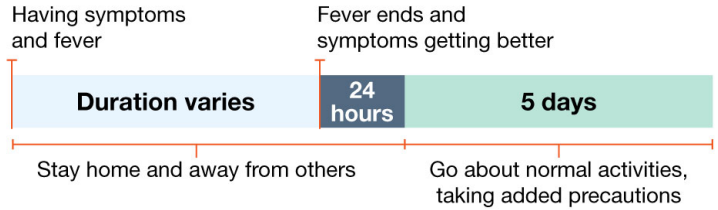
30-July-2025

Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

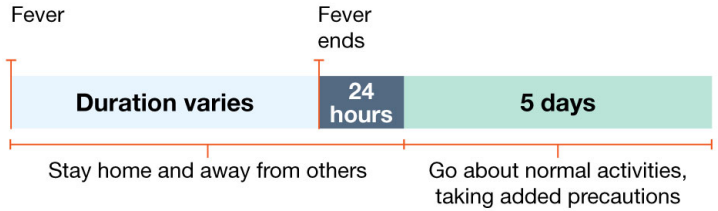
Current CDC Community Guidance

- You can go back to your normal activities when, for at least 24 hours, both are true:
  - Your symptoms are getting better overall, **and**
  - You have not had a fever (and are not using fever-reducing medication).
- When you go back to your normal activities, take added precaution over the next 5 days, and/or testing when you will be around other people indoors.

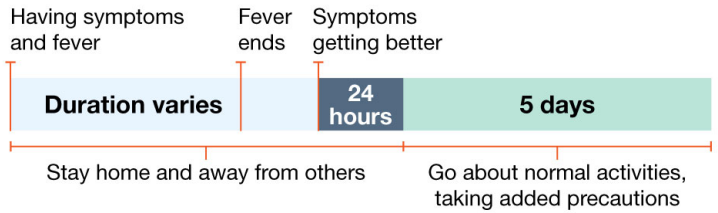
Example 1: Person with fever and symptoms.



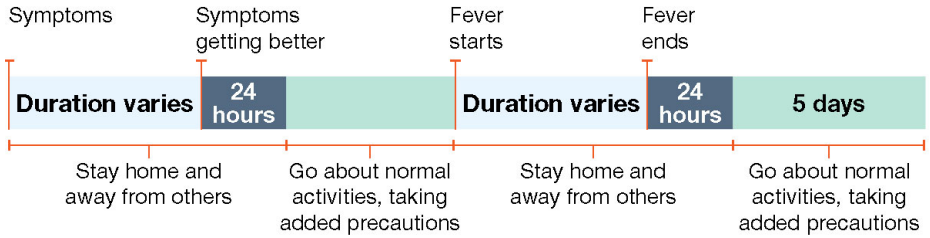
Example 2: Person with fever but no other symptoms.



Example 3: Person with fever and other symptoms, fever ends but other symptoms take longer to improve.



Example 4: Person gets better and then gets a fever.



Current CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection

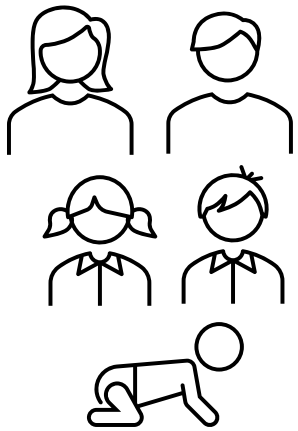
HCP who **ARE NOT** moderately to severely immunocompromised	
Asymptomatic	▪ At least 7 days since first positive test if a negative NAAT test is obtained 48 hrs prior to RTW, or 2 negative antigen tests are obtained 48 hours apart on or after day 5 ▪ At least 10 days since first positive test if testing was not performed, or if HCP tests positive on days 5-7
Mild to moderate illness	▪ At least 24 hours have passed since last fever (without antipyretics) ▪ Symptom improvement ▪ At least 7 days since first positive test if a negative NAAT test is obtained 48 hrs prior to RTW, or 2 negative antigen tests are obtained 48 hours apart on or after day 5 ▪ At least 10 days since first positive test if testing was not performed, or if HCP tests positive on days 5-7
Severe illness	▪ At least 24 hours have passed since last fever (without antipyretics) ▪ Symptom improvement ▪ At least 10 days and up to 20 days since symptom onset ▪ Two consecutive negative NAAT or antigen tests 48 hours apart

