

The Most Common Viral Pathogens Encountered in Long-Term Care Facilities

Viral Pathogens	Seasonality	Incubation Period	Mode of Transmission	Duration of Infectivity	Attack Rate	Groups with Increased Susceptibility or Disease Severity	Affected Group Settings	Main Respiratory Syndrome	Other Associated Features	Symptoms and Signs	Precautions Type	Precautions Period
Unknown Agent										ILI or symptoms of LRTI / Pneumonia	- Standard - Droplet - HH	DI
Influenza A & B	Winter & early spring Nov to May	1-4 D Avg.: 2D	- Droplets - Direct & indirect contact with resp. secretions	From 24 hs before symptoms to 3-5 d in adults and up to 7 d in children	Moderate to high	All, children and elderly at high risk	Day care /School, LTCFs/ Hospitals, Prisons, Shelter, Military Barracks/ Dormitory.	ILI, Pneumonia	Bronchiolitis, Otitis Media, Sinusitis, Rhabdomyolysis, Encephalitis, Reye Syndrome, Myocarditis, Exacerbation of chronic diseases	Sudden onset of fever, > 100 °F, chills, headache, myalgia, and dry cough, sore throat, hoarseness, nasal obstruction/ discharge	- Standard - Droplet - Resp etiquette - HH	- 5 days - DI for immune compromised
Parainfluenza	Distinctive, cyclic pattern (entire year) peak fall to spring &	2-6 D	- Direct contact - Resp droplets - Fomites	Varies with different types	High	Children <5 Y, Elder and those with chronic diseases	Day care, Schools Hospital LTCFs	URTI, Pneumonia, Bronchiolitis Croup		ILI (fever, wheezing & cough) PIV types 1 & 2 are associated with croup, type 3 causes pneumonia, in children and may cause severe LRTI	-Standard - Contact -Env. cleaning - HH	DI
RSV	Winter and early spring. Peaks between Dec. and	4-6 D	- Direct contact - Large droplets - Fomites	3-8 D (3-4 W) in infants & immune-compromised	High	Children Elderly Malignancy Chronic lung/heart diseases	Day care, School, LTCFs, NHs	URTI, Pneumonia, Bronchiolitis,	Otitis media, Rhinorrhea, Sinusitis, Croup, Wheezing	ILI with fever (less prominent than influenza) cough, wheezes, ear ache, sinus pain). severe LRTI	- Standard - Contact	DI
HMPV	Late winter, early spring law	3-5 D	Direct contact with resp Secretions	Undetermined	High	Infant Childre n Elderly	LTCFs / NHs	URTI, Pneumonia, bronchiolitis Pharyngitis		Similar to RSV. May cause trachio-bronchitis or pneumonia	-Standard -Contact	DI
Adenovirus	Late winter, Spring, early summe	2-14 /D (Avg. 4-5D)	- Contact - Droplet - Fomites -Fecal/oral		High	Infant, children Elderly/ post-transplant	Day Care School, Military Dormitor	URTI, Pneumonia, Croup, Pharyngitis Bronchiolitis	Conjunctivitis, Diarrhea, Rhinorrhea, Hemorrhagic cystitis,	ILI, pharyngitis, otitis media, pharyngo-conjunctivitis fever)	- Standard - Droplet - Contact	DI
Rhinovirus / Common Cold)	Year around Peak on fall & spring	2-3 D	- Direct contact - Droplet	Maximum shedding in the first 2- 3D, ceases by 7 D to 3 W	High	Elder, post-transplant	LTCFs / NH Day Care School	URTI, Pneumonia (high-risk groups	Rhinorrhea, Asthma exacerbations of COPD	Most common cause of common cold, nasal discharge, headache, malaise low-grade fever	- Standard - Droplet	DI

Reference: <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf> (HH: Hand Hygiene, DI: Duration of Illness)