

PDPH/LTCF Conference Call

Friday, 10/3/25

Agenda

- Respiratory Virus Surveillance Update
- New Guidance
 - PAHAN 806: Work Exclusion Guidance for Health Care Personnel with Confirmed or Suspected Respiratory Viral Infections
 - PAHAN 808: Preparedness for the 2025-2026 Respiratory Season
 - PADOH's Respiratory Virus Outbreak Toolkit
- Respiratory Tract Infection Focused Antibiotic Stewardship Toolkit (R-FAST)
- PDPH Resources and Services

Guidance Updates

PA HAN 806

PA HAN 808

PA DOH Respiratory Virus Outbreak Toolkit

Reminder

PDPH Health Advisory: Healthcare worker COVID-19
Vaccine Update- May 15, 2025

PENNSYLVANIA DEPARTMENT OF HEALTH
2025 – PAHAN – 806 – 09 – 19 - ADV



Pennsylvania
Department of Health

Work Exclusion Guidance for Health Care Personnel with Confirmed or Suspected Respiratory Viral Infections

DATE:	9/19/2025
TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Secretary of Health
SUBJECT:	Work Exclusion Guidance for Health Care Personnel with Confirmed or Suspected Respiratory Viral Infections
DISTRIBUTION:	Statewide
LOCATION:	N/A
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A



Summary

- This guidance supersedes existing CDC and DOH guidance specific to health care personnel (HCP) exclusion from work and masking following exposure to, or infection with, respiratory viral infections, including COVID-19.
- Updated guidance for work exclusion for HCP with confirmed or suspected respiratory viral infections includes:
 - Restrict from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever-reducing medicines), symptoms are improving, and HCP feel well enough to return to work. The first day for HCP to return to work is day 4.
 - Wear a facemask for source control in all patient care and common areas of the facility for at least 7 days since symptom onset (or since first positive test if asymptomatic). The first day for HCP to work unmasked is day 8.
- HCP with known or suspected exposure to any respiratory viral infection generally do not need to be excluded from work if they remain asymptomatic but should wear a facemask for at least 5 days after last exposure.
- If you have questions about this advisory, please contact DOH at 877-PAHEALTH (877-724-3258) or your local health department.



This guidance is intended to supersede the following:

- CDC's Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- The section on the management of ill HCP contained within the CDC guidance document, Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings
- PA HAN 661: UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19
- PA HAN 662: UPDATE: Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
- HCP should be encouraged to stay up to date on influenza, respiratory syncytial virus (RSV), and COVID-19 immunizations and follow health care facility policies for source control masking.
- Several public health jurisdictions in the northeast region of the U.S. worked together to develop consensus guidance based on evidence presented by Healthcare Infection Control Practices Advisory Committee (HICPAC).

Table 1: Return to Work Criteria for HCP with Confirmed or Suspected Respiratory Viral Infections

Clinical and Laboratory Presentation	Guidelines
Confirmed or Suspected Respiratory Viral Infection	<ul style="list-style-type: none">• Restrict from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever-reducing medicines), symptoms are improving, and HCP feel well enough to return to work. The first day for HCP to return to work is day 4*.• Wear a facemask for source control** in all patient care and common areas of the facility (e.g., HCP break rooms) for at least 7 days since symptom onset (or since first positive test if asymptomatic). The first day for HCP to work unmasked is day 8*.

* Day 0 is the first day that symptoms develop. If no symptoms are experienced, the first day of positive test should be used as day 0.

** Source control refers to the use of well-fitting facemasks or respirators to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are breathing, talking, sneezing, or coughing.

HCP with Exposure to Respiratory Viral Infections

- HCP with confirmed or suspected exposure to any respiratory viral infection generally do not need to be excluded from work if they remain asymptomatic.
- Exposed HCP should wear a facemask for source control in all patient care and common areas of the facility for at least 5 days after last exposure. Day 0 is the last day of exposure, making day 6 the first day for HCP to work unmasked.
- HCP should monitor themselves for symptoms during this period; if symptoms develop, they should be excluded from work according to the table above. Work exclusion for exposed HCP can be considered in certain circumstances. Follow your facility's policies regarding HCP exclusion.

