

New Respiratory Guidance (General Guidance for Community Settings)

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TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
SUBJECT:	New Respiratory Virus Guidance (General Guidance for Community Settings)
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This transmission is a “Health Advisory” provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

- The Centers for Disease Control and Prevention (CDC) has released new [guidance](#) for preventing respiratory virus diseases.
- CDC has included COVID-19 in the new guidance because effective vaccines, treatments, and widespread immunity to SARS-CoV-2 have contributed to lower rates of severe disease and death. COVID-19 also shares risk factors and prevention strategies with other respiratory virus diseases.
- This is intended to replace [PA-HAN 656](#).
- The new guidance recommends that people ill with COVID-19 stay home and isolate from others until they have been fever-free for at least 24 hours (without using fever-reducing medication) and their symptoms are improving overall. This is a significant change from previous COVID-19 guidance, which recommended 5 days of isolation regardless of fever or symptom status.
- The new guidance applies to the public as well as congregate settings like non-healthcare portions of correctional facilities and shelters. Although CDC has not yet released updated guidance for schools, institutes of higher education, and childcare facilities, these facilities should begin following the new isolation guidance. **This new guidance does NOT apply to healthcare facilities.**
- Providers are asked to strongly encourage vaccination for respiratory virus diseases, prescribe recommended antiviral treatments when appropriate, and promote prevention strategies in their patient populations.
- Laboratory-confirmed influenza and RSV are reportable to PA DOH via PA-NEDSS. COVID-19 is still reportable in some PA counties and can still be reported to PA DOH. **All outbreaks are still reportable to PA DOH.** All facilities are reminded to be aware of and adhere to all local, state, and federal reporting requirements applicable to them.

Overview of changes

Pennsylvania Department of Health (DOH) provides this guidance based upon available information and is subject to change. This is intended to replace [PA-HAN-656](#).

The new CDC Respiratory Virus Guidance recommends that people with respiratory virus symptoms (not better explained by another cause) stay home and away from others until at least 24 hours after both resolution of fever (without using fever-reducing medications) AND overall improvement in symptoms. For COVID-19, this differs from the previous recommendation of a minimum of 5 days of isolation following symptom onset or a positive test, but it does align with previous guidance for other respiratory virus illnesses. This recommendation addresses the period of greatest infectiousness and highest viral load for most people, which is typically in the first few days of illness and when symptoms, including fever, are worst.

A residual risk of disease transmission may remain after fever is gone and symptoms improve, depending on the virus, person, and circumstances. Therefore, for five days after leaving isolation, CDC also recommends taking additional precautions to help protect others. These precautions may include masking, diligent hand hygiene and cough etiquette, distancing, testing, and/or actions to improve air quality.

Rationale for Shift in COVID-19 Guidance

CDC has outlined the rationale for the change in guidance in this [FAQ](#). COVID-19 is being included in unified guidance for respiratory viruses because 1) effective vaccines are widely available, 2) effective treatments are widely available, and 3) over 98% of the US population has some protective immunity against COVID-19 from vaccination, prior infection, or both. These factors have contributed to lower rates of severe disease and death from COVID-19. Weekly hospital admissions for COVID-19 are down more than 75% from the peak of the initial Omicron wave in January 2022, and deaths are down by more than 90%. Complications like multisystem inflammatory syndrome in children (MIS-C) are now also less common, and prevalence of Long COVID is decreasing.

States and countries that have already changed their COVID-19 isolation guidance to recommendations similar to CDC's new guidance have not experienced clear increases in community transmission or hospitalization rates. International examples include Australia, Denmark, France, Norway, and the Canadian provinces of Ontario, Quebec, and British Columbia. In the US, Oregon changed their COVID isolation guidance in May 2023, and California did so on January 9, 2024. As of February 10, in both these states, COVID-19 test positivity, emergency department visits, and hospitalizations were lower than the national average.

A unified Respiratory Virus Guidance reflects that all respiratory viral illnesses have similar routes of transmission as well as similar prevention strategies.

Who the New Guidance Applies to

The new CDC guidance applies to the public as well as non-healthcare congregate settings, such as non-healthcare portions of correctional facilities and shelters.

