### Isolation and Quarantine Guidance for COVID-19 Healthcare Personnel

<table>
<thead>
<tr>
<th>Definition</th>
<th>Healthcare personnel (HCP)</th>
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<tr>
<th>Case Status</th>
<th>HCPs</th>
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<tbody>
<tr>
<td><strong>COVID-19 Case WITH Symptoms</strong></td>
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**Isolation can end when following criteria are met:**

**Symptom-based Strategy** (Mild to Moderate Symptoms who are not severely immunocompromised):

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

**Symptom-based Strategy** (Severe to Critical Illness or who are severely immunocompromised):

- At least 10 days and up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

**Test-Based Strategy** (Not recommended but can be considered when trying to allow HCP to return to work earlier or could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.)

If testing is readily available and the test-based strategy is chosen, isolation can end after all of the following criteria are met:

1. Resolution of fever without the use of fever-reducing medications,
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<table>
<thead>
<tr>
<th>Lab Confirmed COVID-19 Case WITHOUT Symptoms</th>
<th><strong>Time-based Strategy</strong> (CDC preferred)</th>
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<tbody>
<tr>
<td>Isolation can discontinue 10 days after first positive test date if person has remained asymptomatic. Face covering must be worn for at least 3 days after isolation is discontinued and a distance of 6 feet or more must be maintained from other persons.</td>
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<tr>
<td><strong>Test-based Strategy</strong> (Not recommended. Use for certain high-risk exposures only.)</td>
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<tr>
<td>Negative results of a FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).</td>
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<tr>
<td>Note: Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture. Consideration of the availability of testing resources should be used to determine the frequency of retesting to achieve two consecutive negative results.</td>
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### Follow the same guidance as Laboratory-Confirmed Case with Symptoms (See above).

### HCP with symptoms who had prolonged close contact with COVID-19 case

Follow the same guidance as Laboratory-Confirmed Case with Symptoms (See above).

### HCP without symptoms who had prolonged close contact to a COVID-19 case without wearing the appropriate PPE

Unless there is a staffing shortage at the healthcare facility, close contacts to a known COVID-19 case should stay home (quarantine) for 14 days. Even if the HCP tests negative for COVID-19 or feels healthy, they should still quarantine since symptoms may appear 2 to 14 days after exposure to the virus. The quarantine period for a close contact with ongoing exposure requires adding the 14 days to the “last date of exposure”. The last date of exposure is the last date of isolation for the COVID-19 case. This will vary based on the isolation timeframe required for the COVID-19 case. For example, if case is required to be isolated for 10 days, it is 10 days + 14 days. If case is severely immunocompromised, it is 20 days + 14 days.

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<table>
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<tr>
<th>Vaccinated HCP without symptoms who had prolonged^1 close contact^2 to a COVID-19 case</th>
<th>Asymptomatic HCPs who are within 3 months of the onset of SARS-CoV-2 infection might not need to quarantine or be tested. Additional information is available <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html">here</a>. Please refer to the <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">appropriate PPE</a> hyperlink to assess the PPE use at the time of exposure.</th>
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<tr>
<td>Considerations to Minimize the Impact of Post-vaccination Systemic Signs and Symptoms</td>
<td>Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. <strong>Preliminary data</strong> indicate that most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose and among younger persons. Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are <strong>not</strong> consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection and should be evaluated. For additional post-vaccine considerations in HCPs visit <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html</a></td>
</tr>
<tr>
<td>Strategies to Mitigate Healthcare Personnel Shortages</td>
<td>If a facility is operating in a contingency or crisis capacity and has an asymptomatic HCPs who has been exposed and is needed for staffing, please refer to CDC’s guidance for mitigation of healthcare personnel staffing shortages. This provides a way for facilities to develop plans that allow asymptomatic HCP who have had an unprotected exposure to COVID-19, but are not known to be infected, to continue to work with certain restrictions. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a>.</td>
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**HCP=healthcare personnel**

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1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

3. Determining the time period when the patient, visitor, HCP or other person with confirmed COVID-19 could have been infectious:
   1. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.
   2. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
      1. In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.
      2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.

4. While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to Strategies to Mitigating HCP Staffing Shortages.

6. For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).