Additional Considerations

- HCP with severe or critical respiratory viral infections and those who are moderately or severely immunocompromised might shed virus for prolonged periods.
 - Consider consultation with occupational health to determine when these HCP may return to work and discontinue masking.
 - Occupational health may consider consulting with an infectious diseases specialist or other expert or using a test-based strategy in making this determination.
- If work restriction is not possible due to staffing shortages or other issues, wear a facemask for source control in all patient care and common areas of the facility.
- HCP should be encouraged to stay up to date on influenza, RSV, and COVID-19 immunizations and follow health care facility policies for source control.

PENNSYLVANIA DEPARTMENT OF HEALTH 2025 – PAHAN – 808 – 09 – 26 - ADV



Preparedness for the 2025-2026 Respiratory Season

DATE:	9/26/2025
TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Secretary of Health
SUBJECT:	Preparedness for the 2025-2026 Respiratory Season
DISTRIBUTION:	Statewide
LOCATION:	N/A
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A

Key Actions

- **Encourage Vaccination:** Vaccines can prevent severe illness. Encourage patients, health care personnel (HCP), and long-term care facility (LTCF) residents and visitors to receive any respiratory vaccines recommended for their age group, including influenza, COVID-19, respiratory syncytial virus (RSV), and pneumococcal vaccines. Individuals should confirm with their insurance and pharmacy if the vaccines are covered and available.
- **Monitor Community Transmission:** Use the Pennsylvania Department of Health (DOH) [respiratory virus dashboard](#) and the Centers for Disease Control and Prevention (CDC) data to guide masking, visitation policies, and other infection control measures based on local virus activity.
- **Reporting:** All positive influenza and RSV antigen and PCR tests must be reported to PA-NEDSS. Some county health departments also mandate reporting positive COVID-19 results. Voluntary reporting of COVID-19 from the rest of the state is strongly encouraged. All respiratory virus outbreaks must be reported by phone to your local public health jurisdiction or by calling 877-PA-HEALTH (877-724-3258).
- **Variant and Novel Influenzas:** Remain alert for variant and avian influenza. Evaluate and test symptomatic individuals with exposure to sick animals or other case-patients. Forward subtype-negative influenza A samples immediately to the state lab for further testing.
- **Respiratory Outbreaks in Long-Term Care Facilities (LTCFs):** Consider expanded respiratory panel testing to identify co-circulating viruses. An updated [Respiratory Virus Toolkit](#) contains guidance for responding to outbreaks, and is available at: [LTCF | Department of Health | Commonwealth of Pennsylvania](#).

If you have any questions, please call PA DOH at 877-PA-HEALTH (877-724-3258) or your local health department.



- **Key Action: Encourage Vaccination**

- Encourage residents, staff, and visitors to receive any respiratory vaccines recommended for their age group.
 - **2025-2026 Seasonal Influenza Vaccine: People 6 months and older (no change)**
 - **2025-2026 COVID-19 Vaccine:**
 - Awaiting official CDC guidance
 - Verify current access with the pharmacy and the patient's insurer
 - "6 months to 64 yo at high-risk and anyone 65 yo and older"
 - **RSV Vaccine:**
 - All adults 75 yo and older
 - Adults 50-74 yo at increased risk of severe RSV
 - Pregnant persons at 32-36 weeks gestation
 - **Pneumococcal Vaccine: consult pneumococcal vaccine recommendations for timing and dosage guidance**
 - Children 5 yo and younger
 - Adults 50 yo and older



- **Key Action: Monitor Community Transmission**

- Philadelphia: <https://hip.phila.gov/>
 - Current location of weekly influenza and other respiratory virus reports
 - General Respiratory Virus Dashboard forthcoming this Fall
- Pennsylvania: <https://www.pa.gov/en/agencies/health/diseases-conditions/infectious-disease/respiratory-viruses/respiratory-virus-dashboard.html>
- United States: <https://www.cdc.gov/respiratory-viruses/data/index.html>



• Key Actions: Respiratory Outbreaks in LTCFs

PA	Philadelphia
<p>Outbreak definition :</p> <ul style="list-style-type: none">• 1 laboratory-confirmed case of a respiratory virus in resident + 1 resident with symptoms within 72 hours OR• 2 laboratory-confirmed respiratory virus in residents <p>Symptoms:</p> <ul style="list-style-type: none">• Influenza-like illness (ILI) (fever >100°F) + cough or sore throat• ARI Symptoms can include fever, sore throat, runny nose, shortness of breath, headache, and fatigue	<p>Outbreak definition for Philadelphia facilities remains the same as past seasons*:</p> <ul style="list-style-type: none">• One case of laboratory-confirmed respiratory virus infection in a LTCF resident or staffer who was working while contagious• Two or more residents ill with influenza-like illness or other respiratory symptoms occurring within 72-hours, who are in close proximity to each other <p>➤ PDPH can assist with respiratory panel testing when residents are rapid test negative for influenza and COVID-19</p>

