



# Updates to CDC's COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings

Clinician Outreach and Communication Activity (COCA) Call  
Thursday, January 13, 2022

# Continuing Education

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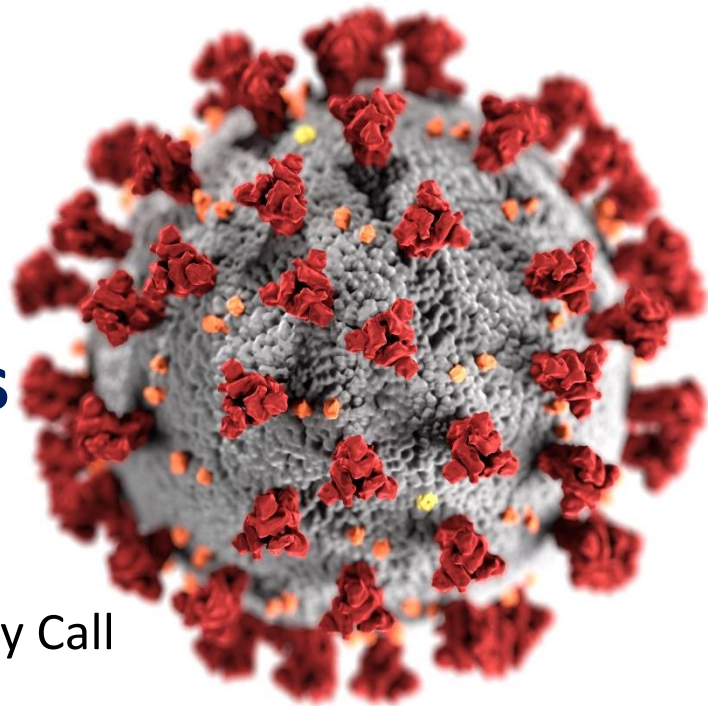
# Today's Presenters

- **Lauri Hicks, DO**  
Captain, U.S. Public Health Service  
Chief Medical Officer, COVID-19 Response  
Director, Office of Antibiotic Stewardship  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention
- **Alexander Kallen, MD, MPH**  
Chief, Prevention and Response Branch  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention
- **Pragna Patel, MD, MPH**  
Deputy Principal Incident Manager, COVID-19 Response  
Senior Medical and Science Advisor, HIV Prevention Branch  
Division of Global HIV and TB  
Centers for Disease Control and Prevention

# Updates to CDC's COVID-19 Quarantine and Isolation Guidelines in Healthcare and Non-healthcare Settings

January 13, 2022

Clinician Outreach and Communication Activity Call



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Update on the Omicron Variant

**CAPT Lauri Hicks, DO**

Chief Medical Officer

CDC COVID-19 Response

Centers for Disease Control and Prevention

January 13, 2022

Clinician Outreach and Communication Activity Call



# What are the key questions we're trying to answer?

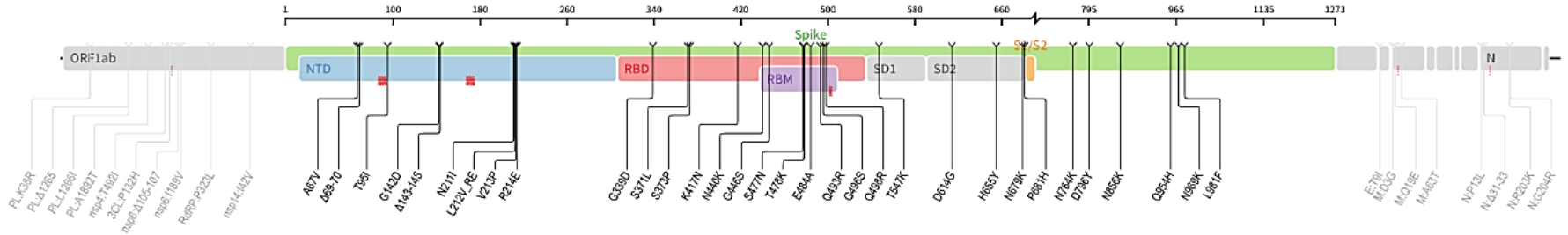
- How **transmissible** is Omicron?
- How **severe** is Omicron compared to other variants?
- How well do vaccines and prior infection **protect** against infection, transmission, clinical disease, and death due to Omicron?
- What therapeutics are available to **treat** Omicron infections?

**Transmissibility**

A decorative horizontal bar at the bottom of the slide, consisting of several colored rectangular segments: a dark blue segment on the left, followed by a light blue segment, a green segment, a red segment, a grey segment, and a small dark blue segment on the far right.



# B.1.1.529 Lineage Mutation Profile



- Unusually large number of mutations across the SARS-CoV-2 genome
  - **45-52 amino acid changes, deletions, or insertions: 15 within receptor binding domain**
- Some mutations well characterized with known phenotypic impact might allow Omicron to:
  - Be more infectious and transmissible than the Delta variant
  - Resist neutralization by vaccine- and infection-induced antibodies
  - Resist treatment with therapeutics
  - Evade innate immunity

# COVID-19 cases rapidly increased since the first U.S. Omicron case was reported on December 1, 2021

January 22, 2020\* - January 05, 2022

**57,898,239**

Total Cases Reported

**705,264**

New Cases Reported\*\*

**586,391**

Current 7-Day Average\*\*

Dec 30, 2021 - Jan 05, 2022

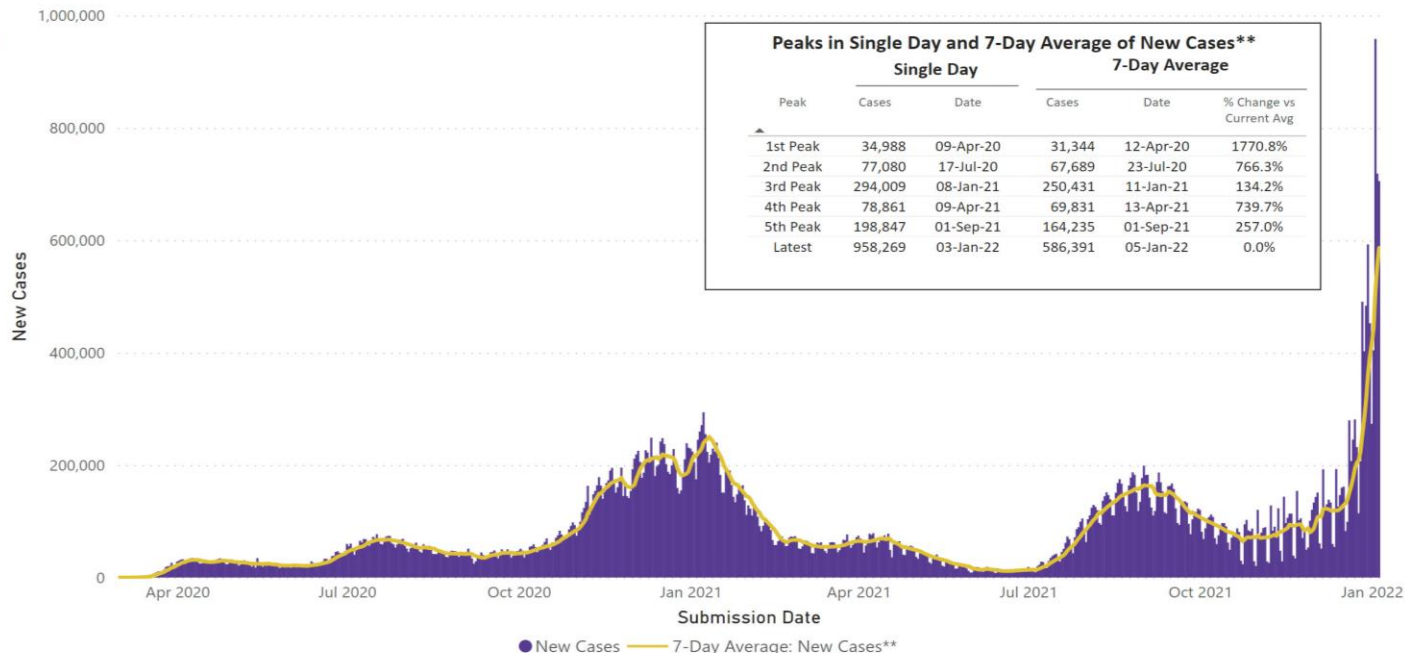
**315,851**

Prior 7-Day Average\*\*

Dec 23, 2021 - Dec 29, 2021

**85.7%**

Change in 7-Day Average



\*Graph displays data for Mar 01, 2020, to date. The totals include cases reported since Jan 22, 2020.