HCP who **ARE** moderately to severely immunocompromised	
Symptomatic	▪ At least 24 hours have passed since last fever (without antipyretics) ▪ Symptom improvement ▪ Two consecutive negative NAAT or antigen tests 48 hours apart
Asymptomatic	▪ Two consecutive negative NAAT or antigen tests 48 hours apart

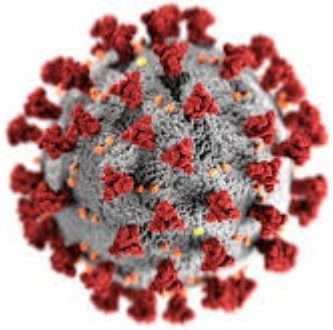
Current Viral Respiratory Infection Guidance: SARS-CoV-2 & Influenza

Pathogen	SARS-CoV-2			Influenza			
Population	Healthy adults with mild to moderate illness						
Current Recommendation	Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (2022)			Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings (2021)			
Infection Status	Exposed	Infected	Infected	Exposed	Suspected or Unknown	Suspected or Unknown	Infected
Symptom Status	Asymptomatic	Symptomatic	Asymptomatic	Asymptomatic	Symptomatic with fever and respiratory symptoms	Symptomatic with acute respiratory symptoms without fever	Asymptomatic
Duration of Work Restrictions	None required; series of 3 viral tests typically at day 1 (day of exposure is day 0), day 3 and day 5	10 days if testing not performed or positive test at day 5-7 OR ≥7 days since symptoms appeared if negative viral test obtained within 48 hr prior to return to work AND	10 days if testing not performed or if positive test at day 5-7 OR ≥7 days since date of first positive viral test if negative viral test obtained within 48 hrs prior to return to work	N/A	Duration of fever plus 24 hrs	N/A	N/A
Fever Based Return to Work	N/A	≥24 hrs since last fever without use of fever-reducing medications AND	N/A		≥24 hrs after fever cessation without use of fever-reducing medicines	N/A	
Symptom Based Return to Work	N/A	Symptoms improved	N/A		Ongoing respiratory symptoms should be considered for evaluation by occupational health	N/A	
Duration of Masking	Duration not specified; instructed to wear well-fitting source control	N/A	N/A		While symptoms such as cough and sneezing are present	While symptoms such as cough and sneezing are present	
Duration of Monitoring	Duration not specified; instructed to monitor for fever or symptoms	N/A	N/A		N/A	N/A	
HCP returning to a Protective Environment	N/A	N/A	N/A		Consider temporary reassignment or work exclusion for 7 days from symptom onset or until resolution of symptoms (whichever is longer)	Consider for temporary reassignment or work exclusion for 7 days from symptom onset or until resolution of all non-cough symptoms (whichever is longer)	

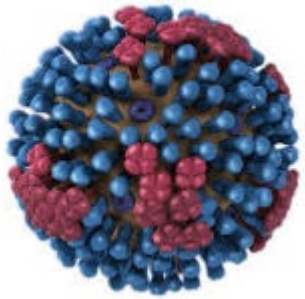
Key Challenges with Current Healthcare Guidance



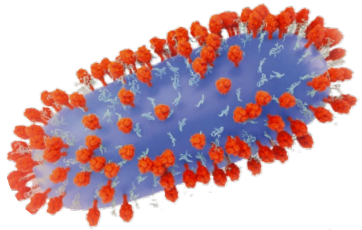
Differences between community and healthcare guidance lead to confusion and be difficult for healthcare organizations to communicate effectively to staff



SARS-CoV 2

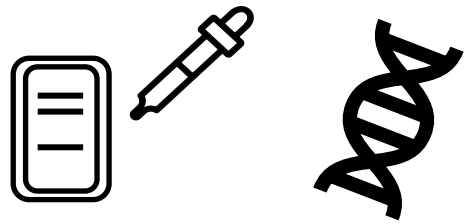


Influenza

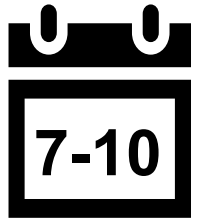


RSV

Different respiratory pathogens are subject to different work restrictions and return to work guidance