- **Key Actions: Reporting**

- All positive influenza and RSV antigen and PCR tests must be reported to PA-NEDSS
 - **Facility's respiratory virus outbreak line list submitted to PDPH meets state reporting requirements for influenza and RSV**
- PDPH also mandates reporting positive COVID-19 results
- Report to PDPH within 24 hours or the next business day
 - Call 215-685-6741
 - Contact your facility's Outbreak Coordinator
 - Email Covid-GroupSettings@phila.gov

- **Key Actions: Monitor for Variant and Novel Influenza Infections (e.g., Avian Influenza)**

- PADOH and PDPH will continue to promote enhanced recognition and testing of suspected novel influenza infections among people who are exposed to sick animals, or if identified, cases of avian or other novel influenza infection.
- PADOH and PDPH are working closely with laboratories to conduct further testing on any specimens that are positive for influenza A but negative for common seasonal subtypes (e.g., H1N1, H3)



Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

- Updated 9/25/2025
- The purpose of the toolkit is to provide recommendations for long term care facilities before and during a respiratory virus outbreak
- Highlights of the toolkit will be presented
- Differences between Philadelphia requirements and the state's will be addressed on each applicable slide

Bureau of Epidemiology

Respiratory Virus Outbreak Toolkit

Last Updated: 9/25/2025

Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

Table 2. Incubation and Infectious Periods by Virus

Virus	Incubation Period*	Infectious Period	Exclusion Criteria for HCP ⁷
Influenza	1 – 4 Days (Average: 2 days)	Before onset of symptoms (1 day) until symptoms resolve (Average: 5 – 7 days)	Restrict from work until at least 3 days have passed since symptom onset (or since first positive test if asymptomatic) and at least 24 hours have passed with no fever (without the use of fever-reducing medicines), symptoms are improving, and HCP feel well enough to return to work. The first possible day for HCP to return to work is day 4 ^{**} . Wear a facemask for source control [†] in all patient care and common areas of the facility (e.g., HCP break rooms) for at least 7 days since symptom onset (or since first positive test if asymptomatic). The first possible day for HCP to work unmasked is day 8 ^{**} .
RSV	3 – 7 Days (Average: 5 days)	Before onset of symptoms until the symptoms resolve (Average: 7 – 10 days)	
Human metapneumovirus	4 – 9 Days	Variable: 3 – 10 days, but may be longer in immunocompromised individuals	
Parainfluenza	2 – 6 Days	3 – 10 days for initial infections, less for subsequent infections	
Adenovirus	4 – 8 Days	Variable: Individuals could be asymptomatic, but still able to infect others for weeks to months	
Rhinovirus	2 – 4 Days	Variable: From onset of symptoms until the symptoms resolve (Average: 7 – 14 days)	
COVID-19	3 – 7 Days (Average: 6 days)	Variable: Before onset of symptoms and up to 10 days after symptoms start, but may be longer in immunocompromised individuals	

NOTES:

*Incubation periods listed here are general. These can vary based on factors that can change under different scenarios, such as population immunity, age range, or vaccination status

- Work exclusion for COVID-19 exposed HCP has changed as outlined in PA HAN 806
- **No differences in Philadelphia**

Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

Table 3. LTCF Outbreak Definitions



Influenza or Influenza-Like Illness (ILI)*	Other Respiratory Virus (COVID-19, RSV, Adenovirus, etc.)
1 laboratory-confirmed case of influenza in resident + 1 resident with ILI* within 72 hours, OR 2 laboratory-confirmed cases of influenza in residents within 72 hours	1 laboratory-confirmed case of a respiratory virus in resident + 1 resident with Acute Respiratory Illness (ARI) symptoms** within 72 hours, OR 2 laboratory-confirmed cases of respiratory virus in residents within 72 hours
<i>*Influenza-like Illness (ILI): fever (100F) + cough or sore throat</i> <i>**ARI Symptoms can include cough, fever, sore throat, runny nose, shortness of breath, headache, and fatigue</i>	

