Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

February 8, 2022

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Topics Today

• MAVEN Reminders & Updates
  ▪ Reviewed Bulk Action Workflow Functionality – watch video on how to do this in your workflows
  ▪ Two COVID Workflows – Proposed Name Change
    ▪ Remove Immediate from workflow name and move to Routine Categorization in MAVEN
      ▪ LBOH Notification for Pediatric (<18 years) Disease (COVID only)
      ▪ LBOH Notification for Adult (≥ or > 18 years) Disease (COVID only)

• Local Health Internship Program
• Your Questions
  • MA Updates to Isolation & Quarantine
  • DESE K-12 Updated Protocol
  • EEC Updated Protocol

the CDC announced that if the spider alien thing that latched onto your face just fell off after you lost consciousness for an unknown amount of time then you’re totally fine, you can eat lunch with the rest of the ship
MDPH Conducts Weekly COVID-19 Case Investigation Webinars

• MDPH presents weekly on Tuesdays 11:00-12:15
  • Updates in Guidance.
  • Troubleshooting MAVEN.
  • How to conduct case investigations and contact tracing in different settings.
  • Target Audience: Health Agents, Contact Tracers, and Public Health Nurses doing this work.

Webinars: Tuesdays @ 11am
Updates for today, Tuesday, 2/8/2022

- Review 4 COVID Reports – reports to assist with prioritization
  - Pediatric <5 years of age
  - Pediatric Report - < 18 years of age
  - Adult Report (> or = to 18 years of age
  - LBOH Confirmed and Probable Report (extracts ALL Confirmed and Probable Cases)

- COVID Workflows – Name Change
  - Remove Immediate from title of workflow and move to Routine Categorization
    - LBOH Notification for Pediatric (<18 years) Disease (COVID only)
    - LBOH Notification for Adult (= or > 18 years) Disease (COVID only)

- COVID Wizard – updated wizard

- LBOH Steps for Completing Case Investigation – Suggestions for Streamlined Approach
  - Yes you spoke to case and updated question packages
  - No you didn’t reach case

- Reminder to scan and check your Immediate, Routine & Pending Workflows in MAVEN
LBOH Confirmed and Probable <5
LBOH Confirmed and Probable <18
LBOH Confirmed and Probable ≥ 18

Three New Reports to assist with prioritization

1) Confirmed and Probable <5
2) Confirmed and Probable <18
3) Confirmed and Probable ≥ 18

Maven Reporting

COVID-19 Confirmed & Probable Case Line List Report for <18 years of age. Your city/town name must be in all CAPS. Limit the date parameter to 30 days. Report displays the first positive specimen date for the labs.
LBOH Confirmed and Probable Report (All Cases)

- This report will extract **ALL** cases of Confirmed and Probable cases
- As you know our COVID Immediate workflow stops working at 5000 cases and given the number of cases we are now having he workflow is not working
# Proposed Changes for COVID workflows

## Workflow Queues

### Immediate Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Notification for Immediate Disease</td>
<td>1</td>
<td>Very High</td>
<td>02/08/2022 10:33 AM</td>
</tr>
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</table>

### Online LBOH Notifications

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBOH Case Report Forms (CRF) are pending</td>
<td>1</td>
<td>High</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification but no follow-up required</td>
<td>1</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification for Adult (= or &gt; 18 years) (COVID only)</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
</tr>
<tr>
<td>LBOH Notification for Pediatric (&lt;18 years) Disease (COVID only)</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 10:33 AM</td>
</tr>
</tbody>
</table>

### Shared Events

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Cases - Cases shared by me</td>
<td>1</td>
<td>Medium</td>
<td>02/08/2022 10:36 AM</td>
</tr>
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</table>

### Task

<table>
<thead>
<tr>
<th>Workflow Queue</th>
<th>Total Count</th>
<th>Priority</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Tasks Created by Me</td>
<td>2</td>
<td>Medium</td>
<td>02/08/2022 09:39 AM</td>
</tr>
</tbody>
</table>
Two COVID Workflows
Proposed Changes to Workflows for COVID – additional information forthcoming.

