



SANDRA SHEWRY, MPH, MSW
Acting Director
ERICA PAN, MD, MPH
Acting State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

DATE: December 7, 2020
TO: California Local Health Departments
SUBJECT: COVID-19 Quarantine Guidance

CDPH Quarantine Guidance

- All asymptomatic close contacts (less than 6 feet for at least 15 minutes) may discontinue quarantine after Day 10 from the date of last exposure **without** testing.
- Due to essential nature of their work— exposed asymptomatic health care, emergency response, and social services workers who work in the child welfare system or congregate residential settings— may return to work during staffing shortages after Day 7 from the date of last exposure **with** a PCR test performed after Day 5 and a negative result.
 - After this time, contacts must use surgical face masks at all times during work and continue to use face coverings when outside the home through Day 14 after last exposure.
 - This approach should not be used by persons who are in contact with persons at high risk for severe disease or by persons who work in high risk settings such as skilled nursing facilities and correctional institutions unless critical staffing shortages exist.
- All contacts released from quarantine before Day 14 must:
 - Self-monitor for COVID-19 symptoms through Day 14 and if symptoms occur, immediately self-isolate and contact their local public health department or healthcare provider and seek testing.
 - Adhere strictly to all [recommended non-pharmaceutical interventions](#), including consistent use of face coverings and maintaining a distance of at least 6 feet from others, through Day 14.

Background

The Centers for Disease Control and Prevention (CDC) currently still recommends a quarantine period of 14 days for COVID-19, based on estimates of the upper bounds of the COVID-19 incubation period. However, a 14-day quarantine can impose burdens that may affect physical and mental health as well as cause economic hardship that may reduce compliance. In addition, the prospect of quarantine may also dissuade recently diagnosed persons from naming contacts and may dissuade contacts from responding to contact tracer outreach if they perceive quarantine as onerous. On



December 2, 2020, CDC posted [options to reduce quarantine for contacts of persons with SARS-CoV-2 infection](#).

Based on modeling data demonstrating the residual post-quarantine transmission risk if quarantine were discontinued early, CDC provided two shorter quarantine options. These options were presented with the recognition that any quarantine shorter than 14 days balances a reduced burden of quarantine and the potential for increased compliance against a small possibility of increasing the spread of the virus. In both options, additional criteria (e.g., continued symptom monitoring and use of face coverings through Day 14) must be met.

The variability of SARS-CoV-2 transmission observed to-date indicates that although a shorter quarantine still substantially reduces secondary transmission risk, there may be settings (e.g., skilled nursing facilities or prisons with high contact rates) where even a small risk of post-quarantine transmission could result in secondary clusters, and where public health authorities may choose to maintain the 14 day quarantine period.

Other persons can also continue to be quarantined for 14 days without a requirement for a negative test result per existing recommendations. This option maximally reduces risk of post-quarantine transmission risk and is the strategy with the greatest collective experience at present. The residual post-quarantine transmission risk for a 10 day quarantine is estimated to be about 1% with an upper limit of about 10%. The residual post-quarantine transmission risk for a 7 day quarantine with a negative test at 5-7 days is estimated to be about 5% with an upper limit of about 12%. Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of symptomatic persons seeking evaluation for infection must be prioritized.