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GAVIN NEWSOM
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August 17, 2021

TO: All Californians

SUBJECT: Guidance on Isolation and Quarantine for COVID-19 Contact Tracing

Related Materials: [More Home & Community Guidance](#) | [All Guidance](#)

Updates as of August 17, 2021:

- Incorporates changes based on CDPH Recommendations for Fully Vaccinated People, CDC Interim Guidance on Duration of Isolation, and CDPH All Facilities Letter 21-08.3 (Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2), which address duration of isolation considerations and quarantine guidelines for fully vaccinated and previously infected exposed contacts.

Currently authorized vaccines in the United States are highly effective at protecting vaccinated people against symptomatic and severe COVID-19 and a growing body of evidence suggests that fully vaccinated people are less likely to become infected and potentially less likely to transmit SARS-CoV-2 to others. How long vaccine protection lasts and how much vaccines protect against emerging SARS-CoV-2 variants are still under investigation. Until more is known and vaccination coverage increases, both unvaccinated and vaccinated individuals should remain vigilant in reducing their risk for COVID-19 exposure and infection.

With the emergence of the more contagious Delta variant in California which now accounts for over 80% of cases sequenced, cases and hospitalizations of COVID-19 are rising throughout the state, especially amongst those that remain unvaccinated.

To protect all Californians, we need to control the spread of COVID-19 in our homes, workplaces and communities. In order to detect infections early and limit transmission of the disease, public health officials across the state have undertaken a multi-pronged approach, which includes encouraging vaccination, offering testing, promoting public health practices like mask wearing, and continuing robust case investigation and contact tracing, with effective isolation and quarantine of those infected with or exposed to COVID-19.

California Connected, the state's contact tracing public awareness campaign, was designed to promote contact tracing by highlighting our collective social responsibility to respond to this call to action. The contact tracing program built a contact tracing workforce to augment local health jurisdiction staffing resources. These public health workers connect with persons who test positive for COVID-19 and work with them and people they have been in close contact with, to ensure they have access to confidential testing, as well as medical care and other services to help prevent the spread of the virus.

This guidance provides a framework for local health jurisdictions and the contact tracing workforce related to both isolation and quarantine.

Isolation and Quarantine

Isolation: separates those infected with a contagious disease from people who are not infected.

Quarantine: restricts the movement of persons who were exposed to a contagious disease in case they become infected.

Isolation and quarantine are proven public health interventions fundamental to reducing COVID-19 transmission. Adequate isolation and quarantine processes should be in place to respond to any increase in cases we might see with modification of local and statewide restrictions.

Isolation and quarantine can create substantial hardships. Those under isolation or quarantine orders should be treated with respect, fairness and compassion; and their dignity and privacy should be protected. Federal and state resources made available to local health jurisdictions should be considered to support people who are not able to isolate or quarantine in accordance with this guidance.

All instructions provided by the local public health jurisdiction to persons who are being asked to isolate or quarantine should be provided in their primary language and be culturally appropriate. Additionally, local health jurisdictions should ensure that instructions for persons with disabilities, including those with access and functional needs, are provided.

Discrimination and Stigma

California has a diverse population with no single racial or ethnic group constituting a majority of the population. These populations also include members of tribal nations, immigrants and refugees. Some groups may be at higher risk for COVID-19 or worse health outcomes due to a number of reasons including living conditions, work circumstances, underlying health conditions, and limited access to care. It is important that case investigation and contact tracing interviews are conducted in a culturally appropriate manner, which includes meaningfully engaging community representatives from affected communities, collaborating with community-serving organizations, respecting the cultural practices in the community, and taking into consideration the social, economic and immigration contexts in which these communities live and work. Local health jurisdictions should be mindful of discrimination not only based on race, but also based on disability.

To help build trust, jurisdictions should employ public health staff who are fluent in the preferred language of the affected community. When that is not possible, interpreters and translations should be provided for persons who have limited English proficiency^[1]. Core demographic variables should be included in case investigation and contact tracing forms, including detailed race and ethnicity, as well as preferred language.

Finally, given that diverse populations experience discrimination and stigma, it is important to ensure the privacy and confidentiality of data collected and to ensure that participants are aware of these safeguards. Every person in California, regardless of immigration status, is protected from discrimination and harassment in **employment, housing, business establishments, and state-funded programs** based upon their race, national origin, and ancestry, among other protected characteristics.

Duration of Isolation

The California Department of Public Health (CDPH) recommends a symptom-based strategy for determining the **duration of isolation** for people with COVID-19 who are **symptomatic**, meaning they have symptoms of the disease, as described in guidance from the Centers for Disease Control and Prevention (CDC). Under this

recommendation, persons with COVID-19 who have symptoms and were instructed to care for themselves at home may **discontinue self-isolation** under the following conditions:

- At least 10 days have passed since symptom onset; **AND**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; **AND**
- Other symptoms have improved

This symptoms-based strategy will prevent most, but not all, instances of secondary transmission. Increasing evidence suggests people with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. However, some hospitalized patients with **severe to critical illness** or who are **severely immunocompromised** may require isolation for up to 20 days. Consider consulting with local infection control experts when making decisions about discontinuing isolation of persons who are likely to remain infectious longer than 10 days.