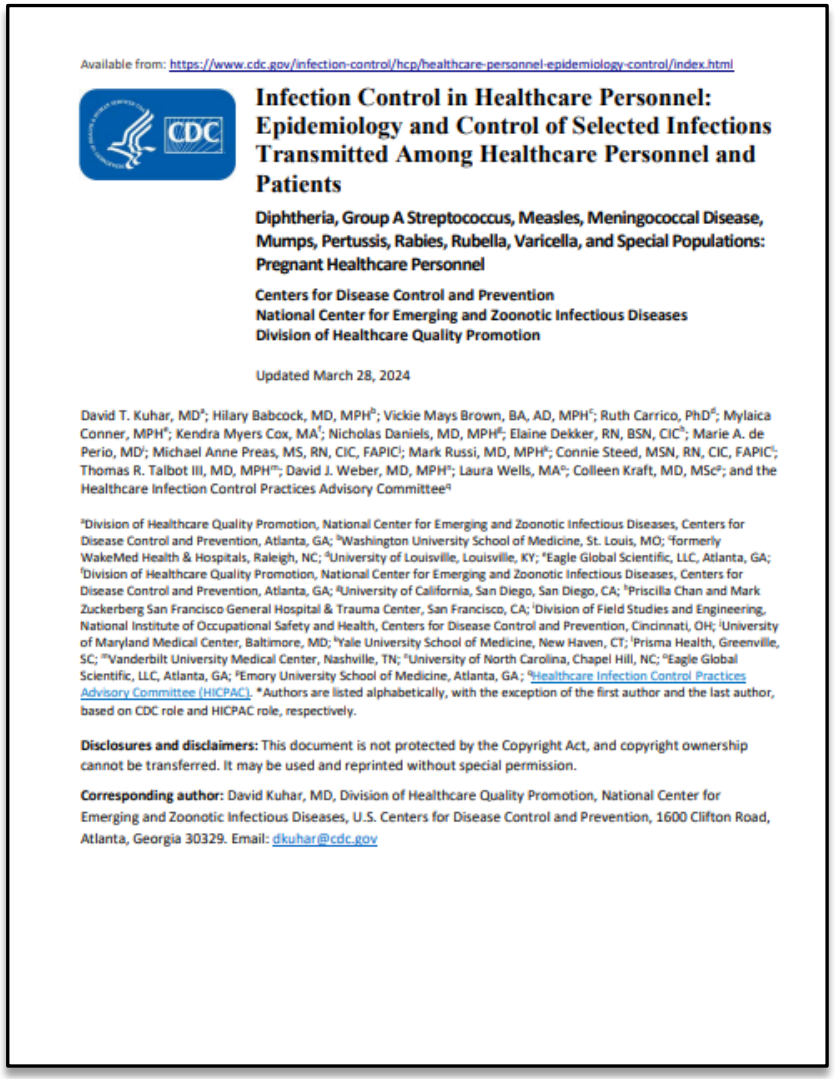
Testing guidance is complicated especially in the setting of reduced availability/access to on-demand testing



Prolonged exclusion periods, particularly at the expense of HCP accrued PTO discourage symptom transparency

HICPAC Update to the 1998 Guideline for Infection Control in Healthcare Personnel - Viral Respiratory Infections Section

1998 Guideline for Infection Control in Healthcare Personnel - Viral Respiratory Infections Section



Available from: https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/index.html

Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients

Diphtheria, Group A Streptococcus, Measles, Meningococcal Disease, Mumps, Pertussis, Rabies, Rubella, Varicella, and Special Populations: Pregnant Healthcare Personnel

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Updated March 28, 2024

David T. Kuhar, MD[a]; Hilary Babcock, MD, MPH[b]; Vickie Mays Brown, BA, AD, MPH[c]; Ruth Carrico, PhD[d]; Mylaica Conner, MPH[e]; Kendra Myers Cox, MA[f]; Nicholas Daniels, MD, MPH[g]; Elaine Dekker, RN, BSN, CIC[h]; Marie A. de Perio, MD[i]; Michael Anne Preas, MS, RN, CIC, FAPIC[j]; Mark Russi, MD, MPH[k]; Connie Steed, MSN, RN, CIC, FAPIC[l]; Thomas R. Talbot III, MD, MPH[m]; David J. Weber, MD, MPH[n]; Laura Wells, MA[o]; Colleen Kraft, MD, MSc[p]; and the Healthcare Infection Control Practices Advisory Committee[q]

