



Shared health
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Manitoba

RESPIRATORY VIRUS SEASON INFECTION PREVENTION AND CONTROL

PLANNING AND RESPONSE

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These guidelines have been developed to assist Service Delivery Organizations (SDOs) in Manitoba in preventing transmission and acquisition of respiratory viral illnesses through the application of principles outlined by health care workers in all health care delivery settings.

These guidelines will support infection control professionals and associates, service delivery organizations, and health care providers in developing, implementing and evaluating infection prevention and control (IP&C) policies, procedures and programs to improve the quality and safety of health care and outcomes.

They will also assist in standardizing IP&C practices throughout the province.

SDOs may use these guidelines or develop policies and procedures based on these guidelines.

The information in this guideline was current at the time of development. Scientific knowledge and technology are constantly evolving. Revisions of these guidelines will be necessary as further experience and advances in the field provide new information. Although the guidelines will be updated periodically, professionals are responsible to ensure the most current knowledge and practice is applied for each case.

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SECTION 1: OVERVIEW

Respiratory virus season causes a strain on the health care system every year. A planned and unified response is required. Reducing the burden of respiratory viruses including viruses such as influenza, RSV and COVID-19 is particularly important to protect the patients we care for and prevent an increase in health care utilization.

PURPOSE

Provide Infection Prevention and Control (IP&C) guidance for the minimum requirements SDOs should implement prior to and during respiratory virus season to ensure patients receive the appropriate IP&C management.

GUIDING PRINCIPLES

This guidance is supported by the following principles:

- Multiple viruses contribute to the impact of the annual respiratory season
- Influenza and COVID-19 morbidity and mortality can have significant impact on the operations of the health care system.
- Sites, programs and services operate as one system – sharing resources, balancing their needs, and coordinating patient care. This is required to meet the demands of the respiratory season, mitigate the various risks that lack of coordination of these services poses, and to protect public health.
- Health Care Workers (HCW) with direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination and COVID vaccination.
- Routine Practices and Additional Precautions are required within all healthcare settings (see Manitoba Health [Routine Practices Additional Precautions: Preventing the Transmission of Infection in Healthcare](#) document), including, but not limited to:
 - Hand hygiene with alcohol-based hand rub (ABHR) or soap and water
 - Cough/respiratory etiquette
 - Appropriate personal protective equipment (PPE) such as gloves, gowns, masks, facial protection, eye protection (including face shields, masks with visor attachments), N95 respirators
- Preventing transmission of respiratory viruses within the health care delivery settings requires a multi-faceted approach that includes:
 - Ensuring IP&C measures are implemented to prevent spread of respiratory viruses
 - Offering immunization (e.g., influenza, COVID-19, pneumococcal) to patients and staff as appropriate, who meet the criteria established by the National Advisory Committee on Immunization (NACI) and Manitoba Health.
 - Ensuring facilities have adequate supplies in the event of an outbreak
 - Providing timely antiviral chemoprophylaxis and/or treatment as appropriate

SECTION 2: ROLES AND RESPONSIBILITIES

ALL STAFF

- Annual influenza immunization is strongly encouraged for all staff
- COVID-19 immunization is strongly encouraged for all staff
- Pneumococcal immunization is recommended for those who are eligible
- Stay away from work when you have signs/symptoms of respiratory and gastrointestinal illness
- Refer to and follow recommendations (dependent on role) within [Provincial Respiratory Virus Illness Season – Respiratory Season Checklist](#)

INFECTION CONTROL PROFESSIONAL/DESIGNATE

- Act as a resource to staff and managers in preparation for immunization and respiratory virus season preparedness
- Coordinates and/or communicates the collection of patient influenza/pneumococcal immunization administration data
- Provide communication to sites regarding the annual influenza campaign
- Implement educational resources and information to sites
- Support sites in the management of respiratory cases
- Monitor, report and interpret respiratory virus impact within sites/settings in a timely way
- Monitor for outbreaks and support sites and programs when these occur
- Report all respiratory outbreaks in both Acute and Long Term Care (LTC) settings through standardized methods (Canadian Network for Public Health Intelligence, CNPHI)
- Participate/be aware of regional and provincial capacity management planning and provincial Emergency (Disaster) Management planning and response

SECTION 3: INFECTION PREVENTION AND CONTROL

IDENTIFICATION OF RESPIRATORY SEASON

Using a number of traditional and syndromic indicators, including but not limited to the Emergency Department (ED) Daily Respiratory Illness Surveillance Report (where available), the Manitoba Health Influenza Surveillance Report, the Public Health Agency of Canada, data from Cadham Provincial Laboratory (CPL) as well as communication with other programs in the Service Delivery Organization's (SDO), Population and Public Health (PH), Infection Prevention and Control (IP&C) and Occupational Health (OH) monitor and report on the start of the annual respiratory season.

