 5 PCR tests per outbreak).
- Further PCR testing may be advised by your GP or Public Health depending on the suspected pathogen.
- Testing of asymptomatic people is not recommended.

Close contacts of resident

- **COVID-19:** No contact tracing is needed. Testing of contacts is not recommended unless they have symptoms.
- **Flu:** Resident close contacts of flu are not required to isolate but should be closely monitored for symptoms. Testing of asymptomatic close contacts of flu cases is not recommended. Antiviral prophylaxis for close contacts may be recommended by Public Health.

Support for residents

- Isolation can be stressful for residents. Residents suspected with ARI should be isolated immediately but continue to have access to their support person.
- Social activity is an important part of your community. Residents should be supported to participate unless they are suspected infectious.
- A compassionate and practical approach advised for dying residents.

Top tips!

- When there is suspicion of ARI in the facility ensure that there is twice daily active monitoring of residents, and staff on each shift.
- Remind staff not to attend work if they are unwell with suspected ARI
- Ensure ALL eligible residents are supported to receive COVID-19 and influenza vaccinations.
- Encourage ALL eligible staff to get COVID-19 and influenza vaccinations.

Department of Public Health – HSE Dublin and Midlands

Information source: https://www.hpsc.ie/az/respiratory/influenza/seasonalinfluenza/guidance/residentialcarefacilitiesguidance/