



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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To: All North Carolina Clinicians
From: Emma Doran, MD, MPH, Medical Epidemiologist
Subject: 2026-2027 Respiratory Virus Season: **Infection Prevention and Control for NC Clinicians**
(3 pages)
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This memo provides information and guidance to NC clinicians regarding infection control measures to prevent the spread of respiratory viral diseases. As guidance may change during the respiratory season, updated information will be available at flu.nc.gov.

INFECTION CONTROL IN HEALTH CARE SETTINGS

Infection control strategies in health care facilities need to be multi-faceted as transmission of respiratory viruses can occur among patients, staff and visitors. Facilities should use a hierarchy of controls approach to prevent the exposure and transmission of respiratory viruses to health care personnel and patients within health care settings. Infection control measures should be applied to ALL patients who present with acute viral respiratory illness. See the [Interim Guidance on the Use of PPE for Health Care Personnel Providing the Care to of Patients with Suspected or Confirmed SARS-CoV-2 Infection](#) for details about North Carolina's guidance regarding the use of personal protective equipment for health care personnel caring for a patient with suspected or confirmed SARS-CoV-2.

Outpatient medical providers who are referring patients with suspected or confirmed respiratory virus infection to emergency departments or other medical facilities should call ahead to alert the facility that the patient is arriving and instruct the patient to wear a surgical mask before entering the clinical facility. The patient should also be instructed to inform health care personnel immediately upon arrival of any respiratory symptoms.

Staff members who feel ill should be instructed not to report to work but instead remain at home.

Recommendations for Administration of Immunizations

See the **Immunization Guidance for NC Clinicians Memo** for details about respiratory season vaccines. [Joint recommendations](#) issued by the American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), and Infectious Diseases Society of America (IDSA) recommend that all staff working in a health care setting, who do not have a medical contraindication, should be vaccinated annually against influenza and COVID-19 and follow recommendations for adults who are at increased risk of RSV.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Guidance for Management of Health Care Personnel with Suspect or Confirmed COVID-19, Influenza, and Other Acute Respiratory Viral Infections

These return-to-work recommendations apply to health care personnel (HCP) with respiratory illness due to suspected or confirmed SARS-CoV-2, seasonal influenza, RSV, or other common acute respiratory viral infections, regardless of whether diagnostic testing for viral pathogens is performed or the results of such testing.

For HCP with a mild suspected or confirmed viral respiratory infection:

- HCP should be restricted from work until:
 - At least 3 days have passed since their symptom onset* (or from their first positive respiratory virus test if asymptomatic throughout their infection), AND
 - They have been fever-free for at least 24 hours without the use of fever-reducing medication, AND
 - Symptoms are improving, AND
 - They feel well enough to return to work.
- HCP should wear source control upon return to work until at least the end of day 7.**
- HCP should routinely perform frequent hand hygiene, especially before and after each patient encounter or contact with any respiratory secretions from themselves or others.
- Testing is not required to return to work.

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

** Where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0.

For asymptomatic HCP who have a known or suspected exposure to a respiratory virus:

- Work restrictions are not necessary.
- HCP should wear source control from the day of first exposure through at least the 5th day after last exposure.***
- HCP should monitor for development of signs or symptoms of a viral respiratory infection for at least 5 days after their last exposure.
 - Any HCP who develops mild signs or symptoms of a viral respiratory infection should follow guidance as described in the “Mild Suspected or Confirmed Infection” section above.

***Where day 0 is the day of last exposure.

See [CDC’s Infection Control Guidance](#) for additional details.

Recommendations for Administration of Influenza Chemoprophylaxis

Chemoprophylactic use of antiviral medications is recommended to control influenza outbreaks among high-risk persons in institutional settings (e.g. long-term care facilities, congregate living facilities and health care facilities). Post-exposure chemoprophylaxis could also be considered for close contacts of cases (confirmed or suspected) who are at high risk for complications of influenza, including pregnant women, if antivirals can be started within 48 hours of the most recent exposure. CDC does not recommend widespread or routine use of antiviral medications for chemoprophylaxis to limit the potential emergence of antiviral resistant viruses. An emphasis on close monitoring and early initiation of antiviral treatment if fever and/or respiratory symptoms develop is an alternative to chemoprophylaxis after a suspected exposure for some people. Detailed guidance regarding antiviral

chemoprophylaxis is available [here](#).

INFECTION CONTROL IN NON-HEALTH CARE SETTINGS

Additional Precautions to Prevent the Spread of Illness

- All patients with confirmed or suspected acute viral respiratory infection should be instructed to stay home and away from others until
 - They are fever-free (<100°F [37.8°C]) *without* the use of a fever-reducing medication for 24 hours **AND**
 - Their symptoms are getting better for 24 hours
- Then patients should take added precautions for the next five days. Added precautions may include masking, distancing, and/or testing. The CDC respiratory virus prevention guidance is available [here](#).
- Household contacts should be instructed to monitor themselves closely for symptoms. If they develop illness, they should stay at home and follow the guidance on home respiratory isolation.
- Please use every opportunity to educate patients on the importance of good respiratory hygiene, hand washing, physical spacing, masks, and other basic protective measures regardless of their vaccination status.

Clinicians should contact their [Local Health Departments](#) or the Communicable Disease Branch epidemiologist on-call available 24/7 at (919) 733-3419 for questions about infection control measures. For non-urgent questions the respiratory team can be reached at RespiratorySurveillance@dhhs.nc.gov and the Health care-Associated Infections team can be reached at InfectionPrevention@dhhs.nc.gov.