Monitoring includes awareness of the start of the annual Respiratory Syncytial Virus (RSV) Prophylaxis program in Manitoba. Once the respiratory season is identified, testing for multiple respiratory viruses such as influenza, RSV and others becomes more frequent. A subsequent rise in positive results indicates the start of the season.

CHALLENGES CONTINUE WITH COVID-19

The COVID-19 pandemic continues to create a series of challenges within our health care system:

- need for measures to avoid transmission of COVID-19 to staff, volunteers and patients (many of whom are at increased risk of severe disease from both influenza and COVID-19)
- availability of personnel to provide immunizations (influenza, pneumococcal, and/or COVID-19), as staff may be deployed
- access to sufficient Personal Protective Equipment (PPE) supplies
- risk of a resurgence of COVID-19 activity concurrently with scheduled influenza immunization delivery
- logistics of providing immunization to the public in a way that maintains physical distancing and other required COVID measures
- uncertainty between temporal reaction to receipt of immunization and COVID-19 signs and symptoms

IMMUNIZATION

INFLUENZA VACCINATION

- Annual immunization with influenza vaccine is the most effective way to prevent or minimize influenza infection or its complications; influenza vaccine protection wanes over time
- All Manitobans 6 months of age and older are eligible to receive the seasonal influenza (flu) vaccine for the upcoming influenza season
- Studies demonstrate recommendation from a health care provider on immunization is a major contributing factor in a person's decision to be immunized. As a result, health care providers are urged to recommend immunization against influenza as early as possible in the influenza season to all their patients
- For information regarding influenza vaccine eligibility, recommendations for use, contraindications, and types of vaccines available refer to [Manitoba's Seasonal Influenza Immunization Program Plan \(gov.mb.ca\)](http://www.gov.mb.ca/health/publichealth/factsheets/pneumofaq.pdf)

COVID-19 VACCINATION

- Immunization with COVID-19 vaccine is the most effective way to prevent or minimize COVID-19 infection or its complications; COVID-19 vaccine protection wanes over time
- For information regarding eligibility, recommendations for use, contraindications, and types of vaccines available refer to [Province of Manitoba Information for Health Care Professionals \(gov.mb.ca\)](http://www.gov.mb.ca/health/publichealth/factsheets/pneumofaq.pdf)

PNEUMOCOCCAL VACCINATION

- Individuals 65 years of age and older and those 2 to < 65 years of age at increased risk for invasive pneumococcal disease are eligible to receive a dose of pneumococcal polysaccharide (Pneu-P-23) vaccine free-of-charge.
 - For more details on the eligibility for this vaccine, and all other vaccines, please refer to [Manitoba's Eligibility Criteria for Publicly-Funded Vaccines](http://www.gov.mb.ca/health/publichealth/factsheets/pneumofaq.pdf)
- Eligibility criteria for the Pneu-P-23 vaccine and Pneu-C-13 vaccine were updated in 2019, and a frequently asked questions and answers document for health care providers is available at: <https://www.gov.mb.ca/health/publichealth/factsheets/pneumofaq.pdf>

Refer to:

- [Shared Health Respiratory Virus Season – Informed Consent](#)
- [Immunization Recommendations for Patients in Acute and Long-Term Care Facilities: Influenza, COVID-19 and Pneumococcal](#)
- [Definitions](#)

ROUTINE PRACTICES

[Routine Practices](#) and [Additional Precautions](#) are required within all healthcare settings.

See: [Manitoba Health Routine Practices Additional Precautions: Preventing the Transmission of Infection in Healthcare](#))

Elements of Routine Practices include:

- Point of Care Risk Assessment
- Hand Hygiene
 - **Staff must follow the 4 moments of Hand Hygiene**
- Source Control
- Patient Accommodation, Placement and Flow
 - To prevent transmission of respiratory viruses, **physical distancing should be maintained** as much as possible
- Aseptic Technique
- Personal Protective Equipment
 - Of note, in context of COVID-19 **all health care workers who provide direct patient care, shall continue to wear PPE** according to Shared Health's requirements
- Specimen Collection
- Sharps Safety and Prevention of Exposure to Bloodborne Pathogens
- Management of Patient Care Environment
- Visitor Management

Minimize exposure of immunocompromised patients to respiratory viruses.

