

To: Vermont Health Care Providers and Health Care Facilities
Date: September 29, 2025
From: Allison Lafferty, MD, Healthcare Associated Infections Program Director

Interim Guidance for Management of Healthcare Personnel with Suspect or Confirmed Viral Respiratory Illness – Including COVID-19, Influenza, RSV and Other Acute Respiratory Infections

Background

- In preparation for the upcoming respiratory viral season, the Health Department is issuing new [guidance](#) to support the management of respiratory viral illnesses among healthcare personnel (HCP).
- This evidence-based guidance reflects recommendations presented by the Healthcare Infection Control Practices Advisory Committee (HICPAC) in November 2024 prior to its dissolution.
- The guidance has also undergone review by key Vermont stakeholders, including the Department of Disabilities, Aging and Independent Living, the Vermont Association of Hospitals and Health Systems, and the Visiting Nurses Association, to ensure alignment with state healthcare priorities and operational realities.
- Several other states in our region have adopted this guidance.

Key features of the new guidance:

1. Integrates guidance for COVID-19, influenza, RSV and other acute respiratory illnesses into a single framework.
2. Eliminates testing requirements for healthcare personnel.
3. Clarifies work restriction timelines.
4. Provides clear recommendations for [source control](#) (masking).

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Work exclusion and [source control](#) remain key strategies to reduce transmission in healthcare settings. Additional infection prevention and control measures, in addition to vaccination, are outlined in [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#).

Requested Action

Review and implement the updated [Healthcare Personnel Respiratory Illness Guidance](#). Below is a summary of the guidance and recommendations.

Recommendation 1: Personnel with Suspected or Confirmed Infection

For healthcare personnel with a suspected* or confirmed viral respiratory infection not specifically addressed elsewhere in public health guidance (e.g., H5N1 influenza):

- Restrict from work until:
 - at least three days have passed from symptom onset (or from their first positive respiratory virus test if asymptomatic throughout their infection). Day 0 represents symptom onset or positive test whichever came first, **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.
- Wear [source control](#) 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.

*For the purposes of this guidance, suspected viral respiratory infection is defined as the presence of two or more signs or symptoms such as fever, cough, rhinorrhea, malaise, nasal congestion, or sore throat. This guidance is not applicable for HCP with non-infectious conditions that cause similar symptoms (e.g., seasonal allergies, asthma, chronic obstructive pulmonary disease).

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Moderately or severely immunocompromised personnel:

Healthcare personnel with respiratory viral infections who are [moderately or severely immunocompromised](#) might shed virus for prolonged periods. If available, consider consultation with an occupational health specialist, an infectious disease specialist or other relevant expert to determine when these HCP may return to work and discontinue use of source control. Additionally, using a test-based strategy can aid in making this determination.

Recommendation 2: Asymptomatic Personnel with a Known or Suspected Exposure

For asymptomatic healthcare 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 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 five days after their last exposure.

Key Definition

Source Control: ‘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 for HCP include, but are not limited to:

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

Cloth masks are not typically considered acceptable for use as a [source control device](#) in healthcare settings.

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Additional Resources

- [CDC Definition of Moderate to Severe Immunocompromise](#)
- [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#)

If you have any questions, please contact Allison Lafferty at allison.lafferty@vermont.gov.

To have your information updated please email the
Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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