

# Laboratory Testing and Cohorting Recommendations for Respiratory Outbreaks in Long-Term Care when SARS-CoV-2 and Influenza Viruses are Co-circulating

SARS-CoV-2 and influenza viruses are expected to co-circulate based upon local public health surveillance data, such as the Washington State Flu Report and information from local health jurisdictions, this season. Local influenza circulation is monitored by public health surveillance data. This document provides guidance on testing and cohorting strategies when influenza and COVID are both circulating in the community. Long-term care facilities (LTCF) should continue to follow DOH guidance for COVID-19 [Testing in Long-Term Care Facilities](#) and [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#).

## Cohorting LTCF Residents When Influenza and COVID-19 are Co-circulating

### Resident(s) with undiagnosed respiratory illness

- If a resident is identified with signs and/or symptoms of an undiagnosed respiratory illness, the resident must be immediately isolated to a private room and placed on aerosol contact and droplet precautions while awaiting test results.
  - Options for isolation include: moving a roommate to a private room and keeping the symptomatic resident isolated in place, moving the symptomatic resident to a private room on their current unit, or moving the symptomatic resident to an area dedicated to the care of residents awaiting test results.
- As a precautionary measure, roommates of symptomatic residents should also be placed in a private room on contact and droplet precautions while awaiting the symptomatic resident's test results.
- If the resident is diagnosed with COVID-19, the resident's roommate should remain in quarantine, in a private room on their home unit or on the observation unit, for 14 days of quarantine (see [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak](#)).

### Resident(s) with laboratory-confirmed influenza and/or COVID-19

- Ideally, and when able, residents with an undiagnosed respiratory illness, COVID-19, or influenza will be isolated in a single-person room.
- Residents with laboratory-confirmed COVID-19, regardless of influenza test results, should be housed in a designated location with dedicated staff ( see [Recommendations for Cohorting in Long-Term Care Facilities During a COVID-19 Outbreak \(PDF\)](#)).

- Residents with laboratory-confirmed COVID-19 and influenza should be housed in a private room or in a room with another resident with laboratory-confirmed COVID-19 and influenza in a designated location for the care of residents with COVID-19.
  - If using CDC crisis capacity strategies for the optimization of PPE, staff should only extend gown use for residents on the COVID unit who have the same infection(s).
  - Facilities should not practice extended use or reuse of gowns, unless implementing crisis optimization strategies.
- Residents with influenza, who do not concurrently have COVID-19, should be isolated on droplet precautions in a private room and should NOT be housed in the same location as residents with COVID-19.

### Which Residents Can I Cohort?

		Patient A				
		No respiratory symptoms* and not in isolation or quarantine	Respiratory symptoms, diagnosis pending	Isolation for COVID-19	Isolation for influenza	Isolation for COVID-19 and influenza
<b>Patient B</b>	No respiratory symptoms* and not in isolation or quarantine	<b>COHORT</b>				
	Respiratory symptoms, diagnosis pending					
	In isolation for COVID-19			<b>COHORT</b>		
	Isolation for influenza				<b>COHORT</b>	
	Isolation for COVID-19 and influenza					<b>COHORT</b>

\*Residents who are asymptomatic but have tested positive for either influenza or COVID-19 should be placed in appropriate transmission-based precautions/isolation and not cohorted with residents who have not tested positive.

## Testing Recommendations for Symptomatic LTCF Residents

	No outbreak of COVID-19 or other respiratory illness	Outbreak of non-COVID-19 respiratory illness	Outbreak of COVID-19
Testing Recommendation	<ul style="list-style-type: none"> <li>All individuals with signs/symptoms compatible with COVID-19* or influenza should be tested for COVID-19 AND influenza.†</li> <li>If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.</li> </ul>	<ul style="list-style-type: none"> <li>All individuals with signs/symptoms compatible with COVID-19 or influenza should be tested for COVID-19 AND influenza.</li> <li>If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Test ALL residents and staff (regardless of symptoms) for COVID-19 in accordance with DOH guidance.</li> <li>Regardless of universal testing, if a staff or resident develops symptoms, test for COVID-19 AND influenza.</li> <li>If residents with acute respiratory illness test negative for both influenza and SARS-CoV-2 consider additional viral or bacterial testing based on respiratory pathogens known or suspected of circulating in the community.</li> </ul>
Response	<ul style="list-style-type: none"> <li>If any COVID-19 testing is positive, follow WA COVID-19 guidance.</li> <li>If influenza testing is positive, <a href="#">follow DOH influenza outbreak guidance</a>, including influenza vaccination and antiviral prophylaxis/treatment recommendations.</li> <li>If all testing is negative, continue heightened surveillance for cases and other COVID-19 preventive measures.</li> </ul>	<ul style="list-style-type: none"> <li>If any COVID-19 testing is positive, follow WA DOH COVID-19 outbreak guidance.</li> <li>If influenza testing is positive, <a href="#">follow DOH respiratory outbreak guidance</a>, including influenza vaccination and antiviral prophylaxis/treatment recommendations.</li> <li>If other testing is positive, follow the appropriate DOH outbreak guidance.</li> <li>Initiate active daily surveillance for influenza-like illness (ILI) among residents and staff until 1 week after last onset of illness. Record illnesses on line list provided.</li> <li>Continue COVID-19 preventive measures.</li> </ul>	<ul style="list-style-type: none"> <li>If influenza is found to be co-circulating with COVID-19, <a href="#">follow DOH respiratory outbreak guidance</a> (in addition to COVID-19 outbreak guidance), including influenza vaccination and antiviral prophylaxis/treatment recommendations.</li> <li>If all other testing is negative, continue to follow DOH COVID-19 outbreak guidance until outbreak is closed.</li> </ul>

\*Individuals with influenza or COVID-19 can have atypical clinical presentations; clinical judgment and local epidemiology should be used to inform testing decisions

† Molecular assays such as RT-PCR tests are preferred to rapid influenza diagnostic tests (“RIDTs” or “antigen” tests), especially in outbreak settings; RIDTs can be unreliable, particularly when the prevalence of influenza in the community is low

LTCF Outbreak definitions:

- Influenza: [Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities](#)
- COVID-19: [Interim COVID-19 Outbreak Definition for Healthcare Settings](#)

Additional Resources:

- [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)
- [Similarities and Differences between Flu and COVID-19](#)
- [Washington State Influenza Weekly Update](#)

## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share only accurate information to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions?** Call our COVID-19 Information hotline: **1-800-525-0127**

Monday – 6 a.m. to 10 p.m., Tuesday – Sunday and [observed state holidays](#), 6 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).