







November 13, 2025

Dear North Central Washington Healthcare Partners,

In anticipation of the start to respiratory illness season, we want to share resources and guidance to use in the coming months to keep your patients, staff and community safe. Of note, we have additional surveillance resources, the addition of Acute Respiratory Illness as a measure of disease activity, and data-based threshold updates.

Respiratory Illness Resources

This year we are utilizing the <u>WA DOH Respiratory Illness Dashboard</u>¹ as well as data provided by epidemiologists within our own Local Health Jurisdictions. This data will enable you to stay up to date on respiratory illness trends and transmission risk as the season progresses. Please note that Acute Respiratory Illness (ARI) has been added to the traditional surveillance of RSV, Influenza and COVID-19. This "all-cause" respiratory metric captures symptomatic respiratory illness and can be a more reliable indicator for seasonal surveillance. We will track all four measures throughout this year.

Respiratory Season Thresholds

Similar to past years, we have adopted thresholds that signify the start and stop of respiratory illness season. This data is based on state-level monitoring of disease trends and is specific to the past two years of data. The following are Respiratory Season Thresholds, derived from state data, and applied to our local resources:

Acute Respiratory Illness Threshold
Respiratory Syncytial Virus Threshold
Influenza Virus Threshold
COVID-19 Threshold
14.0% of ED visits
1.44% of ED visits
1.14% of ED visits

The start of the respiratory illness season will occur when ED visits exceed any of these metrics and will end when ED visits have declined below all thresholds for two consecutive weeks.

Respiratory Season Recommendations

Similarly to the last year, we recommend the following principles for the respiratory virus season:

- 1. All staff should remain up-to-date on vaccines for prevention of respiratory illnesses.
- 2. All staff should not come to work when experiencing symptoms of respiratory illness (generally, at least 3 days need to pass since symptom onset before returning to healthcare work, as discussed separately, below).
- 3. All staff should maintain strict adherence to appropriate personal protective equipment (PPE) based on symptoms and diagnoses, including standard, contact, enteric, droplet, and airborne precautions;
- 4. All staff should continue to perform handwashing/sanitizing before and after all patient encounters;
- 5. Throughout the season, organizations should strengthen the screening of entrants to facilities for symptoms of respiratory illness and respond with appropriate facility-based triage (patients) or exclusion (visitors or staff);
- 6. Anyone (staff, visitor, employee) with respiratory symptoms should avoid the healthcare









setting, but if present for care or unavoidable reasons, should always wear at least a surgical facemask;

- 7. All staff should continue to use N-95 respirators when providing care to patients with respiratory symptoms;
- 8. All persons, but especially healthcare workers, should continue to wear surgical masks or N-95 respirators upon return to work after a respiratory infection, for 10 days from the onset of their symptoms (even when no longer symptomatic);
- 9. All staff should continue to wear surgical masks or N-95 respirators throughout facilities that are experiencing an outbreak of COVID-19 or other respiratory viruses;
- 10. When virus activity thresholds are reached, all staff should use facemasks or N-95 respirators for source control in all patient facing areas.

Please reference updated <u>recommendations</u>² and <u>associated FAQ</u>³ from the WA Department of Health on Healthcare Personnel (HCP) Return To Work following Acute Respiratory Illness. HCP are advised to:

Remain out of work with suspicion of any respiratory illness (two or more defining symptoms) until:

- 1. Three days have passed since symptom onset
- 2. BOTH have been true for at least 24 hours:
 - Fever-free without the use of fever-reducing medications
 - Symptoms are improving and the HCP feels well enough to work
- 3. Wear an N-95 respirator or surgical mask for source control for 10 days after symptom onset, even if symptoms resolve

These precautions remove test-based guidance and shorten absenteeism for COVID-19 while standardizing guidance for all respiratory illness.

It is important to remember that in healthcare facilities, we welcome and care for individuals with higher risk of life-threatening complications from respiratory viruses, and that it is our responsibility to ensure that we create a safe environment for them. We also recognize that staff are vulnerable to infection and that staff members appropriately stay home when they, themselves, are sick. Preventing transmission of illness in the workplace keeps our employees healthy and maintains our capacity to serve the public.

We recognize that many healthcare systems monitor their own respiratory illness data. We support those who have more detailed and facility-specific plans to reduce transmission of respiratory illnesses and will continue to learn from their leadership.

Please reach out to your respective Local Health Jurisdictions for more resources and with questions, concerns and further discussion.

Kittitas County:

Kittitas County Public Health | Home Page

Grant County: Granthealth.org

Chelan-Douglas County:

Chelan-Douglas Health District (wa.gov)

Okanogan County:

Okanogan County Public Health District

(OCPHD)









In health, happiness and best wishes for this respiratory illness season,

Marker Tower O.D.

Mark Larson, MD Health Officer Kittitas County Matsumy

Alex Brzezny, MD, MPH Health Officer Grant County James Wallace, MD, MPH Health Officer Okanogan County &

Chelan-Douglas Counties

Referenced Links

 $1 \\ \underline{https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard$

2https://doh.wa.gov/sites/default/files/2025-10/420673-HCP-RTW-AVRIRecommendations.pdf

3https://doh.wa.gov/sites/default/files/2025-10/420681-HCP-RTW-AVRIGuidanceFAQ.pdf