- **Remove** Immediate from workflow titles
- **Move** to LBOH Routine Notification Category
- Workflow will only hold cases for 72 hours (based on the first positive specimen date) – you will need to use your Confirmed and Probable Report to manage cases.
Bulk Action Feature will allow you to populate Step 1 to Yes. Workflow will only hold cases for 72 hours (based on first positive specimen result). Many cases are not going into the workflow based on first positive specimen date.
Updated COVID Wizard

- Updated the COVID Wizard
- Reduced the number of fields in the wizard to streamline cases.
- Do your best when you investigate your cases.
Streamlined Steps Case Report Form Is Completed

- Acknowledge your Case – Step 1 as Yes
- If you interview a case, you can select Yes, for Case Report Form Completed, Step 4. Then select a reason.
- Selecting Yes will give you the option to show completed by someone at LBOH.
Streamlined Steps Case Report Form Not Completed

- Acknowledge your Case – Step 1 as Yes

- If you decide not to interview a case, you can select No, for Case Report Form Completed, Step 4. Then select a reason.

- You can also select Other that will give you a text field where you can note a specific local protocol or policy.

Choose or type Other

Step 1 is Yes

Step 4 = No when you don't talk to the case
Check your Immediate, Routine & Pending Workflows

- Reminder to check your Immediate, Routine, Pending Case Report Form Workflows
  - LBOH Notification for Immediate Disease
  - LBOH Notification for Routine disease (772 cases currently waiting for you today)
  - LBOH Case Report Forms (CRF) are pending (1,247 cases in this workflow)

--- Cases in this workflow range from Jan 2020 – Feb 2021
Key Guidance Links 2/8/22

- New Digital Vaccination Record [https://www.mass.gov/massachusetts-vaccination-records](https://www.mass.gov/massachusetts-vaccination-records)
- Main DPH Guidance Pages for 2022:
  - Isolation & Quarantine: [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)
- CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population
  - Press Release that started it all (Dec 27, 2021)
- DESE Updated Protocols – January 31, 2022
  - [DESE Protocol](https://www.doe.mass.edu/covid19/ondesktop/protocols/)
  - New Testing Program [https://www.doe.mass.edu/covid19/ondesktop/2022-0118new-testing-program.pdf](https://www.doe.mass.edu/covid19/ondesktop/2022-0118new-testing-program.pdf)
- DPH Isolation and Quarantine for Health Care Personnel - December 29, 2021
- EEC Guidance for Childcare Settings (Jan 19, 2022)
  - [Main Page](https://www.mass.gov/info-details/child-care-guidance-for-childcare-settings) (PDF Guidance at Bottom): English PDF Guidance,
  - [NEW CHILDCARE Testing Programs](https://www.mass.gov/info-details/child-care-guidance-for-childcare-settings) through Neighborhood Villages
- COVID-19 Antigen Testing Resources:
  - [https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits](https://www.mass.gov/info-details/covid-19-statewide-contract-resources-for-antigen-test-kits) (Resources for Procurement)
CDC Updated Pages

• CDC Staying Up to Date on Your Vaccines
  • Important information for determining who is up to date and who is not (applicable for I&Q guidance)

• CDC Vaccines Guidance Page:
  • “Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States”
    • Everything you need to know regarding vaccination guidelines.
      • Who should get what vaccine?
      • Timing of vaccines.
      • Recommendations for additional doses or boosters for different populations.
      • Contraindications and precautions.
      • Vaccine ingredients.
      • Administration of Vaccines (how to, what to use, etc.)
    • This is a living document that gets updated as recommendations are adopted and refined.

• Immunization Action Coalition (IAC)’s Ask the Experts page
  • [https://www.immunize.org/askexperts/experts_cov.asp](https://www.immunize.org/askexperts/experts_cov.asp)
    • Great resource for all your vaccine questions in a Q&A format.
Mass.gov Updates!

There have been important updates to mass.gov to help simplify language and guidance.