[a]Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA; [b]Washington University School of Medicine, St. Louis, MO; [c]formerly WakeMed Health & Hospitals, Raleigh, NC; [d]University of Louisville, Louisville, KY; [e]Eagle Global Scientific, LLC, Atlanta, GA; [f]Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA; [g]University of California, San Diego, San Diego, CA; [h]Priscilla Chan and Mark Zuckerberg San Francisco General Hospital & Trauma Center, San Francisco, CA; [i]Division of Field Studies and Engineering, National Institute of Occupational Safety and Health, Centers for Disease Control and Prevention, Cincinnati, OH; [j]University of Maryland Medical Center, Baltimore, MD; [k]Yale University School of Medicine, New Haven, CT; [l]Prisma Health, Greenville, SC; [m]Vanderbilt University Medical Center, Nashville, TN; [n]University of North Carolina, Chapel Hill, NC; [o]Eagle Global Scientific, LLC, Atlanta, GA; [p]Emory University School of Medicine, Atlanta, GA; [q]Healthcare Infection Control Practices Advisory Committee (HICPAC). *Authors are listed alphabetically, with the exception of the first author and the last author, based on CDC role and HICPAC role, respectively.

Corresponding author: David Kuhar, MD, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, U.S. Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30329. Email: dkuhar@cdc.gov

HCP guidance update was active during calendar year 2024 with Healthcare Infection Control Practices Advisory Committee (HICPAC)

Section update NOT a complete revision

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | COVID-19 | CDC

Conceptual Guidance Update Roadmap

Same framework, smaller scope, faster timeline for some steps

Step 1: Workgroup

workgroup meets for an extended period (e.g., months or years) to gather, examine, and interpret data

Step 2: Data

workgroup presents data and expert opinion to the full HICPAC membership for review and discussion

Step 3: First Draft

first draft is presented & discussed, opportunity for public comment; members weigh discussion & presented data

Step 4: Public Comment

If voting members approve, the guidelines are posted to the Federal Register for public comment.

Step 5: Revision

CDC and HICPAC review and respond to the public comments, the guidelines are revised to reflect public input.

Step 6: Vote/Recs

Members vote on the guideline and, if approved, recommend the final draft to CDC, after final CDC review website is updated.

Viral Respiratory Infections Guidance Status

November 2024

- **The workgroup presented the draft update**
- **HICPAC voted to approve!**

Up next!

- **The Draft Viral Respiratory Infections Section will be posted to the Federal Register via Regulations.gov for public comment in the coming months.**

Step 4: Public Comment

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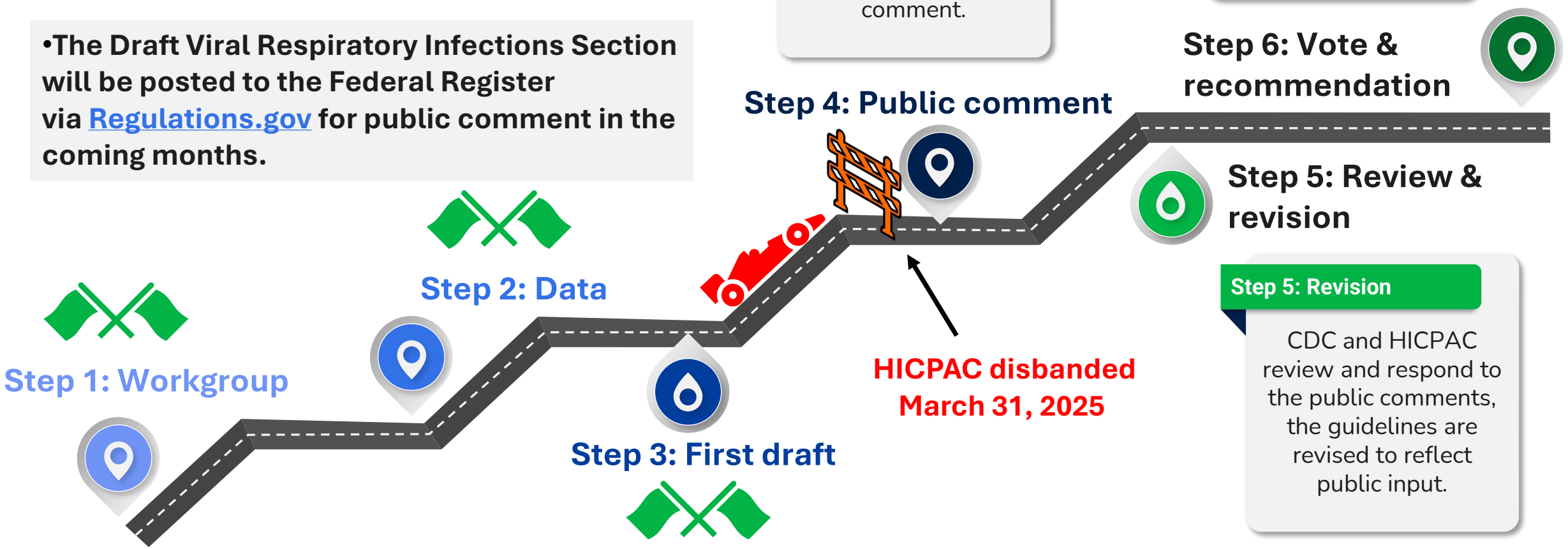

