

Infection Control in Healthcare Personnel Workgroup

Chair: Colleen Kraft, MD

HICPAC November 2, 2023

Disclaimer

- The findings and conclusions herein are **draft** and have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
- This document was modified on February 4, 2025 in accord to comply with Executive Order 14168 “Defending Women from Gender Ideology Extremism and Restoring Truth to the Federal Government”

Infection Control in Healthcare Personnel Workgroup: Goal & Charge

- **Update:** *Guideline for Infection Control in Healthcare Personnel, 1998*
- **Goal:** To provide updated information on Infection Control in Healthcare Personnel (HCP), Section 2
- **Workgroup Charge:** The workgroup will focus on pathogen-specific issues for Infection Control in Healthcare Personnel. Where information is out of date, the Workgroup will make updates using evidence-based methods where evidence is available.

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Status Report

- **Section 1: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services** published October 2019:
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/infrastructure.html>
- **Section 2: Epidemiology and Control of Selected Infections Transmitted Among HCP and Patients:**
- Diphtheria, Group A *Streptococcus*, Meningococcal Disease, Pertussis published November 2021 and Rabies published November 2022:
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/selected-infections/index.html>

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Status Report: Section Progress

- The Measles, Mumps, Rubella, Varicella, and Pregnant HCP sections completed the 60-day public comment period, so a final vote will be held today.
- The Cytomegalovirus and Parvovirus B19 sections completed initial CDC clearance and will be posted to the Federal Register for a 60-day public comment period.
- A source control definition that will be added to the terminology appendix of this guideline has completed clearance and will be included in the CMV and Parvovirus B19 package for public comment.
- The Conjunctivitis section will soon enter initial clearance.
- *S. aureus* is on hold pending a literature review.
- The group has begun section scope determination for the Gastroenteritis and Viral Respiratory Infections sections.
- “On Deck:” Scabies/Pediculosis, Hepatitis A, Bloodborne Pathogens (Hepatitis B, Hepatitis C, HIV), Herpes, Tuberculosis

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Pregnant Healthcare Personnel

- Completed CDC clearance
- Completed the 60-day public comment period on Regulations.gov
- Received 1 comment from The Association for Professionals in Infection Control and Epidemiology (APIC) already reviewed at the August meeting.

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Pregnant Healthcare Personnel: Public Comment

“The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Disease Control and Prevention (CDC) for the opportunity to provide input to the CDC Draft Guidance: Infection Control in Healthcare Personnel: Epidemiology and Control of Selected Infections Transmitted Among Healthcare Personnel and Patients: Pregnant Healthcare Personnel. APIC is a nonprofit, multidisciplinary organization representing 15,000 infection preventionists whose mission is to advance the science and practice of infection prevention and control. We thank the CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC) for your work on this document and you have our full support for the document as written. We look forward to continuing to work with CDC to prevent HAIs in healthcare facilities.”

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Pregnant Healthcare Personnel

DRAFT Recommendation

1. Do not routinely exclude healthcare personnel only on the basis of their pregnancy or intent to be pregnant from the care of patients with infections that have potential to harm the fetus (e.g., CMV, HIV, viral hepatitis, herpes simplex, parvovirus, rubella, varicella)

- No changes have been proposed or made since the Committee last voted on this draft guideline.
- A final vote will be held today, and if approved, the section will be submitted for final CDC clearance and subsequent posting to the CDC Infection Control guideline website.

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Measles, Mumps, Rubella, and Varicella

- HICPAC voted at the November 2022 public meeting to approve for submission to CDC clearance.
- Completed initial CDC clearance April 2023
- Completed the 60-day public comment period on Regulations.gov
- Received 5 comments, 4 of which were not relevant to this guideline.
- Clarifying edits have been proposed or made since the Committee last voted on this draft guideline and will be reviewed today.
- A final vote will be held today, and if approved, the sections will be submitted for final CDC clearance and subsequent posting to the CDC Infection Control guideline website.

