



## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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To: All North Carolina Clinicians  
From: Emma Doran, MD, MPH, Medical Epidemiologist  
Subject: 2025-2026 Respiratory Virus Season: **Infection Prevention and Control for NC Clinicians**  
(2 pages)  
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This memo provides information and guidance to NC clinicians regarding infection control measures to prevent the spread of respiratory viral diseases. As guidance may change during the respiratory season, up-to-date information will be available at [flu.nc.gov](https://flu.nc.gov).

### **INFECTION CONTROL IN HEALTHCARE SETTINGS**

Infection control strategies in healthcare facilities need to be multi-faceted as transmission of respiratory viruses can occur among patients, staff and visitors. Facilities should use a hierarchy of controls approach to prevent the exposure and transmission of respiratory viruses to healthcare personnel and patients within healthcare settings. Consistent infection control measures should be applied to ALL patients who present with acute viral respiratory illness.

Outpatient medical providers who are referring patients with suspected or confirmed respiratory virus infection to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving and instruct the patient to wear a surgical mask before entering the clinical facility. The patient should also be instructed to inform healthcare personnel immediately upon arrival of any respiratory symptoms.

### **Recommendations for Administration of Immunizations**

See the **Immunization Guidance for NC Clinicians Memo** for details about respiratory season vaccines. All staff working in a healthcare setting, who do not have a medical contraindication, should be vaccinated annually against influenza, be up to date with COVID-19 vaccines using shared-clinical decision making, and follow CDC recommendations for adults who are at increased risk of RSV. Staff members who feel ill should be instructed not to report to work but instead remain at home.

### **Guidance for Management of Healthcare Personnel with Suspect or Confirmed COVID-19, Influenza, and Other Acute Respiratory Viral Infections**

See the [2025-2026 Interim Guidance for Management of Healthcare Personnel with Acute Respiratory Viral Infections](#) for details about North Carolina's return-to-work recommendations for healthcare personnel (HCP) with suspected or confirmed SARS-CoV-2, seasonal influenza, and other acute respiratory viral infections. This guidance applies to all healthcare settings; however, it does not apply to nursing homes regulated under the NC Division of Health Service Regulation (DHSR) Nursing Home

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Licensure and Certification Section. These facilities are still required to develop and implement policies and procedures that are in line with currently posted CDC guidance.

### **Recommendations for Administration of Influenza Chemoprophylaxis**

Chemoprophylactic use of antiviral medications is recommended to control flu outbreaks among high-risk persons in institutional settings (e.g. long-term care facilities, congregate living facilities and health care facilities). Post-exposure chemoprophylaxis could also be considered for close contacts of cases (confirmed or suspected) who are at high risk for complications of influenza, including pregnant women, if antivirals can be started within 48 hours of the most recent exposure. CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis to limit the potential emergence of antiviral resistant viruses. An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some people. Detailed guidance regarding antiviral chemoprophylaxis is available [here](#).

### **INFECTION CONTROL IN NON-HEALTHCARE SETTINGS**

#### **Additional Precautions to Prevent the Spread of Illness**

- All patients with confirmed or suspected acute viral respiratory infection should be instructed to stay home and away from others until
  - They are fever-free (<100°F [37.8°C]) *without* the use of a fever-reducing medication for 24 hours **AND**
  - Their symptoms are getting better for 24 hours
- Then patients should take added precautions for the next five days. Added precautions may include masking, distancing, and/or testing. The CDC respiratory virus guidance is available [here](#).
- Household contacts should be instructed to monitor themselves closely for symptoms. If they develop illness, they should stay at home and follow the guidance on home respiratory isolation.
- Please use every opportunity to educate patients on the importance of good respiratory hygiene, hand washing, physical spacing, masks, and other basic protective measures regardless of their vaccination status.

Clinicians should contact their [Local Health Departments](#) or the Communicable Disease Branch epidemiologist on-call available 24/7 at (919) 733-3419 for questions about infection control measures.