

VDH FAQs Regarding CDC's Updated Isolation and Quarantine Guidance (Last revised 12/29/2021)

When will VDH officially adopt the CDC guidance?

VDH will adopt the [CDC I&Q guidance](#) effective immediately. We encourage supervisors in the districts to do just-in-time training with the resources available. Central Office staff will work to update our guidance and systems and will provide updates as they are available.

Do VDH and all of its local health departments recommend quarantine for unvaccinated and not fully vaccinated school-age children?

Yes. VDH recognizes that in some situations some individuals are not able to comply with quarantine.

Does the new general population I&Q guidance apply to healthcare workers (HCWs)?

No. CDC Division of Healthcare Quality Promotion issued a statement today that the [CDC HCW guidance \(issued 12/23/21\)](#) stands. CDC acknowledges the difference between the 5-day general public versus 7-day conventional HCW isolation period. VDH will be evaluating the need to create more specific VDH guidance over the next few days.

(update) Does the new general population I&Q guidance apply to patients/residents in healthcare facilities?

No. VDH expects CDC to update isolation and quarantine guidance for healthcare patients/residents to more closely align with the [updated \(Dec 23\) HCW guidance](#). At this time, CDC recommends following September 10, 2021 guidance for [healthcare patients](#) and [nursing home residents](#).

Healthcare patients, including nursing home residents, are generally at higher risk for more severe disease compared to the general public; congregate settings are at higher risk for transmission.

Does this guidance change the incubation period of SARS-CoV-2?

At this time, scientific findings have not been provided by CDC that change the [incubation period of SARS-CoV-2](#). According to CDC, the incubation period is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset. One study reported that 97.5% of people with COVID-19 who have symptoms will do so within 11.5 days of SARS-CoV-2 infection.

(update) Does this guidance change the infectious period of SARS-CoV-2?

As noted in the CDC FAQ, the highest risk of SARS-CoV-2 transmission is in the 1-2 days prior to onset of symptoms and the 2-3 days after. The 5 days recommended for isolation covers the time period with the highest risk of transmission, followed by the 5 days of continued strict mask-use to cover the remaining infectious period. For the purposes of identifying close contacts, VDH recommends continuing to use the infectious time period beginning 2 days before symptom onset (or date of positive viral test if symptoms never developed) through 10

days after. Focus contact tracing efforts on close contacts between 2 days before to 5 days after symptom onset. There is residual risk on days 6-10, but proper masking will help mitigate this risk.

How can CI/CT staff best work to implement new guidance for the general public?

Investigators should educate case-patients about the current public health recommendations to stay home for 5 days and, if asymptomatic or symptoms are resolving, continue strict mask usage with a well-fitting mask when around others for 5 additional days. Day 0 remains the first day of symptoms and day 1 is the first full day after symptoms develop. If symptoms never develop, day 0 is the day of the positive viral test.

During high case volume, it is critical that investigators educate case-patients on how to [identify and notify close contacts](#) of their exposure. Educate case-patients about the quarantine and precaution guidance for their contacts. If someone exposed to COVID-19 is fully vaccinated and boosted, they should mask around others for 10 days. Someone exposed to COVID-19 that is not yet boosted, or is more than 6 months out from their second mRNA dose (or more than 2 months after the J&J vaccine), should stay home for 5 days and wear a mask around others for 5 additional days. All persons exposed to someone with COVID-19 should test on day 5 if possible and stay home if symptoms develop or they test positive. Day 0 is the last date of exposure. [COVIDWISE](#), Virginia's Exposure Notification app, is an important tool to anonymously notify people of exposure.

If a COVID-19 case-patient has symptoms past 5 days of isolation, what is the advice on when to come out of isolation and how long after that to wear a mask?

Individuals can end isolation after Day 5 if their symptoms are resolving; however, if they have a fever, they need to continue to isolate until 24 hours after fever resolves.

Using currently available CDC guidance, for individuals with new, persistent or worsening symptoms - who do not meet criteria for shortened isolation - isolation and precautions (such as wearing a mask) can be discontinued 10 days after symptom onset and after resolution of fever for at least 24 hours and improvement of other symptoms. CDC may update this guidance.

The new CDC guidance specifies “stay home until your fever resolves.” How is VDH interpreting fever resolution?

VDH is interpreting this as 24 hours afebrile without fever reducing medication.

If an individual had tested positive for COVID-19 within the previous 90 days, how does this impact the recommendations?

It is unclear what quarantine recommendations are for these people based on the guidance we have at this point. CDC is expected to continue to update its guidance.

Will VDH continue to pilot a Test to Stay program in the Commonwealth?

VDH is evaluating the Test to Stay program in light of the new I&Q guidance for the general public and will provide an update as soon as possible.

Has the definition of fully vaccinated changed?

No; at this time a person is considered fully vaccinated against SARS-CoV-2 infection ≥ 2 weeks after receipt of the second dose in a 2-dose series (Pfizer-BioNTech and Moderna) or ≥ 2 weeks after receipt of a single dose of the Janssen COVID-19 vaccine.

Do health departments treat the partially vaccinated the same as the unvaccinated in this guidance?

Yes, for the purposes of quarantine after an exposure, partially vaccinated individuals (individuals who have only received one dose of an mRNA series) are considered the same as unvaccinated.

It is unclear what the quarantine recommendations will be for an individual who completed their primary mRNA series >6 months ago, but who is also not eligible for a booster dose (this currently applies specifically to 12 to 15 year olds). CDC is expected to continue to update its guidance.

(new) What guidance should be applied in correctional and detention facilities?

