

TDH recommends following [CDC Respiratory Virus Guidance](#). This document outlines additional considerations for implementing CDC guidance.

NON-HEALTHCARE SETTINGS

Does the CDC Respiratory Virus Guidance apply to non-healthcare high-risk settings?

Depending on the population served and level of risk for severe disease, non-healthcare high-risk settings (for example, Adult and Senior Care Facilities) may consider following healthcare personnel recommendations or may follow the recommendations that are applicable to community settings in the [CDC Respiratory Virus Guidance](#).

Does the CDC Respiratory Virus Guidance apply to shelters (ex. homeless service sites) or correctional and detention facilities?

Yes, the CDC Respiratory Virus Guidance applies to community settings, which includes non-healthcare portions of correctional facilities and shelters. Healthcare workers who provide care in these settings should refer to the [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).

HEALTHCARE SETTINGS

Does the CDC Respiratory Virus Guidance apply to healthcare settings?

No, this guidance does not apply to healthcare settings. CDC offers separate, specific guidance for healthcare settings ([COVID-19](#), [influenza](#), and [general infection prevention and control](#)) and [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).

Healthcare settings refer to places where healthcare is delivered and include, but are not limited to, acute care facilities, long-term acute care facilities, inpatient rehabilitation facilities, skilled nursing facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, dental offices, and others.

When should healthcare settings consider broader use of masking?

As described in [CDC's Core IPC Practices](#) and [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), source control remains an important intervention during periods of higher respiratory virus transmission. Healthcare facilities are encouraged to identify local metrics

that could reflect increasing community respiratory viral activity to determine when broader use of source control in the facility might be warranted. Some potential metrics to consider may include [Respiratory Virus Activity Levels in Tennessee](#) and the TDH [Respiratory Trends Dashboards](#).

CDC continues to recommend that healthcare facilities institute masking when [masks are recommended in the community](#). CDC also [recommends](#) source control for cases or close contacts and during outbreaks and/or in high risk areas regardless of community transmission metrics.

Do I need to report individual cases of COVID-19, Influenza, or RSV to TDH?

As of January 1, 2025, healthcare providers and laboratories are no longer required to report individual COVID-19 cases to TDH. However, the following should be reported to TDH within 7 days:

- All COVID-19 or RSV associated deaths among individuals under 18
- All Influenza associated deaths among individuals under 18 or persons who are pregnant
- Any outbreak or cluster of respiratory viral illness meeting definitions listed in the Cluster and Outbreaks section below

Note: Facilities should continue to follow any reporting requirements set out in Centers for Medicare & Medicaid Services (CMS) rules.

OUTBREAKS

Does the CDC Respiratory Virus Guidance apply to outbreaks?

No, CDC Respiratory Virus Guidance should not be used for outbreak management purposes. Public health will continue to investigate RVI outbreaks in long-term care facilities and high-risk congregate settings.

Which RVI outbreaks are considered reportable?

As of January 1, 2025, healthcare providers are no longer required to report individual COVID-19 cases to TDH. All COVID-19 associated deaths among individuals under 18 should be reported to TDH within 1 week. Outbreaks of all respiratory viruses, including COVID-19, influenza, and RSV, remain reportable. Any outbreak that meets the following definition should be reported to TDH.

- **Respiratory outbreak of known etiology:** In high-risk congregate settings¹ including long-term care facilities, an outbreak is defined as two or more epidemiologically linked individuals with the same test-confirmed bacterial or viral infection (including influenza, RSV and COVID-19) within a [7-day] period.
- **Respiratory outbreak of unknown etiology:** In other healthcare and non-healthcare settings, a respiratory outbreak is defined as a sudden increase in cases of pneumonia or acute respiratory illness for a 7-day period with no known cause, which disrupts normal operations.

What types of information do I need to include in the report of RVI Outbreaks?

Reports of RVI outbreaks should include:

- Name of facility
- Point of contact at facility
- Contact information for facility
- Investigation forms for cases at the facility including information on the [PH1600 reporting form](#)

Public health officials may also request additional data on symptoms and severity to monitor ongoing outbreaks and new variants.

What guidance should be provided to a healthcare facility with an RVI Outbreak?

Response and infection control activities may be needed even if the cases do not meet the definition of an outbreak above. Facilities should refer to the Centers for Disease Control and Prevention (CDC) for updated guidance on [infection prevention and control recommendations for healthcare personnel during the Coronavirus disease 2019 \(COVID-19\) pandemic](#) and [managing healthcare personnel with SARS-CoV-2 infection or exposure to SARS-CoV-2](#). These are considered best practices for responding to COVID-19 cases in a facility. Testing for COVID-19 should be conducted by following accepted national standards, such as CDC recommendations. Public health officials may also provide additional recommendations based on outbreak-specific information and severity.

What if assistance or education is needed for outbreaks involving healthcare facilities and/or regarding infection control practices at a facility?

If assistance is needed at a facility regarding infection control practices or healthcare staffing concerns, please email HAI.Health@tn.gov and RVI.Health@tn.gov. Someone from the Healthcare-Associated Infections (HAI) team will contact you.

What is the anticipated duration of an RVI Outbreak Investigation?

1. High-risk congregate settings include residential facilities such as long-term care, assisted living, correctional facilities, shelters and other settings that support individuals who are at risk of severe disease from COVID-19

These outbreak response activities should continue until there are 14 days with no new cases identified.