Correctional and detention facilities should make sure their populations can protect themselves using the core prevention strategies outlined in the [guidance](#). Because individuals' personal prevention decisions are often limited during confinement, many must rely on correctional and detention facilities to provide what they need to protect themselves.

Shelters should keep essential services available, and not turn people with respiratory symptoms away. Sites should have supplies for hygiene and cleaning surfaces, as well as masks for those showing illness symptoms, and take steps for cleaner air in the facility.

CDC has been working with education partners to develop infection prevention and control guidance for schools, which will include information on infection spread and prevention strategies across a number of pathogens that can affect school settings (e.g., norovirus, flu, strep pharyngitis, etc.). This guidance will align with the new Respiratory Virus Guidance and other disease-specific guidance and include considerations for students with special health care needs. Guidance for educational settings will be released prior to the 2024-2025 school year.

Schools and childcare facilities should continue to follow core prevention strategies outlined [here](#), with the exception of the previous 5 days of isolation guidance and masking recommendations which are no longer applicable. Other information such as optimizing ventilation, encouraging hand hygiene and respiratory etiquette, and frequent cleaning remain applicable to reducing transmission of viral respiratory pathogens.

This new guidance does NOT apply to healthcare settings. Healthcare facilities should refer to the specific guidance CDC offers for COVID-19, influenza, and other diseases. Links to the guidance for healthcare facilities can be found below and under resources.

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Prevention Strategies for Seasonal Influenza in Healthcare Settings | CDC](#)
- [Guidelines Library | Infection Control | CDC](#)
- [2023-694-5-11-UPD-IPC for Healthcare.pdf \(pa.gov\)](#)
- [2023-700-6-6-ADV-Reporting.pdf \(pa.gov\)](#)

Guidance For People with Higher Risk for Severe Illness

The new respiratory virus guidance also includes important recommendations for persons at increased risk for severe illness from respiratory viruses. These are summarized below. For more detailed information, visit [Risk Factors for Severe Illness from Respiratory Viruses | Respiratory Illnesses | CDC](#).

Older adults: All adults ages 65 years and older are recommended to receive an additional dose of the updated 2023-2024 COVID-19 vaccine. In addition, older adults are recommended to receive a high dose or adjuvanted influenza vaccine and discuss with their provider whether an RSV vaccine is appropriate for them. Treatment with COVID-19 antivirals is recommended for all adults over age 50 with COVID. Flu antivirals are recommended for adults ages 65 years and older.

Young children: Children ages 6 months or above should receive a current COVID-19 vaccine and an annual flu vaccine. To prevent severe RSV disease in infants, CDC recommends either RSV vaccination while pregnant or infant immunization with RSV monoclonal antibody. Paxlovid is not authorized to treat children with COVID-19 who are under 12 years of age. Oseltamivir is approved for treatment of flu in children 14 days old and older.

Immunocompromised persons: Persons ages 6 months and older who are moderately or severely immunocompromised should receive at least 1 dose of a 2023-2024 updated COVID-19 vaccine. Immunocompromised persons should also receive an age-appropriate flu vaccine. When ill with COVID-19 or influenza, antiviral treatments are recommended. Because this group may shed respiratory viruses longer than others, an extension of precautions taken after illness may be considered. Precautionary measures for this group should also consider their heightened risk of coinfections.

People with disabilities: Offer vaccines, antiviral treatments, and address unique support needs.

Pregnant or recently pregnant people: Vaccination during pregnancy is strongly recommended for both maternal and infant protection. Treatment for COVID-19 should not be withheld in pregnant or lactating individuals. See the NIH Treatment Guidelines on [Special Considerations in Pregnancy](#) for more information. Flu antivirals are recommended for pregnant people.

What Providers Can Do

Encourage Vaccination

Immunizations are the cornerstone of protection for COVID-19 and influenza. Immunizations are now also available to protect those at highest risk from RSV, including older adults and infants. Vaccines substantially reduce the risk of hospitalization and death. Many people, including those at higher risk of severe disease, lack this layer of protection.