Updates to setting specific guidance is forthcoming from CDC. In the interim, VDH is recommending correctional and detention facilities utilize existing [setting-specific guidance](#) to manage COVID-19.

(new) Does the isolation and quarantine [guidance for healthcare workers](#) apply to emergency medical services (EMS)?

Yes, EMS staff are considered healthcare personnel.

(new) What triggers a healthcare facility to move to [contingency or crisis capacity](#)?

CDC and VDH are trying not to be overly prescriptive. CDC is concerned about overall healthcare staffing capacity, not just in care of COVID-19 patients. Facilities should make decisions based on their own capacity, and we expect situations to be fluid. Strategies should be considered and implemented sequentially.

(new) Is VDH supportive of recommending a range of 3-5 days for testing after an exposure?

Yes. 5 days is optimal but VDH recognizes the challenges with limiting testing recommendations to one day, including the turnaround time of testing results.

(new) Is VDH still allowed to recommend 10 or 14 days of quarantine as best?

VDH's recommendation for quarantine should follow the CDC guidance on isolation and quarantine. Individuals may choose or want to quarantine for 10 or 14 days for which the health department can be supportive.

(new) How should Sara Alert be utilized?

In the absence of clear recommendations from CDC on symptom monitoring, VDH is recommending symptom monitoring for close contacts for at least 10 days. Currently, the system is only set up to monitor for 14 days. Adjustments to this system will take several weeks.

(new) The new guidance relies on an individual being able to wear a mask for 5 days AFTER finishing either the 5 day isolation or quarantine. If someone is unable to wear a mask (young children, developmental issues, at lunch at school, etc.) do they still need to isolate for 10 days?

In the absence of updated guidance from CDC, VDH recommends if someone is unable to wear a mask (e.g., young children, developmental issues, etc) to isolate for the full 10 days. In general, schools should distance students as much as possible. For K-12 students having lunch at school, all students should be separated to the extent possible while their mask is removed during lunch.

(new) What qualifies as a reason a school-age child is unable to quarantine?

The VDH recommendation is that school-age children should quarantine. If an individual is unable to quarantine, VDH is not able to enforce it. It is not VDH's decision to determine feasibility for the individual. VDH recommends use of well-fitting masks and testing as recommended, to mitigate risk in these situations.

(new) If we are allowing such a broad loophole with regards to quarantine, are we truly preventing widespread transmission in our community with case and contact investigations?

VDH is not endorsing a broad loop hole for an exception to quarantine. For people who are unvaccinated or are more than six months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, VDH now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. If an individual cannot feasibly quarantine, VDH will not enforce the quarantine recommendation. It is not VDH's decision to determine feasibility for the individual.

(new) Why are we devoting hundreds of resources towards something with seemingly marginal effects?

During the high case burden time, it is most effective to focus on educating case-patients on how to identify, notify, and educate their contacts. Tools such as COVIDWISE and [Notify Your Contacts](#) can help. Additionally, LHDs should focus on outbreak investigations and high-risk scenarios. We will review and discuss further the longer term plan for contact tracing and contact investigations in light of the [reported shorter median incubation period of Omicron](#).

(new) Should school aged children refrain from participating in sports until after Day 10 of isolation and quarantine?

Individuals can participate in sports as long as they can adhere to strict mask usage days 6-10. If strict mask use is not possible, participating in sports should be delayed until after Day 10 of isolation or quarantine.

(new) Is a person considered to be infectious on Days 6-10 of isolation? Should their close contacts at day 6-10 be identified and quarantined?

Based on the information provided in the CDC FAQs, yes. A person is considered to be infectious on Days 6-10 of isolation. Strict mask use is intended to minimize risk present on days 6-10. The majority of SARS-CoV-2 transmission occurs *early* in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after

Contact tracing should not focus on contact during Days 6-10 due to lower likelihood of disease transmission. Currently, the VDH recommendation is that individuals that come into contact with someone under isolation on days 6-10 is not considered a close contact, as long as the case consistently and correctly wore a mask.

(new) If a person is released from isolation on Day 5 but has household contacts, are the household contacts considered to have continued exposure on Days 6-10, with extended quarantine?

Not if the household contacts are able to distance and/or adhere to strict mask use.

(new) Can cases under isolation fly after Day 5 of isolation if they wear a mask?

We have asked our contacts at the quarantine station and are awaiting guidance.

(new) Do the new guidelines apply in a daycare setting?

The new guidelines apply to situations where individuals can properly mask after ending isolation or quarantine. In daycare settings where infants/children are too young to mask (under 2 years old) or unable to consistently and correctly wear a mask, they should isolate or quarantine for 10 days. These guidelines may be applied to daycare settings for children 2 years of age and older who are able to consistently and correctly wear masks.

(new) Since daycare children are not eligible for a vaccine, what is the strategy for mask use during the final days of their quarantine given challenges with compliance for this age group?

Childcare administrators should encourage mask use for those 2 years of age and older. If correct and consistent mask use is not possible, VDH recommends that children isolate for the full 10 days.

(new) How long should immunocompromised individuals isolate?

Immunocompromised individuals should isolate for at least 10 days, possibly longer, depending on consultation with an infectious disease specialist and/or additional testing. Additional guidance from CDC is expected on this topic.

(new) Are all face coverings considered adequate PPE to prevent an exposure on days 6-10?

It is advisable to educate case-patients and the community on how to select a mask that has multiple layers, completely covers the nose and mouth, and fits snugly against the sides of the

face. Correct and consistent mask use is a critical component to minimize the risk of infecting others. Proper masking will help mitigate the residual risk on days 6-10.