

Guidance for Non-COVID-19 Respiratory Illnesses

During the 2022-2023 respiratory illness season (which typically occurs from late September to early May) it is anticipated that common respiratory illnesses will be co-circulating with COVID-19 in Colorado schools and childcare settings. The symptomatic presentations of these respiratory illnesses can be similar to COVID-19 and it may be difficult to distinguish which pathogen is causing illness based on symptoms alone. Additionally, it is possible for individuals to be co-infected with SARS-CoV-2, the virus that causes COVID-19, and one or more other respiratory viral pathogens such as influenza and/or respiratory syncytial virus (RSV). It is also possible for COVID-19 and other respiratory illnesses to occur as simultaneous or separate outbreaks in schools and/or childcare settings. While the 2021-22 respiratory illness season displayed greater levels of non-COVID-19 viral respiratory illness activity than were seen in 2020-21, it is not known what patterns of activity will be observed in the 2022-23 season for pathogens such as influenza and RSV.

**Please note: Due to the ongoing COVID-19 pandemic and concurrent circulation of non-COVID-19 respiratory pathogens, this guidance document may be subject to change over time. Updates will be communicated accordingly.*

If a child, student or staff member is experiencing respiratory illness symptoms within the school or childcare setting, first refer to the [CDPHE Practical Guide for Operationalizing CDC's School Guidance](#) and the [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#) for response and prevention measures. Respiratory illness occurring in a child or student should be treated as suspect for COVID-19 until testing indicates otherwise. If testing indicates negative SARS CoV-2 results, this document may be used as a guide for prevention and management of outbreaks of non-COVID-19 respiratory illness in school and childcare settings. These guidelines are intended to serve as recommendations; ultimately, decisions regarding disease control measures should be made in consultation between the school/childcare and the local public health agency (LPHA). CDPHE may provide support and guidance as needed at the request of the LPHA and/or the Early Childhood Education program or school.

Defining Schools & Childcare

School and childcare settings may include early childhood education (ECE) programs, K-12 learning and childcare centers. If you have a question about whether your learning or daycare environment qualifies as a school or childcare setting, please contact CDPHE for more information.

What is Considered Reportable?

All outbreaks are considered reportable statewide. However, the State actively tracks and monitors RSV outbreaks in school and childcare settings. Below are the definitions for an outbreak of RSV with additional information on situations in which other non-COVID-19 respiratory illnesses may indicate a need for elevated awareness to local and/or state public health agencies. While influenza outbreaks in school and childcare settings are not actively tracked by CDPHE, unpredictable viral respiratory disease activity creates a need for awareness of influenza activity and CDPHE appreciates notification of any outbreaks that may occur. CDPHE is available to respond and provide guidance for influenza outbreaks in school and childcare settings if needed.

Outbreak definitions for RSV-associated outbreaks in a school or childcare setting:

- Suspected RSV outbreak: one confirmed case of RSV, among one or more other students or children with undiagnosed respiratory illness with symptom onset occurring within a 1-week period.*
- Confirmed RSV outbreak: two or more confirmed cases of RSV among students or children with symptom onset occurring within a 1-week period.

**The occurrence of respiratory illness among children or students should first be considered suspect for COVID-19. If RSV or other respiratory illnesses such as influenza are circulating locally, these pathogens should also be considered suspect until testing proves otherwise. Co-infections of SARS-CoV-2 and other viral respiratory pathogens can and may occur. For more information, see [Colorado COVID-19 outbreak definitions](#) and [A CDC quick guide for childcare providers on detecting symptoms of COVID-19 in children and what to do](#).*



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Influenza, Croup, Common Cold and Other Non-COVID-19 Respiratory Illnesses:

Cases of respiratory illness other than RSV and COVID-19 in the school and childcare settings are considered reportable to the state but are not always actively tracked and monitored unless the following situations occur:

- The respiratory illness presents with increased severity of symptoms than what is typically associated with that particular illness (i.e. hospitalization or emergency/urgent care visits are needed)
- There are a significant number of students or children absent due to respiratory illness
- There are particularly high levels of transmission of the illness in the community and public health agencies are encouraging notification of LPHAs and CDPHE when outbreaks of the illness are occurring

Non-COVID-19 Respiratory Illnesses & Pathogens

Respiratory Syncytial Virus (RSV)

Pathogen : Respiratory Syncytial Virus (RSV) causes respiratory tract illness in people of all ages. Most children get an RSV infection by the time they are 2 years old. The virus may present as an upper respiratory infection usually lasting less than 5 days. However, some infants and young children may be at higher risk for more severe illness from RSV including the following: premature infants, very young infants (<6 months old), children under two years with chronic lung disease or congenital heart disease, children with weakened immune systems, and children with neuromuscular disorders. These children may be at higher risk for more severe illness, such as bronchiolitis, bronchitis, or pneumonia. They may require hospitalization and intensive care measures.