• Main Landing Page for All things COVID-19 Testing: https://www.mass.gov/covid-19-testing

• Search Engine for Finding COVID-19 Testing:
  • https://www.mass.gov/info-details/find-a-covid-19-test

• About COVID-19 Testing (General FAQs for the public about COVID-19 Testing)
  • Who should be tested, what are the tests, what to do if you are positive, resources in different languages, etc.
  • https://www.mass.gov/info-details/about-covid-19-testing

• Self-Tests (Over-the-Counter (OTC) Tests) FAQs and General Guidance for the Public
Updates – A quick recap for Feb 8, 2022

We Last Met Feb. 1, 2022:

• Occupational Health Surveillance:
  MAVEN User Survey
  • Angela Laramie and Caitlin Fields
• MAVEN Reminders
• Local Health Internship Program
• CDC Travel Updates
• MA Updates to Isolation & Quarantine
• DESE K-12 Updated Protocol
• Your Questions

Always Remember you can see recent webinar recordings and slides in MAVEN Help.

2022 MDPH Summer Local Health Internship Program

Goal:
• Provide graduate public health students with the opportunity to supplement their classroom education by gaining an understanding of the critical role of local health departments, and to support local health departments in undertaking and completing public health projects.

Interested?:
• Please complete the online 2022 Summer Local Health Internship Host Application Form (DEADLINE: February 18th).

Requirements:
• Develop a solid outline of tasks the student will be required to perform.
• Be able to host mid-May until mid-August (most interns will need around 160 cumulative internship hours).

Questions:
• Please reach out to Kayleigh Sandhu, Kayleigh.Sandhu@mass.gov
Two COVID Workflows for New Cases

How you wish to acknowledge, manage, and sign off on new cases in your jurisdiction is a local decision. At this time, the level of follow-up as well as the level of detail you want to note in your Admin Question Package Steps 1-5 is a local decision.

• You are not being audited by MDPH at this time.
• There are no REQUIRED fields established by MDPH at this time.
• Your town’s data will only be as good as what you choose to enter/complete.

<table>
<thead>
<tr>
<th>LBOH Notification for Adult (= or &gt; 18 years) Immediate Disease (COVID only)</th>
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</table>
Admin Steps within an Individual Case

- These steps help guide the case management process and are a fundamental component of case investigation for all diseases in MAVEN.

- With the pandemic, current surges, and resource limitations, how you utilize these steps for COVID cases is currently a local decision.

- **Step 4 is a tool for you** to track your outcomes and prioritization determinations, but if it is not helpful or you do not value that information at this time, you can leave step 4 blank.

There may be a time in the future where we go back to monitoring response and follow-up for individual cases, and at that point these Admin Steps may be prioritized by MDPH, but that is not the case currently.
You can complete Step 1 for ALL cases in the workflow in a couple clicks.

Bulk Action Feature will allow you to populate Step 1 to Yes. Workflow will only hold cases for 72 hours (based on first positive specimen result). Many cases are not going into the workflow based on first positive specimen date.

NOTE: This only completes Step 1 and does not complete Step 4. But that is OK if your local jurisdiction chooses this process at this time.
Prioritization is a Local Decision

• Questions on MDPH expectations or MAVEN requirements?
Testing Concepts

- No test is perfect. But they are the best indicators we have at the moment. Thus, we can apply some generalities to their results – understanding that we will not be correct 100% of the time.

- **Generalities:**
  - The PCR will be positive for a while. So probably not the best test for trying to test out of isolation earlier or determining if you are no longer infectious.
  
  - The antigen test is more likely to be positive when you have more virus, and more likely to be negative when the amount of virus in your system has gone down (early and late in an infection) so the thought would be that this is the better test for testing out of isolation earlier or a preliminary indicator if your viral load has gone down. This test would become negative first (before a PCR test).

- **Are you not infectious towards others if your antigen is negative?** Not always, but you are probably less infectious, so this is a helpful sign.
How positive is a positive?

• Q. Does the darkness/faintness of a line on an antigen test correspond to how infectious someone might be currently?

• A. A positive is a positive, and you shouldn’t use the darkness of the line to tell you anything more than that. We should not extrapolate at this time that you are more or less infectious based upon how the antigen test looks.
Positive Antigens During Isolation

Q. If a case repeats an antigen and it is positive on Day 5 of isolation or later (despite no recommendation to do so), how long should they isolate?

A. If they are still positive, they need to stay out until negative or day 11, whichever comes first.

- This applies to cases in DESE, EEC, and general population settings.
Symptomatic Cases

• Q. What should a case do that is still symptomatic or still antigen positive (or both!) after Day 10 of isolation?

