

JB Pritzker, Governor

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Interim Work Exclusion Guidance for Health Care Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections

September 17, 2025

Summary and Action Items

- [IDPH recommends updated return to work guidance for health care personnel with acute respiratory illnesses.](#)
- Facilities should review and update their facility policies as appropriate.
- Health care personnel should refer to their facility's occupational health or infection prevention policies and personnel for guidance when ill with acute respiratory illness symptoms such as cough, fever, runny nose, nasal congestion, or sore throat.

Health care-acquired infections of viral acute respiratory illness (ARI) are common and increase the morbidity and mortality for already vulnerable patients and residents. Vaccination of health care personnel (HCP)* remains critical to control of COVID-19 and influenza transmission in health care settings. In addition to vaccination, interventions to prevent health care-associated transmission of ARI include diligent source control (i.e., masking), cohort nursing, antiviral chemoprophylaxis when appropriate, and exclusion of ill visitors and HCP. Health care facility policies should ensure staff are given support and flexibility to encourage them to stay home from work. To the extent possible, logistical barriers and financial hardship should be reduced.

The purpose of work exclusion for HCP with contagious illness is to reduce transmission risk to patients, residents, and other HCP. Work exclusion policies for HCP should balance the potential for health care staffing challenges exacerbated by prolonged exclusion requirements (see also, [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)). 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.

Prior to being disbanded in May 2025, the federal [Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#) 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. In anticipation of the 2025-2026 respiratory virus season, the Illinois Department of Public Health is providing interim guidance for work exclusion of HCP with suspected or confirmed viral ARI. This guidance applies to HCP with COVID-19, influenza, and other viral ARI, 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.

Illinois Department of Public Health

Staff management and exclusion

- HCP with mild to moderate acute respiratory illness (ARI), regardless of whether testing is performed, and who are not moderately to severely immunocompromised 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 HCP 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 areas of the health care facility, including all patient care and common areas of the facility (e.g., HCP breakrooms, cafeteria, hallways) for at least 7 days after symptom onset or positive test (if asymptomatic), if not already wearing a facemask as part of universal source control masking.
 - Facilities should 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 and neonates and young infants, for 7-10 days after symptom onset or until symptom resolution, whichever is longer.

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

- HCP who are moderately to severely immunocompromised or who have severe ARI should:
 - Refer to their facility's occupational medicine, infection prevention, or facility policy before returning to work
 - HCP with respiratory viral infections who are moderately or severely immunocompromised might shed virus for prolonged periods. Occupational health may consider consulting with an infectious disease specialist or other expert and/or using a test-based strategy in making this determination.
- HCP who have an exposure to influenza, SARS-CoV-2, or other viral ARI and who are asymptomatic should:
 - Wear a source control device (e.g. surgical mask, N95 respirator) from the day of first exposure through the 5th day after last exposure
 - Monitor for development of signs or symptoms of an ARI for 5 days after their last exposure
 - Work restrictions are not usually necessary. Refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 for additional considerations in high-risk exposures.

This guidance only covers return to work for ARI in HCP. Refer to Infectious Respiratory Disease Guidance for additional ARI guidance across different health care settings. Facilities should work with their occupational health and infection prevention staff to ensure they have infection control policies and procedures for HCP with ARI that are appropriate for their settings and adhere to local and national standards. Facilities may choose to implement policies that are more conservative based on their facility risk assessment or risks inherent to specific units or settings (e.g. bone-marrow transplant unit, NICU, etc).

* Health care Personnel (HCP) refers to all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home health care personnel, physicians, technicians, therapists,

phlebotomists, pharmacists, dental health care personnel, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Contact

IDPH Regional Infection Prevention Program at DPH.IP@Illinois.gov.

Target Audience

Local Health Departments, Hospital Infection Preventionists, Infectious Disease Physicians, Hospital Administrators, Long-term Care Facilities, Health Care Professionals, and Regional Health Offices.

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Work Exclusion Guidance for Healthcare Personnel with COVID-19, Influenza, and Other Acute Respiratory Viral Infections

Example 1: Symptomatic, no fever

Symptoms	Symptom onset: cough, runny nose, sore throat, fever, etc	Remain fever free				Feel well enough to return to work AND remain fever free.					
Day	0	1	2	3	4	5	6	7	8	9	10
Work restrictions	If you become symptomatic while at work, mask and leave work as soon as safe and feasible. Do not return to work.				Can return to work. MUST wear face mask for at least 7 days after symptom onset. Facilities may temporarily reassign away from high-risk patients through 7-10 days after positive test.				Facility may require extended masking if HCP assigned to care for high-risk population.		

Example 2: Symptomatic with fever on day 1 of illness only

Symptoms	Symptom onset: cough, runny nose, sore throat, fever, etc	Fever	No fever for at least 24 hours without fever-reducing medicine			Feel well enough to return to work AND remain fever free.					
Day	0	1	2	3	4	5	6	7	8	9	10
Work restrictions	If you become symptomatic while at work, mask and leave work as soon as safe and feasible. Do not return to work.				Can return to work. MUST wear face mask for at least 7 days after symptom onset. Facilities may temporarily reassign away from high-risk patients through 7-10 days after positive test.				Facility may require extended masking if HCP assigned to care for high-risk population.		

Example 3: Symptomatic with fever through day 4 of illness*

(*extending home isolation; must be fever-free without fever reducing medicine for at least 24 hours)

Symptoms	Symptom onset: cough, runny nose, sore throat, fever, etc	Fever daily through day 4 of illness				No fever for at least 24 hours without fever-reducing medicine	Feel well enough to return to work AND remain fever free.				
Day	0	1	2	3	4	5	6	7	8	9	10
Work restrictions	If you become symptomatic while at work, mask and leave work as soon as safe and feasible. Do not return to work.					Can return to work. MUST wear face mask for at least 7 days after symptom onset. Facilities may temporarily reassign away from high-risk patients through 7-10 days after positive test.			Facility may require extended masking if HCP assigned to care for high-risk population.		

Example 4: Asymptomatic, positive test

Symptoms	Day of positive test	Remain symptom free.									
Day	0	1	2	3	4	5	6	7	8	9	10
Work restrictions	If tested at work, mask and leave work as soon as safe and feasible. Do not return to work.				Can return to work. MUST wear face mask for at least 7 days after symptom onset. Facilities may temporarily reassign away from high-risk patients through 7-10 days after positive test.				Facility may require extended masking if HCP assigned to care for high-risk population.		

