



Respiratory Illness Guidance for K-12 Schools, Youth Camps, and Early Care and Education Programs

August 28, 2025

The Centers for Disease Control and Prevention's (CDC) [Respiratory Illness Guidance](#) offers a unified approach to preventing the spread of common respiratory illnesses like COVID-19, influenza, RSV and bacterial infections, such as *Mycoplasma pneumoniae*. These illnesses share transmission methods, symptoms, and prevention strategies and the guidance provides clear steps to limit spread when individuals are ill, regardless of the specific virus or bacteria.

CDC and the New Jersey Department of Health (NJDOH) recommend that schools, early care and education (ECE) programs, and youth camps implement the core set of infectious disease prevention strategies outlined in [CDC's guidance](#). While these strategies are effective, depending on specific circumstances, NJDOH and local health departments (LHDs) may recommend additional measures to control a respiratory outbreak.

The prevention strategies described in this guidance can help reduce the risk of getting or transmitting respiratory illnesses. They are especially helpful when:

- Respiratory illnesses are causing an increase of [illness in the community](#).
- Individuals or the people around them were recently exposed to a respiratory illness, are sick, or are recovering.
- Individuals or the people around them have [risk factors for severe illness](#).

CDC recommends that all people use core prevention strategies. These are [important steps individuals can take to protect themselves and others](#):

- Stay up to date with [immunizations](#).
- [Practice good hygiene](#) by covering coughs and sneezes, washing or sanitizing hands often, and cleaning frequently touched surfaces.
- Take steps for [cleaner air](#) such as bringing in more fresh outside air, purifying indoor air, or gathering outdoors.

When individuals may have a respiratory illness, they should:

- [Use precautions to prevent spread](#).
- Seek health care promptly for testing and/or treatment if they have risk factors for severe illness; treatment may help lower the risk of severe illness.

Public Health Information: Understanding that respiratory illnesses may impact certain areas of the state differently, NJDOH shares a [Respiratory Illness Activity](#) dashboard. Weekly reports created from the dashboard are posted [online](#) and sent out via the New Jersey Local Information Network and Communications System ([NJLINCS](#)) to schools and other public health partners.

Schools/ECE programs should consult with their [LHD](#) as to whether additional local factors (e.g., absenteeism, presence of students/staff who are at risk of getting [severely ill](#) from respiratory illnesses) warrant the implementation of additional prevention strategies.

Vaccination: Schools/ECE programs and LHDs should promote equitable access to vaccinations. Strategies from the CDC include providing information about flu, COVID-19, and other recommended vaccines, including in accessible formats for individuals with disabilities and for individuals with limited English proficiency; encouraging trust and confidence in vaccines; making receiving vaccines easy and convenient; and making vaccinations available by hosting school-located vaccination clinics or directing to off-site vaccination locations.

Staying up to date on routine vaccinations is essential to prevent illness from many different infections.. Flu vaccines are offered in many doctor's offices, clinics, health departments, pharmacies, and college health centers, as well as by many employers, and even in some schools.

Cleaning and Disinfection: Schools/ECE programs should clean surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. For more information, see [Cleaning and Disinfecting Your Facility](#).



ECE Programs: For recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids, see [How To Clean and Disinfect Early Care and Education Settings](#).

Hand Hygiene/Respiratory Etiquette: Schools/ECE programs should teach and reinforce proper [handwashing](#) to lower the risk of spreading viruses and other infections. Schools/ECE programs should monitor and reinforce these behaviors, especially during [key times](#) in the day (for example, before and after eating, after using the restroom, and after recess) and should also provide adequate handwashing supplies, including soap and water.

Schools/ECE programs should teach and reinforce covering [coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including respiratory viruses and bacteria.

Ventilation: Optimizing ventilation and improving airflow can reduce the risk of germs and contaminants. When respiratory viruses or bacteria are causing a lot of illness in the community or in response to an outbreak, schools/ECE can take additional steps to increase outdoor air intake and improve indoor air filtration.

Schools/districts are encouraged to review NJDOH [Guidance on Air Cleaning Devices for New Jersey Schools](#). See the [NJDOH Environmental Health](#) webpage for [Tips to Improve Indoor Ventilation and Maintaining Healthy Indoor Air Quality in Public School Buildings](#).

Exclusion and Preventing Transmission: Students and staff with symptoms* of a respiratory illness should stay home and away from others until:

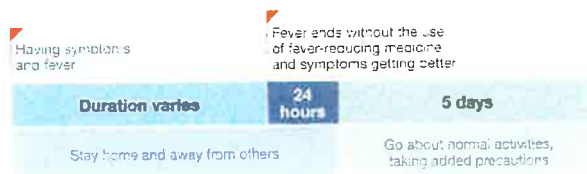
- The individual is fever free for 24 hours without fever reducing medication **AND**
- Symptoms are improving, which means the individual is no longer feeling ill and able to participate comfortably in educational and other activities as they did before they were ill. Any remaining symptoms, such as cough or runny nose are mild or infrequent.

Individuals can then return to normal activities, but they should take **additional precautions** for the next five days when they are around other people indoors. These precautions include:

- Wearing a well-fitting mask
- Taking steps for cleaner air
- Practicing good hand hygiene and respiratory etiquette
- Physical distancing when around others
- Testing for respiratory illnesses to determine next steps such as treatment.
 - Using at-home COVID-19 tests for screening before being around persons [at risk](#) for severe disease.

**Symptoms can include fever, chills, fatigue, cough, runny nose, and headache, chest discomfort, chills, cough, decrease in appetite, diarrhea, fatigue (tiredness), fever or feeling feverish, headache, muscle or body aches, new loss of taste or smell, runny or stuffy nose, sneezing, sore throat, vomiting, weakness, wheezing.* The following illustrations¹ are examples of scenarios that may occur.

