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PUBLIC HEALTH ADVISORY

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Subject: **Interim Local Guidance for Health Care Personnel with Illness or Exposure to Respiratory Viral Infections**
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Interim Local Guidance for Health Care Personnel with Illness or Exposure to Respiratory Viral Infections

Summary

The Maine Center for Disease Control and Prevention (Maine CDC) is providing interim guidance for health care personnel (HCP) with illness or exposure to respiratory viral infections, including SARS-CoV-2, seasonal influenza, and respiratory syncytial virus (RSV).

Background

In November 2024, the Healthcare Infection Control Practices Advisory Committee (HICPAC), then serving as an advisory committee to the U.S. Centers for Disease Control and Prevention (U.S. CDC), presented recommendations regarding health care personnel work restrictions guidelines. The recommendations were made, in part, to update the 1998 *Guideline for Infection Control in Healthcare Personnel*. The Maine CDC is providing the following interim recommendations to help health care facilities prepare for the fall/winter respiratory virus season.

Key Message

The temporary removal of a health care worker due to a communicable disease, also called work exclusion, is one tool to help reduce transmission risk to patients and residents and to other HCP in the health care environment. Work exclusion policies for HCP should balance the potential for reduction of health care-associated transmission of viral respiratory pathogens with the potential health care staffing challenges which may be exacerbated by prolonged

exclusion requirements. The following recommendations are provided for the HCP work exclusion for suspected or confirmed viral respiratory illness.

Recommendation 1: For health care 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.
- Follow recommended practices to prevent transmission to others,
- Wear source control protection, such as a well-fitted mask, 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.

Recommendation 2. For asymptomatic health care 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 protection from the day of first exposure through the fifth day after last exposure.
- Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after the last exposure.
 - Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in Recommendation 1.

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

- Early detection
- Limit spread from patients within the facility
- Limit spread from visitors
- Use of universal prevention measures

Additional Considerations

- Facilities may consider temporary reassignment or exclusion of ill HCP from care of patients at highest risk of severe disease, including those with moderately or severely immunocompromising conditions, for 7–10 days after symptom onset or until symptom resolution, whichever is longer.
- HCP with severe or critical respiratory viral infections and those who are moderately or severely immunocompromised might shed virus for longer. Consider consultation with an occupational health professional to determine when these HCP may return to work and discontinue masking. Occupational health may recommend consulting with an infectious disease specialist or other expert or using a test-based strategy in making this determination.

- This guidance is intended for HCP with moderate to severe symptoms of respiratory viral infection and may not be necessary for HCP with mild symptoms or non-infectious conditions that cause similar symptoms (e.g., seasonal allergies, asthma, chronic obstructive pulmonary disease). Consult with occupational health in these situations.
- If work restriction is not possible due to staffing shortages or other issues, wear a facemask for source control in all patient care and common areas of the facility.
- Encourage HCP to stay up to date on influenza and COVID-19 immunizations and follow health care facility policies for source control.

Key Terms

Confirmed vs. Suspected Illness

- **Suspected Illness**: Defined as upper respiratory tract illnesses that lack a positive test for a respiratory virus, either due to negative test results or lack of testing AND meet the following definition of respiratory illness: two or more symptoms such as fever, malaise, cough, rhinorrhea, or sore throat.
- **Confirmed Illness**: Those with a positive test for a specific respiratory virus.

Moderate to Severe Immunocompromised Conditions

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. For more details, see U.S. CDC's [COVID-19 Vaccination Guidance for People Who Are Immunocompromised](#).

- 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/mm³, 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 (20 mg or more of prednisone or equivalent per day for 2+ weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, severely immunosuppressive cancer chemotherapeutic agents, tumor necrosis factor (TNF) blockers, and other immunosuppressive or immunomodulatory biologic agents (e.g., B-cell-depleting agents)

For additional information about the degree of immune suppression associated with different medical conditions and treatments, consult [General Best Practices for Immunizations](#), the U.S. CDC [Yellow Book](#) and the Infectious Diseases Society of America [2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host](#) policy statement.

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 include, but are not limited to:

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

Cloth masks are not typically considered acceptable for use as a source control device in health care settings. (See <https://www.regulations.gov/document/CDC-2024-0014-0004>.)

References

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