- State COVID-19 outbreak definition has changed to residents only
- **Philadelphia: Positive residents and symptomatic positive staff who were working with residents while contagious**
Testing Confirmation:
- **One lab-confirmed or 2 symptomatic cases without laboratory confirmation within 72 hours**
Number of Ill Persons:
- **For lab-confirmed, 1 resident or staff who work with residents**
- **Unspecified- 2 residents within 72 hours**

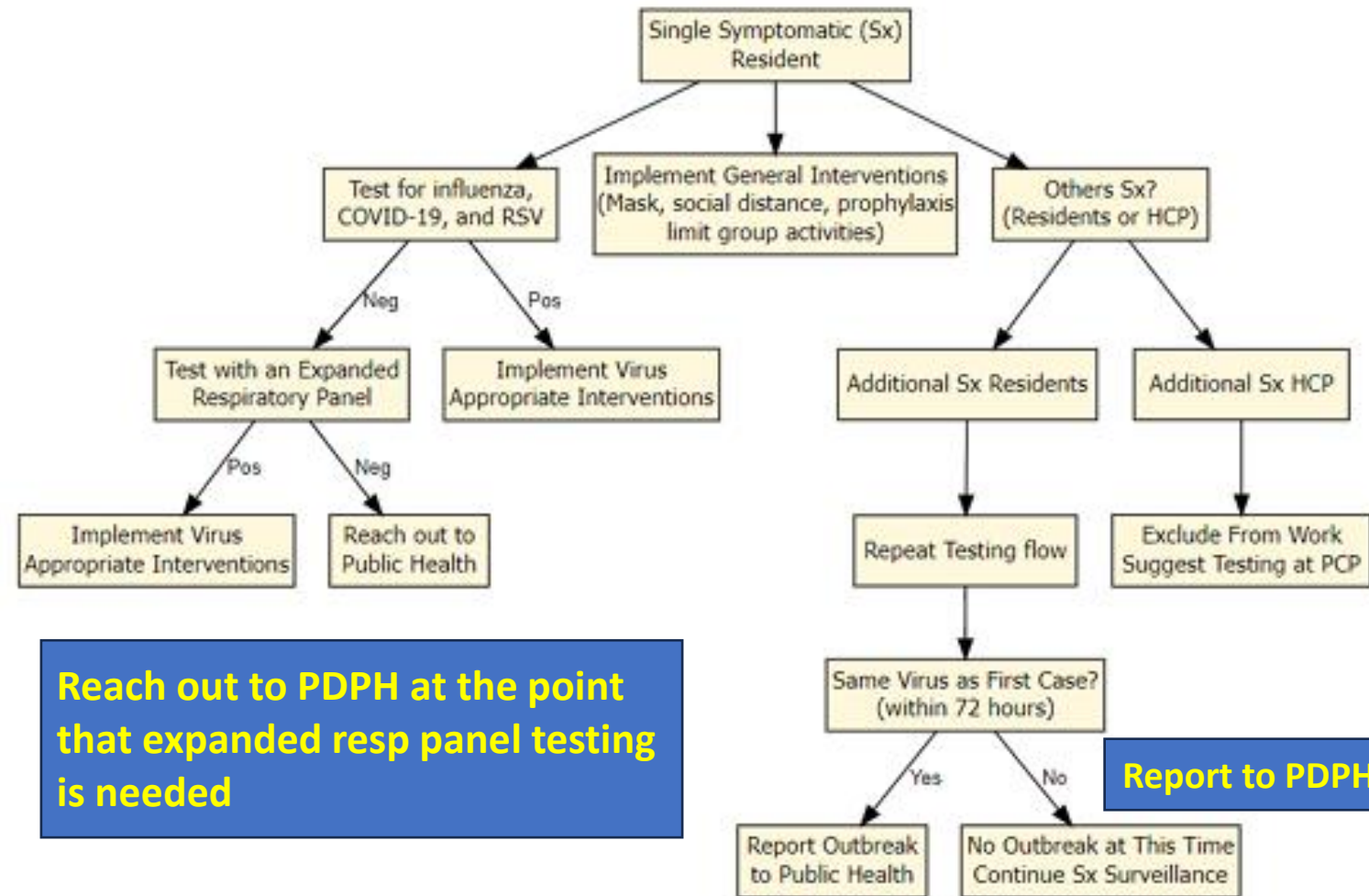
Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

- During an outbreak, it is best to avoid new transfers or admissions. If transfers must occur during an outbreak, notify the receiving facility about the outbreak and any precautions.
- Ill residents should be isolated to a single room if possible. If space is limited, residents ill with the same virus can be cohorted together. Avoid cohorting residents if you are unsure what virus they have.
- HCP should be cohorted by unit to prevent spread of infection to other units. This means dedicating HCP to the outbreak unit and limiting contact to unaffected units. Extra precautions should be taken for more vulnerable units like dementia units. Non-HCP should be restricted from entering a unit with an outbreak. If restriction is not possible, non-HCPs should have limited contact with ill residents.

