



CDC Updated Guidance: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing

The purpose of this document is to update guidance to Local Health Departments (LHDs) and Texas Department of State Health Services (DSHS) Public Health Regions (PHRs) regarding options for reducing quarantine for COVID-19 case contacts. This document is to be used in accordance with the DSHS Coronavirus Disease 2019 (COVID-19) Monitoring Instructions for Local and Regional Health Departments.

The current 14-day quarantine period conveys the lowest risk of a person exposed to COVID-19/SARS-CoV-2 from becoming positive and spreading the infection to others. CDC has identified two alternative quarantine periods, a 10-day quarantine period not requiring testing prior to early release, and a 7-day quarantine period requiring testing prior to early release. However, both reduced quarantine periods have a higher transmission risk compared to the standard 14-day period.

Listed below are CDC alternatives to a 14-day quarantine period that could be considered for use within local jurisdictions:

- **10-Day Quarantine Period:** No testing required AND only if no symptoms have been reported during daily monitoring.
 - Estimated residual post-quarantine transmission risk without testing - median of 1.4%, range of 0.1-10.6%.
- **7-Day Quarantine Period:** If a diagnostic specimen tests negative AND if no symptoms were reported during daily monitoring.
 - Estimated residual post-quarantine transmission risk for RT-PCR testing: median of 4%, range of 2.3-8.6%; for antigen testing: median of 5.5%, range of 3.1-11.9%.
 - Specimen collection and testing should be completed within 48 hours before the end of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.
- **Both 10 and 7-Day Quarantine Period:** Discontinuation of quarantine can only occur if the following criteria are met:
 - There is no clinical evidence of COVID-19 during daily symptom monitoring throughout the entire quarantine period, and;
 - Daily symptom monitoring continues through quarantine Day 14; and,
 - Individuals are counseled to adhere strictly through quarantine Day 14 to all recommended public health interventions (mask wearing, social distancing etc.), and to



immediately self-isolate and contact the local public health authority or their healthcare provider should they develop any symptoms.

- **Note:** Community diagnostic testing for SARS-CoV-2 infection must be prioritized over early discontinuation of quarantine testing and should only be considered if it will have no impact on available resources and routine diagnostic efforts.
- Individuals can continue to be quarantined for 14 days without testing per existing recommendations (this option provides the lowest post-quarantine transmission risk, with estimated residual post-quarantine transmission risk: median 0.1% with a range of 0-3%).

Background:

Quarantine is used to separate contacts who have been exposed to COVID-19 from the general population, so that if they develop illness they do so in isolation without exposing others. The importance of quarantine for limiting the transmission of SARS-CoV-2 is due to the ability of infected individuals to transmit the virus before they become symptomatic, or due to an estimated 20% to 40% of cases being asymptomatic but still infectious.

The intent of quarantine is to reduce the risk of further transmission, and to allow for individuals who become symptomatic to seek medical attention and evaluation. Negative outcomes of a 14-day quarantine period can include: economic hardship and stress on an individuals' physical and mental health, that in turn may reduce compliance; excessive burdens on public health systems and communities; and avoidance of recently diagnosed individuals from naming contacts or cooperating with contact tracer outreach.

Testing at entry to quarantine:

Although testing at the time of entry into quarantine provides little benefit in reducing post-quarantine transmission risk, it can assist with identifying asymptomatic individuals for contact tracing efforts.

Testing during quarantine:

Due to the difficulty in determining the exact time of infection, timing of quarantine is based on the last known or possible exposure to an individual with SARS-CoV-2 infection. Daily monitoring for symptoms of COVID-19 illness can reduce the estimated post-quarantine transmission risk. The addition of diagnostic testing for an individual who has remained asymptomatic 48 hours prior to the end of quarantine can substantially reduce the estimated post-quarantine transmission risk even further.

Estimated post-quarantine transmission risk based on quarantine period and testing prior to discontinuation of quarantine.



Quarantine period	Residual post-quarantine transmission risk (%) with/without diagnostic within 48 hours before discontinuation of quarantine		
	No testing	RT-PCR testing	Antigen testing
7 days	10.7 (10.3-22.1)	4.0 (2.3-8.6)	5.5 (3.1-11.9)
10 days	1.4 (0.1-10.6)	0.3 (0-2.4)	1.1 (0.1-9.5)
14 days	0.1 (0-3)	0.0 (0-1.2)	0.1 (0.0-2.9)

Individuals who must quarantine together:

The purpose of quarantine is to physically separate an individual exposed to COVID-19 from others. Secondary risk of transmission is elevated when housing is shared (i.e. family households, prisons, students, or military recruits), and every effort should be made to physically separate the quarantined individual from others. If possible, quarantined individuals should reside alone in a separate closed room or closed area and have exclusive use of their own bathroom.

When separation is not possible, all household members risk exposure to COVID-19 if the quarantined individual develops the illness. Individuals who are quarantined together should take steps to prevent spread of infection within the household. Mitigating strategies to prevent the spread of infection include: correct and consistent mask use, social distancing, hand and cough hygiene, environmental cleaning and disinfection, avoiding crowds, ensuring adequate indoor ventilation, and self-monitoring for symptoms of COVID-19 illness. If the quarantined individual is diagnosed with COVID-19, co-housed individuals will require evaluation as contacts.