With COVID-19 emergency’s end, CDC updates infection control guidance

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Timothy M. Smith
Contributing News Writer

The federal public health emergency for COVID-19 ended in May, and one of the implications is that the Centers for Disease Control and Prevention (CDC) is no longer authorized to collect some kinds of public health data on SARS-CoV-2. At the same time, the CDC has sought to expand its recommendations to encompass a broader array of respiratory viruses. As a result, the CDC has issued updated infection prevention and control recommendations for health care facilities.

A virtual town-hall event, conducted with the CDC’s Project Firstline initiative in collaboration with the AMA and the Society for Healthcare Epidemiology of America and available on the AMA Ed Hub™, provides a review of these updated recommendations, as well as a summary of the infection-control actions that continue to be effective at stopping the spread of respiratory viruses in health care.

The CDC website notes that this guidance is applicable to all settings where health care is delivered, including nursing homes, and it is not intended for settings outside health care such as restaurants.

Changes for nursing homes

Some of the CDC’s infection-control recommendations had been linked to its community transmission metric, which the agency is no longer able to calculate, said Alexander J. Kallen, MD, MPH, chief of the Prevention and Response Branch in the CDC's Division of Healthcare Quality Promotion. These included the recommendation to test people admitted to nursing homes with higher levels of community transmission.

“The recommendation now is that this will be done at the discretion of nursing homes, as it is for other health care settings,” Dr. Kallen said.
Many nuances for masking

The CDC still recommends that facilities allow people to use a mask or a respirator based on personal preference, even if the facilities don’t recommend masking for source control.

Likewise, the CDC recommends masking for people who have suspected or confirmed SARS-CoV-2 infection or other respiratory infections, as well as those who have had close contact with, or higher-risk exposure to, someone who has SARS-CoV-2—usually within 10 days of exposure.

Broader masking, however, is no longer linked to the community-transmission metric. Instead, universal source control is recommended in a facility experiencing a SARS-CoV-2 outbreak until the outbreak is over, which is usually defined as 14 days of no new cases. It can also be used facilitywide or in targeted areas during periods of higher levels of SARS-CoV-2 or other respiratory-virus transmission.

Those targeted areas could include “places like emergency departments or urgent care, where you’re more likely to come across someone with a respiratory viral infection, or could be targeted to patients at higher risk for developing severe illness, including people who are moderately or severely immunocompromised,” Dr. Kallen said.

More help with decision-making

While some of the metrics that were used throughout the pandemic are no longer available, one of the agency’s surviving metrics, COVID-19 hospital admission levels, is available on the CDC COVID Data Tracker.

“When COVID hospital admission levels are high, then the general recommendation is masking within the community,” Dr. Kallen said. “Of course, if masking is recommended in the community, it would also be recommended in health care settings.”

Dr. Kallen added that administrators should consider doing risk assessments to identify the situations in which they might recommend masking in their facilities, such as during the typical respiratory virus season, October through April.

He cited several data sources that can help inform those decisions, including the:

- Respiratory Virus Hospitalization Surveillance Network.
National Emergency Department Visits for COVID-19, Influenza and Respiratory Syncytial Virus system.
- ILINet, the outpatient Influenza-Like Illness Surveillance Network.

The town hall also featured a summary of the CDC’s core infection-prevention practices, as well as a panel of health professionals who discussed how they are operationalizing the updated recommendations in their facilities.