



CDPH

Health and Human Services
Agency
**California Department
of Public Health**

TOMÁS J. ARAGÓN, M.D., Dr.P.H.
State Public Health Officer & Director



GAVIN NEWSOM
Governor

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AFL 25-01

TO: All Facilities

SUBJECT: Interim Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections
(This AFL supersedes AFL 21-08.9)

All Facilities Letter (AFL) Summary

- This AFL announces the California Department of Public Health's (CDPH's) new interim guidance for work exclusion of healthcare personnel (HCP) with suspected or confirmed respiratory viral infections.
- This guidance applies to HCP with COVID-19, influenza, and other acute respiratory viral infections, regardless of whether diagnostic testing for viral pathogens is performed or the results of such testing.

Background

The purpose of work exclusion for HCP with contagious illness is to reduce transmission risk to patients and residents and to other HCP. Work exclusion policies for HCP should balance the potential for healthcare staffing challenges exacerbated by prolonged exclusion requirements. Existing Centers for Disease Control and Prevention (CDC) guidance for HCP with COVID-19, last updated in 2022, relies on diagnostic testing and includes up to 10 days of work exclusion depending on whether a subsequent negative test is obtained. While the health impacts of COVID-19 have decreased substantially since the beginning of the pandemic, other clinically significant respiratory viruses, such as influenza and respiratory syncytial virus (RSV), are circulating in addition to SARS-CoV-2. These respiratory viral infections are generally indistinguishable without testing; however, testing may not be available or routinely performed.

Interim Work Exclusion Guidance for HCP with Suspected or Confirmed Respiratory Viral Infections

The federal Healthcare Infection Control Practices Advisory Committee drafted an updated guideline for HCP with suspected or confirmed viral respiratory infection, and submitted it to the CDC on November 15, 2024, in preparation for posting to the Federal Register for public comment. While awaiting the updated federal guideline and during the current winter respiratory virus season, CDPH is providing interim guidance for work exclusion of HCP with suspected or confirmed respiratory viral infections. This guidance applies to HCP with COVID-19, influenza, and other 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 novel viral pathogens including avian influenza, for which other public health guidance is available.

HCP with suspected or confirmed respiratory viral infection, regardless of whether testing is performed, should:

- Not return to work until at least 3 days have passed since symptom onset* and 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.
 - If testing is performed that renders a positive result, but the individual is asymptomatic throughout their infection, HCP should not return to work until at least 3 days have passed since their first positive test.
- Wear a 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 or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking.
- Perform frequent hand hygiene, especially before and after each patient encounter or contact with respiratory secretions.

HCP should be encouraged to stay up to date on influenza and COVID-19 immunizations and follow healthcare facility policies for source control masking.

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

Additional Considerations

This guidance does not address the management of asymptomatic HCP with high-risk SARS-CoV-2 exposures, for which work exclusion is not routinely recommended but could be considered in certain circumstances. Facilities may consider temporary reassignment or exclusion of HCP from care of patients at highest risk of severe disease, including those with moderate or severe immunocompromising conditions, for 7-10 days after symptom onset or until symptom resolution, whichever is longer. 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 masking. Occupational health may consider consulting with an infectious disease specialist or other expert and/or using a test-based strategy in making this determination.

If you have any questions regarding this AFL, please contact the Healthcare Associated Infection Program at HAIfprogram@cdph.ca.gov.

Sincerely,

Original signed by Chelsea Driscoll

Chelsea Driscoll

Acting Deputy Director

Resources:

- CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings

Center for Health Care Quality, MS 0512 . P.O. Box 997377 . Sacramento, CA
95899-7377
(916) 324-6630 . (916) 324-4820 FAX
Department Website (cdph.ca.gov)



