

# “CURRENT SARS-CoV-2 GUIDANCE FROM CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)”

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# CDC updates and simplifies respiratory virus recommendations

Recommendations are easier to follow and help protect those most at risk

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## Press Release

For Immediate Release: Friday, March 1, 2024

Contact: [Media Relations](#)

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*This updated guidance is intended for community settings. There are no changes to respiratory virus guidance for healthcare settings.*

# OVERVIEW

- ▶ Clarify the current CDC recommendations for COVID-19 **vaccination** and the definition for “up-to-date”.
- ▶ Provide overview for current recommendations related to SARS-CoV-2 **testing**
- ▶ Review current guidance for implementation of **source control measures** AND **transmission-based precautions** for persons identified to have COVID-19

# RECOMMENDATIONS 12 YEARS AND OLDER

(*NOT moderately or severely immunocompromised*)

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine†	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors¶	Interval between doses
Unvaccinated	Moderna	1	0.5 ml/50 ug	Dark Blue cap/blue label	-
	<b>OR</b>				
	Novavax	2	0.5 ml/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap/blue label	Dose 1 and Dose 2: 3-8 weeks apart
	<b>OR</b>				
	Pfizer-BioNTech	1	0.3 ml/30 ug	Gray cap: gray label	-

# RECOMMENDATIONS 12 YEARS AND OLDER

*(NOT moderately or severely immunocompromised)*

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine†	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors¶	Interval between doses
1 OR more doses any mRNA; 1 or more doses Novavax or Janssen, including in combination with any Original monovalent or bivalent COVID-19 vaccine doses	Moderna	1	0.5 ml/50 ug	Dark Blue cap/blue label	At least 8 weeks after last dose
	<b>OR</b>				
	Novavax	1	0.5 ml/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap/blue label	At least 8 weeks after last dose
	<b>OR</b>				
	Pfizer-BioNTech	1	0.3 ml/30 ug	Gray cap: gray label	At least 8 weeks after last dose

# RECOMMENDATIONS FOR COVID-19 VACCINATION?

- ▶ All people ages 65 years and older **should** receive one (1) additional dose of any updated (**2023-2024 Formula**) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech) **at least 4 months** following the previous updated dose.



<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

# MODERATE AND SEVERE IMMUNOCOMPROMISING CONDITIONS

- ▶ Active treatment for solid tumor and hematologic malignances
- ▶ Hematologic malignances associated with poor response to COVID-19
- ▶ Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
- ▶ Receipt of CAR-T-cell therapy or hematopoietic cell transplant (within 2 years or taking immunosuppressive therapy)
- ▶ Advanced HIV infection (CD4 cell counts less than  $200/\text{mm}^3$ , history of AIDS defining illness) or untreated HIV infection
- ▶ Certain medications:
  - ▶ Active treatment with high-dose corticosteroids (i.e., 20 mg or more of prednisone or equivalent per day for 2 weeks or more); alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor

# UP TO DATE COVID-19 DEFINITION

- ▶ When are you ***Up to Date***?
  - ▶ People aged 5-64 years:
    - ▶ When you have received ***1 updated*** COVID-19 vaccine
  - ▶ Children aged 6 months – 4 years:
    - ▶ When you have received all recommended doses, including ***at least 1 dose of updated COVID-19 vaccine***
  - ▶ Everyone aged 65 years and older:
    - ▶ You are up to date when you have received:
      - ▶ ***2 updated 2023-2024 COVID-19 vaccine doses OR***
      - ▶ ***Have received one dose of the updated vaccine within the past four months.***



Have they received one or more 2023-2024 updated COVID-19 vaccine(s)?

Yes

Are they 65 years of age or older?

No

No

Yes

Did they receive **two doses** of the vaccine?

Did they receive **only one dose** of the vaccine within the last four months?

