



Management of adults and children presenting with symptoms of acute respiratory infections (ARI) at Primary Care Facilities when influenza is circulating

Acute Respiratory Infection (ARI) Case Definition

- Sudden onset of symptoms
- AND
- At least one of the following four respiratory symptoms: cough, sore throat, shortness of breath, coryza
- AND
- A clinician's judgement that the illness is due to an infection

This case definition aligns with the European Commission/ European Centre for Disease Prevention and Control case definition

Meets ARI case definition

Requires hospitalisation?

Yes

- Provide appropriate supportive care
- If critically unwell, phone 112/999

No

Is the patient at **high risk** of severe or complicated COVID-19* or Influenza**?

No

- Follow advice for symptomatic individuals.
- Manage as per clinical judgement.
- Consider differential diagnosis of ARI.
- Testing to identify the specific organism causing infection is generally not required.
- Antibiotic treatment is generally not required.
- If antibiotics are considered necessary, see [antibioticprescribing.ie](https://www2.hse.ie/conditions/common-illnesses/antibioticprescribing) for further management advice.

Yes

Positive for COVID-19

Positive/Possible for Influenza

- Consider testing for respiratory viruses
- If **clinical influenza** is suspected, consider starting antiviral treatment for influenza.

- Treatment may be considered for selected seriously immunocompromised COVID-19 patients for the licensed indication. Guidance can be found [here](https://www2.hse.ie/conditions/common-illnesses/covid-19).

- Assess suitability for antiviral therapy e.g. Oseltamivir.
- See HSE antiviral treatment guidance for influenza [here](https://www2.hse.ie/conditions/common-illnesses/antibioticprescribing) or see [antibioticprescribing.ie](https://www2.hse.ie/conditions/common-illnesses/antibioticprescribing) for further management advice.
- Empiric antiviral therapy may be prescribed while test results are pending – **do not delay necessary treatment while awaiting test results if influenza is suspected**.
- Treatment should be started as early as possible, ideally within 48 hours of symptom onset.

Negative for both

Follow advice for symptomatic individuals.

Infection Prevention and Control in Primary Care

Hand hygiene

- Perform hand hygiene as per the WHO 5 moments [here](https://www2.hse.ie/conditions/common-illnesses/hand-hygiene).
- Clean and disinfect all surfaces including equipment and/or environment.

PPE for Health and Care Workers

- Undertake a [Point of Care Risk Assessment](https://www2.hse.ie/conditions/common-illnesses/point-of-care-risk-assessment) with every patient at each interaction. See [here](https://www2.hse.ie/conditions/common-illnesses/point-of-care-risk-assessment) for further information.

Physical distancing

- Stagger appointments to avoid overcrowding in waiting areas
- Schedule patients with ARI at the start or end of a session, whenever feasible and safe to do so
- Separate patients waiting with acute respiratory symptoms from other patients where possible
- Ask patients with respiratory symptoms to wear a surgical face mask if tolerated. Advise patients on cough etiquette and hand hygiene.
- Actively encourage staff and patients to maintain a physical distance of at least 1m. Separate seating in waiting rooms to facilitate this.

Advice for Symptomatic Individuals

- Anyone with symptoms of a viral respiratory tract infection is advised to stay at home and avoid contact with other people until 48 hours after symptoms have substantially or fully resolved.
- Clinical reassessment if any concerns, clinical deterioration or failure to improve.
- Anyone with an underlying risk profile who may be eligible for therapeutic intervention should seek medical advice.
- Advice, tips, information and videos on getting over flu and other common illnesses is available at <https://www2.hse.ie/conditions/common-illnesses/>
- **Health & Care Workers** should follow general testing advice for the public. The testing strategy for staff linked to a specific outbreak may be informed by the PHRA. This is particularly relevant if staff work with clinically vulnerable patients.

Differential diagnosis of ARI may include:

- COVID-19
- Influenza
- RSV
- Rhinovirus
- Parainfluenza
- hMPV
- Adenovirus
- Pertussis
- Bacterial infection (e.g. Hib, Streptococcus, Staphylococcus)
- Infective exacerbation of COPD
- Atypical bacterial infection (e.g. Mycoplasma, Chlamydia, Legionella)

- Adults should stay at home for **5 days** and avoid contact with others from date of onset of symptoms, where the date of symptom onset is day 0.
- Exit from this period after day 5 is on the basis that symptoms have substantially or fully resolved.
- Children and young people (under 18 years of age) should stay at home and avoid contact with others for **3 full days**, after the day they took the test or from the day their symptoms started (whichever was earliest).

- Self-isolate for a full 5 days from date of symptom onset
- This may be extended to 7 days for patients who are immunocompromised.

*Risk Factors for severe COVID-19

The following patient groups have been identified as at the highest risk from COVID-19:

- Immunocompromised
- Persons ≥65 yrs who have not had COVID-19 infection within the past 3 months **or** not received a vaccine within the previous 6 months
- Persons aged over 18 yrs who have not had COVID-19 infection within the past 3 months **or** not received a vaccine within the previous 6 months and have additional risk factors

Additional risk factors include:

- Obesity (BMI > 35)
- Diabetes mellitus
- Hypertension
- Cardiovascular disease
- Chronic lung disease

See [here](https://www2.hse.ie/conditions/common-illnesses/covid-19) for more information on at-risk groups.

**Risk Factors for complicated Influenza

- Age 65 yrs and over
- Pregnancy (including up to two weeks post-partum)
- Children aged <2 yrs
- Chronic respiratory disease including those on medication for asthma
- Chronic heart, kidney, liver or neurological disease
- Diabetes mellitus
- Haemoglobinopathies
- Immunosuppression (whether due to treatment or disease e.g. HIV)
- Morbid obesity (BMI ≥40)
- Those with any condition that can compromise respiratory function (e.g. cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder), especially those attending special schools/day centres.
- Those with Down Syndrome
- Persons with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability
- Residents of nursing homes or RCF.