For persons with COVID-19 who are **asymptomatic**, meaning they have NOT had any symptoms, CDPH recommends that these persons be instructed to care for themselves at home. Under this recommendation, they may discontinue self-isolation under the following conditions:

- At least 10 days have passed since the date of the first positive COVID-19 diagnostic (federally approved Emergency Use Authorized molecular assay) test. If they develop symptoms, then the strategies for discontinuing self-isolation for symptomatic persons (see above) should be used.

Duration of Quarantine for Unvaccinated Persons

For most unvaccinated persons who have had **close contact** (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with suspected or confirmed COVID-19, CDPH recommends the exposed person get tested and self-quarantine at home. If unvaccinated, household members and intimate partners of COVID-19 positive persons should also self-quarantine, as well as those who had unprotected contact with an infected person's body fluids and/or secretions, such as being coughed or sneezed on, sharing cups or utensils, or providing care without wearing appropriate protective equipment (mask and gloves).

CDPH supports CDC's two options for shortening the recommended 14-day quarantine duration, **but quarantine should not be discontinued earlier than after Day 7** following last known exposure. Under this recommendation, close contacts who remain **asymptomatic**, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:

- Quarantine can end after Day 10 from the date of last exposure without testing; OR
- Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.

To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts should:

- Continue daily self-monitoring for symptoms through Day 14 from last known exposure; AND
- Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds, and staying at least 6 feet from others) through Day 14 from last known exposure.

If any symptoms develop during this 14-day period, the exposed person should immediately self-isolate, get tested and contact their healthcare provider with any questions regarding their care.

Local health jurisdictions may be more restrictive in allowing the above options for shortened quarantine, based on local circumstances, resources, and exposure settings.

For quarantine considerations in a K-12 schools setting, see CDPH K-12 Schools Reopening Guidance and CDPH K-12 testing strategies which address students staying in school in a modified quarantine under certain circumstances.

Duration of Quarantine for Vaccinated or Previously Infected Persons

Under CDPH's recommendations, the exposed person **does not have to quarantine** if they were **fully vaccinated**^{[2],[3]} before the exposure AND they have not developed any symptoms since their exposure to someone with COVID-19. Similarly, if an exposed person tested positive for COVID-19 before their new, recent exposure and it has been less than 3 months since they started having symptoms from that **previous infection** (or since their first positive COVID-19 test if asymptomatic), they do not need to quarantine, as long as they have not had any new symptoms since their recent exposure to someone with COVID-19.

All exposed persons, even those who were fully vaccinated or previously infected and do not have to self-quarantine, should self-monitor for COVID-19 symptoms and strictly adhere to all **recommended non-pharmaceutical interventions** (e.g., wearing a mask, maintaining a distance of at least 6 feet from non-household members, frequently performing hand hygiene, avoiding crowds and poorly ventilated indoor spaces) for **14 days** following the last date of exposure. If any exposed person develops symptoms during this 14-day period, that person should immediately self-isolate, get tested, and contact their healthcare provider with any questions regarding their care. Fully vaccinated close contacts who remain asymptomatic and do not need to quarantine should get tested 3-5 days after exposure. If they test positive, they should immediately self-isolate and contact their healthcare provider with any questions regarding their care; if they test negative, they should continue monitoring symptoms and following recommended non-pharmaceutical interventions, including masking in public indoor settings, for 14 days. In order to protect household members, exposed close contacts who do not have to quarantine due to being fully vaccinated or previously infected should consider masking in the home during this time, especially if they are immunocompromised or around persons who are immunocompromised, not fully vaccinated, or at increased risk of severe disease.

Isolation and Quarantine in Healthcare Settings

Healthcare workers and employees in healthcare settings who were not **fully vaccinated** or were not **previously infected within the last 3 months** prior to current exposure should follow isolation and quarantine guidelines that include special consideration for these groups and addresses strategies to mitigate critical **staffing shortages**. Healthcare facilities should consult their local health jurisdiction to provide guidance for quarantine of their HCP that will be determined by community test positivity rates and case rates per 100,000. **Employees in healthcare settings** should also consult with their employers regarding the State Public Health Order, COVID-19 testing, quarantine, and work restriction policies for fully vaccinated and previously infected workers. Fully vaccinated and previously infected inpatients and residents in SNFs and other healthcare settings should continue to quarantine following close contact with an infected person.

