

# Interim Testing Recommendations for Influenza and COVID-19 in Long-term Care

## Influenza and COVID-19

During the 2020-2021 respiratory illness season, influenza and COVID-19 may be co-circulating in Washington communities. The symptoms of influenza and COVID-19 are similar, and it may be difficult to distinguish between them based on symptoms alone. Additionally, individuals may be coinfecting with both influenza and COVID-19 and occur as part of simultaneous or separate outbreaks in long-term care facilities (LTCFs). Testing residents with respiratory illness or influenza-like-illness for both influenza and COVID-19 is highly recommended to confirm a diagnosis. Facilities should consider both influenza and COVID-19 when responding to outbreaks of respiratory illness and adhere to the COVID-19 outbreak guidance for long-term care facilities until testing confirms a diagnosis<sup>1</sup>.

While influenza and COVID-19 share many symptoms, there are key differences in transmissibility between the two. This CDC website<sup>2</sup> compares COVID-19 and influenza with the best available information to date. Notably, both influenza and COVID-19 are spread from person-to-person via respiratory droplets produced when the infected individual coughs, sneezes or talks. Research thus far has shown that COVID-19 is more transmissible than influenza. The incubation period for influenza can range from 1 to 4 days with peak viral shedding occurring 1 day before symptom onset to 3 days after symptom onset (however, viral shedding may continue up to 7 days after symptom onset). Adults are generally most infectious for 3-4 days after symptom onset but may continue to be contagious for up to 7 days. The incubation period for COVID-19 is typically 5 days, however symptoms may occur as soon as 2 days and up to 14 days after infection. Evidence thus far indicates that infected individuals may be contagious for 10 days after symptom onset, or potentially longer in individuals who are severely compromised or who have been very ill. It is important to note that how long someone is able to spread the SARS CoV-2 virus to other people is still under investigation.

Current CDC reports indicate that both viruses may present with: fever or feeling feverish/chills; cough; shortness of breath or difficulty breathing; fatigue; sore throat; nasal congestion; muscle pain or body aches; headache; vomiting and diarrhea. Symptoms that appear to be unique to COVID-19 include change or loss of taste or smell. Much is still unknown about COVID-19, therefore it is essential to frequently refer to CDC guidance for the latest updates<sup>3</sup>.

1 CDC Nursing Homes and Long-Term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>

2 CDC Similarities and Differences between Flu and COVID-19: <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

3 CDC COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

## Influenza and COVID-19 testing

If a resident or healthcare personnel (HCP) presents with symptoms of influenza-like-illness (ILI), first refer to the testing guidelines established by Centers for Medicare and Medicaid Services (CMS) for further instruction on testing for COVID-19.

Consider implementing the following testing strategy in long-term care facilities when influenza and SARS-CoV-2 are co-circulating in the community. For information on when influenza starts circulating in your community, consult with your local health department and monitor the [Washington state flu report](#) and your local health jurisdiction's flu report for indicators such as: percent flu test positivity of 5 percent or higher.

All symptomatic residents or staff members should be tested for both COVID-19 and influenza. Testing for other respiratory pathogens is also recommended to determine potential co-infection or outbreaks of other respiratory illnesses (i.e., RSV, bacterial pneumonia). For further details, please refer to testing guidelines established by the Centers for Disease Control and Prevention (see below). Testing recommendations within a local health jurisdiction may be modified at the discretion of the local health jurisdiction's health officer. Once a symptomatic case has been identified, infection prevention and control measures should be implemented immediately. Until confirmatory testing results in a diagnosis, the outbreak response should follow COVID-19 measures for infection control and prevention.

Until testing proves otherwise, all ILI cases should be treated as potential COVID-19 cases and facilities should follow COVID-19 outbreak guidance documents for infection prevention and control. The facility should follow the appropriate response measures for an influenza outbreak once testing confirms the influenza diagnosis. If testing confirms the presence of both COVID-19 and influenza, the facility should follow the COVID-19 outbreak guidelines for infection prevention but should still provide chemoprophylaxis and treatment for influenza. For further details on placement and clinical management of residents, please refer to guidelines established by the Centers for Disease Control and Prevention (see below).

## Additional Resources:

### Washington State DOH

- [Influenza Information for Public Health and Healthcare](#)
- [COVID-19 Information](#)
- [COVID-19 Information for Long-term Care Facilities](#)
- [Washington State Flu Report](#)

### Centers for Disease Control and Prevention

- [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)
- [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#)
- [Influenza Antiviral medications: Summary for Clinicians](#)

*We would like to acknowledge the Colorado Department of Human Services for developing the format and select content of this document and for allowing us to adapt it for Washington.*

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## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

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