See: ['People at High-Risk of Respiratory Virus-Related Complications' \(Respiratory Viruses Table\)](#) for more details.

SURVEILLANCE

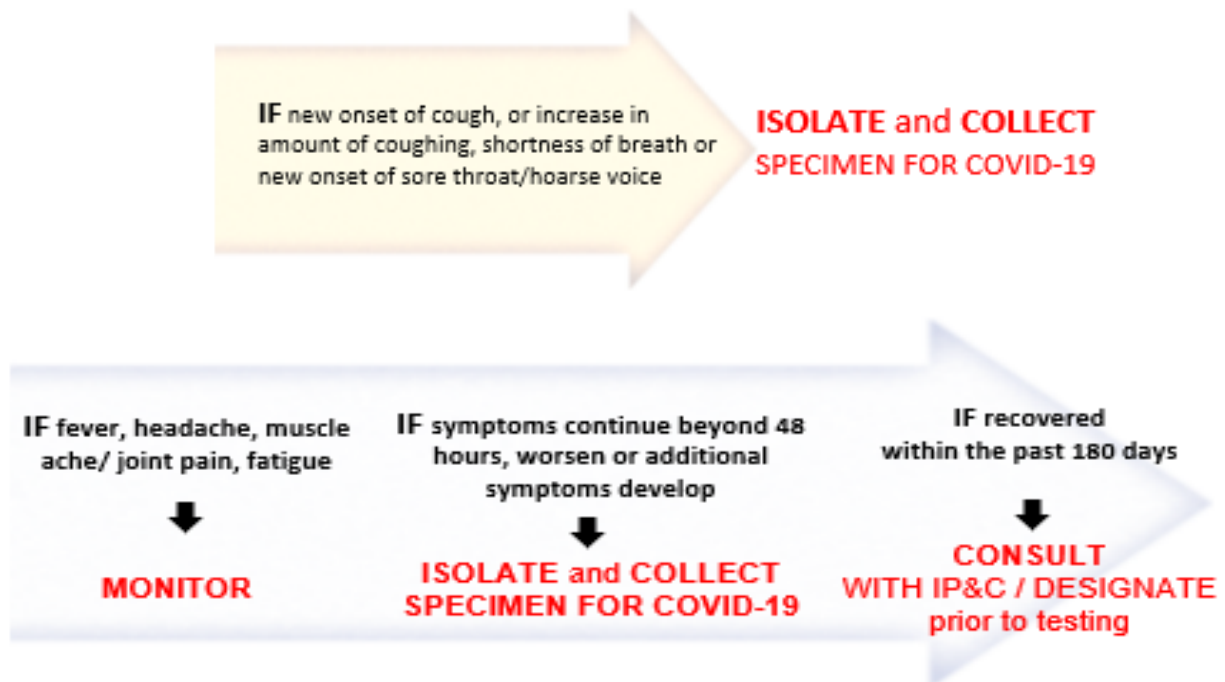
Conduct ongoing screening and active case finding by assessing patients for signs/symptoms of respiratory viruses (e.g., fever, cough, shortness of breath).

SYMPTOMS POST VACCINATION:

Some side effects experienced following vaccine administration (COVID-19, pneumococcal or influenza) may be confused for COVID-19 symptoms or other respiratory virus symptoms. To manage this:

1. **Vaccinate** according to recommended schedule.
2. **Continue** to monitor for symptoms.

