**CDC Streamlines COVID-19 Guidance**

Updated CDC COVID-19 guidance streamlines isolation rules eliminating separate recommendations for unvaccinated individuals.

In a **statement**, lead author Greta Massetti, PhD, MPH, colead of the Community Interventions and Critical Populations Task Force of the CDC's COVID-19 Emergency Response team, explained that vaccinations, boosters, and treatments can now help prevent severe illness. Layered interventions like testing, improved ventilation, and high-quality masks can help protect individuals from infection.

“This guidance acknowledges that the pandemic is not over but also helps us move to a point where COVID-19 no longer severely disrupts our daily lives,” Massetti said.

The guidance recommends that both vaccinated and unvaccinated individuals can wear a high-quality mask for 10 days instead of quarantining after exposure to an infected individual and urges testing on day 5. It also notes that screening asymptomatic people without known exposures will no longer be generally recommended.

The update encourages individuals to isolate and test if they have suspected COVID-19 symptoms. Those who test positive should remain in isolation for 5 days while they are most likely to be infectious. After 24 hours without a fever and improvements in all other symptoms, they may leave isolation and wear a high-quality mask around others for 10 days, including at home. Individuals may choose to test starting on day 6 of their infection and discontinue masking after 2 consecutive negative tests 48 hours apart. Individuals with moderate or severe COVID-19 are required to isolate for 10 days, while those with resurgent or worsening symptoms must reenter a 5-day isolation period.

**Severe Parechovirus Cases Among Infants Prompt CDC Warning**

Clinicians should test for parechovirus in young infants with fever, sepsis-like symptoms, or meningitis without another known cause, according to a July 12 CDC health advisory sparked by reports of the illness in several states.

Most children have been exposed to parechovirus by kindergarten. Symptoms may vary depending on the strain and the age of the child. The currently circulating PeV-A3 strain usually causes upper respiratory tract infection, fever, and a rash in children aged 6 months to 5 years but may cause sepsis-like illness, seizures, and meningitis, especially among younger infants, according to the advisory.

A recent article in the CDC’s Morbidity and Mortality Weekly Report described a cluster of 23 infants with PeV meningoencephalitis treated at a Tennessee children’s hospital between April 12 and May 24, 2022. The patients’ average age was 24 days, and 5 of them were born preterm. Their first symptoms were fever, fussiness, and poor feeding. One of the preterm infants became symptomatic in the neonatal intensive care unit (NICU), while the rest of the children became ill outside the hospital. All but 1 of the children required hospitalization with an average stay of 4.5 days, and 4 patients required NICU treatment. Most patients recovered without complications but 1 had persistent seizures and was likely to have severe developmental delay. Another child needed a follow-up evaluation for possible hearing loss and hypercoagulation.

The PeV-A3 strain typically circulates every 2 years in the late summer or fall. The authors of the report on Tennessee cases attributed the unseasonal spike to loosening COVID-19 restrictions, which led to rebounds in several other seasonal viruses. However, the CDC advisory noted that there is no systematic surveillance of the virus, which makes it difficult to determine if case trends differ from previous years or may be the result of increased testing.
Most Insured People With Hepatitis C Don’t Get Timely Treatment

Only about one-third of US individuals with insurance who are diagnosed with hepatitis C receive timely treatment, according to a CDC Vital Signs report.

The new data suggest that the US is falling short of its goal of eliminating hepatitis C, which affects more than 2 million of the nation’s adults and kills about 14 000 annually. About 40% of individuals are unaware of their infection. To detect such cases, the CDC recommends testing all adults for hepatitis C at least once in their lifetime along with risk-based testing. Timely treatment reduces the spread of the disease and prevents liver damage and serious long-term complications like cirrhosis, liver cancer, or death. Taking direct-acting antiviral agents for 8 to 12 weeks can cure about 95% of cases. But the treatment’s high cost, which initially topped $90 000; preauthorization requirements; and state restrictions such as sobriety requirements have limited uptake, according to the report.

The authors analyzed health claims data and found that only 35% of privately insured US individuals, 28% of those covered by Medicare, and 23% of those with Medicaid received treatment within a year of diagnosis. Among those who received treatment, 84% of privately insured individuals received treatment within 6 months compared with about three-quarters of those with Medicaid or Medicare. Individuals with Medicaid living in states that restrict treatment access were less likely to be treated, as were individuals whose race was coded as Black or other race compared with those whose race was coded as White.

In a statement, the CDC recommended removing eligibility and preauthorization requirements and providing treatment in primary care and community clinics, syringe exchanges, substance use treatment facilities, and correctional facilities. It also recommended streamlining the number of visits needed for hepatitis C treatment and increasing the number of clinicians who offer it.

“People shouldn’t have to jump over hurdles to access lifesaving, cost-effective treatment,” Carolyn Wester, MD, MPH, director of the CDC’s Division of Viral Hepatitis, said in the agency’s statement. “Removing barriers to treatment is a critical step, as is increasing screening for hepatitis C.”

~ Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.