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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

To: **Healthcare Providers, Healthcare Facilities, Local Health Departments**
From: **Manisha Juthani, MD, Commissioner**
Lynn Sosa, MD, State Epidemiologist
Subject: **Interim Local Guidance for Management of Healthcare Personnel with Acute Respiratory Viral Infections**
Date: **August 15, 2025**

As we head into the fall, the Connecticut Department of Public Health (DPH) is providing guidance for management of healthcare personnel (HCP) with acute respiratory viral infections including COVID-19, influenza and respiratory syncytial virus (RSV). This guidance reflects the work of the Infection Control in Healthcare Personnel Workgroup of the Healthcare Infection Control Practices Advisory Committee (HICPAC) as presented at their November 2024 public meeting. In the absence of a recognized authority to replace HICPAC and continue this work, the Connecticut 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 suspected or confirmed SARS-CoV-2, seasonal 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 influenza A virus (including H5N1 avian influenza), Middle East Respiratory Syndrome (MERS), or for other pathogens for which distinct and specific public health guidance is available. This guidance is intended to supersede CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and the section on the management of ill HCP contained within the CDC guidance document, Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings.

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

Several states in the northeast region have worked together to develop consensus guidance based on evidence presented by HICPAC. This consensus should provide continuity for HCP and patients that work and seek care throughout the northeastern United States.

Questions about this guidance can be directed to the DPH Healthcare Associated Infections and Antimicrobial Resistance Program at 860-509-7994 or email at dph.haiar@ct.gov.

CONNECTICUT
Public Health

Phone: (860) 509-7995
Fax: (860) 509-7910
Telecommunications Relay Service 7-1-1
410 Capitol Avenue
Hartford, Connecticut 06134-0308
www.ct.gov/dph
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Interim Local Guidance for Management of Healthcare Personnel with Suspect or Confirmed COVID-19, Influenza, and Other Acute Respiratory Viral Infections

August 2025

The guidance presented here reflects the work of the Infection Control in Healthcare Personnel Workgroup of the US Centers for Disease Control and Prevention's (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) as presented at the November 2024 public meeting.

This guidance applies to healthcare personnel (HCP) with suspected or confirmed SARS-CoV-2, seasonal 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 influenza A virus (including H5N1 avian influenza), Middle East Respiratory Syndrome (MERS), or for other pathogens for which distinct and specific public health guidance is available. This guidance is intended to supersede CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and the section on the management of ill HCP contained within the CDC guidance document, Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings.

Work exclusion for HCP with contagious illness is one tool to reduce transmission risk to patients and residents and to other HCP in the healthcare environment. Work exclusion policies for HCP should balance the potential for reduction of healthcare-associated transmission of viral respiratory pathogens with the potential for healthcare staffing challenges which may be exacerbated by prolonged exclusion requirements. The following recommendations are provided for the execution of HCP work exclusion for suspected or confirmed viral respiratory illness:

Recommendation 1: For healthcare personnel with a suspected* or confirmed viral respiratory infection not specifically addressed elsewhere in public health guidance

- 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

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- HCP with respiratory viral infections who are moderately or severely immunocompromised** might shed virus for prolonged periods. 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 or other relevant expert and/or using a test-based strategy when making this determination.

** For the purposes of this guidance suspected viral respiratory infection is defined as the presence of 2 or more signs or symptoms such as fever, malaise, cough, rhinorrhea, nasal congestion, or sore throat*

***Refer to the table in this document for more information on moderate to severe immunocompromise*

Recommendation 2. For asymptomatic healthcare personnel who have a known or suspected exposure to a respiratory virus not specifically addressed elsewhere in public health guidance:

- 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 1**

Healthcare provider work exclusions should be part of a comprehensive prevention program to reduce the spread of respiratory viral illnesses in the healthcare setting. **Healthcare infection control plans should include, at a minimum, the following general principles and practices* for the protection of patients, healthcare providers, and visitors:**