\*\* The histogram, total of new cases in the last 24 hours, and 7-day averages do not include historical cases retroactively that are not yet attributed to the correct date of report. Of 352,811 historical cases reported retroactively, none were reported on the most recent submission date; 134 in the current week; and 621 in the prior week.

# Data suggest higher household transmissibility of Omicron compared with Delta among vaccinated persons (Denmark, 2021)

|                    | Omicron households<br>(N=2225)                |                                                           | Delta households<br>(N=9712)                |                                                         |
|--------------------|-----------------------------------------------|-----------------------------------------------------------|---------------------------------------------|---------------------------------------------------------|
| Vaccine Status     | 2° attack rate<br>for Omicron<br>(# 2° cases) | Odds ratio for<br>Omicron<br>transmissibility<br>(95% CI) | 2° attack rate<br>for Delta<br>(# 2° cases) | Odds ratio for<br>Delta<br>transmissibility<br>(95% CI) |
| Unvaccinated       | 29% (340)                                     | 1.04 (0.87-1.24)                                          | 28% (2044)                                  | 2.31 (2.09-2.55)                                        |
| Fully vaccinated   | 32% (1057)                                    | ref                                                       | 19% (2714)                                  | ref                                                     |
| Booster-vaccinated | 25% (77)                                      | 0.54 (0.40-0.71)                                          | 11% (165)                                   | 0.38 (0.32-0.46)                                        |

**Severity**

# U.S. hospitalizations with confirmed COVID-19 are surpassing peaks from last winter

**3,773,704**

Total New Admissions  
Aug 01, 2020 – Jan 04, 2022

**19,232**

New Admissions  
Jan 04, 2022

**16,458**

Current 7-Day Average  
Dec 29, 2021 – Jan 04, 2022

**10,271**

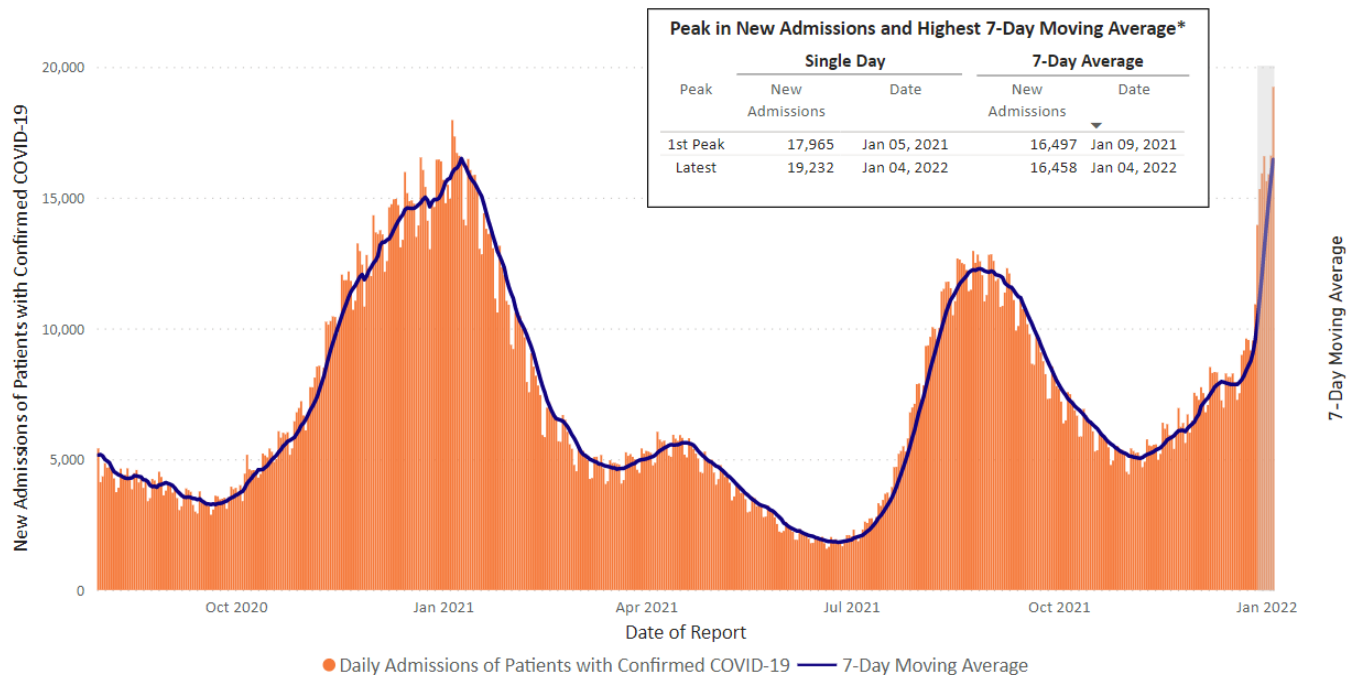
Prior 7-Day Average  
Dec 22, 2021 – Dec 28, 2021

