

Table 2 Ten WHO recommendations for infection prevention and control (IPC) and of acute respiratory infections (ARIs)		
Recommendations		Overall ranking
1.	Use clinical triage for early identification of patients with ARIs to prevent the transmission of ARI pathogens to HCWs and other patients.	Strong
2.	Respiratory hygiene (i.e. covering the mouth and nose during coughing or sneezing with a medical mask, tissue, or a sleeve or flexed elbow followed by hand hygiene) should be used in persons with ARIs to reduce the dispersal of respiratory secretions containing potentially infectious particles.	Strong
3.	Maintain spatial separation (distance of at least 1 m) between each ARI patient and others, including HCWs (without the use of PPE), to reduce the transmission of ARI.	Strong
4.	Consider the use of patient cohorting (i.e. the placement of patients infected or colonized with the same laboratory-identified pathogens in the same designated unit, zone or ward). If cohorting is not possible apply special measures (i.e. the placement of patients with the same suspected diagnosis – similar epidemiological and clinical information – in the same designated unit, zone or ward) within a health-care setting to reduce transmission of ARI pathogens to HCWs and other patients.	Conditional
5.	Use appropriate PPE as determined by risk assessment (according to the procedure and suspected pathogen). Appropriate PPE when providing care to patients presenting with ARI syndromes may include a combination of the following: medical mask (surgical or procedure mask), gloves, long-sleeved gowns and eye protection (goggles or face shields).	Strong
6.	Use PPE, including gloves, long-sleeved gowns, eye protection (goggles or face shields) and facial mask (surgical or procedure mask, or particulate respirators) during aerosol-generating procedures that have been consistently associated with an increased risk of transmission of ARI pathogens. ¹ The available evidence suggests that performing or being exposed to endotracheal intubation either by itself or combined with other procedures (e.g. cardiopulmonary resuscitation or bronchoscopy) is consistently associated with increased risk of transmission.	Conditional
7.	Use adequately ventilated single rooms when performing aerosol-generating procedures that have been consistently associated with increased risk of ARI transmission.	Conditional
8.	Vaccinate HCWs caring for patients at high risk of severe or complicated influenza disease, to reduce illness and mortality among these patients.	Strong
9.	Considerations for Ultraviolet Germicidal Irradiation – no recommendations possible.	–
10.	Implement additional IPC precautions at the time of admission and continue for the duration of symptomatic illness, and modify according to the pathogen and patient information. Always use Standard Precautions. There is no evidence to support the routine application of laboratory tests to determine the duration of IPC precautions.	Conditional

When a novel ARI is identified and the mode of transmission is unknown, it may be prudent to implement the highest level of IPC precautions whenever possible, including the use of fit tested particulate respirators, until the mode of transmission is clarified.

Patient information (e.g. age, immune status and medication) should be considered in situations where there is concern that a patient may be infectious for a prolonged period.

HCW – health-care workers; PPE – personal protective equipment.