

# The Most Common Viral Pathogens Encountered in Long-Term Care Facilities

| Viral Pathogens          | Seasonality  | Incubation Period       | Mode of Transmission  | Duration of Infectivity   | Attack Rate      | Groups with Increased Susceptibility or Disease Severity | Affected Group Settings  | Main Respiratory Syndrome                            | Other Associated Features  | Symptoms and Signs  | Precautions Type  | Precautions Period                      |
|--------------------------|--|-------------------------|---|---|------------------|--|--|--|--|---|---|---|
| Unknown Agent            |  |                         |   |   |                  |  |  |  |  | ILI or symptoms of LRTI / Pneumonia   | - Standard<br>- Droplet<br>- Hand hygiene                     | DI = duration of illness                |
| Influenza A & B          | Winter and early spring<br>Nov. to May   | 1-4 D<br>Avg. 2D        | - Droplets<br>- Direct & indirect contact with resp. secretions | From 24 hs before symptoms to 3-5 d in adults and up to 7 d in children | Moderate to high | All, children and elderly at high risk                   | Day care /School, LTCFs/ NHs, Hospitals, Prisons, Shelter, Military Barracks/ Dormitory. | ILI, Pneumonia                                       | Bronchiolitis, Otitis Media, Sinusitis, Rhabdomyolysis, Encephalitis, Reye Syndrome, Myocarditis, Exacerbation of chronic diseases | Sudden onset of fever, > 100 °F, chills, headache, myalgia, and dry cough, sore throat, hoarseness, nasal obstruction/ discharge                      | - Standard<br>- Droplet<br>- Resp etiquette<br>- Hand hygiene | - 5 days<br>- DI for immune-compromised |
| Para-influenza           | Predictable, distinctive, cyclic pattern (entire year) peak fall to spring & varies with types | 2-6 D                   | - Direct contact<br>- Resp droplets<br>- Fomites                | Varies with different types   | High             | Children < 5 Y, Elder and those with chronic diseases    | Day care, School, Hospitals LTCFs  | URTI, Pneumonia, Bronchiolitis<br>Croup              |  | ILI (fever, wheezing & cough) PIV types 1 & 2 are associated with croup, type 3 causes pneumonia, in children and may cause severe LRTI among elderly | -Standard<br>- Contact<br>-Env. cleaning<br>- Hand hygiene    | DI                                      |
| RSV                      | Winter and early spring. Peaks between Dec. and April  | 4-6 D                   | - Direct contact<br>- Large droplets<br>- Fomites               | 3-8 D (3-4 W) in infants & immunocompromised                            | High             | Children Elderly Malignancy Chronic lung/heart diseases  | Day care, School, LTCFs, NHs   | URTI, Pneumonia, Bronchiolitis,                      | Otitis media, Rhinorrhea, Sinusitis, Croup, Wheezing   | ILI with fever (less prominent than influenza) cough, wheezes, ear ache, sinus pain). severe LRTI among elderly                                       | - Standard<br>- Contact                                       | DI                                      |
| HMPV                     | Late winter, early spring low activity during summer   | 3-5 D                   | Direct contact with resp Secretion                              | Undetermined  | High             | Infant Children Elderly                                  | LTCFs / NHs  | URTI, Pneumonia, bronchiolitis<br>Pharyngitis        |  | Similar to RSV. May cause trachio-bronchitis or pneumonia   | -Standard<br>-Contact   | DI                                      |
| Adenovirus               | Late winter, Spring, early summer  | 2-14 /D (Avg. 4-5 days) | - Contact<br>- Droplet<br>- Fomites<br>-Fecal/oral              |   | High             | Infant, children Elderly/ post-transplant                | Day Care School, Military Dormitory  | URTI, Pneumonia, Croup, Pharyngitis<br>Bronchiolitis | Conjunctivitis, Diarrhea, Rhinorrhea, Hemorrhagic cystitis,  | ILI, pharyngitis, otitis media, pharyngo-conjunctivitis fever)  | - Standard<br>- Droplet<br>- Contact                          | DI                                      |
| Rhinovirus / Common Cold | Year around Peak on fall & spring  | 2-3 D                   | - Direct contact<br>- Droplet                                   | Maximum shedding in the first 2-3D, ceases by 7 D to 3 W                | High             | Elder, post-transplant                                   | LTCFs / NH Day Care School   | URTI, Pneumonia (high-risk groups)                   | Rhinorrhea, Asthma exacerbations of COPD   | Most common cause of common cold, nasal discharge, headache, malaise low-grade fever  | - Standard<br>- Droplet                                       | DI                                      |