**+60.2%**

Change in 7-Day Average

**-0.2%**

Change Since Peak 7-Day Average

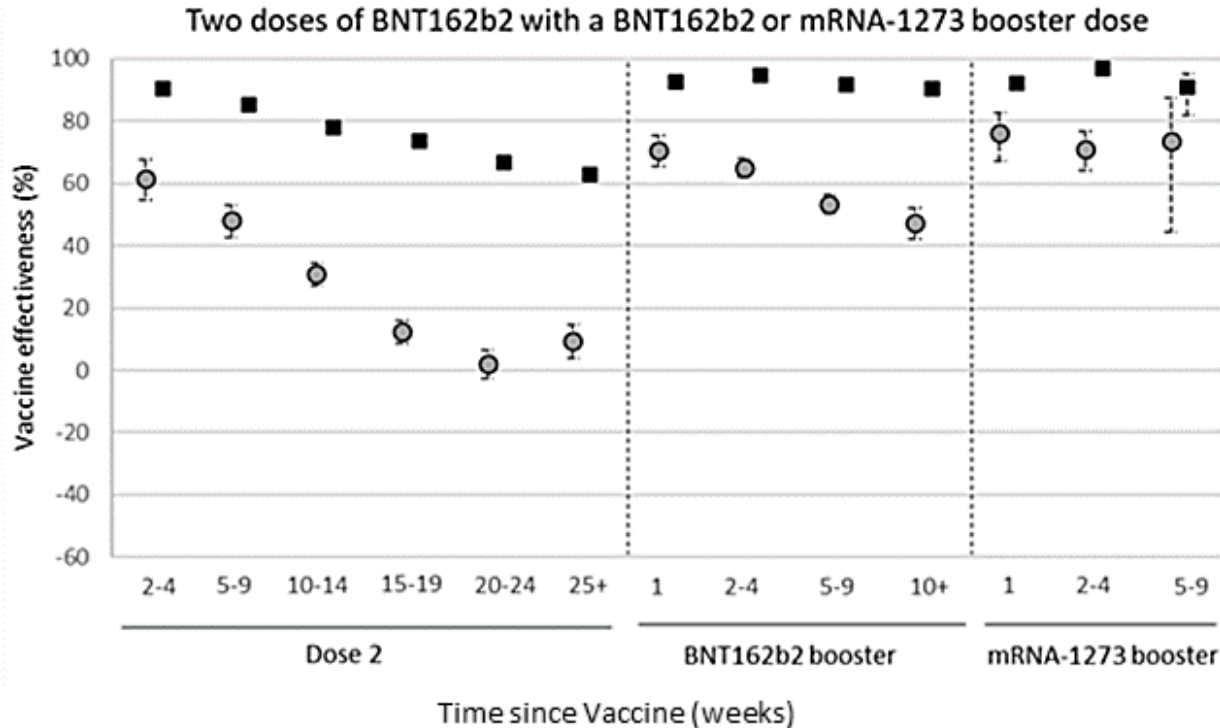


# Vaccine Effectiveness

# Neutralization of the Omicron variant is reduced compared with ancestral and Delta strains

| Sera from persons with different vaccination and infection scenarios                | Time of collection after last vaccine dose | Neutralization of Omicron and range reduction compared with ancestral and Delta strains | References                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Infection-naïve, primary mRNA vaccine series                                        | 0.5–6 months                               | Undetectable to 11–127x lower for Omicron                                               | <p>Wilhelm et al <a href="https://www.medrxiv.org/content/10.1101/2021.12.07.21267432v1.full.pdf">https://www.medrxiv.org/content/10.1101/2021.12.07.21267432v1.full.pdf</a>Cele et al <a href="https://www.ahri.org/wp-content/uploads/2021/12/MEDRXIV-2021-267417v1-Sigal.pdf">https://www.ahri.org/wp-content/uploads/2021/12/MEDRXIV-2021-267417v1-Sigal.pdf</a> Denjinrattisai et al <a href="https://www.medrxiv.org/content/10.1101/2021.12.10.21267534v1">https://www.medrxiv.org/content/10.1101/2021.12.10.21267534v1</a> Aggarwal et al <a href="https://www.medrxiv.org/content/10.1101/2021.12.14.21267772v1.full.pdf">https://www.medrxiv.org/content/10.1101/2021.12.14.21267772v1.full.pdf</a> Zeng et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.16.472934v1">https://www.biorxiv.org/content/10.1101/2021.12.16.472934v1</a> Lu et al <a href="https://pubmed.ncbi.nlm.nih.gov/34915551/">https://pubmed.ncbi.nlm.nih.gov/34915551/</a> Edara et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.20.473557v1.full.pdf">https://www.biorxiv.org/content/10.1101/2021.12.20.473557v1.full.pdf</a> Schmidt et al <a href="https://www.nejm.org/doi/full/10.1056/NEJMc2119641?query=RP">https://www.nejm.org/doi/full/10.1056/NEJMc2119641?query=RP</a> Basile et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.12.472252v1.full.pdf">https://www.biorxiv.org/content/10.1101/2021.12.12.472252v1.full.pdf</a> Planas et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.14.472630v1.full.pdf">https://www.biorxiv.org/content/10.1101/2021.12.14.472630v1.full.pdf</a> Rossler et al <a href="https://www.medrxiv.org/content/10.1101/2021.12.08.21267491v1.full">https://www.medrxiv.org/content/10.1101/2021.12.08.21267491v1.full</a></p> |
| Infection-naïve, primary mRNA vaccine series + booster (homologous or heterologous) | 0.5–3 months                               | Increased compared with primary series alone but 3–37x lower for Omicron                | <p>Basile et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.12.472252v1.full.pdf">https://www.biorxiv.org/content/10.1101/2021.12.12.472252v1.full.pdf</a> Planas et al <a href="https://www.biorxiv.org/content/10.1101/2021.12.14.472630v1.full.pdf">https://www.biorxiv.org/content/10.1101/2021.12.14.472630v1.full.pdf</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Previous infection and vaccination (1 or 2 doses of mRNA vaccine)                   | 1–6 months                                 | Increased compared with infection or vaccination alone but 18–44x lower for Omicron     | <p>Rossler et al <a href="https://www.medrxiv.org/content/10.1101/2021.12.08.21267491v1.full">https://www.medrxiv.org/content/10.1101/2021.12.08.21267491v1.full</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# Pfizer mRNA vaccine effectiveness (VE) is lower for symptomatic infection due to Omicron compared to Delta

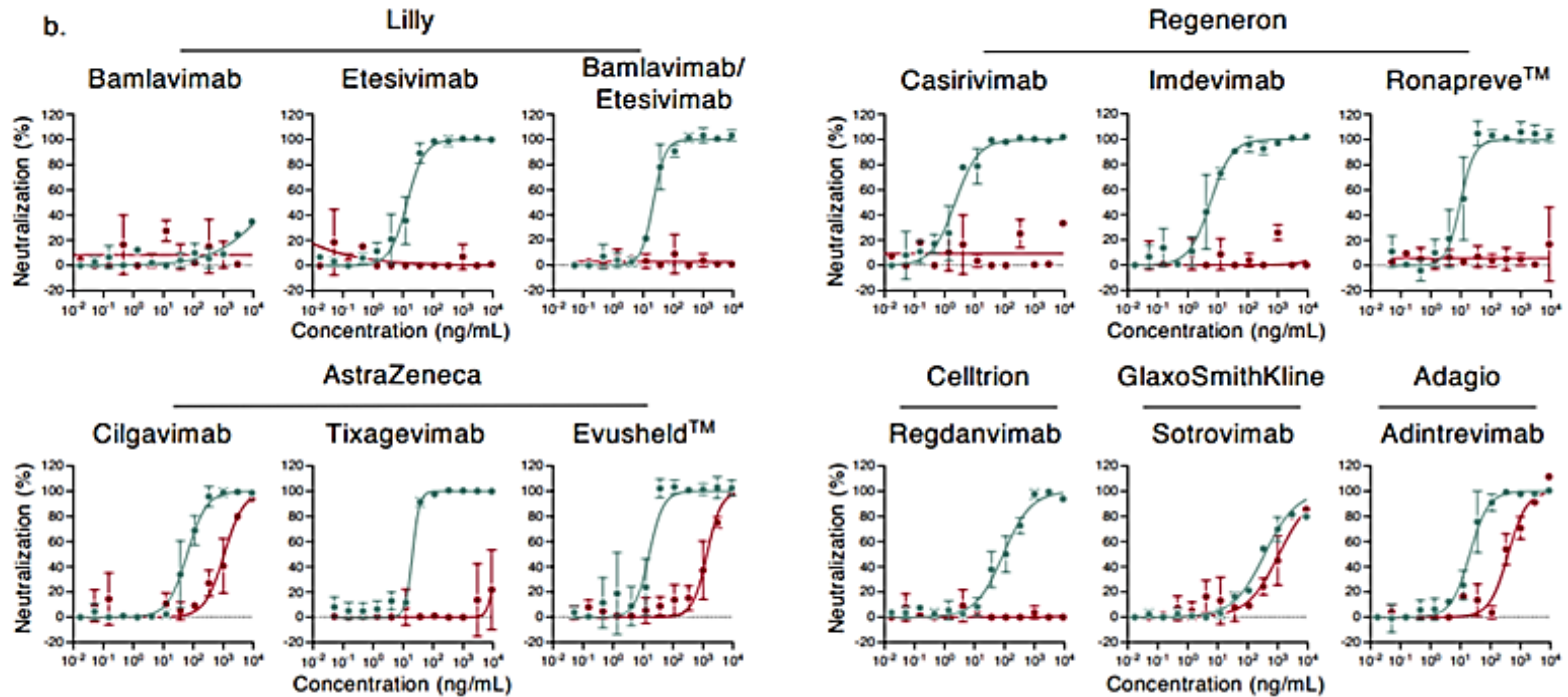


- Delta
- Omicron
- **Post 2-dose:** increased waning immunity for Omicron (~15%) vs. Delta (~60%) at 25+ weeks post 2<sup>nd</sup> dose
- **Booster:** ~65% VE against Omicron 2 weeks; decreases to 45% at 10+ weeks