Step 5: Revision

CDC and HICPAC review and respond to the public comments, the guidelines are revised to reflect public input.

DRAFT HICPAC Viral Respiratory Infections Guidance Recommendation

For healthcare personnel with a **suspected or confirmed viral respiratory infection** not addressed elsewhere in this guideline:

- Restrict from work until
  - **At least 3 days have passed** from symptom onset* (or from their first positive respiratory virus test if asymptomatic throughout their infection) AND
  - They are fever free for at least 24 hours without the use of antipyretics, AND
  - Symptoms are improving, AND
  - They feel well enough to return to work
  - **Wear source control upon return to work until the end of day 7**, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0^

*Where the first day of symptoms is day 0, making the first possible day of return to work on day 4

^Making the first possible day of working while unmasked day 8

DRAFT HICPAC Viral Respiratory Infections Guidance Recommendation

For *asymptomatic* healthcare personnel who have a **known or suspected exposure** to a **respiratory virus** not addressed elsewhere in this guideline

- Work restrictions are not necessary
- Wear source control from the day of first exposure through the 5th day after last exposure*
- Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after their last exposure
    - Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in recommendation XX

*Where the last day of exposure is day 0, making the first possible day of working while unmasked day 6

DRAFT CONNECTICUT Viral Respiratory Infections Guidance Recommendation

For *asymptomatic* healthcare personnel who have a **known or suspected exposure** to a **respiratory virus** not addressed elsewhere in this guideline

- Work restrictions are not necessary
- Wear source control from the day of first exposure through the ~~5th~~ 7th day after last exposure*
- Monitor for development of signs or symptoms of a viral respiratory infection For ~~5~~ 7 days after their last exposure
  - Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in recommendation XX

*Where the last day of exposure is day 0, making the first possible day of working while unmasked ~~day 6~~ 8

Synchronization of 7 days of source control across cases and exposures was selected to simplify the guidance and provide additional caution related to exposures which may not be discrete in nature

Viral Respiratory Infections Guidance Status

November 2024

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Up next!

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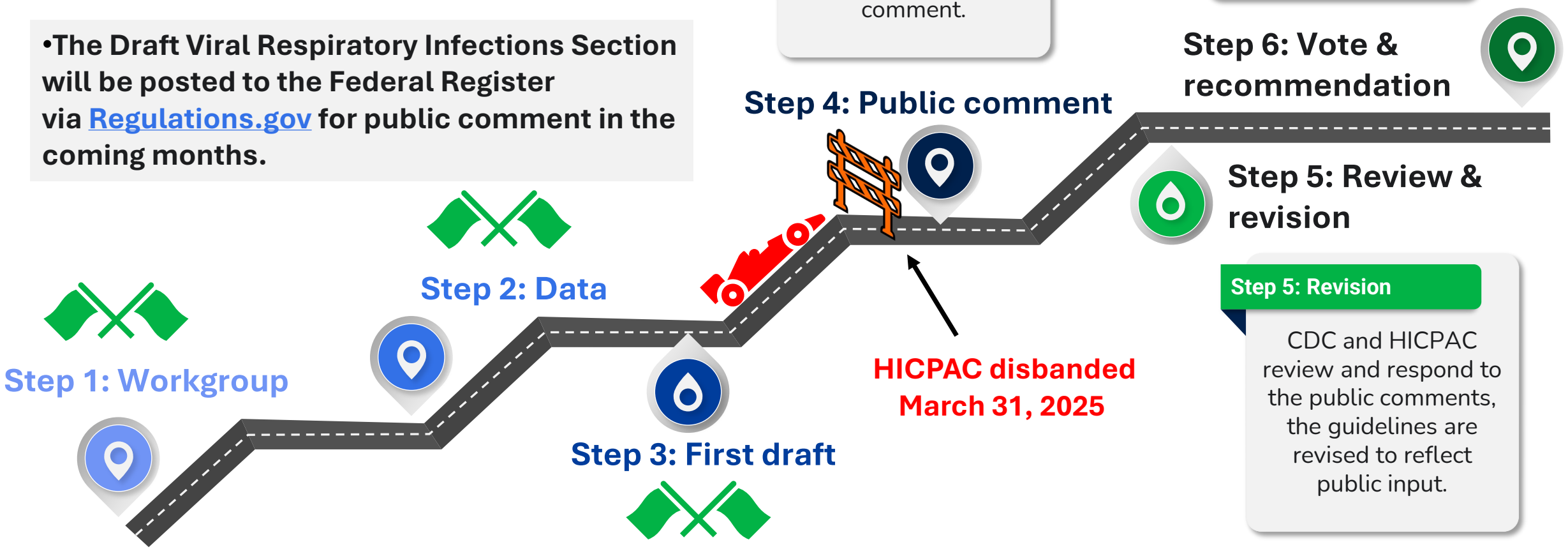