Isolation and Quarantine at Home (Self-Isolation and Self-Quarantine)

The following are **general steps** for people suspected or confirmed to have COVID-19 who need to self-isolate and for their exposed close contacts who need to self-quarantine, to prevent spread to others in homes and communities. These steps should be conveyed via simple verbal and written instructions in the person's primary language:

- Stay at home except to get medical care.
- Separate yourself from other people in your home
- Wear a mask over your nose and mouth when around others

- Avoid sharing rooms/spaces with others or if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use air filters and exhaust fans.
- Avoid using the same bathroom as others; if not possible, clean and disinfect after use.
- Cover your coughs and sneezes.
- Wash your hands often with soap and water for at least 20 seconds, or if you can't wash your hands, use hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces.
- Monitor your symptoms.
- If you have symptoms or are sick, you should stay away from others even if they have some protection by having been previously infected in the past 3 months or by being fully vaccinated.

The **self-isolation** of persons who are infectious or persons who have tested positive for COVID-19 and the **self-quarantine** of their exposed close contacts can be at home, provided the following conditions are in place.

What setup is needed if separation from others is necessary:

- A separate bedroom. If a bedroom is shared with someone who is sick, consider advising the following:
 - Make sure the room has good air flow and follow CDPH **Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments**.
 - Maintain at least 6 feet between beds if possible.
 - Sleep head to toe.
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be disinfected after use.

What equipment is needed:

- A mask should be worn by the infected or exposed person when around others and when healthcare or home care workers enter the home.
- Gloves for any caregivers when touching or in contact with the person's potentially infectious secretions.
- Appropriate cleaning supplies for **cleaning and disinfecting** commonly touched surfaces and items.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

Self-Isolation: The majority of people with COVID-19 have mild to moderate symptoms, do not require hospitalization, and can **self-isolate** at home by wearing a mask around and separating from household members. However, the ability to prevent transmission in a residential setting is an important consideration. The federal Centers for Disease Control and Prevention (CDC) has **guidance for both patients and their caregivers** to help protect themselves and others in their home and community.

Considerations for the suitability of care at home include whether:

- The person is stable enough to be home.
- If needed, appropriate and competent caregivers are available at home.
- The person and other household members have access to appropriate, recommended personal protective equipment (PPE; at a minimum, mask and gloves) and can adhere to precautions recommended as part of home care or self-isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

In addition, both the person and caregiver should be informed and understand the clear indications for when they should seek clinical care. Although mild illness typically can be self-managed or managed with outpatient or telemedicine visits, illness may quickly worsen days after the initial onset of symptoms.

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

Self-Quarantine: Persons in **self-quarantine** need to mask and separate from household members, especially those who are not fully vaccinated or have not had COVID-19 in the last 3 months. The quarantined person should avoid contact with persons at higher risk for severe illness, even if they are fully vaccinated, and should wear a mask when persons from outside the household enter the home.

Persons in quarantine at home or in an alternate site should **self-monitor for symptoms** (check temperature twice a day and watch for fever, cough, shortness of breath, or any other **symptoms that can be attributed to COVID-19**) for a full 14 days following last date of exposure, even if they complete self-quarantine earlier. If symptoms develop, persons in self-quarantine should immediately separate from and wear a mask around others (i.e., self-isolate), get tested, and contact their healthcare provider with any questions regarding their care.

When to Seek Care

Persons in self-isolation or self-quarantine should seek medical assistance:

- If new symptoms develop or their symptoms worsen.
- If the infected or exposed person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person is infected with or has been exposed to COVID-19; the person should wear a mask for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
 - Trouble breathing.
 - Bluish lips or face.
 - Persistent pain or pressure in the chest.
 - New confusion or inability to arouse.
 - New numbness or tingling in the extremities.
 - Other serious symptoms

Legal Authority for Isolation and Quarantine

California local public health officers have legal authority to order isolation and quarantine. Local health jurisdictions may vary in their approach and should consult with legal counsel on jurisdiction-specific laws and orders. Some have issued blanket isolation and quarantine orders for anyone diagnosed with COVID-19 or identified as a close contact to an infected person. Others have issued orders to persons immediately whereas others seek voluntary cooperation without a legal order initially.

Alternate Sites for Isolation and Quarantine

Local health jurisdictions should work with other local partners across all sectors to assess **alternate places for isolation and quarantine** for persons who are **unhoused** or who are unable to appropriately or safely self-isolate or self-quarantine at home. Alternate sites could include hotels, college dormitories, or other places, such as

converted public spaces. Additionally, local public health jurisdictions are encouraged to partner with community organizations to leverage existing resources to provide supportive and culturally appropriate services to persons who are self-isolating and self-quarantining.

[1] See the Dymally-Alatorre Bilingual Services Act for more information on communication requirements with persons who need language translation assistance.

[2] For the purposes of this guidance, people are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

[3] This guidance applies to COVID-19 vaccines currently authorized for emergency use:

- By the US Food and Drug Administration (FDA), as listed at the FDA COVID-19 Vaccines webpage.
- By the World Health Organization (WHO), as listed at the WHO COVID-19 Vaccines webpage.

Originally Published on July 30, 2020

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