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To: Wisconsin Local Health Departments, Tribal Health Agencies, Infection Preventionists

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Health Care Personnel Exclusion and Return to Work Following an Acute Respiratory Illness

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Background

Respiratory viral infections such as influenza, respiratory syncytial virus (RSV), and COVID-19 remain common causes of healthcare-associated illness and mortality among vulnerable patients and residents in Wisconsin. Vaccination of health care personnel (HCP)¹ continues to be one of the most effective measures to reduce transmission and protect both patients and staff.

Other essential practices include:

- Source control (masking) when respiratory viruses are circulating.
- Hand hygiene and respiratory etiquette.
- Prompt identification and exclusion of symptomatic HCP and visitors.
- Supportive sick leave policies that remove barriers to staying home when ill.

The purpose of this guidance is to prevent healthcare-associated transmission of respiratory viral infections by defining when HCP should be excluded from work and when they may safely return. This guidance applies to common and seasonal respiratory viruses that circulate in Wisconsin each year such as influenza, RSV, parainfluenza, rhinovirus/enterovirus, and SARS-CoV-2. It does not apply to novel viral pathogens including avian influenza, for which other public health guidance is available.

Exclusion criteria

HCP should be excluded from work if they:

- Test positive for a respiratory virus such as influenza, RSV, or SARS-CoV-2.

or

- Develop symptoms suggestive of an acute respiratory viral illness, defined as having two or more of the following: cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, or fever.

Testing is encouraged but not required for exclusion if clinical symptoms are consistent with an acute respiratory viral infection.

Return to work criteria

HCP with respiratory virus symptoms and/or a positive test may return to work when all of the following are met:

- At least three full days have passed since symptom onset (day 0 = day of symptom onset) or, if asymptomatic, day of positive test, **and**
- Symptoms are improving, including being fever-free for 24 hours without fever-reducing medications, **and**
- The individual feels well enough to work.

Returning HCP must wear, at a minimum, a surgical mask for source control in all patient and resident care and common areas of the facility (for example patient care rooms, facility breakrooms, cafeteria, hallways) through Day 7, if not already wearing a facemask as part of universal source control masking.

Special considerations

HCP with respiratory viral infections 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 use of source control. Occupational health may consider consulting with an infectious disease specialist or other relevant expert and/or using a test-based strategy when making this determination.

Implementation

This guidance applies to return-to-work decisions for HCP with acute respiratory illness. Facilities should align their infection control policies with CDC (Centers for Disease Control and Prevention) core infection-prevention principles and Wisconsin Department of Health Services (DHS) respiratory illness outbreak guidance. Refer to [Preventing and Controlling Respiratory Illness Outbreaks in Long-Term Care Facilities and Other Health Care Settings](#) for additional guidance for health care settings.

Facilities may choose to implement policies that are more conservative based on their facility risk assessment or high-risk units or settings (bone-marrow transplant unit, NICU).

Resources

DHS resources:

- [Respiratory Virus Data](#)
- [Healthcare-Associated Infections: Resources for Health Professionals](#)

CDC (Centers for Disease Control and Prevention) resources:

- [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [Viral Respiratory Pathogens Toolkit for Nursing Homes](#)

¹ 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 (for example 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 (for example clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).