• Symptoms do not have to resolve to exit isolation, but you need to meet the symptom-based criteria, and that could still last a while (even beyond 10 days) for some people.
  • You must isolate until you have not had a fever for 24-hours without the use of fever reducing medicine and your other symptoms are improving.
  • Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

• Testing during isolation is not required, and is not recommended beyond day 10 of isolation, which should be sufficient for most recovering mild to moderately ill cases. If someone DOES test and remains antigen positive beyond day 10, use symptom-based criteria to determine when you can exit isolation.

• People with severe illness and/or immunocompromised status may need to isolate longer and should consult with an infectious disease specialist to determine the appropriate duration of isolation and precautions.
Masks are Effective!

Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021 – Kristin L. Andrejko, et. al.  MMWR February 4, 2022

• What is added by this report?
  • Consistent use of a face mask or respirator in indoor public settings was associated with lower odds of a positive SARS-CoV-2 test result (adjusted odds ratio = 0.44). Use of respirators with higher filtration capacity was associated with the most protection, compared with no mask use.

• What are the implications for public health practice?
  • In addition to being up to date with recommended COVID-19 vaccinations, consistently wearing a comfortable, well-fitting face mask or respirator in indoor public settings protects against acquisition of SARS-CoV-2 infection; a respirator offers the best protection.
General Public

- Main DPH Guidance Pages for 2022:
  - Isolation & Quarantine:
    - [https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19](https://www.mass.gov/info-details/what-to-do-if-you-have-or-have-been-exposed-to-covid-19)
  - Public Health Testing Advisory:

RECOVERED LAST 90 DAYS & a Contact: Regardless of vaccination status, if you were infected with COVID-19 in the prior 90 days you should follow the guidance for those up-to-date on vaccinations; however, testing is not recommended unless you have symptoms, and if you do have symptoms, a rapid antigen test is recommended. All close contacts should avoid people who are at high risk of severe disease for 10 days.
Page for “Staying up to Date on Your Vaccines”

Instead of asking if someone is “fully vaccinated” we should start to ask if they are “up to date.” Quarantine status is based upon if you are up to date, not if you have completed your primary series.


### Stay Up to Date with Your Vaccines

**Updated Jan. 16, 2022**  |  **Languages**  |  **Print**

#### Get Vaccinated and Stay Up to Date

- **Up to date** means a person has received all recommended COVID-19 vaccines, including any booster doses when eligible.
- **Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.

### COVID-19 Vaccines

**COVID-19 vaccines** available in the United States are effective at protecting people from getting seriously ill, getting hospitalized, and even dying. As with vaccines for other diseases, people who are up to date are optimally protected. CDC recommends that everyone 5 years and older get their primary series of COVID-19 vaccines, and receive a booster dose when eligible.

### When Are You Up to Date?

You are up to date with your COVID-19 vaccines when you have followed the current recommendations listed below. The recommendations will be different depending on your age, your health status, and when you first got vaccinated.

Many people who are immunocompromised may need an additional dose as part of their primary vaccine series.

Note that booster shots are not recommended for everyone at this time.

### When Boosted

- **A person is considered “boosted” and up to date right after getting their booster dose.**
- **When Boosted**
- **When Boosted**
- **When Boosted**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ages Recommended</strong></td>
<td><strong>Ages Recommended</strong></td>
<td><strong>Ages Recommended</strong></td>
</tr>
<tr>
<td>5+ years old</td>
<td>18+ years old</td>
<td>18+ years old</td>
</tr>
<tr>
<td><strong>Primary Series</strong></td>
<td><strong>Primary Series</strong></td>
<td><strong>Primary Series</strong></td>
</tr>
<tr>
<td>2 doses**</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Given 3 weeks (21 days) apart</td>
<td>Given 4 weeks (28 days) apart</td>
<td></td>
</tr>
<tr>
<td><strong>Fully Vaccinated</strong></td>
<td><strong>Fully Vaccinated</strong></td>
<td><strong>Fully Vaccinated</strong></td>
</tr>
<tr>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after final dose in primary series</td>
<td>2 weeks after 1st dose</td>
</tr>
<tr>
<td><strong>Booster Dose</strong></td>
<td><strong>Booster Dose</strong></td>
<td><strong>Booster Dose</strong></td>
</tr>
<tr>
<td>Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.</td>
<td>Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&amp;J/Janssen COVID-19 Vaccine. You may get J&amp;J/Janssen in some situations.</td>
</tr>
</tbody>
</table>

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Finally, documentation is here!