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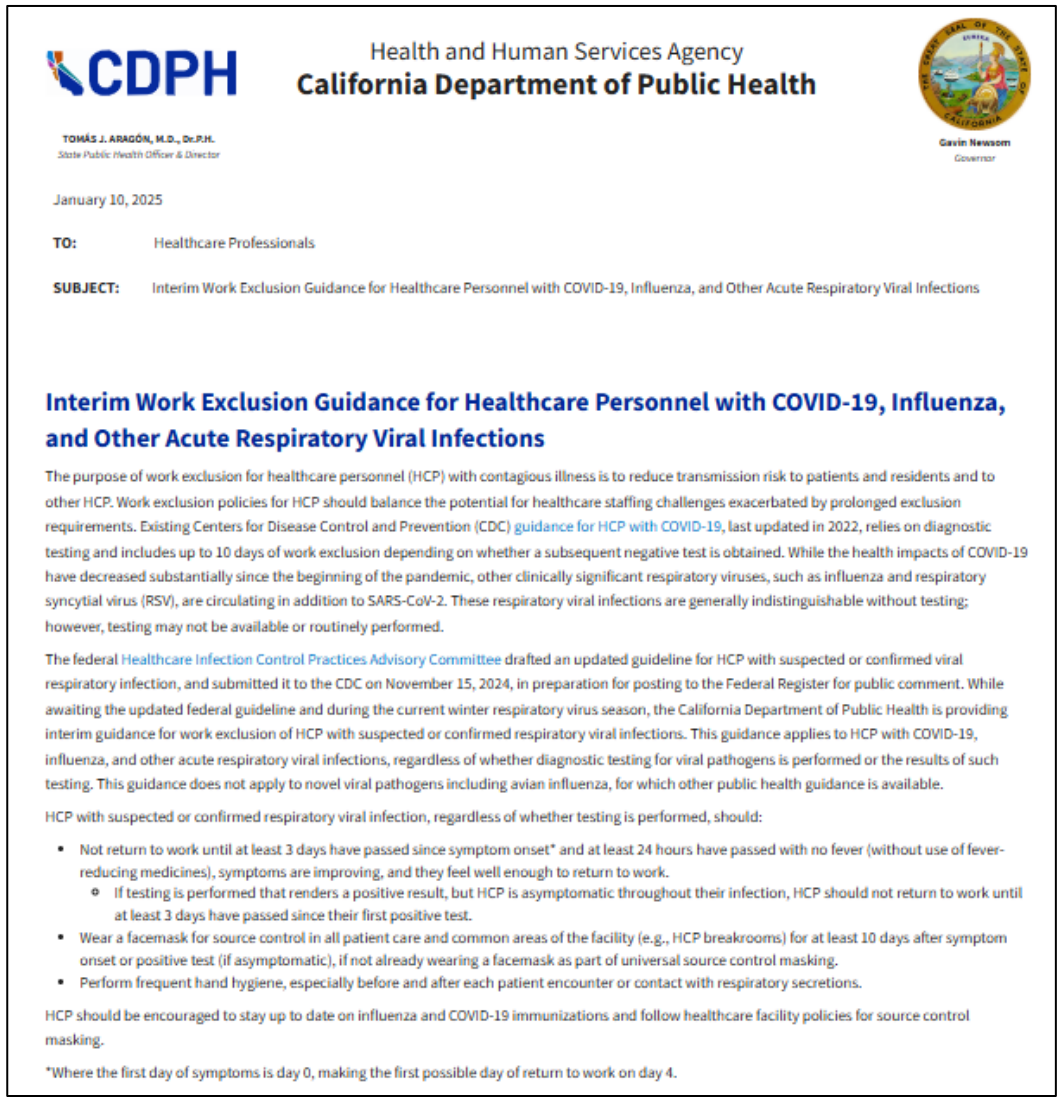
CDC and HICPAC review and respond to the public comments, the guidelines are revised to reflect public input.

