

# Infection prevention and control measures for COVID-19 in health care settings

December 2024

## Key points

- The WHO Director-General's standing recommendations for COVID-19 advise countries to ensure that infection prevention and control measures are in place for suspected and confirmed COVID-19 cases in clinical settings and that health care providers receive training accordingly and access to personal protective equipment.
- Countries are encouraged to continue delivering optimal clinical care for patients with COVID-19, including maintaining measures to protect patients and health workers.
- Health care settings can amplify infectious disease outbreaks, including COVID-19. Maintaining effective infection prevention and control (IPC) programmes is, therefore, paramount.
- National and sub-national level authorities should maintain readiness to respond to the possibility of future surges of COVID-19 that could overwhelm health systems.

## Introduction

Nearly five years since the first SARS-CoV-2 infections were reported, the global COVID-19 situation has changed substantially. With widespread immunity from both vaccination and prior infection, currently circulating variants are now associated with lower severe disease rates and fewer hospitalizations. As a result, most countries have lifted public health and social measures and have moved to end their national COVID-19 emergencies. In this context, many around the world wish to move on and forget their experiences with the COVID-19 pandemic.

COVID-19 continues to circulate widely, however, presenting significant challenges to health systems worldwide. Tens of thousands of people are infected or re-infected with SARS-CoV-2 each week. From mid-September to mid-October 2024, WHO received reports of more than 296 000 confirmed cases of COVID-19 (see the [WHO COVID-19 Dashboard](#)). This figure is certainly an underestimate, as there has been a persistent decline in COVID-19 surveillance and reporting, and wastewater surveillance indicates that circulation is 2–20 times higher than the case numbers that are reported.

It is vital that countries sustain the public health response to COVID-19 amid ongoing illness and death and the emergence of SARS-CoV-2 variants, adapting it to the requirements based on the current COVID-19 situation and risk. Countries are increasingly balancing COVID-19 prevention and response activities with other social and economic priorities.

On 9 August 2023, the WHO Director-General of published [standing recommendations to support ongoing efforts for the prevention and control of COVID-19](#) (1) in accordance with provisions of Articles 16 to 18, and 50 to 53 of the International Health Regulations (2005) (IHR) . These standing recommendations are in effect for all States Parties (WHO Member States plus Liechtenstein and the Holy See) until 30 April 2025 (1).

The updated WHO [Strategic Preparedness and Response plan for 2023-2025](#) (2) is designed to help countries end the emergency phase of the pandemic and shift to comprehensive, long-term management of COVID-19 within broader disease prevention and control programmes. As countries continue to strengthen COVID-19 programmes within their public health systems, two objectives remain critical: 1) reducing the risk of emergence of and controlling the circulation of SARS-CoV-2 variants with increased growth rates and immune escape, with a particular focus on reducing infection in high-risk and vulnerable populations; and 2) diagnosing and treating COVID-19 to reduce mortality, acute severe disease morbidity and long-term sequelae.

## Purpose of this document

In 2022 and 2023, WHO released a package of policy briefs designed to help countries formulate policies to manage SARS-CoV-2 transmission, particularly in high-risk and vulnerable populations, and to reduce morbidity, mortality and long-term sequelae from COVID-19. The policy briefs have been updated to reflect current COVID-19 situation and risk and the approaches outlined in the September 2023 WHO document [Ending the COVID-19 emergency and transitioning from emergency phase to longer-term disease management: Guidance on calibrating the response](#) (3), and the Director-General's standing recommendations for COVID-19 (1).

The briefs are intended for national and sub-national policy- and decision-makers in ministries of health other governments agencies and partners engaged in and responsible for the health of the populations they serve.

The recommendations in this brief are States based on recommendations published in the document [WHO Infection prevention and control in the context of COVID-19: a guideline, 21 December 2023](#) (4, 5) and other technical documents (e.g. [Global strategy on infection prevention and control](#) (6), [Strategic Preparedness and Response plan for 2023-2025](#) (1) and [Ending the COVID-19 emergency and transitioning from emergency phase to longer-term disease management: Guidance on calibrating the response](#) (3). It also emphasizes the need for sustained financing and a trained, protected and respected workforce to maintain these life-saving actions in the context of competing health and non-health emergencies. It additionally recognizes the need to strengthen the acute and longer-term response for COVID-19 in relation to other pressing public health issues.

## Essential actions for Member States to consider in adjusting COVID-19 policies

The COVID-19 pandemic revealed significant weaknesses in health care systems, particularly in fragile, conflict-affected and vulnerable settings and among at-risk populations. It underscored the urgent need to enhance infection prevention and control (IPC) programmes and outbreak response capacities, alongside broader reforms for safe and quality care. The WHO Director-General's standing recommendations advise countries to ensure that infection prevention and control measures are in place for suspected and confirmed COVID-19 cases in clinical settings and that health care providers receive training accordingly and access to personal protective equipment. They further recommend implementing measures to protect health workers and care givers as appropriate (1).

