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Summary of Recommendations

INFECTION CONTROL IN HEALTHCARE PERSONNEL: EPIDEMIOLOGY AND CONTROL OF
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Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2024)

AT A GLANCE

Summary of Recommendations from the Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients (2024) guideline.

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Overview



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This document supersedes the following sections of *Guideline for infection control in healthcare personnel, 1998, Part E: Epidemiology and Control of Selected Infections Transmitted Among Health Care Personnel and Patients*, and their corresponding recommendations in Part II of the *1998 Guideline*:

- [Diphtheria](#)
- [Streptococcus, group A infection](#)
- [Measles](#)
- [Meningococcal disease](#)
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- Varicella
- Pregnant Personnel

Additional updated sections are forthcoming.

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Diphtheria

Recommendations

1. For healthcare personnel who have an exposure to diphtheria, regardless of vaccination status:
- Administer postexposure prophylaxis in accordance with CDC recommendations.
 - Exclude from work and obtain nasal and pharyngeal swabs for diphtheria culture.

— If nasal AND pharyngeal cultures are negative for toxin-producing *C. diphtheriae*, healthcare personnel may return to work while completing postexposure antibiotic therapy.


— If nasal OR pharyngeal cultures are positive for toxin-producing *C. diphtheriae*:
 - Complete postexposure antibiotic therapy.
 - Healthcare personnel may return to work when:
 - Postexposure antibiotic therapy is completed AND
 - At least 24 hours after completion of postexposure antibiotic therapy, two consecutive pairs of nasal AND pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing *C. diphtheriae*.
- Implement daily monitoring for the development of signs and symptoms of diphtheria for 7 days after the last exposure.
2. For healthcare personnel with respiratory diphtheria infection, exclude from work until:
- Antibiotic and antitoxin (if needed) therapy are completed AND
 - At least 24 hours after completion of antibiotic therapy, two consecutive pairs of nasal AND pharyngeal cultures, obtained at least 24 hours apart, are negative for toxin-producing *C. diphtheriae*.
3. For healthcare personnel with cutaneous diphtheria infection or other diphtheria infection manifestations, determine the duration of exclusion from work in consultation with federal, state, and local public health authorities.

Group A *Streptococcus*

Recommendations

1. Postexposure prophylaxis and work restrictions are not necessary for healthcare personnel who have an exposure to group A *Streptococcus*.
2. For healthcare personnel with known or suspected group A *Streptococcus* infection, obtain a sample from the infected site, if possible, for group A *Streptococcus* and exclude from work until group A *Streptococcus* infection is ruled out, or until 24 hours after the start of effective antimicrobial therapy, provided that any draining skin lesions can be adequately contained and covered.

- For draining skin lesions that cannot be adequately contained or covered (e.g., on the face, neck, hands, wrists, or feet), lesions are no longer draining.

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3. Work restrictions are not necessary for healthcare personnel with known or suspected group A *Streptococcus* colonization, unless they are epidemiologically linked to transmission of the organism in the healthcare setting.

4. For healthcare personnel with group A *Streptococcus* colonization who are epidemiologically linked to transmission of the organism in the healthcare setting:

- Administer chemoprophylaxis in accordance with CDC recommendations AND
- Exclude from work until 24 hours after the start of effective antimicrobial therapy AND
- Obtain a sample from the affected site for group A *Streptococcus* testing 7 to 10 days after completion of chemoprophylaxis; if positive, repeat administration of chemoprophylaxis and again exclude from work until 24 hours after the start of effective antimicrobial therapy.

Measles

Recommendations

Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to measles (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>)¹ who have an exposure to measles:


- Postexposure prophylaxis is not necessary.
- Work restrictions are not necessary.
- Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.

2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to measles who have an exposure to measles:

- Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).²
- Exclude from work from the 5th day after their first exposure through the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
- Work restrictions are not necessary for healthcare personnel who received the first dose of MMR vaccine prior to exposure:
 - They should receive their second dose of MMR vaccine as soon as possible (at least 28 days after their first dose).
 - Implement daily monitoring for signs and symptoms of measles from the 5th day after their first exposure through the 21st day after their last exposure.

3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.

4. For immunocompromised healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.

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5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).²

Meningococcal Disease

Recommendations

1. Administer antimicrobial prophylaxis to healthcare personnel, regardless of vaccination status, who have an exposure to *N. meningitidis*.
2. Exclude healthcare personnel with invasive *N. meningitidis* disease from work until 24 hours after the start of effective antimicrobial therapy.
3. Work restrictions are not necessary for healthcare personnel who only have nasopharyngeal carriage of *N. meningitidis*.


