**STATE OF WASHINGTON**
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
Residential Care Services • P.O. Box 45600 • Olympia, Washington 98504

09/29/2026

*This letter supersedes AFH #2024-009, ALF #2024-008, ESF #2024-008, CCRSS #2024-006, NH #2024-012*

**AFH #2026- 041**
**ALF #2026-040**
**CCRSS #2026-022**
**ESF #2026-029**
**ALTSA: NH #2026-041**
**Updated CDC Respiratory Virus Guidance for Long-Term Care Providers and Reporting Reminders**

Dear Provider, Administrator, or Superintendent,

The Centers for Disease Control and Prevention (CDC) updated its recommendations for managing health care personnel who are exposed to or infected with common respiratory viruses. This letter explains how the updated guidance applies to nursing homes, reminds other long-term care (LTC) settings which guidance to follow, and summarizes outbreak reporting expectations.

**Which guidance applies to your setting**

| Setting | Guidance to follow | Main staff return to work message |
|---|---|---|
| **Nursing Homes** (NH) | CDC health care personnel guidance | The earliest possible return is day 4, if all return-to-work criteria are met. Source control continues through at least the end of day 7. |
| **Adult Family Homes** (AFH)<br>**Assisted Living Facilities** (ALF)<br>**Certified Community Residential Services & Supports Providers** (CCRSS)<br>**Enhanced Services Facilities** (ESF) | CDC community respiratory virus guidance | Return when symptoms have improved overall and the person has been fever-free for at least 24 hours without fever reducing medications. Use added precautions for the next 5 days. |

**Nursing Homes**

The CDC's updated health care personnel guidance uses one approach for common respiratory viruses, including COVID-19, influenza, and RSV.

Staff with a suspected or confirmed respiratory virus infection must remain away from work until all of the following are true:

- At least 3 days have passed since symptoms began. If the person remains asymptomatic, count from the first positive respiratory virus test.
- The person has been fever-free for at least 24 hours without fever reducing medication.
- Symptoms are improving.
- The person feels well enough to return to work.

The day symptoms begin, or the date of the first positive test for a person who remains asymptomatic, is day 0. Day 4 is the earliest possible return date. Testing is not part of CDC's routine return to work criteria.

After returning, staff must wear source control consistently around residents, coworkers, and visitors through at least the end of day 7. Day 8 is the first possible day to work without source control. Source control does not replace personal protective equipment (PPE) required for Standard or Transmission-Based Precautions.

Staff who are exposed but do not have symptoms generally do not need to be excluded from work. They should wear source control from the first day of exposure through at least day 5 after the last exposure, monitor symptoms for at least 5 days after the last exposure, and stop working if symptoms develop.

Do not automatically use the day 4 return for staff who were severely or critically ill or who are moderately to severely immunocompromised. Make these decisions case by case, with occupational health or other clinical consultation when appropriate. Pathogen-specific testing may be useful in these situations.

The updated staff guidance does not change resident isolation or Transmission-Based Precautions. Continue to base precautions and PPE on the suspected or confirmed pathogen. See Appendix A of CDC's Guideline for Isolation Precautions.

**Community residential settings (AFH, ALF, CCRSS, ESF)**

AFH, ALF, CCRSS, ESF should use the CDC community respiratory virus guidance for staff return-to-work unless an LHJ, healthcare provider, or another applicable authority gives more specific direction.

- Staff with respiratory symptoms should stay home and away from others.
- Staff may return when symptoms are improving overall and they have been fever-free for at least 24 hours without fever reducing medication.
- For the next 5 days, staff should use added precautions to protect residents / clients and others. These may include a well-fitting mask, steps for cleaner air, good hand hygiene, physical distancing when practical, and testing.
- If fever returns or symptoms worsen, the staff person should stay home again until the return criteria are met, then use added precautions for another 5 days.

Because LTC residents / clients may be at higher risk for severe illnesses, facilities should use the added precautions that best protect residents / clients and fit the circumstances. Community guidance does not replace setting-specific infection control requirements or

precautions needed when providing care to a resident / client with a suspected or confirmed infection.

**When a resident / client has a respiratory infection**

The updated CDC recommendations for health care personnel do not change precautions for residents / clients. In every setting, promptly assess residents / client with new symptoms, consider testing and treatment, use appropriate PPE when providing care, and follow any directions from the LHJ.

