



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

October 17, 2025

Dear Colleague:

We write to provide updated work exclusion recommendations for Maryland healthcare providers (HCP) who are experiencing signs or symptoms of an acute respiratory infection.

Work exclusions for healthcare personnel are an important tool to prevent the spread of infection. Exclusion guidance must be scientifically-based, feasible to implement, and impose minimal burden on healthcare facilities. The current [CDC guidance](#) restricting healthcare personnel from work for 7 to 10 days for a COVID-19 infection was last updated in September 2022. The Maryland Department of Health (MDH) is therefore presenting this updated guidance to streamline work exclusions for healthcare personnel based on symptoms rather than pathogen-specific testing results. This guidance is adopted from the work presented at the November 2024 meeting of the CDC's Healthcare Infection Control Practices Advisory Committee, and aligns with guidance issued by other states, including many states participating in the Northeast Public Health Collaborative.

This MDH guidance applies to HCP with suspected or confirmed COVID-19, seasonal influenza, and other acute respiratory viral infections, regardless of whether diagnostic testing for viral pathogens is performed or the results of such testing. This guidance does not apply to novel influenza A viruses (including H5N1 avian influenza), Middle East Respiratory Syndrome (MERS), or for other high-consequence pathogens for which distinct and specific public health guidance is available.

Recommendations for HCP (not moderately to severely immunocompromised) with mild or moderate acute respiratory infection (regardless of testing results):

- Restrict from work until:
  - At least 3 days since symptom onset (day of onset is day 0)
  - No fever for 24 hours without the use of antipyretics
  - Improving symptoms
- Returning HCP wear a mask until 7 days after onset

While asymptomatic testing for respiratory viruses is generally not recommended, there are instances where it may occur. Recommendations for HCP (not moderately to severely immunocompromised) who are asymptomatic with a positive test for a viral respiratory pathogen:

- Restrict from work until:
  - At least 3 days since positive test (day of test is day 0)

- Returning HCP wear a mask until 7 days after the positive test

Note that HCP who are moderately to severely immunocompromised or who have been severely ill may shed virus for a prolonged time. These individuals should consider consulting with occupational health and/or an infectious disease specialist and may consider a test-based strategy for return to work.

Healthcare settings should continue to promote best practices for the prevention of viral respiratory infections, including promoting COVID-19, RSV, and influenza vaccinations as appropriate, use of universal source control when community transmission is high, strict adherence to hand hygiene, environmental surface cleaning, and respiratory etiquette. Healthcare providers should also stay up to date on vaccinations.

### **Definitions**

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare 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 healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). (CDC)

Respiratory viral infections: Viral infections that commonly cause respiratory disease. Common examples include, but are not limited to influenza, COVID-19, RSV, Adenovirus, Rhinovirus/Enterovirus (common cold), Parainfluenza and Parvovirus B19 (Fifth Disease)

Mild to Moderate Respiratory Illness: Mild to moderate respiratory illness is defined as the presence of 2 or more signs or symptoms such as: fever, malaise, cough, rhinorrhea, nasal congestion, or sore throat.

Severe Disease: Severe disease is defined as Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%. (CDC)

This guidance complements other recent respiratory virus-related efforts taken by the Maryland Department of Health, including the issuance of [clinical vaccine guidance and vaccine recommendations](#) for the 2025-2026 respiratory virus season, the current [statewide standing order](#) to ensure COVID-19 vaccine access, and updates to the MDH website addressing [frequently asked questions](#) about respiratory virus prevention. For questions about these

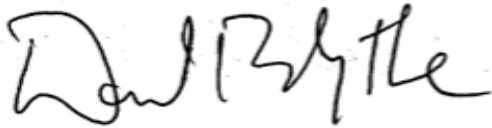
recommendations, please contact MDH's Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB) at 410-767-6700, or your [local health department](#).

Thank you for your continued efforts at addressing the prevention and control of respiratory viruses, including promoting vaccinations against COVID-19, influenza and RSV.

Sincerely,

A handwritten signature in black ink, appearing to read "Meg Sullivan". The signature is fluid and cursive, with the first name "Meg" being more prominent.

Meg Sullivan, MD, MPH  
Deputy Secretary, Public Health Services

A handwritten signature in black ink, appearing to read "David Blythe". The signature is fluid and cursive, with the first name "David" being more prominent.

David Blythe, MD, MPH  
State Epidemiologist and Director,  
Infectious Disease Epidemiology and Outbreak Response Bureau