

Purpose

Provide interim work exclusion guidelines for healthcare personnel (HCP) with suspected or confirmed viral respiratory illness during the 2025-2026 respiratory virus season. This guidance applies to HCP with SARS-CoV-2, influenza, and other acute respiratory infections regardless of diagnostic confirmation. It does not apply to novel respiratory pathogens, including avian influenza, for which other public health guidance is available. 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.

This guidance reflects the work of the Infection Control in Healthcare Personnel Workgroup of the Healthcare Infection Control Practices Advisory Committee (HICPAC) as presented at their November 2024 meeting. While awaiting updated federal guidelines, the New Mexico Department of Health is providing interim guidance for work exclusion of HCP with suspected or confirmed respiratory viral infections.

Healthcare facilities should consider these guidelines the minimum necessary to reduce HCP transmission risk to patients, visitors, and other HCP and may choose to implement more restrictive facility-level guidance.

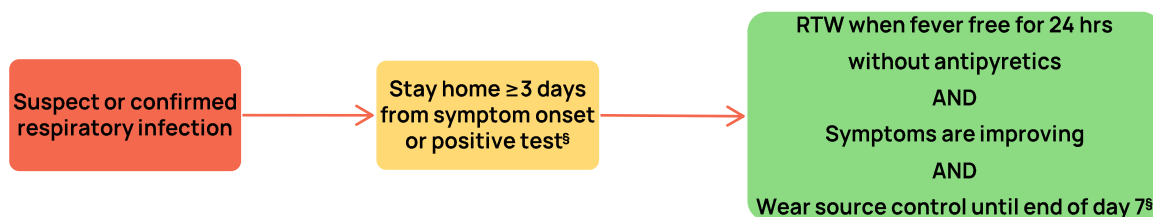
Healthcare personnel (HCP) with SUSPECTED or CONFIRMED respiratory infection should:

Stay home from work until at least 3 days have passed from symptom onset or first positive test (if asymptomatic) and fever-free for 24 hours without antipyretics, symptoms are improving, and they feel well enough to return to work (RTW).

AND

Wear a facemask for source control in all patient care and facility common areas (e.g. HCP breakrooms) until the end of day 7, where the first day of symptoms (or test) is day 0.

Figure 1: Interim work exclusion guidance for healthcare personnel (HCP) with suspect or confirmed acute respiratory infection.

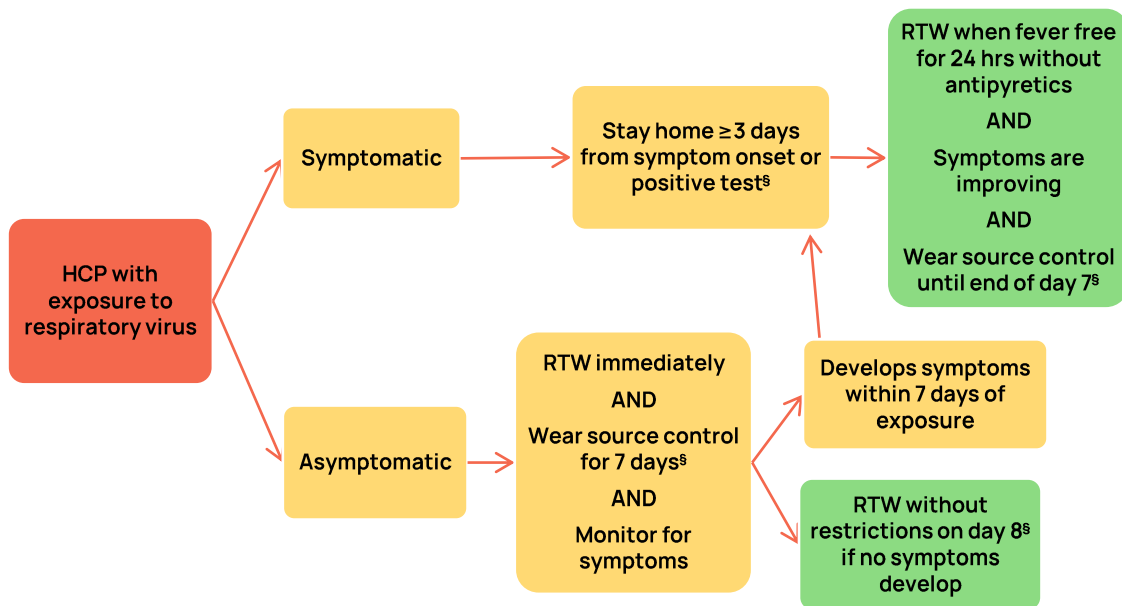


§Where day 0 is onset of symptoms or positive lab test when asymptomatic

Healthcare personnel (HCP) with EXPOSURE to CONFIRMED respiratory infection should:

Return to work (RTW) immediately wearing a facemask for source control in all patient care and facility common areas (e.g. HCP breakrooms) from day of first exposure through end of day 7 after last exposure, **monitor for development of signs and symptoms** of infection for 7 days after their last exposure, and **report development of symptoms** and follow RTW instructions for HCP with a respiratory infection.

Figure 2: Interim work exclusion guidance for healthcare personnel (HCP) with exposure to acute respiratory disease.



^sWhere day 0 is onset of symptoms or positive lab test when asymptomatic.

Additional considerations:

- Encourage HCP to stay up to date on vaccinations and follow healthcare facility policies for source control and use of personal protective equipment (PPE).
- HCP should practice good hand hygiene, respiratory etiquette, and follow standard precautions before and after each patient encounter.
- Taking antivirals for acute respiratory infection should not reduce the duration of work restriction or use of source control.
- Moderately or severely immunocompromised HCP with respiratory disease might shed virus for prolonged periods. Consider consultation with occupational health prior to returning to work, occupational health may consider a test-based strategy to determine when these HCP may return to work and/or extended use of source control.
- Nursing homes should continue to follow [CDC guidance for managing HCP with SARS-CoV-2 infection or exposure](#).

Glossary of Key Terms

Healthcare Personnel (HCP): For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP include, but are not limited to: physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, home healthcare personnel, and persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, chaplains, and volunteers).

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 considered acceptable for use as a source control device in healthcare settings.

Suspected Viral Respiratory Infection: For the purposes of this guidance suspected viral respiratory infection is defined as the presence of 2 or more signs or symptoms such as fever, malaise, cough, rhinorrhea, nasal congestion, or sore throat.

Moderate to Severe Immunocompromise: Factors to consider in assessing the general level of immune competence in a patient include disease severity, duration, clinical stability, comorbidities, and any potentially immune-suppressing treatment. For a description of immunocompromising conditions and treatment, see U.S. CDC's [COVID-19 Vaccination Guidance for People Who Are Immunocompromised](#).

References:

1. [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) | COVID-19 | CDC.
2. [Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings | Influenza \(Flu\)](#) | CDC.
3. [Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings | Infection Control](#) | CDC.
4. [Management of Potentially Infectious Exposures and Illnesses](#) | Infection Control | CDC.