**Nursing homes.** Use pathogen-specific Transmission-Based Precautions for residents with suspected or confirmed respiratory infections. While the cause is unknown, use empiric precautions based on the resident's symptoms and likely causes.

- For COVID-19, use an N95 or higher respirator, eye protection, gown, and gloves. For residents with mild or moderate illness who are not moderately to severely immunocompromised, continue Transmission-Based Precautions for at least 10 days from symptom onset, at least 24 hours after the last fever without fever-reducing medication, and until symptoms have improved. For residents who remain asymptomatic, use 10 days from the first positive test.
- Residents with severe or critical COVID-19 illness may require 10 to 20 days of precautions. Moderately to severely immunocompromised residents may require a test-based strategy and clinical consultation.
- For Influenza, use Droplet Precautions for 7 days after illness onset or until at least 24 hours after fever and respiratory symptoms resolve, whichever is longer.
- For RSV and other respiratory viruses, follow the pathogen-specific type and duration of precautions in CDC Appendix A and current CDC guidance.

The Appendix A entry for "severe acute respiratory syndrome" that calls for Airborne, Droplet, and Contact Precautions for the duration of illness plus 10 days after fever resolves concerns the virus associated with the 2003 SARS outbreak. It should not be used to determine the duration of precautions for COVID-19. For COVID-19, refer to the SARS-CoV-2 recommendations under "Respiratory infectious disease, acute: in Appendix A.

**Community Settings.** AFHs, ALFs, CCRSS, ESFs should follow CDC community respiratory virus guidance for residents / clients. Support residents / clients who are ill in staying in their room or away from others, as tolerated and consistent with their care needs and rights, until symptoms have improved overall and they have been fever free for at least 24 hours without fever-reducing medication.

- For the next 5 days, use added precautions such as masking when tolerated, steps for cleaner air. Hand hygiene, physical distancing when practical, and limiting close contact with other residents / clients.
- If fever returns or symptoms worsen, support the resident / client in staying away from others again until the criteria are met, then use added precautions for another 5 days.
- Do not delay needed care. Use PPE appropriate to the suspected or confirmed infection and the care being provided.

In all settings, consider a single room when available, avoid placing a symptomatic resident / client with a new roommate unless both have the same confirmed infection, and have the resident / client wear source control when outside the room if tolerated. Apply restrictions no

more broadly or longer than needed, and balance infection prevention and control measures with resident /client rights and well-being.

**Reporting respiratory outbreaks**

Report suspected or confirmed outbreaks of respiratory illness promptly to the LHJ. The LHJ can help determine whether an outbreak is occurring and advise on testing, control measures, treatment or prophylaxis, and when the outbreak is over. Do not wait for every illness to be laboratory confirmed before contacting the LHJ.

| Setting | Report outbreak to | RCS reporting reminder |
|---|---|---|
| **AFH** | LHJ and RCS Complaint Resolution Unit (CRU) | WAC 388-76-10225 requires AFHs to report an outbreak of suspected food poisoning or communicable disease or both. |
| **ALF**<br>**CCRSS**<br>**ESF**<br>**NH** | LHJ and RCS CRU | A respiratory outbreak by itself is not a routine CRU report. Continue to make any separate report required by your setting's rules, including when an event triggers emergency-plan or continuity-of-services reporting*. |

*For example, an outbreak may also require a report to CRU when it causes or may cause implementation of a required disaster or emergency plan, an evacuation, or circumstances that threaten the facility's ability to continue services. Follow the reporting rule that applies to your setting and contact your RCS field manager if you are unsure.

Thank you for your continued commitment to residents' / clients' health and safety. If you have any questions or need assistance, please contact the RCS IPC Specialist Jamie Ford at jamie.ford1@dshs.wa.gov.

Sincerely,

Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*

**Resources**

- CDC Viral Respiratory Infections guidance for health care personnel
- CDC Preventing Spread of Respiratory Viruses When You Are Sick
- CDC Viral Respiratory Pathogens Toolkit for Nursing Homes
- CDC Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings
- CDC Appendix A: Type and Duration of Precautions
- Washington State Department of Health Disease Outbreak Reporting
- Washington State Department of Health Local Health Jurisdictions
- RCS Complaint Resolution Unit