HEALTH ALERT

JB Pritzker, Governor | Sameer Vohra, MD, JD, MA, Director

Enhanced Precautions Recommended with Increased Acute Respiratory Illness (ARI) in Illinois

Summary and Action Items

To provide information to local health departments and health care facilities regarding recommendations on the following during times of increased rates of respiratory illness:

- Temporary visitor restriction policies and
- Broader use of source control (masking)

Background

Respiratory illness activity continues to increase in the United States, including in Illinois. Many counties have experienced increasing levels of Emergency Department (ED) visits and admissions due ARI, long-term care facility respiratory outbreaks, and increases in positive laboratory specimens for viral respiratory conditions.

IDPH and LHD Response

The Illinois Department of Public Health (IDPH) recommends that health care facilities implement the Centers for Disease Control and Prevention's (CDC) comprehensive viral respiratory prevention and control recommendations: Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings and Prevention Strategies for Seasonal Influenza in Healthcare Settings.

Temporary Visitor Restriction Policies

During times of increased incidence of respiratory illness in the community, IDPH supports implementation of temporary visitor restriction policies in health care facilities which may include the following:

- Consider limiting visitors to those older than 18 years of age and keeping the number of visitors to two or fewer,
- Promote compliance with Hand Hygiene and Respiratory Hygiene/Cough Etiquette,
- Screen visitors for symptoms of ARI before entering the facility,
- Provide instruction before visitors enter patients' rooms on hand hygiene, limiting surfaces touched, and use of personal protective equipment (PPE) according to current facility policy while in patients' rooms,
- Instruct visitors to limit their movement within the facility,
- Encourage visitors with symptoms of respiratory infection to defer non-urgent routine visits in favor alternative mechanisms (e.g., video-call applications) until they have recovered, and
- Limit visits to patients in isolation for viral respiratory illnesses to persons who are necessary for the patients' emotional well-being and care.

Exemptions to these temporary visitor restrictions are permissible at the discretion of the facility's Infection Prevention and Control departments for circumstances including, but not limited to, compassionate care and end-of-life situations. Lifting visitor restrictions is at the discretion of the health care facility. Facilities should follow the CDC guidelines and those above when making these decisions.

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Local health departments and facilities should monitor respiratory illness activity in their community at least weekly during high transmission periods (October to April) and facilities should monitor the level of activity and severity of illness they are experiencing within their facility (ER and urgent care visits, respiratory illness related hospitalizations, etc.) to help guide them with these decisions. To monitor respiratory illness activity levels in Illinois or to access additional resources, visit the IDPH Infectious Respiratory Diseases or CDC Respiratory Viruses pages.

Broader Use of Source Control

Source control refers to use of respirators or well-fitting facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Masking can help prevent facility transmission of COVID-19, and other prevalent respiratory diseases such as influenza and RSV. IDPH recommends that healthcare facilities institute facility-wide masking* when any one or more of the following conditions are met:

- ARI Activity is MODERATE or higher statewide even when county specific COVID-19 Hospital Admissions are not HIGH.
- Facility-specific or local data suggests elevated transmission of respiratory pathogens such as RSV or flu (based on the discretion of the facility or the local health department), even when Acute Respiratory Illness Activity may not be elevated statewide.

Universal masking should also be considered during periods of higher levels of other community respiratory virus transmission. Such an approach could be implemented facility-wide or, based on a facility risk assessment, targeted toward higher-risk areas (e.g., emergency departments or urgent care) or patient groups (e.g., when caring for patients with moderate to severe immunocompromise). Examples reflecting higher levels of community respiratory virus transmission could include:

- Months during the typical respiratory virus season (e.g., October-April).
- National data on trends of respiratory viruses suggesting the beginning of respiratory virus season (e.g., the RESP-NET interactive dashboard or data from the National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus).
- Local increases in emergency department or outpatient visits related to respiratory infections.
- Data suggesting an increase of respiratory illness activity.

Universal use of source control in common areas is also recommended as a mitigation measure during outbreaks of ARI and may be ended once no new cases have been identified for 14 days AND statewide ARI levels are low.

Source Control Options

Healthcare Providers: Source control options for healthcare providers include:

- A well-fitting mask.
- A NIOSH Approved® particulate respirator with N95® filters or higher.
- A respirator approved under standards used in other countries that are similar to NIOSH Approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH Approved respirator when respiratory protection is indicated).
- A barrier face covering that meets ASTM F3502-21 requirements, including Workplace Performance and Workplace Performance Plus masks. When used solely for source control, any of the options listed above for HCPs could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If used during the care of a resident for which a NIOSH-approved respirator or well-fitted mask is indicated for personal protective equipment (PPE), they should be removed and discarded after the resident care encounter and a new one should be donned.

Residents:
It is recommended that residents wear a well-fitted mask in common areas when the facility is experiencing an outbreak of ARI or is otherwise recommended by public health. During an outbreak, residents do not have to wear source control in their rooms.

Visitors:
Facilities may choose to offer well-fitting masks as a source control option for visitors but should allow the use of a mask or respirator with higher-level protection that is not visibly soiled.

*See Preventing and Controlling ARI Outbreaks in Skilled Nursing Facilities and Other Facilities Providing Nursing Care for additional considerations in healthcare facilities providing long term care (in brief, have visitors and HCP wear a mask at all times in the facility and, at a minimum, consider having residents wear a mask when outside of their room).

Contact
IDPH Respiratory Surveillance Program 217-782-2016 or DPH.Respiratory@Illinois.gov or the IDPH Regional Infection Prevention Program at DPH.IP@Illinois.gov.

Target Audience
Local Health Departments, Hospital Infection Preventionists, Infectious Disease Physicians, Hospital Administrators, Long-term Care Facilities, and Regional Health Offices.

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Resources
Prevention Strategies for Seasonal Influenza in Healthcare Settings
Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings | Infection Control | CDC
Respiratory Virus Activity Levels - CDC
IDPH Infectious Respiratory Diseases
Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings | Infection Control | CDC