# Notice of Updated Guidance for Isolation and Quarantine for SARS-CoV-2

## December 31, 2021

*The following information is issued on behalf of the SF COVID Task Force*

**Situational Update:**

Isolation separates an individual who is known to be infected or likely to be infected with COVID-19 from others until the individual is no longer contagious. Quarantine separates an at-risk person who knows that they have been exposed to COVID-19 from others until it is determined that they are not at risk for becoming infected themselves. Individuals generally may not leave their home during isolation or quarantine unless they are seeking medical care. Isolation and quarantine durations have changed throughout the COVID-19 pandemic based on the changing scientific knowledge about COVID-19 transmission, and ongoing weighing of the risks and benefits of requiring people to stay home, away from work and out of school.

Omicron, the latest variant of COVID-19, is spreading rapidly across the country and now throughout the Bay Area. Omicron is significantly more contagious than previous variants, although there is evidence to suggest it is likely less severe. Although completion of a primary series of a COVID-19 vaccine offers some protection against the Omicron variant, the protection is significantly less than against previous variants. Booster doses significantly improve immunity against Omicron[1-5]. Booster doses are recommended for all individuals over age 16 who were vaccinated with the Moderna or Pfizer vaccine at least six months ago, or who received the Johnson & Johnson vaccine at least two months ago. Studies also show that periods of infection risk in the majority of people infected with COVID-19 are likely to be shorter than previously thought[6].

Protection of our healthcare worker's (HCW) safety and health, as well as preservation of the healthcare workforce are essential as we prepare for this COVID-19 surge. With the growing number of cases from the Omicron variant, and with current understanding of disease trajectory, CDC and CDPH have released several updates to their guidance on Isolation and Quarantine. SFDPH is aligning with these changes as outlined below, though some institutions, including employers or schools, may choose to be more restrictive than the guidance included this document. Before returning to work or school, individuals should check with their institutions for the most up to date guidance.

**Updated Guidance for Isolation and Quarantine**

*For purposes of this guidance, "Up-to-Date on Vaccination" means you are either (a) two weeks past completing the full initial course of vaccines- either two doses of Moderna or Pfizer or one dose of a Johnson & Johnson vaccine AND (b) one week after receiving a Booster or any type once a person is eligible for a Booster. Until a person is eligible for a Booster, they are considered Up-to-Date on Vaccination two weeks after completing their initial vaccines*

- Isolation after infection with SARS-CoV-2
    - *For the general population (non-health care personnel)*: The period of isolation has been shortened from 10 days to 5 days. Individuals infected with COVID-19 may leave their house 5 days since the onset of symptoms or since the first positive COVID-19 test, whichever is first, as long as 1) their symptoms have improved, 2) they are no longer having fevers and 3) they have a negative test on day 5 or after. If they cannot or choose not to test, they must stay at home until day 10. Tests can be antigen or PCR, although antigen is preferred, since it is a better marker of current infectious risk. Individuals coming out of isolation should continue to wear masks around others until day 10.
        - Antigen tests are preferred to end isolation since they are a better marker of current infectious risk, although PCR is acceptable. Over the counter tests are acceptable to end isolation.
        - Full guidance can be found on the CDPH document 'Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public which can be found here: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx
    - *For health care personnel*: Healthcare workers with mild to moderate illness, who are not immunocompromised can follow the following guidance:
        - Healthcare workers who are up to date on their COVID-19 vaccines may return to work in 5 days with a negative test within 24 hours prior to return.
        - Healthcare workers who are not up to date on their COVID-19 vaccines may return to work 7 days after onset of their symptoms or, as long as they have a negative test 24 hours prior to return.
        - In both cases, the healthcare worker should have no or mild improving symptoms.
        - During staffing shortages, individuals who work in these settings may be allowed to return to work even sooner.
        - Full guidance, can be found on CDPH page 'Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19' https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
- Quarantine after close contact
    - *For the general population (non-health care personnel):* Quarantine guidance has changed based on vaccine status, as below:

- *Those who are up to date on COVID-19 vaccines, do not have to quarantine*. These individuals should test on day 5 after contact. They should wear a well-fitting mask around others for 10 days after contact. If symptoms develop, they should test and stay home.
- *For those who are unvaccinated or are not up to date on COVID-19 vaccines,* individuals must quarantine for at least 5 days after close contact. They should test on day 5. **In order to leave their house, they must have a negative test collected on day 5 or later**. After ending quarantine, they should wear a well-fitting mask around others until day 10 after contact, especially in indoor settings. If symptoms develop, they should test and stay home.
- Over the counter tests are acceptable to end quarantine. Either PCR or antigen testing are appropriate when testing to leave quarantine.
- Full guidance can be found on the CDPH document 'Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public which can be found here: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx

- *For health care personnel*
  - *For those who are up to date on COVID-19 vaccinations,* quarantine is not required. They should test immediately, and if negative, again on days 5-7 after exposure.
  - *For those who are not up to date on COVID-19 vaccines*, individuals must quarantine for 7 days. They should test immediately and again on day 5-7. They can return to work with a negative test within 48 hours prior to return.
  - In both cases, healthcare workers should be asymptomatic to return. If any symptoms develop, they should test and stay home.
  - All healthcare workers should follow CDPH masking guidance upon returning to work
  - Quarantine may be shortened further with critical staffing shortages.
  - Full guidance, can be found on CDPH page 'Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19' https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

**RESOURCES:**

**Centers for Disease Control**

- **CDC Media Release. CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population, Released 12/27/2021: https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html**
- **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 Updated 12/23/2021**
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages Updated 12/23/2021**

**California Department of Public Health**

- Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx
- Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-08.aspx

**Key Studies:**

1. Andrews et al. Effectiveness of COVID-19 vaccines against the Omicron (B.1.1.529) variant of concern. 2021.https://khub.net/documents/135939561/430986542/Effectiveness+of+COVID19+vaccines+against+Omicron+variant+of+concern.pdf/f423c9f4-91cb-0274-c8c5-70e8fad50074
2. Ferguson et al. Growth, population distribution and immune escape of Omicron in England . WHO Collaborating Centre for Infectious Disease Modelling. https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2021-12-16-COVID19-Report-49.pdf 2021
3. Gardner & Kilpatrick. Estimates of reduced vaccine effectiveness against hospitalization, infection, transmission and symptomatic disease of a new SARS-CoV-2 variant, Omicron (B.1.1.529), using neutralizing antibody titers. Pre-print. 2021 https://www.medrxiv.org/content/10.1101/2021.12.10.21267594v1.full.pdf
4. Khoury et al. Analysis: A meta-analysis of Early Results to predict Vaccine efficacy against Omicron. Pre-print. 2021. https://www.medrxiv.org/content/10.1101/2021.12.13.21267748v1.full.pdf
5. Cele et al. SARS-CoV-2 Omicron has extensive but incomplete escape of Pfizer BNT162b2 elicited neutralization and requires ACE2 for infection. Pre-pring 2021. https://www.medrxiv.org/content/10.1101/2021.12.08.21267417v3.full.pdf
6. Ge et al. COVID-19 Transmission Dynamics Among Close Contacts of Index Patients With COVID-19A Population-Based Cohort Study in Zhejiang Province, China. JAMA Internal Medicine, 2021. https://pubmed.ncbi.nlm.nih.gov/34424260/