# Therapeutics

# Susceptibility to monoclonal antibodies appears to be lower for Omicron compared to Delta



# There are other currently recommended therapeutics for high-risk, non-hospitalized patients with mild to moderate COVID-19

## ■ Paxlovid™

- protease inhibitor active against MPRO, a viral protease essential for viral replication
- Ritonavir 100 mg boosted with nirmatrelvir 300 mg orally twice daily for 5 days within 5 days of symptom onset in persons ages  $\geq 12$  years and weighing  $\geq 40$  kg

## ■ Remdesivir

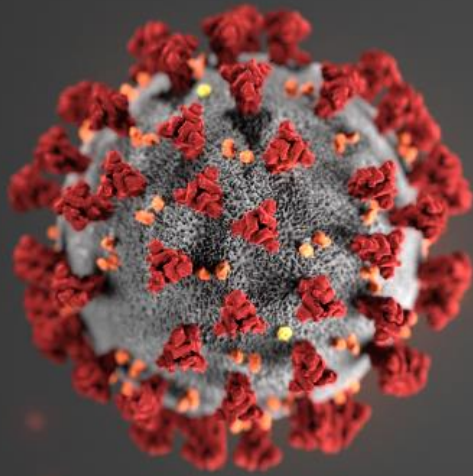
- binds to the viral RNA-dependent RNA polymerase and inhibits viral replication by terminating RNA transcription prematurely
- 200 mg IV (Day 1) and 100mg IV daily (Days 2 and 3) within 7 days of symptom onset in persons ages  $\geq 12$  years and weighing  $\geq 40$  kg

## ■ Molnupiravir

- ribonucleoside with broad antiviral activity against RNA viruses
- 800 mg orally twice daily for 5 days within 5 days of symptom onset in persons ages  $\geq 18$  years ONLY when none of the above options can be used due to concerns with host genotoxicity

## Summary

- Accumulating evidence suggests that the Omicron variant is more transmissible but causes less severe disease.
- Currently authorized vaccines offer less protection against infection due to Omicron compared to ancestral strains and previous variants but still provide benefit— important to increase uptake of primary vaccination and boosters in eligible populations to optimize protection.
- Susceptibility to monoclonal antibodies appears to be lower for Omicron compared to Delta; sotrovimab is likely effective.



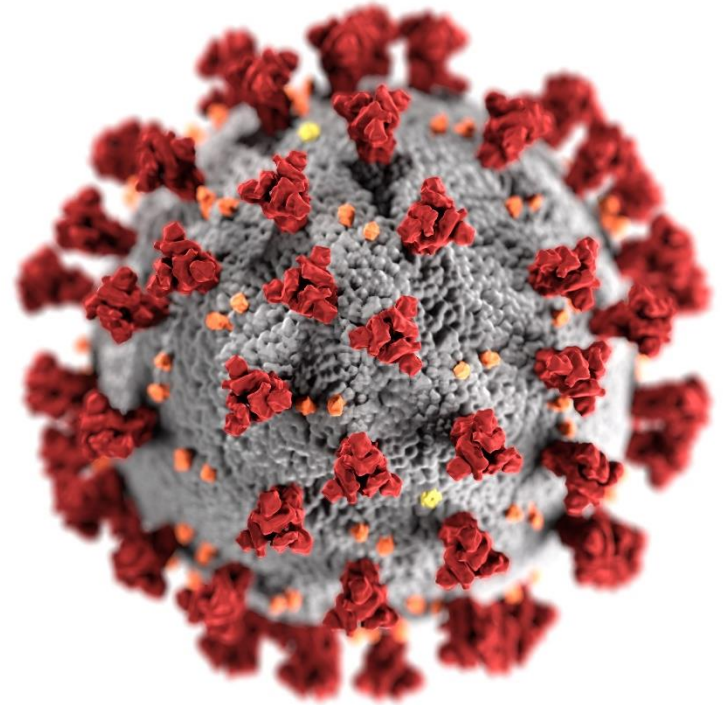
For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# Disclaimer

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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Updates to CDC COVID-19 Healthcare Guidance

**Alex Kallen, MD, MPH**

Chief, Prevention and Response Branch  
Division of Healthcare Quality Promotion  
Centers for Disease Control and Prevention

January 13, 2022

Clinician Outreach and Communication Activity Call



# Recent CDC healthcare guidance updates

**December 23, 2021**

- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- Strategies to Mitigate Healthcare Personnel Staffing Shortages

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>





# Recent CDC healthcare guidance updates – continued

## Updates pending

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>



# Healthcare-specific guidance

- Healthcare-specific guidance has been available since January 2020
- Often differs from community guidance
  - Generally more conservative
- Intended to address all healthcare settings
  - Including inpatient, outpatient, and home health settings



# Why is there healthcare specific guidance?

- Critical infrastructure
- Concentration of potentially infected patients
- Often these settings cannot be avoided by patients at higher risk for severe outcomes
- General infection control practices already in use in these settings
  - Greater familiarity with use of interventions (including personal protective equipment)
  - Strong foundation of prior evidence from which to make recommendations



# Guidance Updates – Work Restrictions



## Work restrictions for healthcare personnel (HCP) with SARS-CoV-2 infection and exposures

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines](https://bit.ly/3tBnpNV): <https://bit.ly/3tBnpNV>

For more details, including recommendations for healthcare personnel who are immunocompromised or within 90 days of prior infection, refer to:

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](https://bit.ly/3GoRdR9) (conventional standards): <https://bit.ly/3GoRdR9>
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://bit.ly/3q11h8) (contingency and crisis standards): <https://bit.ly/3q11h8>

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status            | Conventional                                                                                                               | Contingency                                                                                               | Crisis                                                                                         |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mild to moderate symptoms (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate symptoms (with improving symptoms) | No work restriction, with prioritization considerations (e.g., type of patients they care for) |

### Work Restrictions for Asymptomatic HCP With SARS-CoV-2 Exposures

| Vaccination Status | Conventional                                                           | Contingency                                                                                                                          | Crisis                                  |
|--------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Up to Date         | No work restriction, with negative test on days 1 <sup>‡</sup> and 5–7 | No work restriction                                                                                                                  | No work restriction                     |
| Not Up to Date     | 10 days OR 7 days with negative test                                   | No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5 to 7) | No work restrictions (test if possible) |

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

## Work restrictions for healthcare personnel (HCP) with SARS-CoV-2 infection and exposures – part 2

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines](https://bit.ly/3tBnpNV): <https://bit.ly/3tBnpNV>

For more details, including recommendations for healthcare personnel who are immunocompromised or within 90 days of prior infection, refer to:

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- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://bit.ly/3q11h8) (contingency and crisis standards): <https://bit.ly/3q11h8>

### Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status            | Conventional                                                                                                               | Contingency                                                                                               | Crisis                                                                                         |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mild to moderate symptoms (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate symptoms (with improving symptoms) | No work restriction, with prioritization considerations (e.g., type of patients they care for) |

If using contingency or crisis strategies:

- Risk for healthcare-associated SARS-CoV-2 transmission is likely higher
- HCP should feel well enough and be willing to work
- Ensure HCP practice source control and physical distancing, even among co-workers
- Consider the types of tasks these HCP perform

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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### Work Restrictions for HCP With SARS-CoV-2 Infection

#### Vaccination Status

Up to Date and

#### Note:

- Release from isolation at 10 days (or 7 days with a negative test) is for those who are asymptomatic or have mild to moderate illness
- Different recommendations for immunocompromised and for those with severe to critical illness

