



Guidance for Mitigation of Acute Respiratory Illnesses (ARI) in Congregate Setting Facilities: February 2025

Background:

This guidance provides a concise and essential overview of respiratory illnesses in congregate settings. It primarily focuses on COVID-19, Influenza, and RSV—key respiratory illnesses classified under Acute Respiratory Illness (ARI). Aligned with guidance from both The Center for Disease Control (CDC) and Illinois Department of Public Health (IDPH), this resource serves as a quick reference for best practices in managing and mitigating respiratory illnesses in congregate settings. Acknowledging that each setting is unique, certain facilities may need to tailor specific recommendations based on the population they serve and available resources. Guidance for health care settings remains unchanged. Guidance for skilled facilities, based on CDC's guidance for health care settings, can be found [here](#).

For more details, refer to [CDC's Respiratory Virus Guidance](#) and [IDPH's respiratory guidance for congregate settings](#).

Symptoms Associated with Acute Respiratory Illness (ARI):

ARI is an illness characterized by any two of the following signs and symptoms that are new or worsening from the resident's normal state:

- Fever (greater than 100°F/37.8°C or more than 2 degrees above a resident's established baseline)
- Cough
- Runny nose or nasal congestion
- Sore throat
- Muscle aches
- Shortness of breath or difficulty breathing, which may manifest as increased fatigue
- Low oxygen saturation (normal levels are between 95% and 100%, but may vary for people with certain medical conditions)

Outbreak Definition for ARI:

Criteria

Three or more residents and/or staff in a facility who, **within 72 hours** of each other, have:

- ARI and/or
- positive point-of-care test (as available) or laboratory-positive test for a single virus (outbreaks should not be reported to ORS if multiple viruses are involved unless each meets the outbreak definition separately. However, facilities must respond to even a single case of ARI or a positive test.)

-AND-

- at least one of the cases is a resident

Outbreak Closure

After 14 days without additional cases, respiratory outbreaks can be finalized and considered over. If additional cases are identified after 14 days, a new outbreak should be reported.

Reporting Requirements:

1. All outbreaks of ARI including COVID-19, influenza, and RSV are required to be reported to your local health department within one business day under 77 Ill. Admin. Code §690.
2. Contact the Healthcare and Congregate Settings program at the Chicago Department of Public Health to report an outbreak here: [Facility Outbreak Notification Form](#)
3. Congregate settings do not need to report a single POC test unless they have questions about mitigation strategies or need additional infection prevention support.

Core Prevention Strategies:

- Encourage staff and residents to stay up to date on their immunizations.
 - Continue to offer vaccinations onsite and strongly encourage individuals to stay up to date with their recommended vaccinations.
 - Encourage staff members to get vaccinated and consider hosting staff vaccination events or promoting policies that facilitate staff vaccination.
 - A residents vaccination status is not a reasonable criterion for determining eligibility for housing or services.
- Promote proper hand hygiene to staff and residents including handwashing, covering coughs and sneezes, and cleaning frequently touched surfaces.
 - Facilities should regularly clean frequently touched surfaces and objects such as door handles, stair rails, elevator buttons, touchpads, and restroom fixtures. They should also clean and disinfect surfaces when they are visibly dirty or areas where people have been ill.
 - More on how to properly clean and disinfect your facility here: [When and How to Clean and Disinfect a Facility | Water, Sanitation, and Environmentally Related Hygiene \(WASH\) | CDC](#)
- Consider opening windows and using HEPA filters to improve air quality.
 - Maximize airflow and filtration within the facility's HVAC system to improve air quality.
 - Ensure to regularly inspect and maintain HVAC systems. Use MERV 13 filters and ensure at least five air changes per hour (ACH).
 - Direct airflow from clean (the corridor) to contaminated areas (sick client rooms) to prevent infection spread, exhausting air outside when possible.
 - Use HEPA air filters in crowded spaces or where HVAC filtration is insufficient. Ensure HEPA filters are appropriately sized for the area and oriented so that air is exhausted upwards without blowing air from one person to another.
 - Improve natural ventilation by opening windows when possible. Limit box fan use.
 - Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.
 - More information on how to improve ventilation in your facility or home here:
 - [CDC - Ventilation Mitigation Strategies](#)
 - [CDC - Improving Ventilation in Your Home](#)

Additional Prevention Strategies:

Consider implementing additional prevention strategies when:

- Respiratory illness activity is moderate, high, or very high [in Illinois](#).
- Instructed by your local and/or state health department, based on local data or community trends.
- Chosen internally by your facility based on your own discretion (based on current outbreak status or risk factors associated with the population you serve).