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Measles, Mumps, Rubella, and Varicella: Public Comment

From DuPage County Health Department (Illinois):

- Comment on measles, mumps, rubella: Suggest adding the following statement at the end of this paragraph in the narrative: "To prevent disease and transmission in health-care settings, health-care institutions should ensure that all persons who work in health-care facilities have documentation of adequate vaccination against measles, rubella, and mumps or other acceptable evidence of immunity to these diseases (Table 3)." Suggest hyperlinking "Table 3" to:
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>
 - **This link to these recommendations is already provided in the section, so no edits were made to the narrative.**
- Comment on varicella: Suggest adding the following statements at the end of this paragraph in the narrative: "Health-care institutions should ensure that all HCP have evidence of immunity to varicella. This information should be documented and readily available at the work location."
 - **This information is already provided in the section and in Part I of this guideline, so no edits were made to the narrative.**

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1998 Varicella Recommendations

- Administer varicella vaccine to susceptible personnel, especially those that will have contact with patients at high risk for serious complications. Category IA
- Do not perform serologic screening of persons with negative or uncertain history of varicella before administering varicella vaccine to personnel, unless the institution considers it cost-effective. Category IB
- Do not routinely perform postvaccination testing of personnel for antibodies to varicella. Category IB
- NO RECOMMENDATION for administering postexposure varicella vaccination for the protection of exposed, susceptible personnel. UNRESOLVED ISSUE
- Develop guidelines for managing health care personnel who receive varicella vaccine; for example, consider precautions for personnel who acquire a rash after receipt of varicella vaccine and for other health care personnel who receive varicella vaccine and will have contact with susceptible persons at high risk for serious complications from varicella. Category IB
- Develop written guidelines for postexposure management of vaccinated or susceptible personnel who are exposed to wild-type varicella. Category IB
- Exclude personnel from work who have onset of varicella until all lesions have dried and crusted. Category IB
- Exclude from duty after exposure to varicella personnel who are not known to be immune to varicella (by history or serology), beginning on the tenth day after the first exposure until the 21st day after the last exposure (28th day if VZIG was given). Category IB

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1998 Varicella Recommendations (continued)

- Restrict immunocompetent personnel with localized zoster from the care of high-risk patients until lesions are crusted; allow them to care for other patients with lesions covered. Category IB
- Restrict immunocompromised personnel with zoster from contact with patients until their lesions are crusted. Category IB
- Restrict susceptible personnel exposed to zoster from patient contact from the tenth day after the first exposure through the 21st day after the last exposure (28th day if VZIG was given). Category IB
- Perform serologic screening for immunity to varicella on exposed personnel who have not had varicella or are unvaccinated against varicella. Category IB
- Consider performing serologic screening for immunity to varicella on exposed, vaccinated personnel whose antibody status is not known. If the initial test result is negative, retest 5 to 6 days after exposure to determine whether an immune response occurred. Category IB
- Consider excluding vaccinated personnel from work beginning on the 10th day after the first exposure through the 21st day after the last exposure if they do not have detectable antibodies to varicella, or screen daily for symptoms of varicella. Category IB
- Do not routinely give VZIG to exposed susceptible personnel, unless immunosuppressed, HIV infected, or pregnant. If VZIG is given, exclude personnel from duty from the 10th day after the first exposure through the 28th day after the last exposure. Category IB

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2011 Immunization of Healthcare Personnel: Advisory Committee on Immunization Practices (ACIP) Recommendations

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Varicella		
Active	Exclude from duty	Until all lesions dry and crust. If only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period
Postexposure (HCP without evidence of varicella immunity)	Exclude from duty unless receipt of the second dose within 3-5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period

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2011 Immunization of Healthcare Personnel: Advisory Committee on Immunization Practices (ACIP) Recommendations: Herpes-Zoster

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Herpes zoster		
Localized in immunocompetent person	Cover lesions; restrict from care of high-risk patients [¶]	Until all lesions dry and crust
Disseminated or localized in immunocompromised person until disseminated infection is ruled out	Exclude from duty	Until all lesions dry and crust
Postexposure (HCP without evidence of varicella immunity)		
Disseminated zoster or localized zoster with uncontained/uncovered lesions	Exclude from duty unless receipt of the second dose of varicella vaccine within 3–5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period
Localized zoster with contained/covered lesions	For HCP with at least 1 dose of varicella vaccine, no work restrictions. For HCP with no doses of varicella vaccine, restrict from patient contact	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period