PADOH Respiratory Virus Outbreak Toolkit

- ✓ Test anyone showing signs or symptoms of a respiratory illness
- ✓ “At a minimum, tests should include SARS-CoV-2 and influenza viruses, with consideration for other causes like RSV”
- ✓ When respiratory illness is first identified in residents or HCP, the LTCF should implement daily symptom monitoring and testing
- ✓ **No differences in Philadelphia**

Testing Flow Chart for LTCFs



Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

Testing Infrastructure:

- **LTCFs need to procure their own testing supplies.** LTCFs should also procure lab support needed to detect respiratory viruses like COVID-19, influenza, and RSV in both residents and HCP. While federal, state, and local resources might be available during national emergencies (COVID Pandemic, 2009 H1N1), facilities should be prepared for routine virus testing during regular seasonal epidemics.
 - **PDPH may be able to assist with test kits and PPE in limited situations contingent upon funding. Contact your OB response coordinator for assistance**
- It is important for facilities to partner with hospitals and/or commercial labs that can perform expanded respiratory panels, to identify respiratory viruses other than influenza, RSV, or COVID-19. LTCFs cannot rely on the state public health lab (Bureau of Laboratories) for routine testing, as their resources are limited.
 - **PDPH can support respiratory panel testing for a sample of ill residents who have ILI or other respiratory symptoms and are rapid test negative for influenza and COVID-19**

Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

PPE for COVID-19 has not changed

VIRUS	PPE RECOMMENDED
Influenza	Surgical Mask + Eye Protection
RSV*	Surgical Mask + Gloves + Gown*
Covid-19	N95 + Eye Protection + Gloves + Gown
Other respiratory viruses (parainfluenza, seasonal coronaviruses, rhinovirus)	Surgical Mask + Eye Protection*


*Some other respiratory viruses may require additional PPE. Please refer to the isolation precautions in [Appendix A: type and duration of precautions recommended for selected infections and conditions | infection control | cdc](#)¹⁵

➤ **Philadelphia-
No PPE
differences**

Pennsylvania Department of Health Respiratory Virus Outbreak Toolkit

Ending an Outbreak Response

An outbreak is considered "over" when 14 days have passed since the last resident tested positive or became symptomatic (if no positive test is available). Any new infections in a resident (for the applicable virus) would restart the 14-day countdown. New infections in HCP will not affect this countdown.

JUNE 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10		11	12	13	14
16	17	18	19	20	21	22
23	24		25	26	27	28
30						

For example,
if the last positive resident is on
June 11, then the outbreak would
end June 25.

➤ Philadelphia- OB is over if no new cases in residents or staff after 14 days, includes all respiratory viruses

Figure 7. Calendar demonstrating end of an outbreak

Reminder



Philadelphia Department of Public Health
Division of Disease Control

PALAK RAVAL-NELSON, PhD, MPH
Health Commissioner

SHARA EPSTEIN, MD
Medical Director, Division of Disease Control

JESSICA CAUM, MA, MPH, CPH
Acting Director, Division of Disease Control

Health Notification

Healthcare Worker COVID-19 Vaccine Update

May 15, 2025

PDPH Health Alert

- PDPH and the Philadelphia BOH strongly support healthcare institutions in creating and enforcing appropriate vaccine requirements for staff. There are no current regulations that mandate other vaccines. Given the change in COVID epidemiology and severity, the BOH voted to align COVID vaccine with other vaccines and rescind the regulation. In effect, this means that healthcare workers should follow the specific policies of their employer or the healthcare institution where they work, volunteer or study regarding COVID vaccination.
- The Philadelphia BOH and PDPH continue to encourage age-appropriate vaccines for all Philadelphians, including updated COVID-19 vaccination.
- Vaccination continues to provide the best protection against COVID and is essential for protecting people who are most at risk for severe disease, including older adults and persons with certain underlying medical conditions.

