

March 12, 2024

Health Notice for District of Columbia Health Care Providers Respiratory Disease Isolation Guidance

SUMMARY

As the threat from COVID-19 becomes more like that of other common respiratory viruses, the CDC issued a Respiratory Virus Guidance, rather than additional virus-specific guidance. This brings a unified, practical approach to addressing risk from a range of common respiratory viral illnesses, such as influenza and RSV, that have similar routes of transmission and symptoms and similar prevention strategies.

The CDC has eliminated the requirement for isolation following a positive COVID-19 test and is now recommending for people who get sick with any respiratory virus to stay home and away from others and to resume normal activities when, for at least 24 hours, the following criteria need to be met:

- Your symptoms are getting better overall.
- You have not had a fever or no longer have a fever in the last 24 hours (and are not using fever-reducing medication).

The duration of COVID-19's infectious period remains consistent. Our recommendation to healthcare providers is to advise patients to wear masks for source control for 5 days, especially when in contact with high-risk individuals. However, the optimal approach is to self-isolate for 5 days or until receiving two consecutive negative tests, spaced 24 hours apart.

Upon returning to regular activities, it's recommended to take precautions for the following 5 days to minimize the spread of disease. These precautions may include improving air quality, practicing enhanced hygiene, wearing a properly fitted mask, maintaining distance from others, and/or undergoing testing to guide actions aimed at preventing transmission to others.

The revised guidance for preventing the spread of respiratory viruses highlights the significant challenge posed by the fact that individuals experiencing respiratory symptoms often do not know the specific virus they are infected with. It is noteworthy that states and countries that have already reduced the recommended duration of isolation have not observed an uptick in hospitalizations or fatalities linked to COVID-19.

BACKGROUND

Although COVID-19 is increasingly similar to other respiratory viruses, some differences remain, such as the risk of post-COVID conditions. The CDC carefully considered the changing risk environment, particularly lower rates of severe disease from COVID-19 and increased population immunity, as well as improvements in other prevention and control strategies. COVID-19 remains an important public health threat, but it is no longer the emergency that it once was, and its health impacts increasingly

resemble those of other respiratory viral illnesses, including influenza and RSV.

Protective tools, like vaccination and treatment that decrease the risks of COVID-19 disease are now widely available and as a result, far fewer people are getting seriously ill from COVID-19. Complications such as multisystem inflammatory syndrome in children (MIS-C) and Long COVID are now less common as well. Data indicate rates of hospitalizations and deaths are down substantially, and that clinically COVID-19 has become similar to, or even less severe in hospitalized people, than influenza and RSV. These factors have enabled the CDC to issue updated Respiratory Virus Guidance that provides the public with recommendations and information about effective steps and strategies tailored to the current level of risk posed by COVID-19 and other common respiratory viral illnesses.

Weekly hospital admissions for COVID-19 have decreased by more than 75% and deaths by more than 90% compared to January 2022. Importantly, these decreases have continued through a full respiratory virus season, despite levels of viral activity similar to prior years. COVID-19 impacts are now similar to other respiratory viruses – but they still pose a significant health threat to those at higher risk. Studies show the proportion of adults hospitalized with COVID-19 (15.5%) or influenza (13.3%) who were subsequently admitted to the intensive care unit (ICU) was similar, and patients 60 years and older hospitalized with RSV were 1.5 times more likely to be admitted to the ICU than those with COVID-19.

There is also a high degree of population immunity against COVID-19. More than 98% of the U.S. population now has some degree of protective immunity against COVID-19 from vaccination, prior infection, or both.

We have more tools than ever to combat flu, COVID-19, and RSV, including vaccines for all three viruses.

- COVID-19 vaccination reduces the risk of symptomatic disease and hospitalization by about 50% compared to people not up to date on vaccination.
- COVID treatment in persons at high risk of severe disease has been shown to decrease risk of hospitalization by 75% and death by 60% in recent studies.
- More than 95% of people hospitalized with COVID-19 this last season were not up to date on COVID-19 vaccines and most had not received antiviral treatment.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

- Patients with respiratory virus symptoms that are not better explained by another cause stay home and away from others until at least 24 hours after both the resolution of fever AND overall symptom are getting better.
- Even if not testing to determine the isolation period, recommend testing to inform treatment options and advise family and close contacts to continue best practices to prevent the spread of illness.
- Give special consideration to high-risk patients and their increased risk for severe illness. High risk patients include but are not limited to: Adults over 65, Asthma, (moderate-to-severe), Bronchiectasis, Cancer, Children under 6 months, Chronic kidney disease, Chronic liver disease (especially cirrhosis), Chronic lung disease (including COPD (chronic obstructive pulmonary disease), Cystic fibrosis, Dementia or other neurological conditions, Diabetes (Type 1 and Type 2), Down Syndrome, Genetic conditions, Heart conditions (such as heart failure, coronary

artery disease, cardiomyopathies, and congenital heart disease), HIV infection, Immunocompromised state (weakened immune system), Interstitial lung disease, Mental health conditions (including schizophrenia and depression), Metabolic conditions, Obesity, Pregnancy, or recent pregnancy (within 42 days following end of pregnancy), Pulmonary embolism, Pulmonary hypertension, Sickle cell disease, Smoking (current or former), History of solid organ transplant or stem cell transplant, History of stroke or cerebrovascular disease, Substance use disorders, Thalassemia, as well as Tuberculosis.

- Five additional days of interventions (i.e., masking, distancing, improved air quality, hygiene, and/or testing to inform their actions to prevent spread to others) reduces harm during later stages of illness, especially to protect people at higher risk of severe illness.
- Continue to advise and strongly encourage patients to be up to date with all respiratory immunizations (i.e. COVID-19, Flu, RSV). COVID-19 is still rapidly changing and updating vaccines are necessary to optimize immunity. Community level immunity is not sufficient protection, particularly for high-risk patients.

This update is intended for a general audience and community settings. CDC offers separate guidance for healthcare and congregate settings. CDC's guidance for health care settings is not changing.

RESOURCES

- <https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html>

Please regularly visit the DC Health - Health Notices website at dchealth.dc.gov/page/health-notices for the latest updates and information.

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at:
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