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Varicella-Zoster Virus DRAFT Recommendations: initially approved November 2022

1. For healthcare personnel **with** evidence of immunity to varicella who have an exposure to varicella or disseminated or localized herpes zoster:
 - a. Postexposure prophylaxis is not necessary.
 - b. Work restrictions are not necessary.
 - c. Implement daily monitoring for signs and symptoms of varicella infection from the 8th day after the first exposure through the 21st day after the last exposure.
2. For healthcare personnel **without** evidence of immunity to varicella who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster:
 - a. Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html>).
 - b. Exclude from work from the 8th day after the first exposure through the 21st day after the last exposure.
 1. Work restrictions are not necessary for healthcare personnel who previously received one dose of the varicella vaccine and received the second dose of vaccine within 5 days after exposure.
 2. If varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from work from the 8th day after the first exposure through the 28th day after the last exposure.

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Varicella-Zoster Virus DRAFT Recommendations (continued): initially approved November 2022

3. For healthcare personnel with varicella (chickenpox), exclude from work until all lesions have dried and crusted; or, for those who only have non-vesicular lesions that do not crust, exclude from work until no new lesions appear within a 24-hour period.
4. For healthcare personnel with disseminated herpes zoster or for immunocompromised healthcare personnel with localized herpes zoster until disseminated disease has been ruled out, exclude from work until all lesions have dried and crusted.
5. For immunocompetent healthcare personnel who have localized herpes zoster, including vaccine-strain herpes zoster, and for immunocompromised healthcare personnel who have localized herpes zoster and have had disseminated disease ruled out:
 - a. Cover all lesions and exclude from direct care of patients at increased risk for complications from varicella disease until all lesions are dried and crusted.
 - b. If lesions cannot be covered (e.g., on the hands or face), exclude from work until all lesions have dried and crusted

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the **Pregnant HCP** section.

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Varicella-Zoster Virus DRAFT Recommendations: completed clearance and public comment

1. For asymptomatic healthcare personnel **with** evidence of immunity to varicella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm#box>) who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure.
2. For asymptomatic healthcare personnel **without** evidence of immunity to varicella who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm>; <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>).
 - Exclude from work from the 8th day after the first exposure through the 21st day after the last exposure.
 - Work restrictions are not necessary for healthcare personnel who previously received one dose of the varicella vaccine and received the second dose of vaccine within 5 days after exposure.
 - If varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from work from the 8th day after the first exposure through the 28th day after the last exposure.

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Varicella-Zoster Virus DRAFT Recommendations (continued): completed clearance and public comment

3. For healthcare personnel with varicella (chickenpox), exclude from work until all lesions have dried and crusted; or, for those who only have non-vesicular lesions that do not crust, exclude from work until no new lesions appear within a 24-hour period.
4. For healthcare personnel with disseminated herpes zoster (shingles) or for immunocompromised healthcare personnel with localized herpes zoster until disseminated disease has been ruled out, exclude from work until all lesions have dried and crusted.
5. For immunocompetent healthcare personnel who have localized herpes zoster (shingles), including vaccine-strain herpes zoster, and for immunocompromised healthcare personnel who have localized herpes zoster and have had disseminated disease ruled out:
 - Cover all lesions and, when feasible, exclude from direct care of patients at high risk for severe varicella (e.g., in protective environments) until all lesions are dried and crusted.
 - If lesions cannot be covered (e.g., on the hands or face), exclude from work until all lesions have dried and crusted.

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1998 Measles Recommendations

- Ensure that all personnel have documented immunity to measles.
 - Administer measles vaccine to persons born in 1957 or later, unless they have evidence of measles immunity. Category IA
 - Administer measles vaccine to personnel born before 1957 if they do not have evidence of measles immunity and are at risk for occupational exposure to measles. Category IA
 - Do not routinely perform serologic screening for measles before administering measles vaccine to personnel, unless the health care employer considers screening cost-effective or the potential vaccinee requests it. Category IA
 - Administer postexposure measles vaccine to measles-susceptible personnel who have contact with persons with measles within 72 hours after the exposure. Category IA
- Exclude exposed personnel who do not have documented immunity to measles from duty from the fifth day after the first exposure until the 21st day after the last exposure to measles, regardless of whether they receive postexposure vaccine. Category IB
- Exclude personnel who acquire measles from duty for 7 days after rash develops or for the duration of their acute illness, whichever is longer. Category IB

