



San Mateo County COVID-19 Release from Quarantine Guidance

Rationale and Definitions

Based on the literature and relevant CDC and CDPH guidance, **14-day quarantine is still ideal and is still recommended.** If quarantining for 14 days is a hardship as defined by the contact or in the event of a critical staffing shortage for healthcare workers, quarantine may be shortened to 10 days WITH or WITHOUT testing or 7 days WITH testing depending on the situation.

Quarantine periods shorter than 14 days pose a risk for transmission of SARS-CoV-2. Per previous CDC reports, the residual post-quarantine transmission risk for a 10-day quarantine without testing is estimated to be about 1% with an upper limit of about 10%. The residual post-quarantine transmission risk for a 7-day quarantine with testing is estimated to be about 5% with an upper limit of about 12%. A recent [MMWR](#) highlighted that 19% of household members of COVID-19 cases who were asymptomatic and had negative laboratory test results during the first week of the index case's symptomatic illness, experienced symptoms or tested positive the following week.

The transmission risk can be reduced with [non-pharmaceutical interventions](#), including the proper use of face coverings at all times, regular hand hygiene, physical distancing, and minimizing contact with others. Those who return to work after day 7 or day 10 should use *surgical face masks* while at work until at least 14 days have passed since they were last exposed.

If a contact develops symptoms at any point during his/her quarantine, he/she should be immediately tested and should self-isolate until test results are available. San Mateo County contact tracers should refer to the probable/possible definitions for additional guidance.

In all situations, self-monitoring should continue through day 14 after last exposure regardless of the actual length of quarantine (i.e., 7 days, 10 days, or 14 days).

If ongoing exposure between the case and the contact is unavoidable, then quarantine should be extended for 7 days, 10 days, or 14 days after the date the COVID-19 positive case completes his/her isolation as outlined below.

Testing

When testing is performed, we recommend using [molecular testing \(i.e., PCR\)](#) given the lower sensitivity of antigen testing for asymptomatic individuals. Testing must be performed within the 24-48 hours prior to the planned end of quarantine.

High-Risk Individuals and High-Risk Settings where there is low tolerance for asymptomatic SARS-CoV-2 shedding and risk of transmitting infection include:

- 1) Persons who are severely immunocompromised and may have prolonged viral shedding (i.e., those treated with immunosuppressive drugs/chemotherapy, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly-controlled HIV), women who are pregnant or within the 2 week post-partum period, and dialysis patients.



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- 2) Persons who work or reside in congregate settings (e.g. skilled nursing facilities, retirement communities, shelters, correctional/detention facilities) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.
 - a) Residents of long-term care facilities (LTCF)
 - b) Residents of other congregate settings (e.g., shelters, correctional/detention facilities)
 - c) Staff members of LTCFs and other congregate settings
- 3) Other persons who could pose a risk of transmitting infection to vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection
 - a) Immunocompetent individuals who live with someone who is immunocompromised
 - b) Health care workers other than those working in congregate settings (e.g., physicians, nurses, respiratory therapists, phlebotomists, other hospital staff including but not limited to dietary and janitorial staff, emergency medical services personnel, allied healthcare professionals, dentists, dental hygienists).
 - i) For staff working with severely immunocompromised patients (e.g., transplant, hematology-oncology), refer to the [Return to Work Criteria for Healthcare and Congregate Setting Staff with Confirmed COVID-19, Suspected COVID-19, or Recognized Exposure to COVID-19](#) for additional information.

Alternative staffing options during staffing shortages:

- 1) Utilize staff hired through temporary staffing agencies
- 2) Allow staff members with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff members), such as in telemedicine services.
- 3) Allow staff members with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- 4) Allow staff members with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
- 5) For category 2c and 3b (high-risk settings, see above) **in the presence of staffing shortages**, allow staff members to end their quarantine after day 10 WITH testing. They should only be tested via PCR testing and no sooner than day 8 of their quarantine.
- 6) For category 2c and 3b (high-risk settings, see above) **in the presence of absolutely critical staffing shortages**, allow staff members to end their quarantine after day 7 WITH testing. They should only be tested via PCR testing and no sooner than day 5 of their quarantine.
- 7) As an absolute last resort, allow staff members with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.



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14-day quarantine is still ideal and is still recommended for all close contacts. If quarantining for 14 days is a hardship as defined by the contact or in the event of a staffing shortage for healthcare workers, quarantine may be shortened as described below.

- 1) For individuals who are not high risk and who do not live or work in high risk settings (see above):
 - a) Recommend **14-day quarantine**.
 - b) If quarantining for 14 days is a hardship, end quarantine **after day 10 WITHOUT testing**. Individuals may seek testing through their PCP or community testing sites if desired.