Mumps

Recommendations


Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to mumps (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>)¹ who have an exposure to mumps:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of mumps from the 10th day after their first exposure through the 25th day after their last exposure.
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to mumps who have an exposure to mumps:
 - Exclude from work from the 10th day after their first exposure through the 25th day after their last exposure.
 - Work restrictions are not necessary for healthcare personnel who received the first dose of MMR vaccine prior to exposure:
 - They should receive their second dose of the MMR vaccine as soon as possible (at least 28 days after their first dose).
 - Implement daily monitoring for signs and symptoms of mumps infection from the 10th day after their first exposure through the 25th day after their last exposure.
3. For healthcare personnel with known or suspected mumps, exclude from work for 5 days after the onset of parotitis.
4. For healthcare personnel with known or suspected mumps, but without parotitis, exclude from work for 5 days after onset of their first symptom.

5. During a mumps outbreak, administer mumps vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).²

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Pertussis

Recommendations

1. For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and are likely to interact with persons at increased risk for severe pertussis:

- Administer postexposure prophylaxis.
- If not receiving postexposure prophylaxis, restrict from contact (e.g., furlough, duty restriction, or reassignment) with patients and other persons at increased risk for severe pertussis for 21 days after the last exposure.

2. For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and are not likely to interact with persons at increased risk for severe pertussis:

- Administer postexposure prophylaxis, OR
- Implement daily monitoring for 21 days after the last exposure for development of signs and symptoms of pertussis.

3. For asymptomatic healthcare personnel, regardless of vaccination status, who have an exposure to pertussis and who have preexisting health conditions that may be exacerbated by a pertussis infection:

- Administer postexposure prophylaxis.

4. Exclude symptomatic healthcare personnel with known or suspected pertussis from work for 21 days from the onset of cough, or until 5 days after the start of effective antimicrobial therapy.

5. Work restrictions are not necessary for asymptomatic healthcare personnel who have an exposure to pertussis and receive postexposure prophylaxis, regardless of their risk for interaction with persons at increased risk for severe pertussis.

Rabies

Recommendations

1. For healthcare personnel who have an exposure to rabies virus, administer postexposure prophylaxis in accordance with CDC and ACIP recommendations and in consultation with federal, state, and local public health authorities.

2. Work restrictions are not necessary for asymptomatic healthcare personnel who have an exposure to rabies virus.

3. For healthcare personnel who have a suspected or confirmed rabies virus infection, exclude from work in consultation with federal, state, and local public health authorities.

Recommendations

Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to rubella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to rubella:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of rubella from the 7th day after their first exposure through the 23rd day after their last exposure.
-
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to rubella who have an exposure to rubella, exclude from work from the 7th day after their first exposure through the 23rd day after their last exposure.
-
3. For healthcare personnel with known or suspected rubella, exclude from work for 7 days after the rash appears.
-

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the [Pregnant HCP section](#).

Varicella-Zoster Virus

Recommendations

Recommendations

1. For asymptomatic healthcare personnel **with** evidence of immunity to varicella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm#box>) who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure.
-
2. For asymptomatic healthcare personnel **without** evidence of immunity to varicella who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm>; <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>). ,
 - Exclude from work from the 8th day after the first exposure through the 21st day after the last exposure.

- Work restrictions are not necessary for healthcare personnel who received one dose of the varicella vaccine and receive the second dose of vaccine within 5 days after exposure.
 - Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 28th day after the last exposure.
- If varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from work from the 8th day after the first exposure through the 28th day after the last exposure.

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- 3. For healthcare personnel with varicella (chickenpox), exclude from work until all lesions have dried and crusted; or, for those who only have non-vesicular lesions that do not crust, exclude from work until no new lesions appear within a 24-hour period.
- 4. For healthcare personnel with disseminated herpes zoster (shingles) or for immunocompromised healthcare personnel with localized herpes zoster until disseminated disease has been ruled out, exclude from work until all lesions have dried and crusted.
- 5. For immunocompetent healthcare personnel who have localized herpes zoster (shingles), including vaccine-strain herpes zoster, and for immunocompromised healthcare personnel who have localized herpes zoster and have had disseminated disease ruled out:
 - Cover all lesions and, when feasible, exclude from direct care of patients at high risk for severe varicella (e.g., in protective environments) until all lesions are dried and crusted.
 - If lesions cannot be covered (e.g., on the hands or face), exclude from work until all lesions have dried and crusted.

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the [Pregnant HCP section](#).

Special Populations: Pregnant Healthcare Personnel

Recommendations

For additional information, refer to the [Pregnant HCP section](#).

Recommendations

- 1. Do not routinely exclude healthcare personnel only on the basis of their pregnancy or intent to be pregnant from the care of patients with infections that have potential to harm the fetus (e.g., Cytomegalovirus (CMV), Human Immunodeficiency Virus (HIV), viral hepatitis, herpes simplex, parvovirus, rubella, varicella)

For recommendations and additional information about counselling healthcare personnel, including those who are pregnant or intending to become pregnant, please see Section 1, [Medical Evaluations](#).

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Authors



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