#### Work Restrictions

#### Vaccination Status

Up to Date

|                |                                      |                                                                                                                                      |                                         |
|----------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|                | test on days 1* and 5–7              |                                                                                                                                      |                                         |
| Not Up to Date | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5 to 7) | No work restrictions (test if possible) |

+Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

## Work restrictions for healthcare personnel (HCP) with SARS-CoV-2 infection and exposures – part 3

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines](https://bit.ly/3tBnpNV): <https://bit.ly/3tBnpNV>

For more details, including recommendations for healthcare personnel who are immunocompromised or within 90 days of prior infection, refer to:

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](https://bit.ly/3GoRdR9) (conventional standards): <https://bit.ly/3GoRdR9>
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://bit.ly/3q11h8) (contingency and crisis standards): <https://bit.ly/3q11h8>

### Work Restrictions for **Asymptomatic** HCP With SARS-CoV-2 **Exposures**

| Vaccination Status | Conventional                                                           | Contingency         | Crisis              |
|--------------------|------------------------------------------------------------------------|---------------------|---------------------|
| Up to Date         | No work restriction, with negative test on days 1 <sup>‡</sup> and 5–7 | No work restriction | No work restriction |

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



## Work restrictions for healthcare personnel (HCP) with SARS-CoV-2 infection and exposures – part 4

“Up to Date” with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines](https://bit.ly/3tBnpNV): <https://bit.ly/3tBnpNV>

For more details, including recommendations for healthcare personnel who are immunocompromised or within 90 days of prior infection, refer to:

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2](https://bit.ly/3GoRdR9) (conventional standards): <https://bit.ly/3GoRdR9>
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://bit.ly/3q1h8) (contingency and crisis standards): <https://bit.ly/3q1h8>

### Work Restrictions for **Asymptomatic** HCP With SARS-CoV-2 **Exposures**

| Vaccination Status | Conventional                         | Contingency                                                                                                                          | Crisis                                  |
|--------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Not Up to Date     | 10 days OR 7 days with negative test | No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5 to 7) | No work restrictions (test if possible) |

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

# Duration of Transmission-based Precautions for patients and residents

- Similar to the conventional recommendations for healthcare personnel
  - Contingency and crisis strategies to shorten duration of isolation and quarantine are not recommended for patients or residents
- For those with SARS-CoV-2 infection, in addition to being fever free and having improving symptoms:
  - Mild to moderate illness
    - 10 days
  - Severe to critical illness
    - 10 to 20 days
  - Moderate to severe immunocompromise
    - Consider test-based strategy (2 tests negative)



# Caveats

- Within 90 days of infection (for healthcare personnel, patients, and residents):
  - Testing and quarantine following exposure not generally necessary
  - Could be considered in certain circumstances
- For healthcare visitors and outpatients
  - Follow the criteria for discontinuing quarantine and/or isolation for healthcare settings and not the community



# Testing

- Note that testing following exposure differs between community and healthcare guidance
- In healthcare, regardless of vaccination status, testing is recommended following exposure
- Two tests are recommended:
  - Immediately, but not sooner than 24 hours after exposure
  - If negative, again at 5 to 7 days



# Other Guidance



# Source Control

- Use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing
- Source control options for healthcare personnel include:
  - NIOSH-approved N95 or equivalent or higher-level respirator
  - Respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators
  - Well-fitting facemask.
- Recommended for everyone in a healthcare setting



# Personal protective equipment (PPE)

- No change to PPE recommended for the care of patients/residents with known or suspected SARS-CoV-2 infection
  - Gown
  - Gloves
  - Eye protection
  - NIOSH-approved N95 or equivalent or higher-level respirator



# References – main healthcare guidance

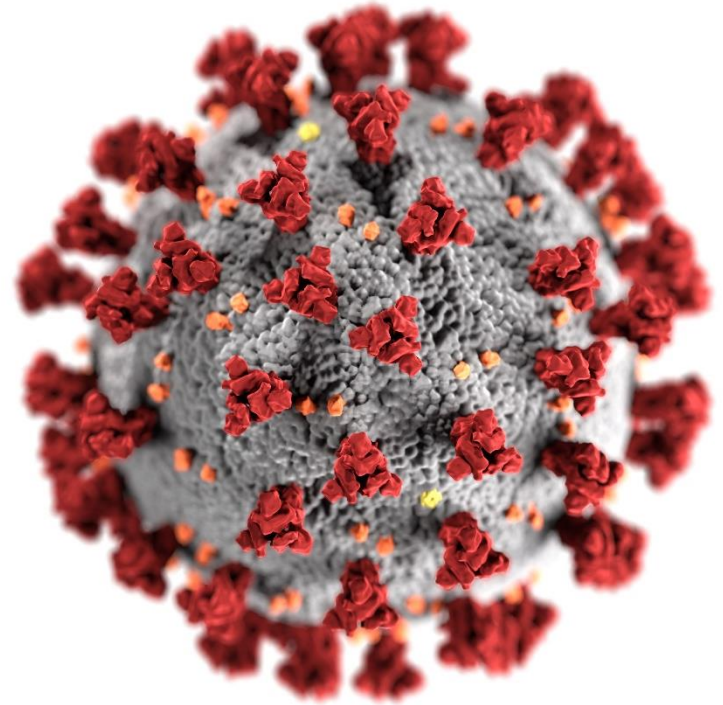
- Guidance for healthcare personal exposures and isolation:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
- Guidance for mitigating staff shortages:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- General healthcare Infection control guidance:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Long-term care guidance:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>





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# Updates to CDC COVID-19 Isolation and Quarantine Community Guidance

**Pragna Patel, MD, MPH**

Deputy Principal Deputy Incident Manager  
CDC COVID-19 Response  
Centers for Disease Control and Prevention

January 13, 2022

Clinician Outreach and Communication Activity Call



# Why CDC Shortened Isolation and Quarantine Periods

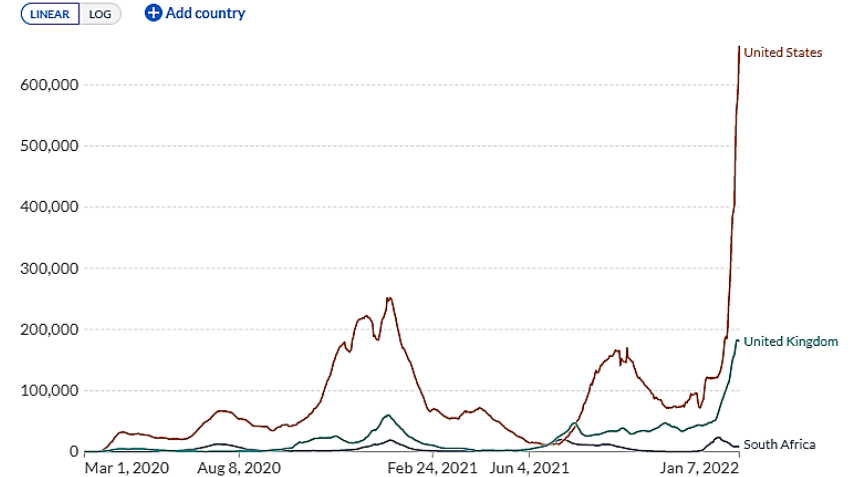


# Considerations – Impact of Large Increase in Cases

- COVID-19 cases due to the Omicron variant have increased rapidly in the past month
- Omicron has become dominant variant
- Serious concerns about negative societal impact due to illness, as well as isolation/quarantine
- Potential to worsen staffing shortages and increase supply chain challenges, which jeopardize systems that are essential to maintain a functioning society and economy

Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

Our World  
in Data

CC BY

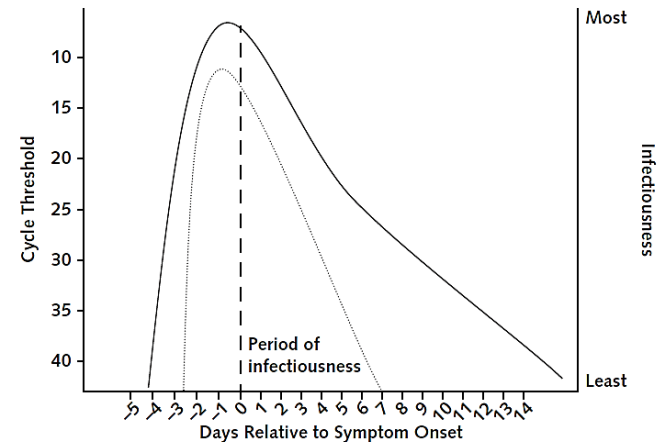


Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. JAMA Network Open. 2020;3(9):e2019686. doi:10.1001/jamanetworkopen.2020.19686  
Ka¨mpfen F, Kohler IV, Ciancio A, Bruine de Bruin W, Maurer J, Kohler H-P. Predictors of mental health during the Covid-19 pandemic in the US: Role of economic concerns, health worries and social distancing. PLoS ONE 2020 15 (11): e0241895.