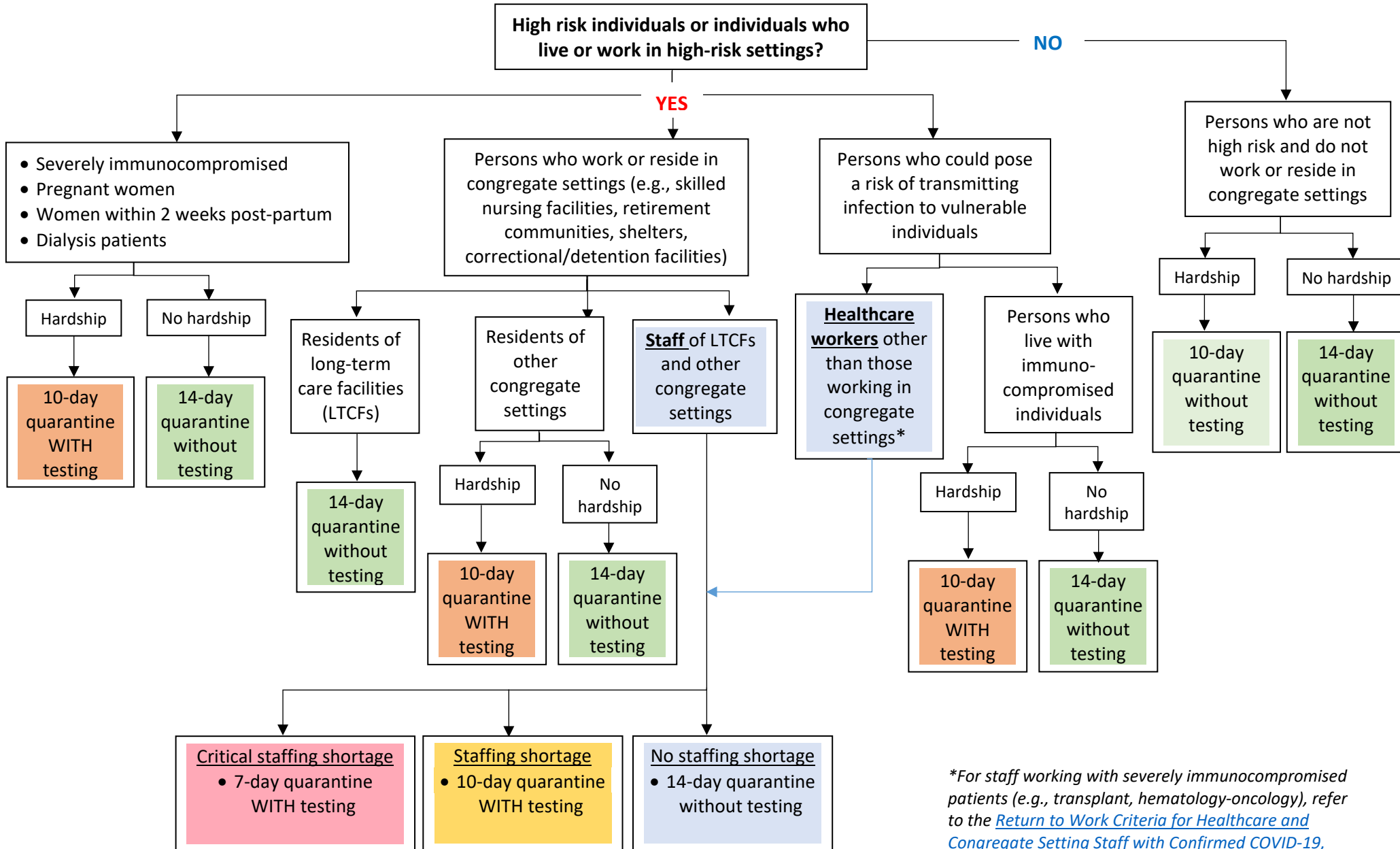
- 2) **More stringent criteria must be applied for high-risk individuals and high-risk settings where there is low tolerance for asymptomatic SARS-CoV-2 shedding and risk of transmitting infection (see above).** In those cases:
 - a) Recommend **14-day quarantine**.
 - b) For category 2a (residents of LTCFs, see above), end quarantine **after day 14 WITHOUT testing**.
 - c) For category 1, 2b, and 3a (high-risk individuals, see above) if quarantining for 14 days is a hardship, end quarantine **after day 10 WITH testing**.
 - d) For category 2c and 3b (staff members in high-risk settings, see above) **in the presence of staffing shortages** and after the facility has exhausted alternative staffing options 1-4 outlined above, end quarantine **after day 10 WITH testing**.
 - e) For category 2c and 3b (staff members in high-risk settings, see above) **in the presence of absolutely critical staffing shortages**, when there is not enough staff for the facility to continue operating AND the facility has exhausted alternative staffing options 1-5 outlined above, end quarantine **after day 7 WITH testing**.