• **Q.** When are you fully boosted?

• **A.** As soon as the needle leaves your arm!

• [CDC’s Stay Up to Date with Your Vaccines Page.](https://www.cdc.gov/vaccines/schedules/hcp/COVID-19/index.html)
Return to work in schools, in childcare, or certain healthcare settings

- **Workers in schools, childcare and certain healthcare settings** have specific isolation and quarantine standards for returning to their workplaces, as do **children returning to school or childcare**. It should be noted that these standards apply to their specific setting only, and all individuals must follow the isolation and quarantine guidance for the general population when outside of those settings.

- For instance, a child who is required to quarantine under the general population guidance but is allowed to return to school under DESE guidance would need to comply with quarantine guidance when outside of school.

- Specific guidance and protocols for return to work and school/childcare can be found at:
  - **School**: [DESE Protocols for Responding to COVID-19 Scenarios](#)
  - **Childcare**: [EEC COVID-19 Recommended Protocols and Guidelines](#)
  - **Certain Health Care Workers**: [Isolation and Quarantine Guidance for Health Care Personnel](#)
What Protocol Applies to Kids and Teachers?

- If a student or staff member is considering going to school or daycare, you should apply the protocol for that setting to see what they need to do to attend.

- When they are not at school or daycare (evenings/weekends), then you apply the regular community Isolation and Quarantine guidance.

- Thus, a contact might be able to attend school during their quarantine, but they might need to quarantine at home in their non-school hours.
Vaccination Status & Quarantine

• For MA General Population Quarantine Guidance, a contact should be Up To Date with their vaccines to be exempt from quarantine following exposure. (Depending on Age and Time since primary series, this could likely include requiring your booster shot.)

• For EEC (Childcares) and DESE (K-12), their quarantine protocols only require completion of the primary series (+2 weeks) to be exempt from quarantine.

  • Thus, some contacts may be able to attend childcare/school, they but would be considered subject to quarantine in their off hours.
Daily Testing to Remain in Care/School

• Some contacts would be subject to quarantine because they are not vaccinated, but could continue to attend daycare/school for the first five days after their in-school exposure because their program has Test and Stay (K-12) or Rapid Cohort Testing (Childcare).

• These two programs are only for exposures WITHIN the school or childcare program. (Contacts with community exposures could not continue to attend care through this daily testing.)

• This is another example of how some contacts may be able to attend childcare/school, but would be considered subject to quarantine in their off hours.
Contact Tracing in K-12

• Q. For schools that have opted in for the new DESE Testing Program, are we not allowed to notify contacts about in school exposures?

• “Using their professional discretion, school health professionals may determine if specific situations warrant contact tracing.” DESE Testing Program Memo p2.

• The goal of this new testing program is to focus efforts and resources on symptomatic individuals and less resources on identifying and monitoring contacts through test and stay.
DESE Updates

- **DESE Webinar last Wednesday, Feb 2, 2022.**
  - Version of DESE Protocol with Highlights [Here](#).
  - Webinar Recordings and Slides on [Testing Page](#).
  - Comprehensive Updated FAQ is pending.

- **Some DESE highlights:**
  - **Correction:** Day 0 for Pooled Testing is Specimen Collection Date (pg 5, footnote 5).
  - **Reminder:** positive antigen tests on day 5-10 of isolation mean a case should continue to isolate until negative or Day 11, whichever comes first.
    - This was addressed in the Q&A, but is not clarified in an FAQ or the protocol. Hopefully soon.
Q. Are individuals with a recent COVID-19 diagnosis still exempt from quarantine and testing protocols in the following 90 days?

• A. Yes. Generally speaking, individuals who are within their 90 days of a recent diagnosis do not need to quarantine if identified as a close contact.
  