# Considerations – Period of Infectiousness

- Data, including a review of 113 studies from 17 countries, show that most SARS-CoV-2 transmission occurs early in the course of infection
- Infectiousness peaks around one day before symptom onset and declines within a week of symptom onset
- CDC has been monitoring the emerging science on when and for how long a person is maximally infectious with Omicron

**Figure 1.** The period of infectiousness for immunocompetent, symptomatic adults (*dotted line*) and respiratory tract viral load with time (*solid line*).

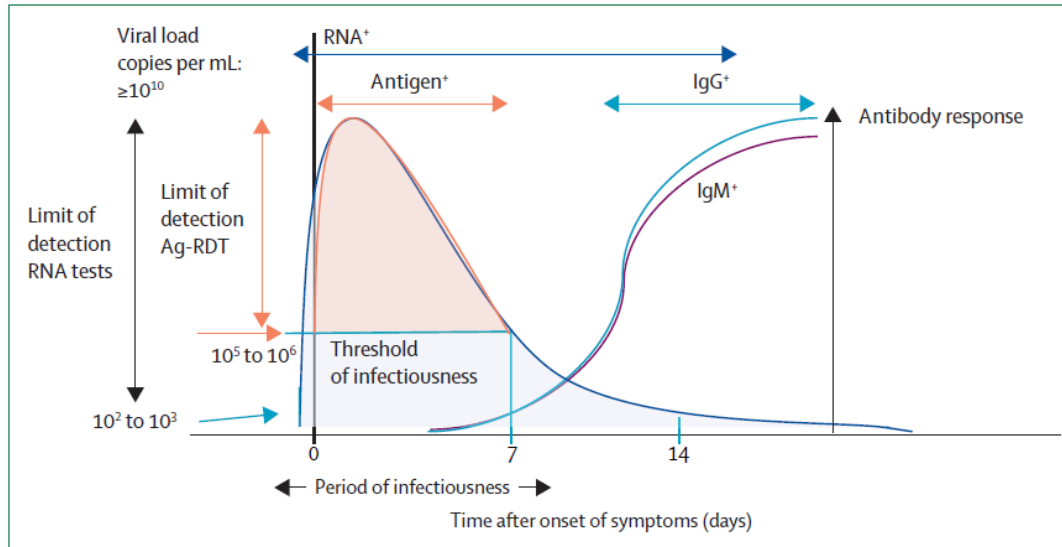


The vertical dashed line represents symptom onset.



# Considerations – Testing in Symptomatic Patients

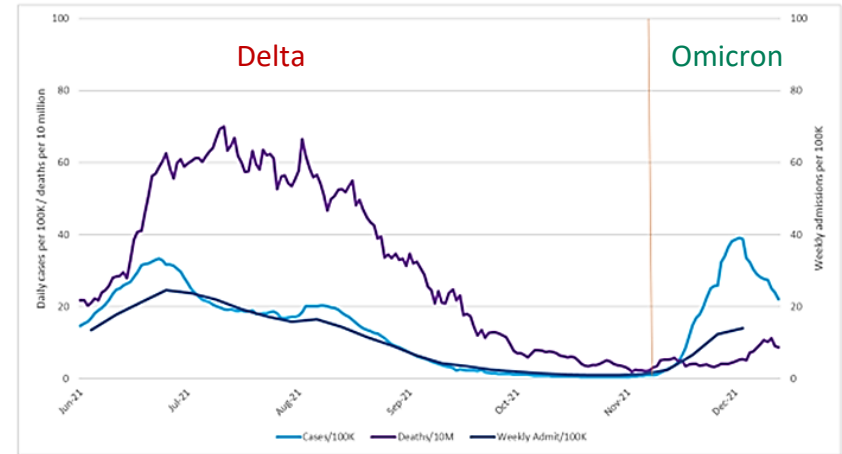
- Optimal time frame for using antigen tests for diagnosis of SARS-CoV-2 infection in people with symptoms is early infection



# Considerations – Severity of Disease

- Some reports suggest that compared with previous variants, Omicron has a shorter incubation period (2-4 days)
- Studies from multiple countries indicate that Omicron causes less severe disease with shorter hospital stays (7-8 days vs. 3-4 days) and lower death rates (0.8% vs 5.3%)
- Epi data from South Africa show Omicron caused a much milder wave than Delta – uncertain if this is due to high population immunity or if Omicron is a milder variant

Case, Death, and New Admission Rates – South Africa, June 16 to December 28, 2021



\*X-axis begins on date when Delta accounted for ≥ 50% of sequences in the country  
— |orange vertical line| Date that Omicron accounted for ≥ 50% of sequences in country

Data source: Our World in Data, <https://ourworldindata.org/coronavirus>

Centers for Disease Control and Prevention. Investigation of a SARS-CoV-2-B.1.1.529 (Omicron) Variant Cluster—Nebraska- November-December 2021. MMWR Early Release. Vol. 70. December 28, 2021

Brandel LT, MacDonald E, Veneti L, Ravio T, Lange H, Naseer U, et al. Outbreak caused by SARS-CoV-2 Omicron variant in Norway, November to December 2021. Euro

Surveill. 2021;26(50):pii=2101147 <https://doi.org/10.2807/1560-7917.ES.2021.26.50.2101147>

Lee JJ, Choe YJ, Jeong H, Kim M, Kim S, Yoo H, et al. Importation and transmission of SARS-CoV-2 B.1.1.529 (Omicron) variant of concern in Korea, November 2021. J Korean Med Sci. 2021 Dec 27;36(50):e346;

Christensen PA, et al. Early signals of significantly increased vaccine breakthrough, decreased hospitalization rates and less severe disease in patients with COVID-19 caused by the Omicron variant of SARS-CoV-2 in Houston TX. medRxiv. <https://www.medrxiv.org/content/10.1101/2021.12.30.21268560v2>

Maslo C, et al. Characteristics and outcomes of hospitalized patients in SA during Omicron. JAMA. doi:10.1001/jama.2021.24868; Report 50: Hospitalization risk for Omicron in England;

Abdullah F, et al. Decreased severity of disease during Omicron in SA. Int J ID. <https://doi.org/10.1016/j.ijid.2021.12.357>



