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June 9, 2022

TO: Local Health Jurisdictions

SUBJECT: Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public

This guidance does NOT apply to healthcare personnel in settings covered by AFL 21-08.8. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in AFL 21-08.8. CDPH guidance for quarantine of Skilled Nursing Facility residents is specified in AFL 22-13.

Related Materials: Isolation and Quarantine Q&A | What to do if You Test Positive for COVID-19 | What to Do If You Are Exposed to COVID-19 | Self-Isolation Instructions for Individuals with COVID-19 (PDF) | Self-Quarantine Instructions for Individuals Exposed to COVID-19 (PDF) | Cal/OSHA FAQs | More Home & Community Guidance | All Guidance | More Languages

Local health jurisdictions may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances, including in certain higher-risk settings or during certain situations that may require additional isolation and quarantine requirements (for example, during active outbreaks in high-risk settings).

Updates as of June 8, 2022:

- Added fully vaccinated and booster-eligible but not boosted to list of individuals recommended for quarantine or work exclusion in high-risk settings.
- Included link to AFL 22-13 for guidance on quarantine for residents of Skilled Nursing Facilities.

COVID-19 vaccination and boosters remain the most important strategy to prevent serious illness and death from COVID-19.

To protect all Californians, it is important to continue 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 and boosters, offering and promoting testing and treatment, promoting public health practices like mask wearing, conducting case investigation and contact tracing in prioritized settings, and supporting recommended isolation of those infected and appropriate testing and masking of those exposed to COVID-19.

As the SARS-CoV-2 virus has evolved to have a shorter incubation period (e.g., average 2-3 days), usually by the time identified exposed contacts are notified, their incubation period is over and the most relevant time period for restricting movement by quarantine has passed. In addition, we are now transitioning to a phase in the pandemic where many in our communities have been vaccinated against and/or previously infected with SARS-CoV-2, the virus causing COVID-19; transmission is at lower levels than earlier this year during the surge caused by the Omicron variant; and effective vaccines and treatment options are available to reduce the severity of disease and resulting hospitalizations, deaths, and stress on our infrastructure and healthcare systems. Additionally, the financial, social and societal burden of having those exposed stay home is high, particularly for certain populations, including children and economically vulnerable communities.

This guidance provides a framework for the general public and local health jurisdictions (LHJs), related to both isolation and quarantine, as we move away from some more restrictive quarantine measures, while keeping in mind that the emergence of a more virulent variant or future surges of a new variant may prompt the need to reinstate these public health disease control & prevention measures.

On February 28, 2022, CDPH released a statement supporting LHJs in shifting case investigation, contact tracing, and outbreak investigation priorities to focus on high-risk individuals or settings. CDC also issued guidance stating universal case investigation and contact tracing (CICT) were no longer recommended; instead, health departments should focus on CICT in specific settings and for groups at increased risk and promote proven prevention strategies to reduce COVID-19 community transmission.

As such, CDPH is updating recommendations for asymptomatic exposed individuals, while maintaining quarantine recommendations in specified high-risk settings **, consistent with CDC recommendations (see Table 3). This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings. Recommendations related to isolation of individuals who have tested positive remain unchanged, along with the recommendation for individuals with COVID-19 symptoms to stay home until tested and receiving a negative result.

Workplace Settings

In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF) and should consult those regulations for additional applicable requirements. Additional information about how CDPH isolation and quarantine guidance affects ETS-covered workplaces may be found in Cal/OSHA FAQs.

Work Exclusion:

Prevents a person from working as an employee or entering a specific work facility.

Work Restriction:

Prevents a person from working as an employee performing certain types of work (e.g., direct contact with clients or others), or restriction from contact with specific populations.

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.

Close Contact:

Someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) Infectious period.

High-Risk Contact:

Someone who may experience severe illness if they become infected with COVID-19 or for whom the transmission potential is high (high intensity/duration of indoor exposure). Examples of high-risk contacts include: immunocompromised persons and household contacts of cases.

Infectious Period:

- For symptomatic infected persons, 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared (or through Days 5-10 if testing negative on Day 5 or later), and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR
- For asymptomatic infected persons, 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Days 5-10 if testing negative on Day 5 or later) after specimen collection date for their first positive COVID-19 test.

For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 and end isolation, in accordance with this guidance, are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10.

Isolation and Quarantine Recommendations for the General Public

All persons with COVID-19 symptoms, regardless of vaccination status or previous infection, should:

- Self-isolate and test as soon as possible to determine infection status. Knowing one is infected early during self-isolation enables (a) earlier access to treatment options, if indicated (especially for those that may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected.
    - For symptomatic persons who have tested positive within the previous 90 days, using an antigen test is preferred.
- Remain in isolation while waiting for testing results. If not tested, they should continue isolating for 10 days after the day of symptom onset, and if they cannot isolate, should wear a well-fitting mask for 10 days.