Example 1: Person with fever and symptoms.

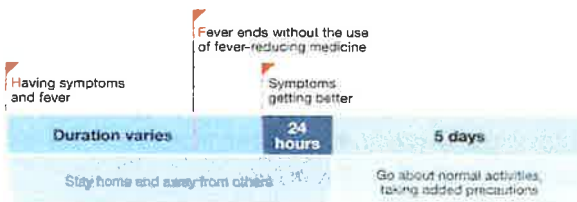


¹ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

Example 2: Person with fever but no other symptoms.



Example 3: Person with fever and other symptoms, fever ends but other symptoms take longer to improve.



Example 4: Person gets better and then gets a fever.



If symptoms are improving but fever returns, individuals should stay home until fever free for 24 hours, taking additional precautions for the next 5 days.

If testing positive and no symptoms develop, individuals should take added precautions as described above, for five days when they are around other people indoors.

CDC has additional information on preventing the spread of [respiratory illnesses when you are sick](#).

Individuals who are at increased [risk for severe illness](#) from respiratory infections should contact their healthcare provider about additional precautions that may be necessary. Generally, people at higher risk of severe illness from respiratory illnesses are older adults, young children, people with compromised immune systems, people with disabilities, and pregnant people.

Schools with students at risk for severe illness from respiratory infections should make reasonable modifications, when necessary, to ensure that all students, including those with disabilities, are able to access in-person learning. Modifications may include implementing additional layers of prevention strategies, such as enforcing mask use for individuals two years of age or older (staff and students) who care for or come in contact with the child/student, improving airflow, testing, and symptom monitoring.

Masking: Wearing a [mask](#) can help lower the risk of respiratory illness transmission. When worn by a person with an infection, masks reduce the spread of the virus or bacteria to others. Masks can also protect wearers from breathing in infectious particles from people around them. In general, masking may be appropriate when:

- Respiratory pathogens are causing an increase of [illness in the community](#).
- Individuals or the people around them were recently exposed to someone with a respiratory illness, are sick, or are recovering.
- Individuals or the people around them have [risk factors for severe illness](#).

Schools might need to implement masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk of getting very sick with respiratory illness.

For more information and support, visit the [U.S. Department of Education's Disability Rights](#) webpage. Students with immunocompromising conditions or other conditions or disabilities that increase risk of getting very sick with respiratory illness should not be placed into separate classrooms or otherwise segregated from other students.

Nurse's offices are healthcare settings, and policies for use of masks in school nurse offices should follow recommendations outlined in the [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#). Recommendations for masking in nurses' offices may depend on factors such as circulating respiratory illnesses in your community, outbreak status, and patient access.

Testing: Tests can help individuals find out if they are currently infected with a certain respiratory virus or bacteria. While testing does not change how likely someone is to catch or spread respiratory illnesses, or how severe the illness might be, it can provide useful information to help individuals make prevention or treatment choices.

As with other prevention strategies, testing can be helpful when:

- Respiratory illnesses are causing an increase of [illness in the community](#).
- Individuals or the people around them were recently exposed to a respiratory illness, are sick, or are recovering.
- Individuals or the people around them have [risk factors for severe illness](#).

In response to an outbreak, testing may be considered for ill persons, impacted cohorts/groups, higher risk activities, or students at risk for severe illness.

Reporting/Surveillance: In accordance with [Executive Order No. 302](#) and [Executive Directive No. 21-011](#), **K-12 schools** must report weekly data to NJDOH through the Surveillance for Infectious Conditions (SIC) Module in [New Jersey's Communicable Disease Reporting and Surveillance System \(CDRSS\)](#) as outlined in the K-12 SIC Module User Guide for Schools, under the Training Tab.

Weekly aggregate reporting into the SIC module does **NOT** replace the need for schools to notify their local health department when they become aware of illness clusters or possible outbreaks.

Outbreaks: In the school setting, determining if an outbreak is occurring can be challenging. An outbreak is defined as an occurrence of disease greater than expected at a specific time and place. For example:

- Several children who exhibit similar symptoms are in the same classroom, the same wing of a facility, or they attended a common event.
- There is an increase in school absences with many parents reporting similar symptoms as the reason why their child is not attending school.

During times of seasonal illnesses, such as influenza, schools should expect to see sporadic cases. NJDOH recommends that schools monitor students and staff and notify their LHD if the school is experiencing an increase in cases that could signify an outbreak as mentioned above.

With widespread respiratory illness activity, schools should typically expect to experience increased absenteeism among students and staff with respiratory symptoms. NJDOH recommends that schools continue to monitor students and staff for sudden fever and respiratory illness symptoms.

Schools may need to consider other prevention strategies, such as improving ventilation and avoiding crowding when experiencing an increase in respiratory illness or in response to an outbreak. K-12 schools/ECE programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick from respiratory pathogens.

Detailed information about reporting, prevention and control of outbreaks in the school/ECE setting can be found on the [School Health](#) page.

Notifications: Schools should have a policy regarding notification of increases in illnesses or outbreaks of disease to parents/guardians and to staff. Notifications allow individuals and families to take additional precautions according to their individual needs. Prompt notification to students and families regarding exposure to infectious diseases, including common respiratory illnesses, can allow for rapid testing, early treatment, and prevention of further spread.

Schools should consult their LHD for recommendations regarding notification when a communicable disease of public health importance or an outbreak of illness is reported in their school.

Schools may also consider providing a general notification to the entire school community when experiencing an increase in respiratory illnesses.



[NJDOH School Health](#)



[Local Public Health Directory](#)