Does the facility have an outbreak of COVID-19 or other respiratory illness?

No/Unknown

Testing Recommendations
- All individuals with signs/symptoms compatible with COVID-19 or influenza should be tested for COVID-19 AND influenza.
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for Legionella and Strep pneumoniae (in addition to COVID-19 & influenza).

Response (all that apply)
- If any COVID-19 testing is positive: follow MDH COVID-19 outbreak guidance
- If influenza or other testing is positive: determine if it the situation meets an outbreak definition
  - If it meets an outbreak definition, follow the appropriate MDH outbreak guidance
  - If it does not meet an outbreak definition, follow MDH case management guidance for each ill individual
- If all testing is negative: continue heightened surveillance for cases and other COVID-19 preventive measures

Outbreak Definitions for Congregate Living Settings:
- COVID-19: One laboratory-confirmed case
- Influenza-like illness (ILI): Three or more cases of ILI within 7 days
- Influenza: Two or more cases of ILI within 3 days, with at least one person with laboratory-confirmed influenza
- Pneumonia: Two or more cases of pneumonia in a unit within 7 days

Yes – non-COVID-19 respiratory illness

Testing Recommendations
- All individuals with signs/symptoms compatible with COVID-19 or influenza should be tested for COVID-19 AND influenza.
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for Legionella and Strep pneumoniae (in addition to COVID-19 & influenza).

Response (all that apply)
- If any COVID-19 testing is positive: follow MDH COVID-19 outbreak guidance
- If influenza testing is positive: follow the appropriate MDH outbreak guidance
- If other testing is positive: follow the appropriate MDH outbreak guidance
- If all testing is negative: 3-5 symptomatic individuals should be tested by respiratory viral panel (if not done as part of initial influenza testing); follow MDH outbreak guidance until outbreak is closed; continue COVID-19 preventive measures

Yes – COVID-19

Testing Recommendations
- Test ALL residents and staff (regardless of symptoms) for COVID-19 in accordance with MDH guidance.
- Regardless of universal testing, if a staff or resident develops symptoms, test for COVID-19 AND influenza.
- Additionally, individuals with pneumonia should also have sputum cultures done and be tested for Legionella and Strep pneumoniae (in addition to COVID-19 & influenza).

Response (all that apply)
- If influenza is found to be co-circulating with COVID-19: follow MDH respiratory outbreak guidance (in addition to COVID-19 outbreak guidance), including influenza vaccination and antiviral prophylaxis/treatment recommendations
- If other testing is positive: follow the appropriate MDH outbreak guidance (in addition to the COVID-19 outbreak guidance)
- If all other testing is negative: continue to follow MDH COVID-19 outbreak guidance until outbreak is closed

Resources:
- Outbreak Guidance Documents: https://phpa.health.maryland.gov/Pages/guidelines.aspx
- MDH COVID-19 Website: https://coronavirus.maryland.gov/
- MDH Lab: https://health.maryland.gov/laboratories/Pages/home.aspx

* 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
<table>
<thead>
<tr>
<th>Tests to order</th>
<th>What to collect</th>
<th>Where testing can be done</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For all respiratory outbreaks</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid influenza diagnostic test (RIDT or antigen test)</td>
<td>Follow directions for the test kit (usually nasopharyngeal or nasal swab)</td>
<td>Healthcare provider’s office, emergency department or urgent care, hospital or private labs</td>
<td>Testing can be done at MDH lab* in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)</td>
</tr>
<tr>
<td>Influenza PCR test</td>
<td>Follow directions for the test kit (usually nasopharyngeal or nasal swab)</td>
<td>Many hospital and private labs</td>
<td>COVID-19 PCR tests are recommended in outbreak situations. COVID-19 antigen testing is not offered at the MDH lab at this time.</td>
</tr>
<tr>
<td>COVID-19 antigen test</td>
<td>Follow directions for the test kit (usually nasopharyngeal or nasal swab)</td>
<td>Some nursing homes, healthcare provider’s office, emergency department or urgent care, hospital or private labs</td>
<td></td>
</tr>
<tr>
<td>COVID-19 PCR test</td>
<td>Follow directions for the test kit (usually nasopharyngeal or nasal swab)</td>
<td>Many hospital and private labs</td>
<td>Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)</td>
</tr>
<tr>
<td>Respiratory PCR panel</td>
<td>Follow directions for the test kit (usually nasopharyngeal or nasal swab)</td>
<td>Many hospital and private labs</td>
<td>A respiratory panel that includes influenza can be done in place of a single agent influenza PCR; testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)</td>
</tr>
<tr>
<td><strong>For patients with pneumonia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray or CT</td>
<td>Chest radiography</td>
<td>Nursing home, healthcare provider’s office, radiology center, urgent care, or hospital</td>
<td></td>
</tr>
<tr>
<td>Sputum Gram stain, routine bacterial culture, <em>Legionella</em> culture, <em>Legionella</em> PCR</td>
<td>Sputum</td>
<td>Gram stains and cultures can be done at most hospital and private labs; <em>Legionella</em> PCR can be done at some hospital and private labs</td>
<td>Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)</td>
</tr>
<tr>
<td><em>Legionella</em> urinary antigen test (UAT), <em>Streptococcus pneumoniae</em> UAT</td>
<td>Urine</td>
<td>UATs can be done at most hospital and private labs</td>
<td>Testing can be done at MDH lab in certain outbreak situations (consult outbreak epidemiologist prior to submitting specimens)</td>
</tr>
</tbody>
</table>

*All specimens submitted to the MDH lab must have a properly-completed laboratory requisition slip; specimens must be collected, stored, and shipped following MDH lab requirements; always ensure that all specimens are collected in the appropriate media, the media is not expired, and lids/containers are securely fastened/closed

†*Legionella* bacteria are not detected by routine respiratory cultures; a separate, specific culture must be ordered
### Scenario

**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 on contact and droplet precautions to a private room 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 on contact and droplet precautions in a private room while awaiting the symptomatic resident’s test results.
- If the resident is diagnosed with COVID-19, the resident’s roommate should remain on contact and droplet precautions, in a private room on their home unit or on the observation unit, for 14 days of quarantine.

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

- Ideally, and when able, residents with 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, must be housed in a designated location with dedicated staff.
- Residents with laboratory-confirmed COVID-19 and influenza should be housed in a designated location for the care of residents with COVID-19 in a private room or in a room with another resident with laboratory-confirmed COVID-19 and influenza. 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). Generally, facilities should seek to discontinue extended use and reuse of gowns as soon as supplies allow.
- 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.

*For the complete list of infection prevention and other control measures, please review the MDH outbreak guidance documents found here: [https://phpa.health.maryland.gov/Pages/guidelines.aspx](https://phpa.health.maryland.gov/Pages/guidelines.aspx)*