# Considerations – Vaccine Effectiveness (VE)

- Infection rates due to Omicron among fully vaccinated and unvaccinated persons were similar (51.4% vs. 48.6%, respectively) in Houston study
- Breakthrough cases caused by Omicron (51.4%) were much higher than for Alpha (3.2%) and Delta (24.3%) for fully vaccinated persons; 10.7% of Omicron cases were in persons up to date on vaccines
- VE against Omicron infection was 55.2% (95% CI: 23.5-73.7%) for Pfizer-BNT162b2 in Denmark
- VE against symptomatic Omicron disease after the primary Pfizer-BioNTech series was 70% (95% CI: 62-76%) compared with 93% (95% CI: 90-94%) for Delta wave in South Africa
- In the United Kingdom, VE for Pfizer-BioNTech against Omicron disease was 88.0% (95% CI: 65.9 to 95.8%) 2-9 weeks after the second dose and dropped to 48.5% (95% CI: 24.3 to 65.0%) 10-14 weeks after the second dose
- VE for Pfizer-BioNTech increased to 75.5% (95% CI: 56.1 to 86.3%) after the booster dose in the United Kingdom and to 54.6% (95% CI: 30.4-70.4%) in Denmark

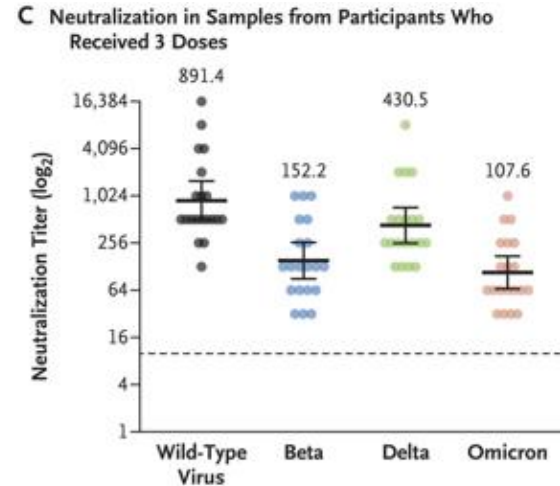
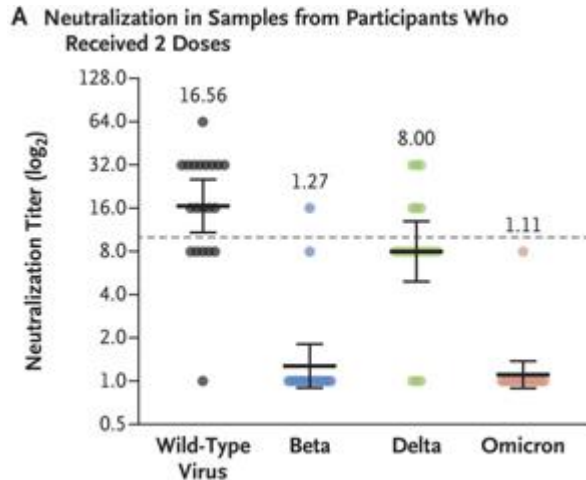
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Christensen PA, et al. Early signals of significantly increased vaccine breakthrough, decreased hospitalization rates and less severe disease in patients with COVID-19 caused by the Omicron variant of SARS-CoV-2 in Houston TX. medRxiv. <https://www.medrxiv.org/content/10.1101/2021.12.30.21268560v2>  
Collie S. Effectiveness of BNT162b2 vaccine against Omicron variant in SA. NEJM. December 29, 2021 DOI: 10.1056/NEJMc2119270  
Hansen CH, et al. Vaccine effectiveness against SARS CoV2 infection with the Omicron variant Danish study. medRxiv. <https://doi.org/10.1101/2021.12.20.21267966>





# Considerations – Neutralization After Booster Dose

- Booster doses effectively neutralize infection with Omicron and are important to improve protection from hospitalization and death due to infection with the Omicron variant



Nemet I, et al. Third BNT162b2 vaccination neutralization of SARS-CoV-2 Omicron Infection. NEJM. December 29, 2021 DOI: 10.1056/NEJMc2119358

Schmidt F, et al. Plasma neutralization of the SARS-CoV-2 omicron variant. NEJM. December 30, 2021. DOI: 10.1056/NEJMc2119641

Zeng C, et al. COVID-19 mRNA booster vaccines elicit strong protection against SARS-CoV-2 omicron variant in patients with cancer. medRxiv. <https://doi.org/10.1101/2021.12.28.21268398>

Lustig Y, et al. Superior immunogenicity and effectiveness of the 3<sup>rd</sup> BNT162b2 vaccine dose. medRxiv. <https://doi.org/10.1101/2021.12.19.21268037>



# Guidance Updates



# CDC Quarantine and Isolation Guidelines – Updates

CDC's updated COVID-19 isolation and quarantine recommendations allows for shorter isolation and quarantine periods of 5 days followed by continued masking for an additional 5 days

- It is critical that people continue to wear well-fitting masks and take additional precautions for 5 days after leaving isolation or quarantine
  - People should avoid travel and avoid being around people who are immunocompromised or at increased risk for severe disease
  - People should also avoid restaurants and other places where they cannot wear a mask



# CDC Quarantine and Isolation Guidelines – Who does it apply to?

- This guidance applies to the general population in the community, including workplaces and K-12 schools
- This guidance does not apply to healthcare settings, correctional institutions, or homeless shelters. CDC provides separate, specific guidance for these settings



# CDC Shorter Quarantine and Isolation Periods – Who is the Guidance Not Suitable for?

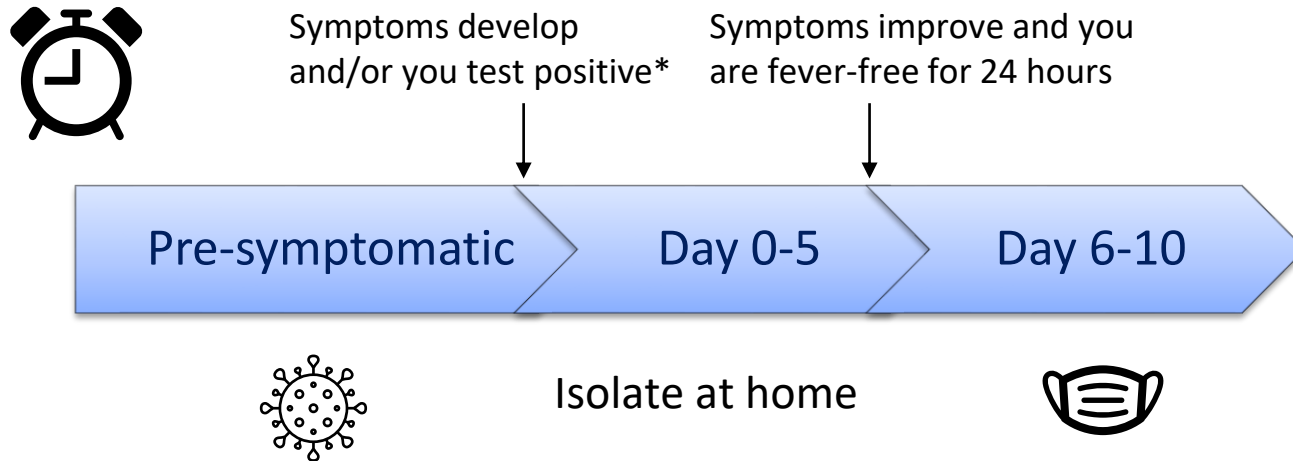
Who is not suitable for shorter isolation and quarantine periods?

- Children <2 years of age and other individuals who are unable to wear a mask
- People who have moderate or severe illness
- People who are immunocompromised
- Some people in high-risk congregate settings such as homeless shelters and correctional facilities



# CDC Isolation Guidelines – When Does the Clock Start?

- **Isolation:** strategy to separate people with confirmed or suspected COVID-19 from people without COVID-19
- To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed



\* If symptoms develop after testing positive, the 5-day isolation period should start over. Day 0 is the first day of symptoms.