- Consider continuing self-isolation and retesting with an antigen or PCR test in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms.
- Continue to self-isolate if test result is positive, follow recommended actions below (Table 1), and contact their healthcare provider about available treatments if symptoms are severe or they are at high risk for serious disease or if they have any questions concerning their care.

Table 1: Persons Who Should Isolate

Persons Who Test Positive for COVID-19	**Recommended Actions**
Everyone, regardless of vaccination status, previous infection or lack of symptoms.	• **Stay home (PDF)** for at least 5 days after start of symptoms (or after date of first positive test if no symptoms). • Isolation can end after Day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative. • If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. • If fever is present, isolation should be continued until 24 hours after fever resolves. • If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10. If symptoms are severe, or if the infected person is at high risk of serious disease, or if they have questions concerning care, infected persons should contact their healthcare provider for available treatments. • Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see masking section below for additional information). *Antigen test preferred.

Table 2: Close Contacts - General Public (No Quarantine)

Asymptomatic Persons Who are Exposed to Someone with COVID-19 (No Quarantine)	**Recommended Actions**

Everyone, regardless of vaccination status. Persons infected within the prior 90 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.	• Test within 3-5 days after last exposure. • Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, test and stay home (see earlier section on symptomatic persons), AND • If test result is positive, follow isolation recommendations above (Table 1).

In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements.

High Risk Exposures and Settings:

High-Risk Exposures:

Certain exposures may be deemed higher risk for transmission, such as with an intimate partner, in a household with longer periods of exposure, or while performing unmasked activities with increased exertion and/or voice projection or during prolonged close face-face contact (e.g., during contact sports like wrestling, during indoor group singing, during crowded events where cheering occurs like games, concerts or rallies, particularly if indoors). In such cases, exposed persons should be extra vigilant in undertaking recommended mitigation measures.

Similarly, if the close contact is more likely to become infected due to being unvaccinated, immunocompromised, or if they are more likely to transmit the virus to those who are at higher risk for severe COVID-19, they should also take greater care in following recommendations to limit spreading the virus to others during the 10 days following their exposure. These close contacts should get tested and may consider quarantining or self-limiting their exposure to others and are strongly recommended to follow the testing and mitigation measures outlined in this guidance.

High-Risk Settings**:

A high-risk setting is one in which transmission risk is high (e.g., setting with a large number of persons who may not receive the full protection from vaccination due to co-existing medical conditions), and populations at risk of more serious COVID-19 disease consequences including hospitalization, severe illness, and death. As such, CDPH is recommending the following work exclusions for staff working in these settings to protect the populations served, and maintaining quarantine recommendations for patients, residents and clients served in these settings, consistent with CDC recommendations.

Table 3: Close Contacts - Specified High-Risk Settings** (Work exclusion and quarantine)

Persons Who are Exposed to Someone with COVID-19 (Work exclusion and quarantine)	Recommended Actions
• Unvaccinated; OR • Incompletely vaccinated; OR • Have completed the primary series of COVID-19 vaccines, and are booster eligible but have not yet received their booster dose ; AND • Not infected with SARS-CoV-2 within the prior 90 days.	Recommendations for **staff:** • Exclude from work for at least 5 days, after last exposure. • Work exclusion can end after Day 5 if symptoms are not present **and** a diagnostic specimen collected on Day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present, work exclusion can end after Day 10. • Comply with CDPH masking guidance (i.e., universal masking and, in some cases, where surgical masks or higher filtration respirators may be required). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, stay home and test as soon as possible; AND • If test result is positive, follow isolation recommendations above (Table 1). Recommendations for **residents:** • Quarantine for at least 5 days after last exposure. • Quarantine can end after Day 5 if symptoms are not present **and** a diagnostic specimen collected on Day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10. • Comply with CDPH masking guidance (i.e., universal masking and, in some cases, where surgical masks or higher filtration respirators may be required). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, stay home and test as soon as possible; AND • If test result is positive, follow isolation recommendations above (Table 1).

