

## COMMENTARY ON: OLDER ADULTS (LONG-TERM CARE): GUIDELINE EVIDENCE FOR PREVENTION OF RESPIRATORY ILLNESS: A RAPID OVERVIEW OF CLINICAL PRACTICE GUIDELINES

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This is a commentary on a rapid review commissioned by the Infection Prevention & Control, World Health Organization, Health Emergency Programme through funding from the Canadian Institutes of Health Research (CIHR) through the Strategy for Patient Oriented-Research (SPOR) Evidence Alliance and conducted by the Knowledge Translation Program, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Unity Health Toronto. The full citation and acknowledgement of the researchers who conducted the rapid review are in the Reference section below.

### Question

What are the recommendations from published clinical practice guidelines regarding infection prevention and control for respiratory viruses (including coronavirus and influenza) in adults aged 60 years and older in long term care?

### Rapid Review Findings

This rapid review included:

Any measure used to prevent and/or control respiratory illnesses, including influenza and coronaviruses (e.g. COVID-19). Policies, physical interventions, organizational practices, equipment and supplies management, environmental impacts, monitoring and surveillance, travel restrictions and policies for management of the deceased were all considered. Interventions on vaccination or preventing bacterial respiratory outbreaks (e.g., strep, pneumonia, klebsiella) or aspiration pneumonia were excluded.

Published clinical practice guidelines providing recommendations for the prevention and/or control of viral respiratory illnesses for older adults (60 years and older) living in long-term care facilities were sought as part of this review. The authors scanned 3,267 citations for relevance and included 17 clinical practice guidelines.

10 or more clinical practice guidelines recommend:

- Antivirals for prophylaxis of staff and/or residents
- Hand hygiene
- Personal protective equipment (PPE)
- Social distancing/ isolation
- Surface disinfection
- Surveillance and evaluation
- Diagnostic testing to confirm viral illness
- Droplet precautions (includes PPE, 1 meter distance between the infected resident and others, cough etiquette, resident-dedicated equipment, single rooms for ill residents)

Less frequent recommendations (< 10 clinical practice guidelines) included: policies and procedures for visitors and staff/ and or residents, respiratory hygiene/cough etiquette, provision of supplies, staff and/or resident education, increasing communication, consulting or notifying health professionals, appropriate ventilation practices and cohorting equipment.

Overall current guidelines for prevention and management of viral respiratory illness in long-term care support personal and environmental measures for infection prevention and control, and antiviral chemoprophylaxis for treatment.

## Characteristics of the Evidence

This evidence summary is based on a rapid literature review that included 17 clinical practice guidelines published between 2004 and 2020. The majority of clinical practice guidelines were from the United States (n=8) and Canada (n=6), focusing on influenza (n=6) or respiratory illness outbreaks (n=5).<sup>1</sup>

## Risk of Bias (Quality of the Evidence)

Overall the clinical practice guidelines were very low quality (assessed using the AGREE-2 tool) due to poor reporting. It is unclear how many of these guidelines are based on the best available evidence.

## Future Research Recommendations

- Current guidelines recommend environmental measures for infection control and antiviral chemoprophylaxis for viral respiratory infection in long-term care facilities; However, Confidence in these recommendations is limited by the very poor quality of the included clinical practice guidelines.
- Clinical practice guideline developers should use a relevant reporting standard (e.g. RIGHT statement, AGREE Reporting Checklist) to improve guideline transparency and overall guideline quality.

## References

The intellectual property rights in data and results generated from the work reported in this document are held in joint ownership between the MAGIC team and the named Contributors:

1. Rios P, Radhakrishnan A, Thomas SM, Darvesh N, Straus SE, Tricco AC. Guidelines for preventing respiratory illness in older adults aged 60 years and above living in long-term care: A rapid review of clinical practice guidelines. medRxiv. 2020. Available from: <https://www.medrxiv.org/content/10.1101/2020.03.19.20039180v2>

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For details on the method for development see Munn Z, Lockwood C, Moola S. The development and use of evidence summaries for point of care information systems: A streamlined rapid review approach. *Worldviews Evid Based Nurs.* 2015;12(3):131-8.

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