Early Detection; Management	1. Develop and implement systems to rapidly and consistently identify all potentially infectious persons at all initial points of patient encounter in outpatient settings (to include: triage areas, emergency departments, outpatient clinics, physician offices, urgent care, dialysis, infusion centers) and at the time of admission to hospitals and long-term care facilities (LTACHS, vSNFs, nursing homes, group homes) 2. Once identified, use appropriate infection control measures including isolation precautions and personal protective equipment (PPE) as determined by the setting
Limit Spread Among Patients within Facility	1. When space permits, separate patients with respiratory symptoms from others as soon as possible (e.g., during triage or upon entry into the facility). 2. Use respiratory hygiene and cough etiquette to reduce the transmission of respiratory infections within the facility. 3. Prompt patients with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage or handouts at points of entry and throughout the facility.
Limit Spread from Visitors .	1. Prompt visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage or handouts at points of entry and throughout the facility.
	2. Consider temporary restriction of symptomatic visitors within specific areas of healthcare settings (e.g. protected environments) or to setting types (e.g. long term care facilities) *Although not included in CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, CT DPH HAI-AR Program recognizes ill visitor restriction policies as an important strategy for consideration.*

Implement Universal Prevention Measures	1. During periods of higher levels of community respiratory virus transmission*, healthcare settings should consider having everyone (HCP, patients, and visitors) mask upon entry to the facility to ensure better adherence to respiratory hygiene and cough etiquette for those who might be infectious. Such an approach could be implemented facility-wide or targeted toward higher-risk areas (e.g., emergency departments, urgent care, units experiencing an outbreak) based on a facility risk assessment. **Examples of potential metrics include, but are not limited to, increase in outbreaks of healthcare-onset respiratory infections, increase in emergency department or outpatient visits related to respiratory infections. At baseline, metrics would be defined at the facility level, should a broader risk develop, CT DPH HAI-AR may issue further recommendations or guidance.*
**Adapted from CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings*	

In addition to CDC's Core Infection Prevention and Control Practice, healthcare settings should refer to CDC's guidance for Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings for more detailed guidance.

Healthcare settings should encourage HCP to stay up-to-date on influenza and COVID-19 immunizations and follow CDC recommendations for adults who are at increased risk of RSV.

Glossary of Key Terms

Healthcare Personnel (HCP): For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP include, but are not limited to: physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, home healthcare personnel, and persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, chaplains, and volunteers).

Healthcare Setting: For the purposes of this guidance, healthcare settings include, but are not limited to, acute-care hospitals; long-term acute care hospitals; long-term care facilities, such as nursing homes and skilled nursing facilities; physicians' offices; urgent-care centers, outpatient clinics (including dental clinics and dialysis clinics); and home healthcare.

Source Control: 'Source Control' refers to the use of well-fitting masks or respirators to cover the wearer's mouth and nose to prevent spread of their respiratory secretions to others when they are breathing, talking, sneezing, or coughing. Masks and respirators also offer varying types and levels of protection to the wearer.

Common source control device options for HCP include, but are not limited to:

- A NIOSH Approved® N95® filtering facepiece respirator;
- A well-fitting surgical mask or procedure mask.

Cloth masks are not typically considered acceptable for use as a source control device in healthcare settings.

Suspected Viral Respiratory Infection: For the purposes of this guidance suspected viral respiratory infection is defined as the presence of 2 or more signs or symptoms such as fever, malaise, cough, rhinorrhea, nasal congestion, or sore throat.

Table on Moderate to Severe Immunocompromise:

Moderate and severe immunocompromising conditions and treatments include but are not limited to*: **Factors to consider in assessing the general level of immune competence in a patient include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment.*
▪ Active treatment for solid tumor and hematologic malignancies
▪ Hematologic malignancies associated with poor responses to vaccination regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
▪ Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
▪ Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppressive therapy)
▪ Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
▪ Advanced HIV infection (people with HIV and CD4 cell counts less than 200/mm^3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV) or untreated HIV infection
▪ Active treatment with high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory (e.g., B-cell-depleting agents)
Immunocompromised Travelers | Yellow Book | CDC
Altered Immunocompetence | Vaccines & Immunizations | CDC
IDSA 2013 Guideline for Vaccination of the Immunocompromised Host

References

1. Infection Control Guidance: SARS-CoV-2 | COVID-19 | CDC
2. Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings | Influenza (Flu) | CDC