Yes

Yes

No

Up To Date

Not Up To Date

# RESOURCES

## Use of COVID-19 Vaccines in the United States

- ▶ <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

## F&Qs for the Interim Clinical Considerations for COVID-19 Vaccination

- ▶ <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/faq.html>

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# SARS-CoV-2 TESTING

## ► Current recommendations for testing

- Anyone with even mild symptoms, regardless of vaccination status should receive a viral test for SARS-CoV-2 as soon as possible:
  - If using PCR a single negative is sufficient
  - If using an antigen test, confirm a negative test with either PCR OR a second antigen test 48 hours after the first
- Asymptomatic persons with close contact or HCP with higher risk exposure should have a series of three viral tests for SARS-CoV-2 infection
- Testing generally not recommended for asymptomatic individuals who have recovered in the prior **30** days-consider if recovered in the prior 31-90 days (antigen test is recommended)
- Outbreak testing for nursing homes:
  - Contact tracing OR a broad-based approach

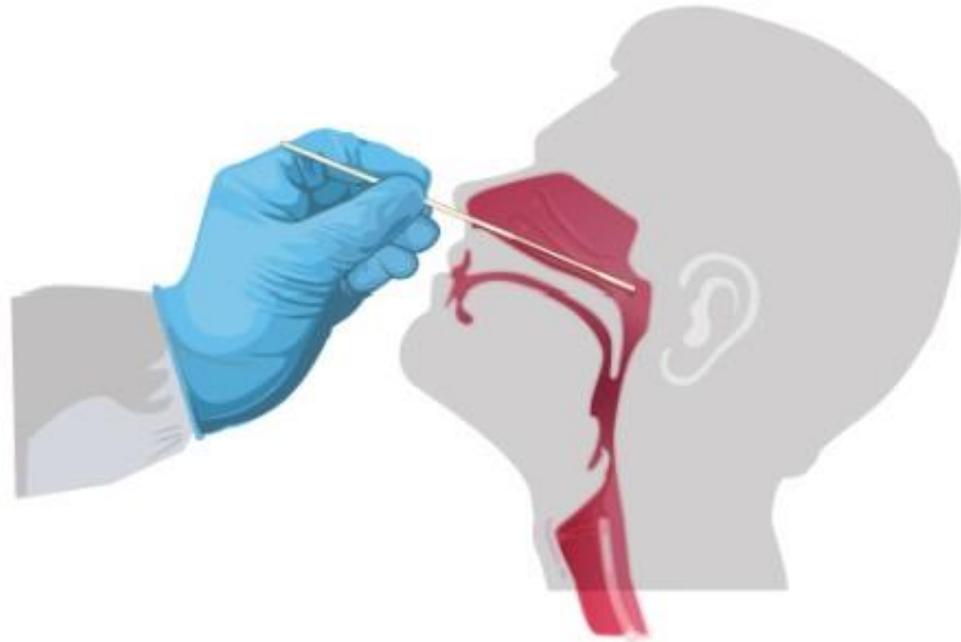


***Testing is recommended immediately but not earlier than 24 hours after the exposure AND if negative, again 48 hours after the first negative test AND if negative, again 48 hours after the second negative test.***

# ***INTERIM GUIDANCE FOR MANAGING HEALTHCARE PERSONNEL WITH SARS-COV-2 INFECTION OR EXPOSURE TO SARS-COV-2***

- ▶ In general, asymptomatic HCP who have had higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2
  - ▶ Wear ***well-fitting source control***, self monitor and not report to work if ill (report symptoms)
- ▶ If positive can return to work:
  - ▶ At least 7 days have passed ***since symptoms*** first appeared if a negative viral test is obtained within 48 hours prior to returning **OR** 10 days if testing is not performed or if test is positive at day 5-7 **AND** At least 24 hours have passed since last fever without use of meds **AND** Symptoms have improved.
  - ▶ If asymptomatic at least 7 days have passed since first positive test if a negative viral test is obtained within 48 hours prior to returning to work **OR** 10 days if testing is not performed or test is positive at day 5-7
  - ▶ ***If using an antigen test, HCP should have a negative test on day 5 and again 48 hours later***

# COLLECTING AND HANDLING SPECIMENS SAFELY



- ▶ For [healthcare providers](#) collecting specimens or working within 6 feet of patients suspected to be infected with SARS-CoV-2, maintain [proper infection control](#) and use ***recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or face mask if a respirator is not available), eye protection, gloves, and a gown.***
- ▶ For healthcare providers who are handling specimens but are not directly involved in collection (e.g. handling self-collected specimens) and not working within 6 feet of the patient, follow [Standard Precautions](#).
- ▶ Healthcare providers can minimize PPE use if patients collect their own specimens while maintaining at least 6 feet of separation. For example, the provider should wear a face mask, gloves, and a gown.

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# IMPLEMENTATION OF *SOURCE CONTROL MEASURES*



- ▶ Use of respirators, well-fitting facemasks, or well-fitting cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing
- ▶ Face shields alone are not recommended for source control.
- ▶ At a minimum, source control devices should be changed if they become visibly soiled, damaged, or hard to breathe through.