Incubation Period : Ranges from 2 to 8 days (typically 4 to 6 days). RSV is more commonly transmitted during peak respiratory illness months in the fall, winter and early spring.

Symptoms may include : rhinorrhea (nasal discharge or runny nose) and sneezing, decreased appetite, cough (which may be associated with wheezing and/or difficulty breathing), pharyngitis (sore throat), chills, headache, fatigue, and fever. Fever is more common in children and may or may not be present in adults. In infants less than 6 months, the only symptoms of RSV may be irritability, decreased activity, decreased appetite, or apnea.

Transmission/Communicability : Direct and indirect contact with contaminated nasal and oral secretions through coughing and sneezing. Infected persons are usually contagious for 3-8 days. Some patients with weakened immune systems can be contagious for 4 weeks or longer. Virus-containing droplets can briefly be transmitted through airborne contact. The virus can settle on hard surfaces such as railings or tables for several hours, or on soft surfaces such as hands, tissues or bed sheets for shorter amounts of time.

Vaccination : There is no FDA-authorized or FDA-approved vaccine for RSV at this time. Potential vaccines for RSV are currently undergoing research and development.

Influenza

Pathogen : Influenza (flu) is a respiratory illness caused by influenza viruses. There are two main types of influenza virus (types A and B), and human influenza viruses cause seasonal flu epidemics each year. Anyone can be infected with the flu, and serious complications can happen at any age. However, adults that are 65 years of age and older, people of any age with certain chronic medical conditions, pregnant women, and children <5 years of age are at higher risk of developing serious flu-related complications

Incubation Period : About 2 days, but can range from 1 to 4 days.

Symptoms may include : Fever, chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue. Vomiting and diarrhea are symptoms that are more common in children than adults. Not everyone with the flu will have a fever.

Transmission/Communicability : Direct and indirect contact with contaminated nasal and oral secretions or droplets made when people cough, sneeze, and talk. Droplets can land in the mouths or noses of people nearby. Less often, the virus can be spread by contact with a contaminated surface or object. Infected persons can spread it to others up to about 6 feet away. Infected persons are usually contagious in the first 3-4 days after illness begins, but some people,

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especially young children and people with weakened immune systems, might be contagious for a longer time. Flu is more commonly transmitted during peak respiratory illness months during the fall, winter and early spring.

Vaccination : The best way to prevent flu is with the flu vaccine. Everyone 6 months of age and older are recommended to receive a seasonal flu vaccine each year, with rare exceptions. Children can get vaccinated as soon as vaccines become available through healthcare providers, clinics or pharmacies. It is recommended that children receive their flu vaccine no later than the end of October. Some children ages 6 months to 8 years require two doses of flu vaccine, and those children should get the first dose as early in the season as possible. For further CDC guidance on flu vaccination for children, see [Flu & Young Children](#).

Other Respiratory Illnesses & Pathogens

Pathogens & Illnesses : Other common respiratory viruses may include human parainfluenza viruses, rhinoviruses, adenoviruses, etc. These pathogens can cause diseases such as the common cold, croup, bronchiolitis, bronchitis, and/or pneumonia.

Incubation Period : Ranges from 1 to 14 days. In general, most respiratory viruses are more commonly transmitted during peak respiratory illness months during the fall, winter and early spring.

Symptoms : Common symptoms may include rhinorrhea (nasal discharge or runny nose) and sneezing, cough, pharyngitis (sore throat), headache, chills, or fatigue. Symptoms of croup may also include a sharp, barking cough (usually at night), and labored or noisy breathing. In cases of more severe illness such as bronchiolitis, bronchitis, or pneumonia, cough may progress to wheezing and/or difficulty breathing. Fever may or may not be present.

Transmission/Communicability : Direct and indirect contact with contaminated nasal and oral secretions through coughing and sneezing. Virus-containing droplets can briefly be transmitted through airborne contact. The virus can settle on hard surfaces such as railings or tables for several hours, or on soft surfaces such as hands, tissues or bed sheets for shorter amounts of time. People with the common cold are usually contagious for a few days before symptoms appear and while symptoms are present. People with parainfluenza viruses may be contagious for 1-3 weeks after symptoms begin.

