

DCHHS and DCPHC Interim Recommendations for Quarantine Period for Contacts of Persons with SARS-CoV-2 Infection

(December 10, 2020 Update)

The Centers for Disease Control and Prevention (CDC) currently recommends a quarantine period of 14 days for all individuals exposed to persons with an acute COVID-19 (SARS-CoV-2) infection. Dallas County Health and Human Services (DCHHS) and the Dallas County Public Health Committee (DCPHC) concur that a 14-day quarantine remains the primary recommendation as the safest option to prevent COVID-19 transmission and maximally reduce post-transmission risk. Furthermore, DCHHS and the DCPHC will continue to require a 14 day quarantine period for any individual exposed (close contact) to a COVID-19 case and works, lives or stays in a congregate setting such as a:

- o Nursing home/long term care facility
- o Homeless shelter
- Group home or other congregate living setting (e.g. rehabilitation facilities, camps)
- Correctional facility (e.g. jail and or prison)
- Other high-transmission risk settings with vulnerable populations at high risk for severe disease

On December 2nd, CDC posted two options to shorten quarantine for asymptomatic contacts of individuals with SARS-CoV-2 infection (www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html). DCHHS and DCPHC recommend that *if a 14-day quarantine is not possible*, these options can be considered under certain conditions.

- Quarantine can end after Day 10 from the date of last exposure, without testing, if no symptoms have been reported during daily self-monitoring.
 - o This approach should **not** be used by persons working in high risk congregate settings such as skilled nursing facilities and correctional institutions unless critical staffing shortages exist.
 - o This approach carries a risk of about 1% and up to 10% of post-quarantine transmission.
- Asymptomatic acute care healthcare personnel or other critical infrastructure workforce personnel
 (www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/essential-services.html) may return to
 work after Day 7 from the date of last exposure with a PCR test performed on or after Day 5 and a documented
 negative result. This strategy assumes that there are adequate and available diagnostic testing resources.
 - o This approach should **not** be used by persons working in high risk congregate settings such as skilled nursing facilities and correctional institutions unless critical staffing shortages exist.
 - o This approach carries a risk of about 4% and up to 9% of post-quarantine transmission.

All close contacts who are released from quarantine before Day 14 must meet the following criteria:

- o No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the proposed time quarantine is to be discontinued; and,
- o Daily self-monitoring for symptoms continues through quarantine Day 14. The exposed individual should be advised that if any symptoms develop, they should immediately self-isolate and contact their healthcare provider or the local public health authority to report this change in clinical status.
- o Persons must adhere strictly through quarantine Day 14 to all recommended non-pharmaceutical interventions (e.g. must wear a mask, remain more than 6 feet away from individuals, use frequent hand hygiene, avoid settings with large numbers of people).

Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection must have the highest priority.

Remaining in quarantine for 14 days maximally decreases the risk of transmission and continues to be the lowest risk strategy.