# IMPLEMENTATION OF *SOURCE CONTROL MEASURES*

## ▶ Recommended for individual in healthcare settings who:

- Have suspected or ***confirmed SARS-CoV-2 infection or other respiratory infection*** (e.g., those with runny nose, cough, sneeze); or
- Had ***close contact*** (patients and visitors) or a ***higher-risk exposure*** (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure

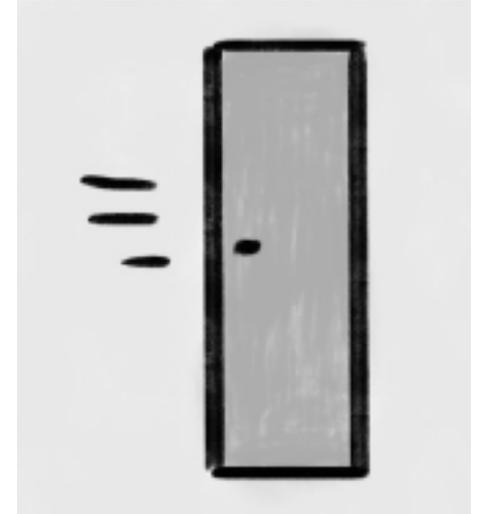
## ▶ Recommended more broadly in the following circumstances:

- ▶ By those residing or working on a unit or area of the facility ***experiencing a SARS-CoV-2 or other outbreak of respiratory infection***; can be discontinued as a mitigation measure once outbreak is over.
- ▶ Facility-wide or, targeted toward higher risk areas or patient populations during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission (Appendix)
- ▶ Recommended by public health

# IMPLEMENTATION OF TRANSMISSION-BASED PRECAUTIONS

## ► Placement:

- Place in a single-person room. The door should be kept closed (if safe to do so).
- Dedicated bathroom
- Consider dedicated unit and dedicated staff
- Limit transport



## ► Transmission-based precautions (TBPs)

- Use full PPE for care, including NIOSH approved N95 or higher-level respirator, gown, gloves, eye protection
- AGPs should take place in an airborne infection isolation room (AIIR) if possible



# DURATION OF TBP FOR CONFIRMED COVID-19

## ► Symptoms:

- 10 days passed since first symptom **and**
- At least 24 hours since last fever (without fever reducing medications) **and**
- Symptoms improved

## ► Asymptomatic:

- 10 days have passed since first positive viral test

## ► Moderately to severely immunocompromised:

- Test based strategy can be added-to determine when precautions can be discontinued



*In general, patients who are hospitalized for SARS-CoV-2 infection should be maintained on TBP for the time period described for patients with severe to critical illness (10-20 days)*

# CURRENT GUIDANCE

- ▶ In general, asymptomatic patients/residents no longer require use of TBP following close contact
  - ▶ Should still wear source control for 10 days
  - ▶ Tested

**Examples of when empiric TBP may be considered:**

Unable to be tested or wear source control

Moderately to severely immunocompromised  
OR residing on a unit with someone who is

Residing on a unit with ongoing transmission not controlled with initial interventions

# ENVIRONMENTAL INFECTION CONTROL

- Dedicated medical equipment should be used when caring for a patient with suspected or confirmed SARS-CoV-2 infection.
  - All non-dedicated, non-disposable medical equipment used for that patient should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another patient.
- Refer to List N on the EPA website for EPA-registered disinfectants
- Management of laundry, food service utensils, and medical waste should be in accordance with routine procedures
- Once the patient has been discharged or transferred, HCP, including EVS, should refrain from entering the vacated room without all recommended PPE until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

# ASSISTED LIVING, GROUP HOMES AND OTHER RESIDENTIAL CARE SETTINGS

- ▶ In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care\* similar to that provided by family members in the home (e.g., many assisted livings, group homes), should follow [community prevention strategies based on COVID-19 Community Levels](#), similar to independent living, retirement communities or other non-healthcare congregate settings.
- ▶ *Visiting or shared healthcare personnel who enter the setting to provide healthcare to one or more residents (e.g., physical therapy, wound care, intravenous injections, or catheter care provided by home health agency nurses) should follow the healthcare IPC recommendations in this guidance.*
- ▶ In addition, if staff in a residential care setting are providing in-person services for a resident with SARS-CoV-2 infection, they should be familiar with recommended IPC practices to protect themselves and others from potential exposures including the hand hygiene, personal protective equipment and cleaning and disinfection practices outlined in this guidance.