  • Strongly recommend that they mask as a best practice for those 10 days following an exposure, but they are not required to quarantine.
  
  • If they develop symptoms during their 90 days, they should consult their provider regarding if COVID testing is needed and possible rule-out alternative testing (Flu? RSV?). They should isolate at home while symptomatic (always a good recommendation).

• This will not be a perfect catch all for every exposure, as we are in this transition from Delta to Omicron, and some data shows immunity from Delta is not a perfect match for Omicron. That said, guidance on the whole is not changed at this time regarding the 90 day exemption to quarantine following a diagnosis.

• Note: Positive antigen tests later in the 90 days following a COVID-19 diagnosis should be treated with caution and we would recommend the individual isolate again if they are on the tail end of their 90 days. PCR tests can remain persistently positive and alone are not a good indicator of reinfection in that 90-day timeframe.
Recent Cases & their next 90 days

- People with recent infections should not be included in surveillance testing in the 90 days following their diagnosis.
  - For the DESE Home Antigen Testing program, these families can be given a test to keep at home for possible future symptomatic testing, but they should not be routinely testing each week following their recovery.

- Subsequent positive antigen tests can be difficult to interpret and there is no perfect answer. If a recovered case DOES test again and is positive, things to consider include:
  - Symptoms?
  - Recent new exposures?
  - How long since first diagnosis? (Are they in the beginning or towards the end of their 90 days)?
  - Provider assessment may be warranted (Can they test for alternative pathogens to help rule out COVID)?
**EEC and Recovered Cases w/i 90 days**

- **What if a recently recovered child is identified as a close contact within the 90 days after their initial diagnosis?**

- **A. Children who were infected with COVID-19 in the prior 90 days are exempt from quarantine. Children able to mask should mask for the 10 days following exposure.** If they experience symptoms during this time, they should isolate at home until symptoms improve and they have not had a fever for 24-hours without the use of fever reducing medications. Testing is generally not recommended for recently recovered individuals unless they have symptoms, and should only be a rapid antigen test (not a PCR). Consultation with a medical provider to consider alternative diagnoses for COVID-19 like symptoms (e.g., for influenza or strep pharyngitis) is encouraged.

- **Children within 90 days of initial diagnosis who are unable to mask** may continue to attend care following an exposure provided they remain asymptomatic.

- **Children under 2 years of age** who cannot be tested via rapid antigen may continue to attend care if they are exposed in the 90 days following a COVID-19 diagnosis, provided they remain asymptomatic. If they develop symptoms, they should isolate at home until symptoms are improved and they have not had a fever for 24-hours without the use of fever reducing medications. Consultation with a medical provider to consider alternative diagnoses for COVID-19 like symptoms (e.g., for influenza or strep pharyngitis) is encouraged.
Identifying Quarantine Timelines for Household Contacts

- It is important to remember that many people will remain positive and infectious after their first 5 days of isolation. Therefore, mask wearing and maintaining your distance (especially in the home) is critical to reducing additional exposures.

- If a case is able to minimize additional exposure around the house (maintain effective mask wearing around others and reduce distance) in days 6-10, then we would not consider those additional days exposures requiring extending quarantine.

- However, if the case does NOT maintain good mask wearing and precautions around the house, we would consider household contacts additionally exposed and subject to quarantine guidance on those dates.
Household Contacts to Cases

• Quarantine countdown would begin based upon the final higher risk exposure to the case while infectious.

  • If a Case meets symptom-based criteria for discontinuing isolation by the time they reach Day 5 of isolation, they may exit isolation on Day 6 and should mask and keep their distance for Days 6-10 around the household.

    • If they maintain masking and best practices, Day 5 of Isolation would be the household contact’s Day 0 of Quarantine.

    • If they are NOT able to mask or utilize best practices in the household, we would consider the case’s Day 6-10 as additional exposures requiring continued quarantine.

      • New reduced isolation periods are not RISK-FREE. Meeting symptom-based criteria and Masking for the remaining days through Day 10 are KEY to addressing any remaining infectiousness and reducing risk.

      • Even if a case masks when outside the home, if they are not masking around household contacts during Days 6-10, we would consider those household contacts as having additional exposure subject to quarantine protocols.