If patients develop symptoms temporarily (within 48 hours of vaccination):



3. Staff continue to **wear PPE** as per [Shared Health Recommendations](#)

ADDITIONAL PRECAUTIONS

IMPLEMENTATION OF ADDITIONAL PRECAUTIONS	NOTIFY IP&C DESIGNATE FOR ADMITTED PATIENTS/RESIDENTS ON ADDITIONAL PRECAUTIONS AND CLUSTERS OF RESPIRATORY ILLNESS
	<p>In all health care settings (Acute, LTC and Community) considering the context of COVID-19, in addition to Routine Practices, implement Droplet/Contact Precautions plus Airborne Precautions for AGMPs for patients who present or develop new onset of ILI and/or COVID-19 symptoms.</p> <p>Refer to Respiratory Viruses Table for additional information regarding incubation period, period of communicability etc. for respiratory viruses.</p>

DISCONTINUATION OF ADDITIONAL PRECAUTIONS	CONSULT as required WITH IP&C/DESIGNATE IS REQUIRED PRIOR TO DISCONTINUATION OF ADDITIONAL PRECAUTIONS	
	RESPIRATORY AND INFLUENZA-LIKE ILLNESS	COVID-19 CONFIRMED OR SUSPECT
	<ul style="list-style-type: none"> Discontinuation of precautions is not based on duration of treatment or negative laboratory results. <div style="background-color: #d9ead3; padding: 5px; margin: 5px 0;"> <p>If the NP swab result is negative, DO NOT immediately discontinue precautions if the patient continues to have symptoms of a febrile respiratory illness</p> </div> <ul style="list-style-type: none"> Patients may have chronic respiratory symptoms and/or a post-viral cough, which do not require continuation of precautions Discontinue precautions for suspected or confirmed non-ventilated cases based on resolution of symptoms/clinical improvement (e.g., COPD as baseline) Discontinue precautions for suspected or confirmed ventilated cases based on clinical improvement for 48 hours 	<p>For most up to date guidance on discontinuing Additional Precautions, refer to COVID-19-highlights-provincial.pdf (sharedhealth hmb.ca)</p>

For additional information regarding implementing and discontinuing Additional Precautions, refer to:

- [Respiratory Virus Highlights](#)
- [COVID Highlights](#)
- [COVID Acute Care/Community Specific Disease Protocol](#)
- [COVID-19 Infection Prevention and Control Guidance for Personal Care Homes](#)
- [Shared Health Additional Precautions Signage](#)

TESTING

Collect nasopharyngeal (NP) specimens using flocked swabs or provincially approved swabs as soon as possible when a respiratory viral illness is suspected. In patients with a tracheostomy, laryngectomy, etc. a tracheal aspirate may be collected and submitted in viral transport media, but NP specimen should also be collected. Retesting may be considered on a case-by-case basis; prior consultation with IP&C/designate required.

Refer to: [Respiratory Virus Specimen Collection](#)

ANTIVIRAL TREATMENT AND PROPHYLAXIS

- Current provincial recommendations related to Influenza antiviral treatment and prophylaxis can be found here: [Seasonal Influenza Protocol \(gov.mb.ca\)](#)
- Current provincial recommendations related to COVID-19 antiviral treatment can be found here: [Treatment Options for COVID-19 - Shared Health \(sharedhealthmb.ca\)](#)

OUTBREAK PREPAREDNESS

Being prepared for a potential outbreak is vital. Ensuring your facility has supplies (e.g. PPE, cleaning/disinfecting etc.) and resources (e.g., line lists, signage, Oseltamivir dosing information, contact lists etc.) that can be quickly accessed and implemented is important.

Refer to [Quick Reference: Outbreak Preparedness](#) for steps your facility can take to ensure you are prepared if an outbreak occurs.

OCCUPATIONAL HEALTH

Contact Occupational Health/designate for vaccination information, staff assessment and/or concerns. Support Occupational Health in direction for staff to remain home if symptomatic with respiratory symptoms.

SECTION 4: REFERENCES

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- Public Health Agency of Canada (2016). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Available at: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>
- Public Health Agency of Canada (2022). COVID-19: For Health Professionals. Available at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html>

SECTION 5 – RESPIRATORY PREPAREDNESS IP&C RESOURCES

1. [Respiratory Viruses Table](#)
2. [Shared Health Respiratory Virus Season – Informed Consent](#)
3. [Immunization Recommendations for Patients in Acute and Long-Term Care Facilities: Influenza, COVID-19 and Pneumococcal](#)
4. [Respiratory Season Checklist](#)
5. [Quick Reference: Outbreak Preparedness](#)
6. [Respiratory Virus Highlights Sheet](#)
7. [Respiratory Virus Specimen Collection](#)

CHANGE LOG

DATE	DETAILS
September 2022	<ol style="list-style-type: none"> 1. Oseltamivir Treatment and Prophylaxis document removed and replaced with referring to Manitoba Health Seasonal Influenza Protocol 2. Symptoms post vaccination IP&C management recommendations updated