Providers should leverage all available tools to increase immunizations against COVID-19, influenza, and RSV. CDC has developed [communication tools](#), including a conversation guide and immunization call-back message template to aid provider efforts in increasing immunizations in their patient populations.

Treat when appropriate

Testing for respiratory viruses is encouraged so that effective treatments tailored to the pathogen can be prescribed. For COVID-19, a systematic review of studies found that people who received nirmatrelvir/ritonavir (Paxlovid) in a timely fashion had 75% lower odds of death and 60% lower odds of hospitalization than those who did not receive it (Amani, 2023). Despite proven efficacy, use of Paxlovid remains suboptimal, meaning many people who could benefit from treatment are more vulnerable to hospitalization and death. For example, in one study of patients with mild to moderate COVID-19, 4 out of 5 eligible persons were never offered the medication (Monach et al., 2024). Information on clinical considerations for COVID-19 treatment in outpatients can be found [here](#).

Medications are also available for treatment of influenza in people at increased risk of severe illness. A summary of information regarding treatment for influenza for clinicians can be found [here](#).

Promote Prevention Messages

Encourage patients to follow CDC's new respiratory virus guidance by advising them to stay home while ill, until they have been fever-free for 24 hours (without antipyretic medication) and their symptoms are improving.

Reinforce the need for additional precautions in the five days after isolation, such as masking and/or social distancing when around others.

Promote general infection prevention strategies such as hand hygiene, cough etiquette, and improving air quality. Facilities can order [free hygiene posters](#) for display.

Reporting Requirements

Laboratory-confirmed cases of influenza and RSV infections must be reported to PA DOH via PA-NEDSS, the state's electronic reportable disease surveillance system. Hospitalizations and deaths associated with influenza and RSV should also be entered into PA-NEDSS.

Reporting of positive point-of-care tests for COVID-19 is still mandated by some counties in PA, and voluntary reporting is strongly encouraged in all other counties. Refer to your local public health reporting requirements and comply accordingly.

All outbreaks, including those of COVID-19, influenza, RSV, and all other respiratory infections, must be reported to PA DOH.

Please be aware that reporting to other entities, including state facility licensure offices and federal agencies such as the Centers for Medicare and Medicaid Services (CMS), may be necessary. Therefore, it is crucial to stay informed about and adhere to any specific federal, state, or local reporting requirements.

For More Information:

[Respiratory Virus Guidance \(cdc.gov\)](#)
[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
[Prevention Strategies for Seasonal Influenza in Healthcare Settings | CDC](#)
[Guidelines Library | Infection Control | CDC](#)
[Vaccination Trends—Adults \(cdc.gov\)](#)
[RespVaxView | CDC](#)
[RSVVaxView | CDC](#)
[Treatment of Respiratory Viruses | Respiratory Illnesses | CDC](#)
[Interim Clinical Considerations for COVID-19 Treatment in Outpatients | CDC](#)
[Influenza Antiviral Medications: Summary for Clinicians | CDC](#)
[Interactive Home Ventilation Tool | CDC](#)
[Clean Air in Buildings Challenge | US EPA](#)
[2023-700-6-6-ADV-Reporting.pdf \(pa.gov\)](#)
[2023-701-6-6-ADV-Outbreak Reporting.pdf \(pa.gov\)](#)
[Resp Illness ECE School Guidance.pdf \(pa.gov\)](#)

References:

Amani, B. (2023). Efficacy and safety of nirmatrelvir/ritonavir (Paxlovid) for COVID-19: A rapid review and meta-analysis. *Journal of Medical Virology*. 95(2), <https://doi.org/10.1002/jmv.28441>

Monach, P.A., Anand, S., Fillmore, N., La, J., Branch-Elliman W. (2024) Underuse of Antiviral Drugs to Prevent Progression to Severe COVID-19 — Veterans Health Administration, March–September 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:5761. <http://dx.doi.org/10.15585/mmwr.mm7303a2>

For questions, please call your local health department or PA DOH at 1-877-PA-HEALTH (877-724-3258).

Individuals interested in receiving future PA-HANs can register [here](#).

Categories of Health Alert messages:

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.

This information is current as of March 15, 2024 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.
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