R-FAST: Respiratory Tract Infection - Focused Antibiotic Stewardship Toolkit

Lea Widemann, MSc

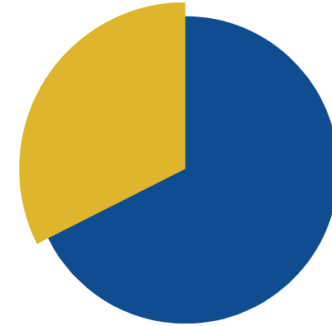
Antibiotic Stewardship Epidemiologist

Healthcare-Associated Infections and Antibiotic Resistance (HAI/AR) Program

Philadelphia Department of Public Health, Division of Disease Control

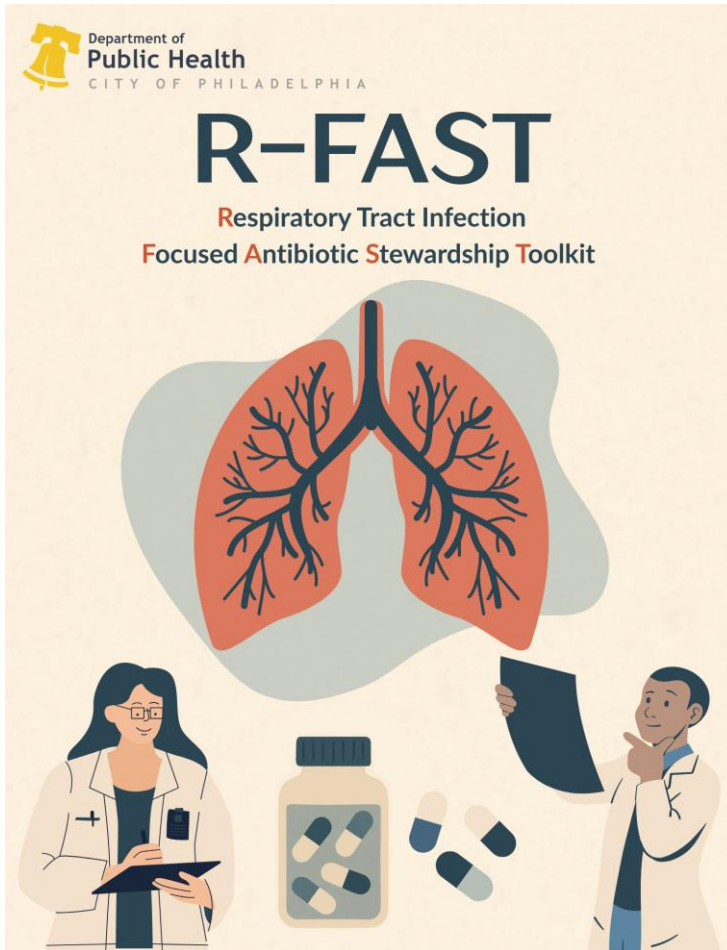
Antibiotic Use in Nursing Homes¹

- **70%** of nursing home residents receive at least one antibiotic course when followed over a year
- **40-75%** of these antibiotics may be unnecessary or inappropriate
- Respiratory tract infections are among the most common infections treated with antibiotics in nursing homes, and represent a significant opportunity for **improvement** in prescribing practices



1. CDC. Core Elements of Antibiotic Stewardship for Nursing Homes. Antibiotic Prescribing and Use. September 15, 2025.

Introducing...

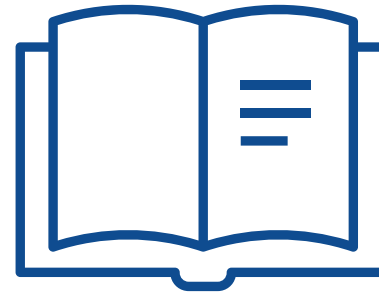


- 15 resources to help your facility enhance antibiotic stewardship in the management of residents with respiratory tract infections
- Topics include...
 - Diagnosis and treatment of various respiratory conditions
 - Collecting respiratory cultures
 - Communication between healthcare providers
 - Communication with residents and family members
 - Penicillin allergy delabeling
 - Materials to display commitment to antibiotic stewardship

Accessing R-FAST








Available online at:
bit.ly/RFASTPhilly



Keep an eye on the
mail for a physical copy!