[Infectious disease guidelines for schools and child care settings | Department of Public Health & Environment](#)

Outbreak Response

The following recommendations should be implemented for all suspected and confirmed RSV outbreaks, and are also useful in the control of other non-COVID-19 respiratory illnesses. These outbreak control measures should be implemented immediately upon signs and symptoms of respiratory illness in students, children or staff members.

Testing recommendations from a healthcare provider should be followed as soon as possible; however, do not wait for a positive RSV or other pathogen test to apply these measures . If testing is negative for RSV and there are other symptomatic children in the school or daycare setting, outbreak control measures should still be applied.

- 1. Testing** : All undiagnosed respiratory illness cases should be treated as suspected COVID-19 until testing proves otherwise. School and daycare facilities should first defer to the [COVID-19 school outbreak guidance](#) recommended by the CDC for infection prevention and control. The facility should follow the appropriate response measures for an RSV outbreak if testing done through a healthcare provider confirms the RSV diagnosis among one or more children. If testing confirms the presence of both COVID-19 and RSV (or another viral respiratory pathogen) guidance measures for RSV are superseded by those for COVID-19 and the facility should follow the COVID-19 outbreak guidance measures.
- 2. Infection Control** :

- a. **Masking** : Mask-wearing can help reduce the spread of respiratory pathogens, such as influenza, RSV, other viruses that cause the common cold, and COVID-19. If a child or staff member is experiencing respiratory illness symptoms, such as runny nose, congestion, cough, fever, or sore throat, it is recommended that the individual first defer to state and/or local public health COVID-19 guidelines for masking, quarantine, isolation and testing ([K-12 school recommendations](#) | [childcare recommendations](#)). If a child, student or staff member tests negative for SARS-CoV-2 and positive for RSV, influenza, or another respiratory pathogen, masking may be considered to reduce further risk of transmission. Children under 2 years of age should not [wear a mask](#).

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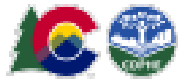
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- b. **Respiratory hygiene and cough etiquette** : These measures include covering the nose and mouth with a tissue or upper arm sleeve when coughing or sneezing, prompt disposal of used tissues, and frequent hand washing. Students and children should also avoid sharing cups and eating utensils, and avoid touching the face with unwashed hands. [CDC's Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).
- c. **Cleaning and disinfection** : Increase frequency of cleaning and disinfection practices (for example: implement routine cleaning and disinfection every 12 hrs vs. every 24 hrs). Prioritize cleaning and disinfection of affected classrooms; focus cleaning and disinfection on frequently touched surfaces such as: doorknobs, tables, handrails, common play areas, toys, blankets and other shared items. Tables used for eating and items that may be placed in a child's mouth must be rinsed with water following disinfection. Information on EPA-registered disinfectants for use in childcare settings, including those that disinfect against SARS-CoV-2, can be found in these locations: CDPHE's [List of Approved Disinfectants](#) and EPA's [Selected EPA-Registered Disinfectants](#). Using bleach, following labeled instructions, for disinfection/sanitization is also approved.
- Further CDC guidance:
- [Operational Guidance for K-12 Schools and Early Care and Education Programs to Support Safe In-Person Learning | CDC](#)
 - [Cleaning and Disinfecting Your Facility | CDC](#)
- d. **Return to school/childcare** : In light of the ongoing COVID-19 pandemic and interseasonal circulation of other viral respiratory pathogens, school and childcare facilities should use symptom-based return criteria after [ruling out COVID-19 as a cause of respiratory illness](#). It is recommended that children may return to the school or childcare setting once fever (defined as temperature $>100.4^{\circ}\text{F}$) is resolved for at least 24 hours (without the use of fever-reducing medications) and all other symptoms of respiratory illness, including cough, are improving. If minor symptoms are still present (i.e., a runny nose) and the child returns to daycare, every effort should be made to follow respiratory hygiene, cough etiquette and infection prevention guidelines. School and childcare facilities may refer to the recommendations of their LPHA to determine the appropriate measures to be taken on returning to school or childcare.
3. **Restricting staff movement** : It is recommended to limit crossover between classrooms and playrooms. Ideally teachers should teach only in one classroom, while caregivers may be assigned to one room/child group per day. Students or children should remain with their own cohort/classroom to avoid spreading illness to other rooms if an outbreak has occurred or there are high transmission levels of respiratory illness in the community.
4. **Surveillance and documentation** : Implement daily active surveillance of new respiratory illnesses among all students, children and staff. Defer to the COVID-19 guidelines for screening and exclusion of staff from [schools](#) and [childcare](#) that are experiencing respiratory illness symptoms until testing confirms the pathogen causing the outbreak. Continue tracking ill students, children and staff and monitoring the progression of the outbreak until at least two incubation periods (16 days) following the last case of illness. If no new cases of RSV have occurred during this 16-day time period, the outbreak may be considered over. This [line list template](#) can be used to track outbreaks of respiratory pathogens, including RSV, influenza, and COVID-19. Information that is important to document and relay to the public health agency includes:
- Date of symptom onset of first case of illness
 - Duration of illness
 - Classroom/group
 - Symptoms
 - Hospitalizations/deaths
 - Tests performed and results

