

Interim Return-to-Work Guidance for Health Care Personnel with Acute Respiratory Illness

Last updated: Dec 19, 2025

Introduction

The [Centers for Disease Control and Prevention \(CDC\) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) was last updated in May 2024 and has been widely criticized as outdated. The CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) drafted revised recommendations regarding health care personnel (HCP) return to work guidance, but the committee was terminated before these recommendations could be finalized.¹ In the absence of updated guidance from HICPAC, several jurisdictions have independently revised their health care personnel return-to-work guidelines. Evidence-based work exclusion policies for HCP with acute respiratory illness are essential to preventing the transmission of these pathogens and protect both HCP and patients. Such policies must balance staffing needs to avoid disruptions caused by prolonged and unnecessary exclusion.

Respiratory Illness Return-to-Work Guidance

The majority of respiratory illnesses are of unknown etiology due to limitations in testing access, acceptance, and accuracy.² All respiratory illnesses have the potential to cause severe disease.³ To maximize patient and HCP safety, return-to-work guidance should focus on symptom-based exclusion and comprehensive source control.

HCP with suspected or confirmed acute respiratory illness* should:

- Not return to work until at least 3 days have passed since symptom onset[†] AND

* [Acute respiratory illness](#) is defined as the presence of two or more signs or symptoms such as fever, cough, runny nose or nasal congestion, or sore throat and signs and symptoms are not otherwise attributed to another diagnosis or chronic conditions.

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

- 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[‡].
- Wear a well-fitting 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.

Testing is not required to return to work. HCP should be encouraged to stay up to date on influenza and other recommended immunizations and follow health care facility policies for source control masking.

This guidance applies to HCP with suspected or confirmed infections from SARS-CoV-2, influenza, respiratory syncytial virus, and other acute respiratory infections except for known or suspected infections with pathogens for which distinct public health guidance is available--e.g., novel influenza A virus (including H5N1 avian Influenza) or Middle East Respiratory Syndrome (MERS).

Additional considerations:

- HCP with respiratory viral infections who [are moderately or severely immunocompromised](#) might shed virus for prolonged periods. These individuals should consult with occupational/employee health to determine when they may return to work and discontinue masking.

[‡] Asymptomatic HCP who test positive should wear a well-fitting facemask for source control for 10 days after their first positive test. Employers may consider exclusion of asymptomatic HCP for 3 days after their first positive test.

References

1. Steed C, Kuhar D. Infection Control in Healthcare Personnel Workgroup. In: Healthcare Infection Control Practices Advisory Committee, ed November 14-15, 2024.
2. Szilagyi P, Blumkin A, Treanor J, et al. Incidence and viral aetiologies of acute respiratory illnesses (ARIs) in the United States: a population-based study. *Epidemiology and infection*. 2016;144(10):2077-2086.
3. Gandhi L, Maisnam D, Rathore D, Chauhan P, Bonagiri A, Venkataramana M. Respiratory illness virus infections with special emphasis on COVID-19. *European Journal of Medical Research*. 2022;27:236.

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