

## Guidance

# COVID-19: information and advice for health and care professionals

Background information and advice on coronavirus (COVID-19) for health and care professionals.

From: [UK Health Security Agency](#)  
[\(/government/organisations/uk-health-security-agency\)]((/government/organisations/uk-health-security-agency))

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### Applies to England

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## Background

#### Related content

[COVID-19: managing healthcare staff with symptoms of a respiratory infection](#)  
[\(/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection\)]((/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection))

[COVID-19: personal protective equipment](#)

COVID-19 is an illness first discovered in 2019 and caused by a respiratory coronavirus. This virus is referred to as Severe Acute Respiratory Syndrome – Coronavirus 2 (SARS-CoV-2), and the associated illness is known as COVID-19.

People who are at higher risk of severe illness from COVID-19 include:

- older people
- those who are pregnant
- those who are unvaccinated
- people of any age [whose immune system means they are at higher risk of serious illness](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk) (<https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk>)

The risk of becoming seriously unwell from COVID-19 and other respiratory infections is very low for most children and young people.

Further [background information](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information) (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>) on the epidemiology, virology, transmission, and clinical features of COVID-19 is available.

## Symptoms of COVID-19

COVID-19 can present with a range of symptoms of varying severity. It is estimated that 1 in 3 people have COVID-19 without displaying any symptoms.

The main symptoms include fever, a new and continuous cough, anosmia (loss of smell) and ageusia (loss of taste).

Examples of other symptoms include shortness of breath, unexplained tiredness or fatigue, loss of appetite, myalgia (muscle ache), sore throat, headache, nasal congestion (stuffy nose), runny nose, diarrhoea, nausea and vomiting. Older people may present with less common symptoms.

In some individuals cough or a loss of, or change in, normal sense of smell or taste may persist for

[use for aerosol generating procedures](#)  
([/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](#))

[COVID-19: personal protective equipment use for non-aerosol generating procedures](#)  
([/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](#))

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[COVID-19: guidance for health professionals](#)  
([/government/collections/wuhan-novel-coronavirus](#))

several weeks. This is not considered an indication of ongoing infection when other symptoms have resolved.

It is likely that individuals who are infected with SARS-CoV-2 and who are asymptomatic can still transmit virus to others.

### **Infectious period**

In most cases, transmission of SARS-CoV-2 occurs from 9 days before symptom onset to 15 days after symptom onset, with most transmission occurring 3 days before symptom onset to 5 days after symptom onset.

Severely immunocompromised patients can remain infectious for a much longer period.

There is some evidence that children may be less infectious, and are infectious for a shorter period of time, compared with adults.

Positive lateral flow device (LFD) tests have been shown to be associated with high viral load in infectious cases. People who have high viral loads are more infectious to other people.

## **Management of COVID-19 patients in health and care settings**

In health and care settings, non-pharmaceutical interventions (such as mask-wearing and enhanced ventilation) are used, depending on local prevalence and risk assessment, to help to reduce the spread of SARS-CoV-2.

### Transmission-based precautions

[\(https://www.england.nhs.uk/publication/national-infection-prevention-and-control/\)](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) should only be discontinued in consultation with clinicians and should take into consideration the individual's test results as well as resolution of clinical symptoms.

There is guidance available for [adult social care settings](https://www.gov.uk/government/publications/infection-)  
 [\(https://www.gov.uk/government/publications/infection-](https://www.gov.uk/government/publications/infection-)

## **Stepping down COVID-19 precautions for inpatients**

Most people with COVID-19 will no longer be infectious after 5 days. However, some hospitalised cases may be infectious for longer. It is possible for severely immunosuppressed patients to remain infectious for prolonged periods, even if they do not display any symptoms of COVID-19.

A locally decided protocol based on advice from medical directors, nursing directors or directors of infection prevention and control should be used to determine if isolation of inpatients with COVID-19 is needed after 5 days. LFD testing may be used to support local decision-making.

The residual risk of onward transmission of COVID-19 after 2 negative LFD test results on day 6 and 7, taken 24 hours apart, is similar to the risk without testing at day 10. Stepping down isolation precautions based on test results obtained earlier than day 6 slightly increases this risk, however organisations may wish to balance this risk against other potential harms to patients.

If the patient is severely immunosuppressed or symptoms persist, consultation with the hospital microbiology, infectious diseases or infection prevention and control (IPC) team is advised.

In severely immunosuppressed patients, resolution of symptoms cannot be used as a marker of decreased infectiousness. These patients may require isolation until negative tests are obtained with considerations for their wider physical and mental health.

Management of cases in care homes is described in the [COVID-19 supplement to the infection prevention and control resource for adult social care](#)  
(<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19->



[supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care](https://www.gov.uk/government/publications/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care)).

## Reporting infections

COVID-19 is a notifiable disease.

Further information on [reporting notifiable diseases and causative organisms](https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report) is available (<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>).

## Occupational health, vaccination and IPC considerations for staff

Systems should remain in place to ensure that vaccination and testing policies are implemented.

Employers must ensure that COVID-19 is included in [risk assessments](https://www.hse.gov.uk/coronavirus/index.htm) (<https://www.hse.gov.uk/coronavirus/index.htm>) for any health and care staff who come into contact with COVID-19 due to their work activity.

All staff should be vigilant for any signs of respiratory infection.

Symptomatic staff should follow the [guidance for people with symptoms of a respiratory infection](https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19) (<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19>).

Guidance for the [management of staff with a respiratory infection or a positive COVID-19 result](https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result) (<https://www.gov.uk/government/publications/covid-19-managing-healthcare-staff-with-symptoms-of-a-respiratory-infection/managing-healthcare-staff-with-symptoms-of-a-respiratory-infection-or-a-positive-covid-19-test-result>) and for the [management of adult social care staff](https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care) (<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement/covid-19-supplement-to-the-infection-prevention-and-control-resource-for-adult-social-care>) is available.

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