Using R-FAST

- Review R-FAST with your antibiotic stewardship team
- Incorporate resources that fit your facility's needs, such as:
 -  Clinical communication
 -  Clinical decision making
 -  Provider education
 -  Materials for touchdown spaces
 -  Educational materials to share with residents

Save the Date

- **November 21st, 11:00 am**
 - Join us for a talk by Dr. Jerry Jacob – Professor of Clinical Medicine & Infectious Disease at the University of Pennsylvania, and a member of the Penn/Temple LTC RISE team – on the importance of penicillin allergy delabeling! Guidance and resources on how to successfully implement these programs in your facility will also be provided.
- **November 18-24: US Antibiotic Awareness Week**
 - Special edition of HAI/AR Newsletter
 - **Go Purple!**





Department of
Public Health


CITY OF PHILADELPHIA


Resources and Services

New Project Firstline Resources



Water Management Micro-Learns

Ice


Think Twice About Ice! 



Keep your patients safe when using ice:

-  Always clean your hands before dispensing ice.
-  Use a clean container or scoop to get ice and store this equipment in a clean, designated area outside the ice chest or machine.
-  Ice chests and machines should be cleaned and disinfected regularly.

Learn More Reduce Risk from Water: <https://bit.ly/3R7nmEi>
Germs Live in Water Infographic: <https://bit.ly/3UYQte6>

www.cdc.gov/ProjectFirstline  U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Drains

Drains and Biofilms: Hiding Places for Germs 

Germs in the sewer, including drug-resistant germs, can be found in the plumbing all the way up to the drain.






-  Drain biofilms are slimy layers of germs that can splash out of the sink.
-  **Don't feed the biofilm!**
Never dispose of liquid waste (e.g., beverages, tube feeds, IV fluids) in a handwashing sink.
-  Reduce germ spread by keeping supplies away from the sink, minimizing splashes, and cleaning and disinfecting sinks and countertops regularly.





Learn More Reduce Risk from Water: <https://bit.ly/3R7nmEi>
Germs Live in Water Infographic: <https://bit.ly/3UYQte6>

www.cdc.gov/ProjectFirstline  U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION


Splash Zones

Don't Sink Your Patient's Care 



-  Keep sink areas free of patient care items.
-  Never pour liquids other than water (e.g., IV fluid, drinks) in the patient care sink.
-  Be aware of splashes from sinks to nearby surfaces, equipment, and care items.
-  Clean and disinfect faucets, sinks, and nearby countertops regularly.

Learn More Reduce Risk from Water: <https://bit.ly/3R7nmEi>
Germs Live in Water Infographic: <https://bit.ly/3UYQte6>

www.cdc.gov/ProjectFirstline  U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Reminder: HAI/AR Services

- Infection Control Assessment and Response (ICAR) visit
- Onsite Education
 - Onsite Education Topics:
 - Hand Hygiene
 - Environmental Services
 - Personal Protective Equipment
 - *C. auris*
 - Injection Safety
 - Escape Room
 - Virtual Education Topics:
 - Injection Safety
 - *C. auris*
- N95 Qualitative Fit Test Train-the-Trainer
- Quarterly newsletter
- [Sign-Up Form for HAI/AR Services](#)



Department of
Public Health
CITY OF PHILADELPHIA

Healthcare-Associated Infections/Antimicrobial Resistance (HAI/AR) Program

Sign-Up Form for HAI/AR Services

Please fill out the fields below.

Thank you!

First Name <small>* must provide value</small>	<input type="text"/>
Last Name <small>* must provide value</small>	<input type="text"/>
Email <small>* must provide value</small>	<input type="text"/>
Phone Number	<input type="text"/>
Facility Name <small>* must provide value</small>	<input type="text"/>

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APIC Membership

For SNF Infection Preventionists

Connecting LTCF IPs to a professional organization offers:

- Online educational resources
- Online peer community and support
- Local chapter networking opportunities and LTC Focus Group support

PDPH Organizational Membership (annual):

- One membership per facility
- Can be transferred to a new IP
- Link to sign up:

<https://app.smartsheet.com/b/form/3e8cffae22f84c2692ee614321f816f0>



Over \$200 in value!



Department of
Public Health

CITY OF PHILADELPHIA

Thank you!

Next call Friday October 31, 2025 @ 11:00 am