Other State Actions to Date- California



CDPH

Health and Human Services Agency
California Department of Public Health

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director

Gavin Newsom
Governor

January 10, 2025

TO: Healthcare Professionals

SUBJECT: Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections

Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections

The purpose of work exclusion for healthcare personnel (HCP) with contagious illness is to reduce transmission risk to patients and residents and to other HCP. Work exclusion policies for HCP should balance the potential for healthcare staffing challenges exacerbated by prolonged exclusion requirements. Existing Centers for Disease Control and Prevention (CDC) guidance for HCP with COVID-19, last updated in 2022, relies on diagnostic testing and includes up to 10 days of work exclusion depending on whether a subsequent negative test is obtained. While the health impacts of COVID-19 have decreased substantially since the beginning of the pandemic, other clinically significant respiratory viruses, such as influenza and respiratory syncytial virus (RSV), are circulating in addition to SARS-CoV-2. These respiratory viral infections are generally indistinguishable without testing; however, testing may not be available or routinely performed.

The federal Healthcare Infection Control Practices Advisory Committee drafted an updated guideline for HCP with suspected or confirmed viral respiratory infection, and submitted it to the CDC on November 15, 2024, in preparation for posting to the Federal Register for public comment. While awaiting the updated federal guideline and during the current winter respiratory virus season, the California Department of Public Health is providing interim guidance for work exclusion of HCP with suspected or confirmed respiratory viral infections. This guidance applies to HCP with COVID-19, influenza, and other acute respiratory viral infections, regardless of whether diagnostic testing for viral pathogens is performed or the results of such testing. This guidance does not apply to novel viral pathogens including avian influenza, for which other public health guidance is available.

HCP with suspected or confirmed respiratory viral infection, regardless of whether testing is performed, should:

- Not return to work until at least 3 days have passed since symptom onset* and at least 24 hours have passed with no fever (without use of fever-reducing medicines), symptoms are improving, and they feel well enough to return to work.
  - If testing is performed that renders a positive result, but HCP is asymptomatic throughout their infection, HCP should not return to work until at least 3 days have passed since their first positive test.
- Wear a facemask for source control in all patient care and common areas of the facility (e.g., HCP breakrooms) for at least 10 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking.
- Perform frequent hand hygiene, especially before and after each patient encounter or contact with respiratory secretions.

HCP should be encouraged to stay up to date on influenza and COVID-19 immunizations and follow healthcare facility policies for source control masking.

*Where the first day of symptoms is day 0, making the first possible day of return to work on day 4.

- Issued January 2025
- Key deviations from HICPAC:
  - recommendation for use of source control through Day 10 following symptom onset (this aligns with current CDC guidance)
  - No recommendation adopted related to exposed HCP (which is not currently included in CDC guidance)

CT Proposal (Coordinated with Pennsylvania)

Adopt HIPAC Guidance AS DRAFTED with synchronization of 7 days of source control and the following additions:

- For healthcare personnel returning to work with immunocompromised patients (e.g. specialty care units), they should **wear source control upon return to work until at least the end of day 10**, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0^

^Making the first possible day of working while unmasked day 11

- Healthcare personnel who are **moderately or severely immunocompromised** might shed virus for prolonged periods of time. Consider consultation with **occupational health** to determine when these HCP may return to work and discontinue use of source control. Occupational health may consider consulting with an **infectious disease** specialist and/or using a **test-based strategy** in making this determination.