Additional Prevention Strategies Included:

- **Masks:**

- Provide free, high-quality masks to your residents, staff members, and visitors in times of higher respiratory viral spread.
- Masking is recommended for individuals residing, visiting, or working in an area of the facility experiencing an outbreak of respiratory infection (in addition to masking for individuals with suspect or confirmed ARI).
- **Physical Distancing:**
 - Avoid crowding in communal spaces.
 - Consider postponing, rescheduling, or canceling communal activities, including meals served in dining rooms.
 - Provide employees with paid time off and flexible telework policies to support workers in staying home if sick.
- **Tests:**
 - Have tests on hand and/or a plan for testing residents quickly for respiratory pathogens.
 - Provide employees with paid time off to seek testing for respiratory viruses.

Implementing Core Prevention Strategies in Community Congregate Settings:

Testing for ARI in Community Congregate Settings:

Residents

- Residents with ARI symptoms should be masked, placed immediately in a separate space (if available), and tested for COVID-19. If they test negative, continue to keep them away from others and retest in two days. Consider testing for influenza during high community flu transmission periods, or if flu has been detected in the facility.
- Test symptomatic close contacts of a COVID-19 case.
- In the case of a **large or uncontrolled outbreak of COVID-19**, consider using an expanded testing strategy similar to that used in health care settings. For example, test all staff and residents every 3-7 days until no new cases are identified for at least 14 days.

Staff, non-health care

- With ARI symptoms (due to COVID-19, flu, other virus, or virus unknown) should be masked and excluded from work until completing isolation (“staying home when sick”).
- Consider testing for COVID-19, influenza, and/or other circulating respiratory pathogens. If they test negative and still have symptoms, consider continuing self-isolation and retesting in two days.
- Staff may be eligible for [free at-home COVID-19 tests](#). Availability is not guaranteed year-round.

Staff, health care

- With ARI symptoms staff should follow health care guidance:
 - [COVID-19 Infection Prevention Guidance for Health Care Personnel](#)
 - [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#)

Isolation Guidelines and Next Steps for Residents and Staff who Have Symptoms or Confirmed Diagnosis of an ARI:

1. Residents that show symptoms of a respiratory illness or have a **confirmed case** of a respiratory illness should be masked and **isolated away from others for the duration of symptoms until they are fever free for 24 hours WITHOUT fever reducing medications**. You can find examples of isolation timelines for residents and staff members within the overall CDC respiratory guidance linked here: [CDC's Updated Respiratory Virus Guidance: What to Do When You Are Sick | NCIRD | CDC](#).
2. Residents should be referred to a healthcare provider for proper diagnosis and treatment. Treatment is available and may benefit those at highest risk due to underlying health conditions.
3. Staff members that show symptoms of a respiratory illness or have a confirmed case of a respiratory illness should be excluded from work until symptoms are getting better overall AND they have been fever free (without fever reducing medications) for at least 24 hours.
4. Residents **should mask for the next five days after returning from isolation** in order to resume normal activities; staff members should mask for five days upon return to work.
1. If residents or staff members are **asymptomatic but test positive** for a respiratory virus, they should take added precautions (masking and distancing) for at least five days or be isolated for five days if they are unable to comply with masking and social distancing requirements.
5. If isolation resources are limited, residents may be **cohorted together** if they have a **confirmed** diagnosis of the **same illness**.
6. If there is **no isolation space available**, residents should wear a **well-fitting mask** for the duration of symptoms until they are fever free for 24 hours WITHOUT fever reducing medications and then stay masked for 5 additional days.

Therapeutics:

- Share educational materials about respiratory virus treatment options:
 - [Flu](#)
 - [COVID-19](#)
- Plan for access to treatment for residents in advance of when it might be needed (e.g., from an onsite health care provider, residents' personal health care provider, etc.)
 - See the [HHS COVID-19 and Flu Treatments Locator](#) for community treatment options.
 - Please reach out the CDPH if you experience any challenges related to providing therapeutics to residents.
- Influenza chemoprophylaxis: Individuals over 65, those with [certain underlying medical conditions](#), and those who live in nursing homes and other long-term care facilities are at increased risk of serious complications from influenza. Residents of assisted living and other long-term care facilities should be offered chemoprophylaxis according to the CDC's recommendations: [Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities](#). Chemoprophylaxis may be considered in other community congregate settings depending on the nature of the outbreak and resident and facility factors.
- Provide employees with paid time off to seek treatment for a respiratory virus, as needed.

Respiratory Virus Guidance Snapshot

Core prevention strategies



Immunizations



Hygiene



Steps for Cleaner Air



Treatment



Stay Home and Prevent Spread*



Additional prevention strategies

Masks



Distancing



Tests



Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

***Stay home and away from others until, for 24 hours BOTH:**



Your symptoms are getting better



You are fever-free (without meds)



Then take added precaution for the next 5 days

Organization	Contact Information
CDPH Community Congregate Settings Team	Email: SpecialPops@cityofchicago.org Reporting Link: https://redcap.link/specpopreport