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2011 Immunization of Healthcare Personnel: Advisory Committee on Immunization Practices (ACIP) Recommendations: Measles

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Measles		
Active	Exclude from duty	4 days after rash appears
Postexposure (HCP without presumptive evidence of measles immunity)	Exclude from duty	5 days after first exposure through 21 days after last exposure and/or 4 days after the rash appears

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Measles DRAFT Recommendations: initially approved November 2022

1. For healthcare personnel **with** presumptive evidence of immunity to measles who have an exposure to measles:
 - a. Postexposure prophylaxis is not necessary.
 - b. Work restrictions are not necessary.
 - c. Implement daily monitoring for signs and symptoms of measles infection for 21 days after their last exposure.
2. For healthcare personnel **without** presumptive evidence of immunity to measles who have an exposure to measles:
 - a. Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).
 - b. Exclude from work from the 5th day after their first exposure until the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
 - c. HCP who received the first dose of MMR vaccine prior to exposure may remain at work, but should receive their second dose (at least 28 days after their first dose), and be monitored for signs and symptoms of measles infection for 21 days after their last exposure.
3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.
4. For immunosuppressed healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.
5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations.

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Measles DRAFT Recommendations: completed clearance and public comment

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to measles (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to measles:
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of measles infection for 21 days after their last exposure.
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to measles who have an exposure to measles:
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).
 - Exclude from work from the 5th day after their first exposure until the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
 - Healthcare personnel who received the first dose of MMR vaccine prior to exposure may remain at work but should receive their second dose (at least 28 days after their first dose) and be monitored for signs and symptoms of measles infection for 21 days after their last exposure.
3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.
4. For immunosuppressed healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.
5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).

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1998 Mumps Recommendations

- Administer mumps vaccine to all personnel without documented evidence of mumps immunity, unless otherwise contraindicated. Category IA
- Before vaccinating personnel with mumps vaccine, do not routinely perform serologic screening for mumps, unless the health care employer considers screening cost-effective or it is requested by the potential vaccinee. Category IB
- Exclude susceptible personnel who are exposed to mumps from duty from the 12th day after the first exposure through the 26th day after the last exposure or, if symptoms develop, until 9 days after the onset of parotitis. Category IB

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2011 Immunization of Healthcare Personnel: Advisory Committee on Immunization Practices (ACIP) Recommendations: Mumps

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Mumps		
Active	Exclude from duty	5 days after onset of parotitis
Postexposure (HCP without presumptive evidence of mumps immunity)	Exclude from duty	12 days after first exposure through 25 days after last exposure or 5 days after onset of parotitis

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Mumps DRAFT Recommendations: initially approved November 2022

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to mumps who have an exposure to mumps,
 - a. Work restrictions are not necessary.
 - b. Implement daily monitoring for signs and symptoms of mumps for 25 days after their last exposure
2. For healthcare personnel **without** presumptive evidence of immunity to mumps who have an exposure to mumps, exclude from work from the 10th day after their first exposure through the 25th day after their last exposure.
 - a. Healthcare personnel who received the first dose of MMR vaccine prior to exposure may remain at work, but should receive their second dose (at least 28 days after their first dose), and be monitored for signs and symptoms of mumps infection for 25 days after their last exposure.
3. For healthcare personnel with known or suspected mumps, exclude from work for 5 days after the onset of parotitis.
4. For healthcare personnel with known or suspected mumps, but without parotitis, exclude from work for 5 days after onset of their first symptom.
5. During a mumps outbreak, administer mumps vaccine to healthcare personnel in accordance with CDC and ACIP recommendations.