References

- 1) Annals of Internal Medicine [The Incubation Period of Coronavirus Disease 2019 \(COVID-19\) From Publicly Reported Confirmed Cases: Estimation and Application](#): Median incubation period: 5.1 days; 95% CI: 4.5 to 5.8; 97.5 % of those who develop symptoms do so within 11.5 days; CI: 8.2-15.6
- 2) Eurosurveillance [Incubation period of 2019 novel coronavirus \(2019-nCoV\) infections among travellers from Wuhan, China, 20–28 January 2020](#): mean incubation period: 6.4 days 95% CI: 5.6-7.7; range: 2.1-11.1 days
- 3) [CDC Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#)
- 4) [CDC MMWR Implications of Shortened Quarantine Among Household Contacts of Index Patients with Confirmed SARS-CoV-2 Infection — Tennessee and Wisconsin, April–September 2020](#)
- 5) [CDPH Quarantine Guidance for Local Health Departments](#) (12/14/2020)



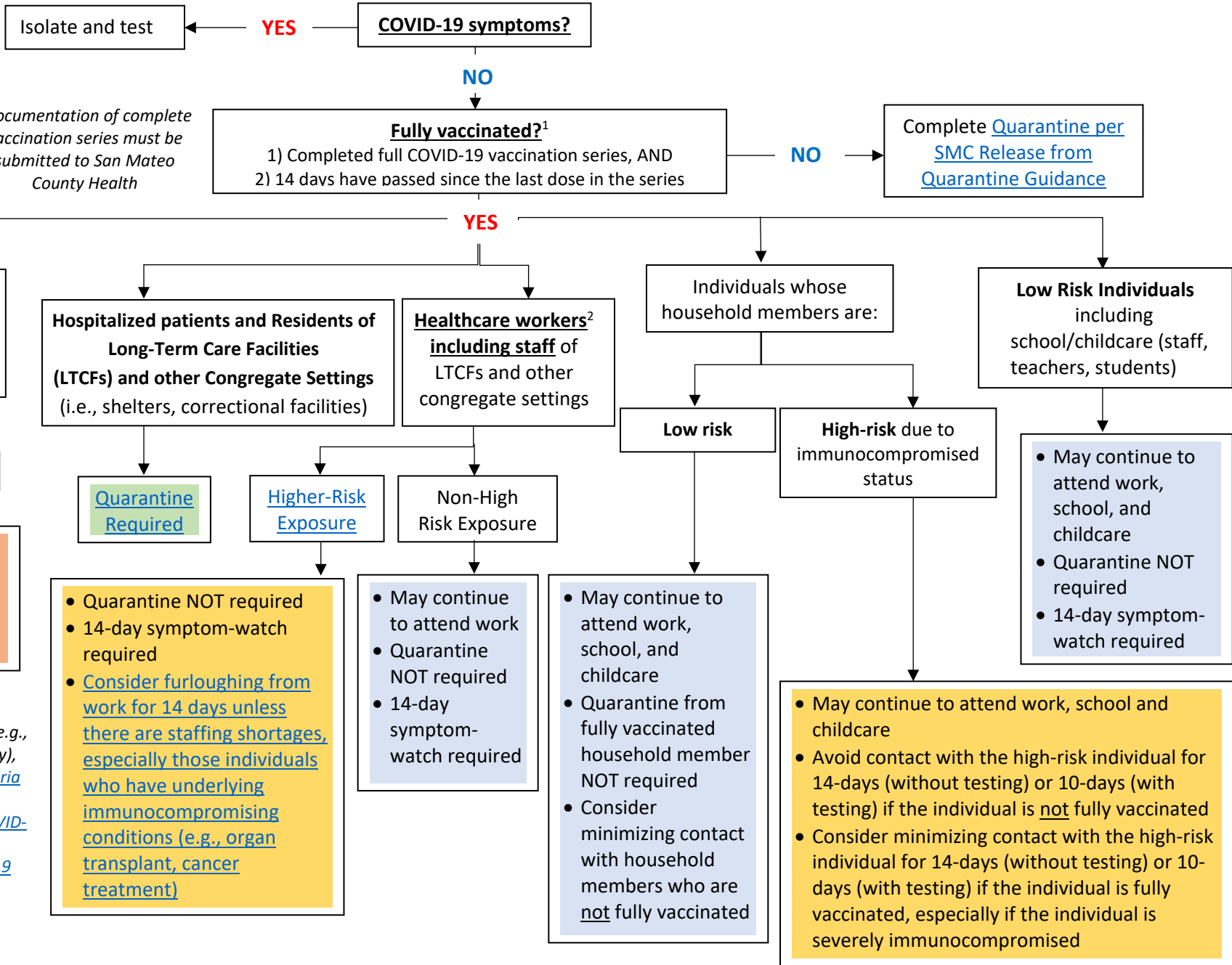
COVID-19 Release from Quarantine for Individuals Who Are NOT Fully Vaccinated Flow Chart



**For staff working with severely immunocompromised patients (e.g., transplant, hematology-oncology), refer to the [Return to Work Criteria for Healthcare and Congregate Setting Staff with Confirmed COVID-19, Suspected COVID-19, or Recognized Exposure to COVID-19](#) for additional information*



COVID-19 Release from Quarantine for Fully Vaccinated Individuals Flow Chart



¹Documentation of complete vaccination series must be submitted to San Mateo County Health

²For staff working with severely immunocompromised patients (e.g., transplant, hematology-oncology), refer to the [Return to Work Criteria for Healthcare and Congregate Setting Staff with Confirmed COVID-19, Suspected COVID-19, or Recognized Exposure to COVID-19](#) for additional information