**High-Risk Settings include:

- Homeless shelters, emergency shelters and cooling and heating centers
- Healthcare settings (Applies to HCP, patients and residents in all healthcare settings other than those covered by **AFL 21-08.8** (General Acute Care Hospitals, Acute Psychiatric Hospitals, and Skilled Nursing Facilities [SNF]); CDPH guidance for quarantine of SNF residents is specified in **AFL 22-13**)
- Local correctional facilities and detention centers
- Long Term Care Settings & Adult and Senior Care Facilities

CDPH recommends that while not excluded from work, vaccinated and boosted healthcare personnel working in high-risk settings test immediately upon notification of exposure, and at 3-5 days.

All close contacts, whether quarantined or not:

Should consider **testing** as soon as possible to determine infection status and follow all isolation recommendations above if testing positive. Knowing one is infected early enables (a) earlier access to treatment options, if indicated (especially for those that may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected. If testing negative before Day 3, retest at least a day later, during the 3-5 day window following exposure.

Diagnostic Testing

An antigen test, nucleic acid amplification test (NAAT) or LAMP test are acceptable; however, antigen testing is recommended for infected persons to end isolation, and for symptomatic exposed persons who were infected with SARS-CoV-2 within the prior 90 days. Use of Over-the-Counter antigen tests is also acceptable to end isolation or quarantine.

Masking

As noted above, infected persons should isolate for five days, and mask indoors and when around others during a full 10 days following symptom onset (or positive test if no symptoms). Exposed persons should mask for 10 days following an identified close contact to someone with COVID-19, especially high-risk contacts.

All persons wearing masks should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94) or surgical mask. See Get the Most out of Masking and Masking Tips for Children (PDF) for more information.

Symptom Self-monitoring

Symptom self-monitoring should include checking temperature twice a day and watching for fever, cough, shortness of breath, or any other symptoms that can be attributed to COVID-19 for 10 days following last date of exposure.

Schools and Child Care Programs

For isolation and quarantine considerations in K-12 school settings, see CDPH K-12 Schools Guidance and CDPH K-12 testing strategies. For childcare considerations, see Guidance for Child Care Providers and Programs.

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 those exposed to someone with COVID-19 who have been instructed to quarantine or wish 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.
- People who are self-quarantining should consider testing at least once during days 3-5 after last exposure to inform potential diagnosis and treatment.
- Separate yourself from other people in your home. Do not have any visitors.
- Wear a mask over your nose and mouth in indoor settings, including at home if other people are present, especially if you are immunocompromised, unvaccinated, booster-eligible but have not yet received your

booster dose, or at risk for severe disease, or you are around those who are immunocompromised, unvaccinated, booster eligible but have not yet received their booster dose, or at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners 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 an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces routinely (at least once daily).
- 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 vaccinated.

The self-isolation (PDF) of persons who are infectious or persons who have tested positive for COVID-19 and the self-quarantine (PDF) of those exposed to someone with COVID-19 can be at home, provided the following conditions are in place.

What setup is needed if separation from others is necessary

- A separate sleeping area. If a sleeping area is shared with someone who is sick, consider the following recommendations:
    - 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, or with faces at least six feet apart.
- A separate bathroom or one that can be disinfected after use.

What items are needed

- A mask should be worn by the infected or exposed person when in indoor settings, including at home if other people are present, especially if the infected person is immunocompromised or is around those who are immunocompromised, unvaccinated, those that may be booster-eligible but have not yet received their booster dose, or at risk for severe disease.
- 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 indoors and separating from household members. However, the ability to prevent transmission in a residential setting is an important consideration. 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 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

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk of severe illness. 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 undertaking self-quarantine should wear a mask indoors at home when other people are present and separate from household members, especially those who are immunocompromised, have not completed their primary series of COVID-19 vaccine or are boosted, or who have not had COVID-19 in the last 3 months.

The quarantined person should avoid contact with persons at higher risk for severe COVID-19 illness, even if they have completed their primary series of COVID-19 vaccine or are boosted and should wear a mask indoors when other people are present.

Persons in quarantine at home or in an alternate site should self-monitor for symptoms for 10 days following last date of exposure, even if they complete self-quarantine earlier. If symptoms develop, persons in self-quarantine should immediately self-isolate and get tested.

If they test positive, their isolation period starts with their symptom onset date counted as Day 0 and the next full day of isolation being counted as Day 1.

They should contact their healthcare provider regarding available treatment for COVID-19 infection and with any questions concerning their care.

When to Seek Care

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

- If they are at risk for severe illness or disease to determine any treatment options, including therapeutics.
- If 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 or grayish lips, face, or nails.
    - 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 of an infected person. Some 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 (PDF) 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.

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 communication with the public is 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 people in these communities live and work. Local health jurisdictions should be mindful of discrimination based on all protected categories.

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 COVID-19 cases and identified contacts 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.

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

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

Originally Published on July 30, 2020

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