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Mumps DRAFT Recommendations: completed clearance and public comment

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to mumps (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to mumps:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of mumps for 25 days after their last exposure.
2. For **asymptomatic** healthcare personnel **without** presumptive evidence of immunity to mumps who have an exposure to mumps, exclude from work from the 10th day after their first exposure through the 25th day after their last exposure.
 - Healthcare personnel who received the first dose of MMR vaccine prior to exposure may remain at work but should receive their second dose (at least 28 days after their first dose) and be monitored for signs and symptoms of mumps infection for 25 days after their last exposure.
3. For healthcare personnel with known or suspected mumps, exclude from work for 5 days after the onset of parotitis.
4. For healthcare personnel with known or suspected mumps, but without parotitis, exclude from work for 5 days after onset of their first symptom.
5. During a mumps outbreak, administer mumps vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).

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1998 Rubella Recommendations

- Vaccinate all personnel without documented immunity to rubella with rubella vaccine. Category IA
- Consult local and state health departments regarding regulations for rubella immunity in health care personnel. Category IA
- Do not perform serologic screening for rubella before vaccinating personnel with rubella vaccine, unless the health care employer considers it cost-effective or the potential vaccinee requests it. Category IB
- Do not administer rubella vaccine to susceptible healthcare personnel who are pregnant or might become pregnant within 3 months of vaccination. Category IA
- Administer rubella vaccine in the postpartum period to female personnel not known to be immune. Category IA
- Exclude susceptible personnel who are exposed to rubella from duty from the seventh day after the first exposure through the 21st day after the last exposure. Category IB
- Exclude personnel who acquire rubella from duty until 7 days after the beginning of the rash. Category IB

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2011 Immunization of Healthcare Personnel: Advisory Committee on Immunization Practices (ACIP) Recommendations: Rubella

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Rubella		
Active	Exclude from duty	7 days after the rash appears
Postexposure (personnel without evidence of rubella immunity)	Exclude from duty	7 days after first exposure through 23 days after last exposure and/or 7 days after rash appears

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Rubella DRAFT Recommendations: initially approved November 2022

1. For asymptomatic healthcare personnel *with* presumptive evidence of immunity to rubella who have an exposure to rubella,
 - a. Work restrictions are not necessary.
 - b. Implement daily monitoring for signs and symptoms of rubella infection for 23 days after their last exposure.
2. For healthcare personnel *without* presumptive evidence of immunity to rubella who have an exposure to rubella, exclude from work from the 7th day after their first exposure through the 23rd day after their last exposure.
3. For healthcare personnel with known or suspected rubella, exclude from work for 7 days after the rash appears.

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the **Pregnant HCP** section.

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Rubella DRAFT Recommendations: completed clearance and public comment

1. For asymptomatic healthcare personnel *with* presumptive evidence of immunity to rubella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to rubella:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of rubella infection for 23 days after their last exposure.
2. For **asymptomatic** healthcare personnel *without* presumptive evidence of immunity to rubella who have an exposure to rubella, exclude from work from the 7th day after their first exposure through the 23rd day after their last exposure.
3. For healthcare personnel with known or suspected rubella, exclude from work for 7 days after the rash appears.

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the **Pregnant HCP** section.

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Acknowledgments

Infection Control in Healthcare Personnel Workgroup Members: Colleen Kraft (chair), Hilary Babcock, Vickie Brown, Ruth Carrico, Nicholas Daniels, Elaine Dekker, Michael Anne Preas, Mark Russi, Connie Steed, Michael Tapper (in memoriam), Tom Talbot, David Weber

CDC Support:

Workgroup DFO: David T. Kuhar

Technical Support: Joi Brooks, Marie De Perio (NIOSH), Devon Okasako-Schmucker, Christine So, Erin Stone, plus pathogen-specific SMEs

CDC/DHQP Support: Sydney Byrd, Laura Wells

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Discussion/Comments/Questions



Vote: Pregnant Healthcare Personnel DRAFT Recommendation

1. Do not routinely exclude healthcare personnel only on the basis of their pregnancy or intent to be pregnant from the care of patients with infections that have potential to harm the fetus (e.g., CMV, HIV, viral hepatitis, herpes simplex, parvovirus, rubella, varicella)

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Vote: Varicella-Zoster Virus DRAFT recommendations

1. For asymptomatic healthcare personnel **with** evidence of immunity to varicella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm#box>) who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of varicella from the 8th day after the first exposure through the 21st day after the last exposure.
2. For asymptomatic healthcare personnel **without** evidence of immunity to varicella who have an exposure to varicella (chickenpox) or disseminated or localized herpes zoster (shingles):
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a4.htm>; <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm>).
 - Exclude from work from the 8th day after the first exposure through the 21st day after the last exposure.
 - Work restrictions are not necessary for healthcare personnel who previously received one dose of the varicella vaccine and received the second dose of vaccine within 5 days after exposure.
 - If varicella-zoster immune globulin is administered as postexposure prophylaxis, exclude from work from the 8th day after the first exposure through the 28th day after the last exposure.