CT Proposal (Coordinated with Pennsylvania)

Based on feedback received, we have revised part 1 of the proposed additions

Adopt HIPAC Guidance AS DRAFTED with additions:

- For healthcare personnel returning to work with immunocompromised patients (e.g. specialty care units), they should **wear source control upon return to work until at least the end of day 10**, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0^

^Making the first possible day of working while unmasked day 11

- Healthcare personnel who are **moderately or severely immunocompromised** might shed virus for prolonged periods of time. Consider consultation with **occupational health** to determine when these HCP may return to work and discontinue use of source control. Occupational health may consider consulting with an **infectious disease** specialist and/or using a **test-based strategy** in making this determination.

Implementation of HCW Masking: Options Considered

1. Implement universal source control through day 10 regardless of patient population or setting. This would simplify the implementation but would extend universal masking for everyone.
2. Remove the special consideration for immunocompromised patients and settings, all HCW would use masking for 7 days. This would be accompanied by language emphasizing other strategies that can be used to supplement protections for vulnerable populations.
3. More explicitly define the group of immunocompromised individuals; this definition would be included in the policy. [Many state policies are currently under review to ensure that they stand independently and do not require or include any reference to federal guidance.] No list will be perfect and this will likely not address the issue of complicated implementation, this will place the burden for defining the specifics on implementation on individual institutions.
4. More explicitly define the specific environments where the extended masking would be expected and include this list in the policy. Again, this list will be imperfect but explicitly defining the environments that we intend to include would simplify implementation.

Implementation of HCW Masking: Option Selected

1. Implement universal source control through day 10 regardless of patient population or setting. This would simplify the implementation but would extend universal masking for everyone.
2. Remove the special consideration for immunocompromised patients and settings, all HCW would use masking for 7 days. This would be accompanied by language emphasizing other strategies that can be used to supplement protections for vulnerable populations.
3. More explicitly define the group of immunocompromised individuals; this definition would be included in the policy. [Many state policies are currently under review to ensure that they stand independently and do not require or include any reference to federal guidance.] No list will be perfect and this will likely not address the issue of complicated implementation, this will place the burden for defining the specifics on implementation on individual institutions.
4. More explicitly define the specific environments where the extended masking would be expected and include this list in the policy. Again, this list will be imperfect but explicitly defining the environments that we intend to include would simplify implementation.

For Vote: Viral Respiratory Infections *DRAFT* recommendation options

- For healthcare personnel with a suspected or confirmed viral respiratory infection not addressed elsewhere in this guideline:
  - Restrict from work until
    - At least 3 days have passed from symptom onset* (or from their first positive respiratory virus test if asymptomatic throughout their infection) AND
    - They are fever free for at least 24 hours without the use of antipyretics, AND
    - Symptoms are improving, AND
    - They feel well enough to return to work
  - Wear source control upon return to work until the end of day 7, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0^

*Where the first day of symptoms is day 0, making the first possible day of return to work on day 4

^Making the first possible day of working while unmasked day 8

For Vote: Viral Respiratory Infections *DRAFT* recommendation options

- For asymptomatic healthcare personnel who have a known or suspected exposure to a respiratory virus not addressed elsewhere in this guideline
  - Work restrictions are not necessary
  - Wear source control from the day of first exposure through the 5th day after last exposure*
  - Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after their last exposure
    - Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in recommendation XX

*Where the last day of exposure is day 0, making the first possible day of working while unmasked day 6.

Ongoing Activity

- Northeast Collaborative of States HAI-AR Group
  - Goal for regional adoption of similar guidance
- CSTE HAI-AR Subcommittee
  - Ongoing Discussion
- APIC/SHEA Collaborative
- CORHA- Council for Outbreak Response: Healthcare-Associated Infections (HAIs) and Antimicrobial-Resistant (AR) pathogens

Appendix: Additional details of current CDC HCW guidance

- **HCP with mild to moderate illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:**
- At least 7 days have passed *since symptoms first appeared* if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- **Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later*
- **HCP who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:**
- At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
- **Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later*
- **HCP with severe to critical illness who are *not* moderately to severely immunocompromised could return to work after the following criteria have been met:**
- At least 10 days and up to 20 days have passed *since symptoms first appeared,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.
- The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific HCP.
- **HCP who are moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
- Use of a test-based strategy (as described below) and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.
- **Test-based strategy**
- **HCP who are symptomatic could return to work after the following criteria are met:**
- Resolution of fever without the use of fever-reducing medications, **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
- **HCP who are not symptomatic could return to work after the following criteria are met:**
- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.