# CDC Isolation Guidelines – Who Should Isolate?

## Who should isolate?\*

People who have a positive viral test for COVID-19, regardless of whether or not they have symptoms

People with symptoms of COVID-19, including people who are awaiting test results or have not been tested

People with symptoms, even if they do not know if they have been in close contact with someone with COVID-19

## Recommendations

- Stay home for 5 full days
- End isolation if fever-free for 24 hours without the use of fever-reducing medication and if other symptoms have improved

### *After ending isolation:*

- Continue to wear a well-fitting mask around others at home and in public for 5 additional days
- Avoid travel until a full 10 days after your first day of symptoms
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms
- Avoid eating around others at home and at work until a full 10 days after your first day of symptoms



\*regardless of vaccination status

# Definitions

- **Exposure**

- Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.

- **Close Contact**

- Someone who was less than 6 feet away from an infected person (laboratory-confirmed or clinical diagnosis) 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.





# CDC Quarantine Guidelines – People Who Are Up to Date on Their COVID-19 Vaccines or Who Had a Previous Infection

- Quarantine is a strategy used to prevent transmission of COVID-19 by keeping people who have been in close contact with someone with COVID-19 apart from others

## Who does not need to quarantine?

People who are up to date\* on their COVID-19 vaccines

People who had confirmed COVID-19 within the last 90 days

## Recommendations

- Wear a well-fitting mask around others for 10 days from the date of your last close contact with someone with COVID-19 (the date of last close contact is considered day 0)
- Get tested at least 5 days after close contact with someone with COVID-19. If your test is positive or you develop symptoms, isolate



\*Up to date means a persons has received all recommended vaccine doses, including boosters and additional primary shots for some immunocompromised people

# CDC Quarantine Recommendations for People Who Are Not Up to Date on Their COVID-19 Vaccines

- Stay home and away from other people for at least 5 days after last contact with a person who has COVID-19. The date of your last close contact is considered day 0
- Wear a well-fitting mask when around others at home, if possible
- For 10 days after last close contact with someone with COVID-19, watch for COVID-19 symptoms
- If symptoms develop, get tested immediately and isolate until test result received
  - If test is positive, follow isolation recommendations



# CDC Quarantine Recommendations for People Who Are Not Up to Date on Their COVID-19 Vaccines – continued

- If symptoms do not develop, get tested at least 5 days after you last had close contact with someone with COVID-19
  - If the test is negative, you can stop quarantine, but continue to wear a well-fitting mask until 10 days after your last close contact
  - If test is positive, follow isolation recommendations
  - If you are unable to get tested,
    - You can stop quarantine after day 5 if symptom-free throughout the 5-day period and
    - You should continue to wear a well-fitting mask until 10 days after date of last close contact when around others at home and in public



# Conclusions

- These updates facilitate individual social and well-being needs, return to work, and maintenance of critical infrastructure
- Shorter isolation/quarantine periods focus on the period when a person is most infectious
- It is important that people wear a well-fitting mask and take additional precautions after day 5 of isolation/quarantine to reduce transmission
- If an individual has access to a test and wants to test, the best approach is to use an antigen test toward the end of the 5-day isolation period and use two tests 24 hours apart
- Staying up to date on COVID-19 vaccines is critical for protection against Omicron
- Layered prevention strategies are key to preventing COVID-19 and decreasing transmission
- This is the best available information currently and CDC is monitoring the evolving science



# Resources

- **What We Know About Quarantine and Isolation:**  
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html>
- **More Quarantine and Isolation Information:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>
- **Guidance for COVID-19 Prevention in K-12 Schools:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
- **Community, Work, and School information:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- **Clinical Considerations for Use of COVID-19 Vaccines:**
  - <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>
- **Stay Up to Date with Your Vaccines:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
- **COVID-19 Vaccines for Moderately or Severely Immunocompromised People:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>
- **Your Guide To Mask:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
- **Guidance Healthcare Professionals with COVID-19:**
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

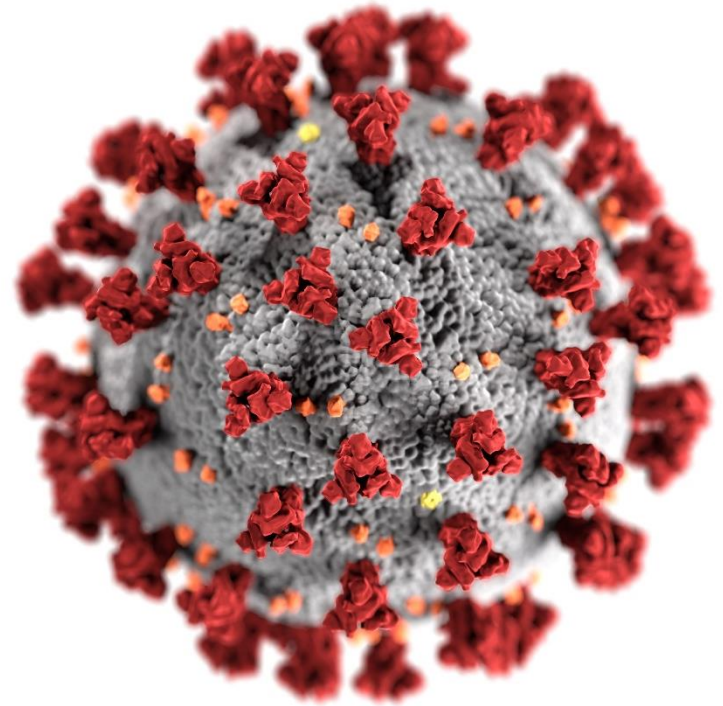


Thank you



# Disclaimer Reminder

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# To Ask a Question

- Using the Zoom Webinar System
  - Click on the “Q&A” button
  - Type your question in the “Q&A” box
  - Submit your question
- If you are a patient, please refer your question to your healthcare provider.
- If you are a member of the media, please direct your questions to CDC Media Relations at 404-639-3286 or email [media@cdc.gov](mailto:media@cdc.gov)



# Today's COCA Call Will Be Available to View On-Demand


- **When:** A few hours after the live call ends\*
- **What:** Video recording
- **Where:** On the COCA Call webpage  
[https://emergency.cdc.gov/coca/calls/2022/callinfo\\_011322.asp](https://emergency.cdc.gov/coca/calls/2022/callinfo_011322.asp)

*\*A transcript and closed-captioned video will be available shortly after the original video recording posts at the above link.*

# Upcoming COCA Calls & Additional COVID-19 Resources

- Continue to visit <https://emergency.cdc.gov/coca/> to get more details about upcoming COCA Calls, as COCA intends to host more COCA Calls to keep you informed of the latest guidance and updates on COVID-19.
- Subscribe to receive notifications about upcoming COCA calls and other COCA products and services at [emergency.cdc.gov/coca/subscribe.asp](https://emergency.cdc.gov/coca/subscribe.asp).
- Share call announcements with colleagues.

# Join Us on Facebook!



The screenshot shows the Facebook profile for "CDC Clinician Outreach and Communication Activity - COCA". The profile picture features a group of six diverse healthcare professionals. The cover photo shows a group of five healthcare professionals. The page includes a navigation menu on the left with options like Home, About, Posts, Photos, Events, and Community. The main content area shows a status update from October 31, 2017, about a COCA Call event. The right sidebar displays location information (Atlanta, Georgia), community statistics (21,420 likes, 21,217 followers), and a map of the location.

**COCA**  
CDC Clinician Outreach and Communication Activity - COCA ✓  
@CDCClinicianOutreachAndCommunicationActivity

Home  
About  
Posts  
Photos  
Events  
Community  
Create a Page

Liked Following Share ... Sign Up

Status  
Write something on this Page...

Posts  
**COCA** CDC Clinician Outreach and Communication Activity - COCA shared their event.  
October 31 at 1:18pm · 🌐  
Clinicians, you can earn FREE CE with this COCA Call! Join us for this COCA Call November 7, 2017 at 2:00PM.

Government Organization in Atlanta, Georgia  
Community See All  
21,420 people like this  
21,217 people follow this  
About See All

# Thank you for joining us today!



[emergency.cdc.gov/coca](https://emergency.cdc.gov/coca)