- Relevant diagnoses from healthcare providers

5. **School/classroom closure** : If there are a considerable number of students, children and/or staff experiencing respiratory illness, school or childcare center closure may be considered. Please contact your local or state public health agency for input and guidance on closure.
6. **Parent/guardian notification** : Parents/guardians of students or children may be notified of outbreaks or potential outbreaks. This may be done by a letter or email to parents or a door sign at the school or classroom. This [template](#) may be used.
7. **Report the outbreak to local or state public health** : This online [REDCap outbreak report form](#) may be used to report any non-COVID-19 viral respiratory disease outbreaks. Outbreak reporting via the REDCap report form is preferred. Alternatively, an RSV outbreak report form for school and childcare settings is also included in this

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document. Please specify the pathogen or illness occurring. Notifications of outbreaks, submission of outbreak report forms and questions regarding non-COVID-19 viral respiratory illnesses may be sent to CDPHE at cdphe_flu_rsv@state.co.us.

[Rules and regulations governing health and sanitation in Colorado child care facilities](#)

[Infectious disease guidelines for schools and child care settings | Department of Public Health & Environment](#)

Additional Resources from CDC on RSV

- [For Health Providers: RSV](#)
- [RSV in Infants and Young Children](#)
- [RSV Transmission](#)
- [Symptoms and Care of RSV](#)

Additional Resources on COVID-19

- CDPHE: [Colorado COVID-19 Updates: Home](#)
- CDPHE: [Practical Guide for Operationalizing CDC's School Guidance](#)
- CDC: [Guidance for COVID-19 Prevention in K-12 Schools and ECE Programs](#)
- CDC: [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs](#)
- CDC: [What Do I Do? - Quick Guide for Child Care Providers](#)

Resources from CDC on Influenza

- [Influenza \(Flu\)](#)
- [Flu & Young Children](#)
- [Frequently Asked Influenza \(Flu\) Questions: 2022-2023 Season](#)
- [Information for Schools & Childcare Providers](#)

Additional Resources from CDC on Human Parainfluenza Viruses, Croup, Pneumonia, Bronchitis

- [Human Parainfluenza Viruses \(HPIVs\)](#)
- [Symptoms of Human Parainfluenza Virus \(HPIV\) Illnesses](#)
- [Pneumonia](#)
- [Chest Cold \(Acute Bronchitis\) | Antibiotic Use](#)



COLORADO
Department of Public
Health & Environment

RSV Outbreak Report Form

for Child Care Facilities and Schools

Respiratory illness:

- [Fever (>100° F orally)] and/or [new cough or sore throat]

RSV Outbreak

- **Suspected:** one confirmed case of RSV, among one or more other students or children with undiagnosed respiratory illness with symptom onset occurring within a one-week period.
- **Confirmed:** two or more confirmed cases of RSV among students or children with symptom onset occurring within a one-week period.

Date of report:		State-assigned outbreak #:			
Are there any other active outbreaks in the facility?		If so, what type?			
Facility name:			Phone:		
Facility type: Other:					
Address:			Email:		
City:		Zip:	County:		
Person reporting:			Title:		
Number of Students:	In facility	Tested	With positive tests	Hospitalized	With respiratory illness (with or without a positive RSV test)
Number of Staff:	In facility	Tested	With positive tests	Hospitalized	With respiratory illness (with or without a positive RSV test)

Date of symptom onset or positive test of the first case of RSV during the outbreak:
Date of symptom onset or positive test of the final case of RSV during this outbreak:
Status of outbreak (see definitions above):

Questions? Contact your local health department [Fill out this form online](#)

To report an outbreak:

Submit completed form to CDPHE (cdphe_flu_rsv@state.co.us | fax: 303-782-0338) *or* to your local health department. September 15, 2022