While many countries made notable IPC improvements during the pandemic, these were often confined to emergency responses. WHO continues to recommend that all possible efforts to reduce SARS-CoV-2 transmission within health care facilities should continue and be strengthened.

It remains important to focus on the following three key objectives for COVID-19 management and control: elevate the importance of IPC programmes; maintain outbreak readiness and response capacities; and establish and maintain appropriate infrastructure needed for safe health service delivery and a resilient health workforce.

## 1. Elevate the importance of IPC programmes

At the 77th World Health Assembly in May 2024, a [Global action plan and monitoring framework for infection prevention and control \(IPC\) for 2024–2030](#) was approved to support the implementation of the [Global strategy on infection prevention and control](#) (6). The plan outlines eight strategic directions: political commitment, active IPC programs, integration and coordination, IPC training, data utilization, advocacy, research and stakeholder collaboration (6). The new action plan outlines specific actions, indicators and targets for Member States (as well as other international and national stakeholders and partners) to enhance IPC practices, addressing critical gaps that have historically exacerbated outbreaks in health care settings. Progress will be tracked against targets, including some that should be prioritized whenever possible. These include dedicated IPC and water, sanitation and hygiene (WASH) funds; IPC legislation; and robust surveillance systems for health care-associated infections and antimicrobial resistance (AMR) (6).

For policy makers, the emphasis must be on securing robust political commitment and leadership to implement and sustain effective IPC programs. This involves establishing and enforcing comprehensive legal frameworks, regulations and accreditation systems to ensure that IPC practices are integrated at all levels (5). Mobilizing resources and ensuring sustained financing are crucial to address local needs and support long-term IPC initiatives. By prioritizing these actions, policy makers can drive substantial improvements in infection prevention, protect public health and enhance the resilience of health systems (6).

## 2. Maintain outbreak readiness and response capacities

Health care facilities can amplify infectious disease outbreaks, including COVID-19, making it paramount to maintain IPC operational readiness (4, 5). Further surges of COVID-19, especially those due to new SARS-CoV-2 variants, could overwhelm health systems.

In the event of a surge, countries should be prepared to convene or reconvene a national task force, including IPC experts, to rapidly review the latest epidemiological and scientific evidence to revise IPC policies and national guidelines, if necessary (7). To maintain readiness, a system for dissemination of this information to support implementation of IPC activities across the health system should be in place. It is crucial to regularly review contingency plans, including human and financial resources, and assess the procurement of supplies needed to effectively implement IPC measures and WASH services in health facilities and community settings (7). Regular testing of the system through simulation or tabletop exercises can help ensure readiness for COVID-19 surges and identify any gaps (6).

Surveillance of health care-associated infections within health facilities is essential for the rapid identification of COVID-19 outbreaks, including among health and care workers, and requires ongoing investment. These outbreaks can amplify transmission both within health care facilities and in communities.

## 3. Maintain appropriate infrastructure and a resilient workforce

Member States should regularly assess IPC programmes and WASH services in health care facilities using standardized tools. Action plans should be developed, and adequate funding provided to address identified gaps. WHO offers tools to support these efforts ([WASH FIT](#) (8), [IPCAT](#) (9), [IPCAT-MR](#) (10), [SPAR](#) (11)). Investments in health facility infrastructure, such as ventilation systems and waste management, are critical for supporting preparedness, readiness and response activities.

IPC training to prepare for surges of COVID-19 and other emerging high-threat diseases, along with implementing policies to protect health workers (including vaccination, in accordance with national policy), is essential for strengthening capacities and maintaining a resilient health workforce (see [Guide for](#)

[the development and implementation of occupational health and safety programmes for health workers](#)) (12). It is also critical to maintain procurement and supply chain systems for essential items such as hand sanitizer and personal protective equipment that can be scaled up in the event of a COVID-19 upsurge (7).

Finally, policy makers should empower health-facility leadership to enhance IPC and WASH capacities. This includes ensuring the safe flow of patients and staff, implementing COVID-19 screening, ensuring the availability of personal protective equipment and improving the health-care environment to support these measures effectively (6).

## Conclusions

As COVID-19 is integrated into broader infectious disease IPC programmes, there is a pressing need to build resilient health systems that address existing gaps in IPC implementation. WHO urges countries to maintain IPC operational readiness to prevent future COVID-19 outbreaks and manage those that arise, while ensuring the sustainability of IPC programmes in the long term to reduce the endemic burden of health care-associated infections and antimicrobial resistance (13).

## Plans for updating

WHO will continue to monitor the situation closely for any changes that may affect this policy brief. WHO will issue necessary updates as evidence becomes available and is reviewed.

## References

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