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To: Healthcare Providers, Healthcare Facilities, Local Health Departments  
From: Zack Moore, MD, MPH, State Epidemiologist  
Subject: 2025-2026 Interim Guidance for the Management of Healthcare Personnel with  
Acute Respiratory Viral Infections (4 pages)  
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For the upcoming respiratory season, the North Carolina Division of Public Health is providing interim guidance for the management of healthcare personnel with acute respiratory viral infections.

This guidance applies to healthcare personnel (HCP) with respiratory illness due to suspected or confirmed SARS-CoV-2, seasonal influenza, respiratory syncytial virus (RSV), or other common 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 HCPs with respiratory illness due to known or suspected infection with other pathogens for which distinct and specific public health guidance is available – e.g., novel influenza A virus (including H5N1 avian influenza) or Middle East Respiratory Syndrome (MERS).

This guidance differs from the current the CDC guidance, [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](#). Several states throughout the country have developed very similar guidelines based on the drafted guidance presented by the Healthcare Infection Control Practices Advisory Committee (HICPAC) in November 2024.

HCP should be encouraged to stay up to date on vaccinations and follow healthcare facility policies for source control and use of personal protection equipment (PPE).

Questions about this guidance can be directed to the North Carolina Surveillance of Healthcare Associated and Resistant Pathogens Patient Safety Program (SHARPPS) at [infectionprevention@dhhs.nc.gov](mailto:infectionprevention@dhhs.nc.gov).

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## **Interim Guidance for the Management of Healthcare Personnel (HCP) with Acute Respiratory Viral Infections**

### **Recommendations**

#### **HCP with Mild Suspected or Confirmed Viral Respiratory Infection**

For HCP with a **mild suspected or confirmed viral respiratory infection**:

- HCP should be restricted 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 have been fever-free for at least 24 hours without the use of fever-reducing medication, AND
  - Symptoms are improving, AND
  - They feel well enough to return to work.
- HCP should wear source control upon return to work until the end of day 7.\*\*
- HCP should routinely perform frequent hand hygiene, especially before and after each patient encounter or contact with any respiratory secretions from themselves or others.
- Testing is not required to return to work.

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

\*\* Where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0.

#### **Asymptomatic Exposed HCP**

For **asymptomatic** HCP who have a **known or suspected exposure** to a respiratory virus:

- Work restrictions are not necessary.
- HCP should wear source control from the day of first exposure through the 5th day after last exposure.\*\*\*
- HCP should monitor for development of signs or symptoms of a viral respiratory infection for 5 days after their last exposure.
  - Any HCP who develops mild signs or symptoms of a viral respiratory infection should follow guidance as described in the “Mild Suspected or Confirmed Infection” section above.

\*\*\*Where day 0 is the day of last exposure.

#### **Infected HCP with Severe Illness**

These recommendations do not address HCP with suspected or confirmed COVID-19 or seasonal influenza who experience severe illness. Guidance for these scenarios is available at [CDC Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) or [CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings](#).

### Moderate to Severely Immunocompromised HCP

These recommendations do not address HCP with suspected or confirmed COVID-19 or seasonal influenza who are moderately or severely immunocompromised. Guidance for these scenarios is available at [CDC Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). 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 expert and/or using a test-based strategy in making this determination.

### Work Assignments

For HCP who care for or work on a unit with patients who are moderately to severely immunocompromised (e.g., hematopoietic stem cell transplant patients), additional considerations may be warranted, such as prolonged work restriction or temporary reassignment.

Patients in these environments are severely immunocompromised, and infection with respiratory viruses can lead to severe disease. Furthermore, once infected, these patients can have prolonged viral shedding despite antiviral treatment and expose other patients to infection. Prolonged shedding also increases the chance of developing and spreading antiviral-resistant influenza strains.

### Definitions

- Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities

management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

- 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.

## **References**

- [CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings](#)
- [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [CDC Infection Control Guidance: SARS-CoV-2](#)
- Healthcare Infection Control Practices Advisory Committee, Infection Control in Healthcare Personnel Workgroup. [Presentation](#), November 14-15, 2024.
- Healthcare Infection Control Practices Advisory Committee, Infection Control in Healthcare Personnel Workgroup Voting Slides. [Presentation](#), November 15, 2024.

Questions about this guidance can be directed to the Division of Public Health SHARPPS Program at [infectionprevention@dhhs.nc.gov](mailto:infectionprevention@dhhs.nc.gov).