

Guidelines for Acute Respiratory Illness (ARI) Outbreaks in Schools and Healthy Populations

These guidelines are designed to assist with outbreaks in congregate settings with a generally healthy population, e.g., schools, daycares, and workplaces.

Define the outbreak:

Acute Respiratory Illness: *Including RSV, COVID-19, parainfluenza, and other respiratory viruses.

Case Definition: At least two of the following symptoms:

- sneezing
- runny nose
- stuffy nose
- dry cough
- swollen or tender glands in the neck
- sore throat, hoarseness, or difficulty in swallowing

Influenza-like Illness (ILI):

Case Definition: Fever $\geq 100^{\circ}\text{F}$ (oral or equivalent) AND a cough and/or sore throat.

Outbreak Definitions: ARI, including COVID-19 and ILI

Small congregate settings (e.g., classrooms, daycare rooms, sports teams, dormitories, workplace floor/unit/department):

Acute Respiratory Illness:

- Five or more cases of ARI/ILI were identified within 7 days OR
- Three or more cases of the same laboratory-confirmed respiratory pathogen were identified within 7 days. Confirmation can be by any testing method, including rapid tests.

Influenza-like illness

- Five or more cases of ARI/ILI were identified within 72 hours OR
- Three or more cases of the same laboratory-confirmed respiratory pathogen were identified within 72 hours. Confirmation can be by any testing method, including rapid tests.

Large congregate settings (e.g., entire schools, daycares, or workplaces):

- Increased school absenteeism (above 15% or otherwise determined baseline) associated with reported ARI/ILI or laboratory-confirmed respiratory pathogens.

A community-wide outbreak:

- \geq three congregate settings within a jurisdiction are experiencing outbreaks simultaneously.

Respond to the outbreak:

1. Establish the existence of an outbreak and confirm the diagnosis.

- Small congregate settings: Develop and maintain a line list of ill persons. *See line list template included in this toolkit.*
- Large congregate settings: Use the call down tool included in this toolkit and call a sample of 15 to 20 absentees to estimate the proportion of those absent with ARI/ILI. If ARI/ILI is a major cause of absenteeism, track percent absenteeism daily until it returns to baseline.

2. Report the outbreak to your local health department immediately and maintain regular contact.

3. Implement appropriate control measures. *See below.*

4. Follow the course of the outbreak to ensure that control measures are adequate and maintain line list or track percent absenteeism daily until the outbreak is over.

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Control the outbreak (additional Influenza and COVID-19 specific recommendations below):

- Ill persons should be isolated until they can be sent home and should stay home until 24 hours after fever has ceased without use of antipyretics.
*Individuals with RSV generally do not need to be excluded from group settings unless they have a fever AND/OR staff determine they cannot care for the child without compromising their ability to care for the other children in the group.
- Wash hands frequently and practice respiratory etiquette.
- Maintain routine general cleaning procedures during ARI outbreaks and clean frequently touched surfaces.
- Share additional CDC guidelines and resources specific to the situation:
 - a. Schools and daycares: <http://www.cdc.gov/flu/school>,
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html>
 - b. Workplaces: <https://www.cdc.gov/flu/business/index.htm>
<https://www.cdc.gov/niosh/topics/respiratoryinfections/>
 - c. General: <http://www.cdc.gov/flu>
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Additional Influenza-like illness and COVID-19 specific recommendations:

Influenza-like illness specific recommendations:

If possible, collect nasopharyngeal swab specimens from recently ill persons to submit to the Office of Laboratory Sciences (OLS) for confirmatory testing.

- Refer to the CDC's [Information for Clinicians on Influenza Virus Testing](#) for guidance on when to consider testing and interpreting testing results.
- You may be able to obtain adequate testing information from parents of cases during call down or from healthcare providers who have seen cases.
- Your local health department or a local outpatient provider may be able to assist you in collecting and submitting specimens.

COVID-19 specific recommendations:

Childcare Facilities:

- Symptomatic or positive cases should be excluded for \geq five days. Individuals may end isolation only when they are without fever for ≥ 24 hours without the use of medication, and all other symptoms have improved. They can return to the childcare or school setting and wear a mask through the tenth day. If a child cannot wear a mask, they should remain out of the childcare setting through day 10.
- Quarantine of close contacts is no longer recommended for healthy populations who are not considered in high risk congregate settings.
- Facilities may consider closing for a five-day period to slow transmission if recommended by the local health department and the facility is unable to maintain a safe environment.

Youth Residential Facilities:

- Facilities are encouraged to perform focused testing based on known close contacts at least five days after exposure.
- Rapid antigen tests are acceptable and preferred. Rapid antigen tests will provide test results quickly.
- Quarantine of close contacts is no longer recommended for healthy populations who are not considered in high risk congregate settings.