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Vote: Varicella-Zoster Virus DRAFT Recommendations (continued):

3. For healthcare personnel with varicella (chickenpox), exclude from work until all lesions have dried and crusted; or, for those who only have non-vesicular lesions that do not crust, exclude from work until no new lesions appear within a 24-hour period.
4. For healthcare personnel with disseminated herpes zoster (shingles) or for immunocompromised healthcare personnel with localized herpes zoster until disseminated disease has been ruled out, exclude from work until all lesions have dried and crusted.
5. For immunocompetent healthcare personnel who have localized herpes zoster (shingles), including vaccine-strain herpes zoster, and for immunocompromised healthcare personnel who have localized herpes zoster and have had disseminated disease ruled out:
 - Cover all lesions and, when feasible, exclude from direct care of patients at high risk for severe varicella (e.g., in protective environments) until all lesions are dried and crusted.
 - If lesions cannot be covered (e.g., on the hands or face), exclude from work until all lesions have dried and crusted.

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the **Pregnant HCP** section.

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Vote: Measles DRAFT Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to measles (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to measles:
 - Postexposure prophylaxis is not necessary.
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of measles infection for 21 days after their last exposure.
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to measles who have an exposure to measles:
 - Administer postexposure prophylaxis in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).
 - Exclude from work from the 5th day after their first exposure until the 21st day after their last exposure, regardless of receipt of postexposure prophylaxis.
 - Healthcare personnel who received the first dose of MMR vaccine prior to exposure may remain at work but should receive their second dose (at least 28 days after their first dose) and be monitored for signs and symptoms of measles infection for 21 days after their last exposure.
3. For healthcare personnel with known or suspected measles, exclude from work for 4 days after the rash appears.
4. For immunosuppressed healthcare personnel with known or suspected measles, exclude from work for the duration of their illness.
5. During a measles outbreak, administer measles vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).

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Vote: Mumps DRAFT Recommendations

1. For asymptomatic healthcare personnel **with** presumptive evidence of immunity to mumps (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to mumps:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of mumps for 25 days after their last exposure.
2. For asymptomatic healthcare personnel **without** presumptive evidence of immunity to mumps who have an exposure to mumps, exclude from work from the 10th day after their first exposure through the 25th day after their last exposure.
 - Healthcare personnel who received the first dose of MMR vaccine prior to exposure may remain at work but should receive their second dose (at least 28 days after their first dose) and be monitored for signs and symptoms of mumps infection for 25 days after their last exposure.
3. For healthcare personnel with known or suspected mumps, exclude from work for 5 days after the onset of parotitis.
4. For healthcare personnel with known or suspected mumps, but without parotitis, exclude from work for 5 days after onset of their first symptom.
5. During a mumps outbreak, administer mumps vaccine to healthcare personnel in accordance with CDC and ACIP recommendations (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html>).

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Vote: Rubella DRAFT Recommendations

1. For asymptomatic healthcare personnel *with* presumptive evidence of immunity to rubella (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3>) who have an exposure to rubella:
 - Work restrictions are not necessary.
 - Implement daily monitoring for signs and symptoms of rubella infection for 23 days after their last exposure.
2. For asymptomatic healthcare personnel *without* presumptive evidence of immunity to rubella who have an exposure to rubella, exclude from work from the 7th day after their first exposure through the 23rd day after their last exposure.
3. For healthcare personnel with known or suspected rubella, exclude from work for 7 days after the rash appears.

For recommendations about healthcare personnel who are pregnant or intending to become pregnant, please see the **Pregnant HCP** section.

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