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

Part 1: COVID-19 Basics

October 5, 2021

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Welcome to the Team!!

• Today is not a MAVEN-focused training. Instead, today is more the fundamentals of the SARS-CoV-2 Virus and identifying cases and contacts.

• Follow-up and data collection should eventually go into MAVEN, but you don’t need access to MAVEN to do this time sensitive work.

• Onboarding to MAVEN requires a designated user role (LBOH, higher ed, VNA, etc.), a MAVEN-specific training that specifically focuses on using the system, and then a proficiency test.

• MDPH MAVEN Help Desk: isishelp@mass.gov
Part 1 Topics Today: COVID-19 Basics

- **COVID-19 Basics**
  - Background
  - Signs & Symptoms
  - Transmission
  - Defining Close Contact
- **Vaccination**
- **Isolation & Quarantine**
  - Calculations & Guidance
- **Key Documents (Tools for the Field)**
  - Resources you will need.

More Next Week on The Interview Process and Your Questions
Today and Next Week

- Some SARS-CoV-2 Basics (define close contact, symptoms, transmission)
- Vaccination
- I&Q Calculations

Today we will be talking about concepts & general guidance.

**Introduction to COVID-19 Part 2: Case Investigation. October 12, 2021**
- Review of Key Concepts
- Familiarity with Different Lab Tests
- Deeper Dive into Case Interview
- Deeper Dive into Contact Notification
- Frequently Asked Questions
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 and public health nurses doing this work.


Webinars: Tuesdays @ 11am
Skills Building To be a Good Interviewer

- Ethics, privacy, autonomy, and confidentiality
- Interviewing tips and techniques
- Active Listening and Good Communication Skills
- [https://www.coursera.org/learn/covid-19-contact-tracing](https://www.coursera.org/learn/covid-19-contact-tracing)

Additionally, MDPH will be offering skills building webinars (in collaboration with Partners in Health) in October and November so stay tuned.

Strongly recommend you take this Online Training. There will be great tools and tips for contact tracing and case investigation skills building.
Contact Tracing is an Effective Tool

- **Contact Tracing and Contact Notification**
  - We can stop transmission of COVID-19 if we can identify cases and their contacts quickly and get them to limit their contact with other people.
  - While everyone should be social distancing at this moment, we know that details vary widely in how different people view and implement social distancing.
    - Contact notification and quarantine implementation can help Massachusetts reduce the spread of COVID-19, in combination with vaccination and other prevention activities.
  - Behavior change is more likely when someone is contacted directly by a public health authority and told that “you” specifically are a contact to a confirmed case of COVID-19.
    - You are identified for quarantine (which is different and more effective than social distancing).
    - You are given the specifics of your quarantine. (Timeframe, plan of action if symptoms develop, etc.)
SARS-CoV-2 Basics
What Is a Coronavirus?

- **Coronaviruses** (CoVs) are a large group of viruses
  - You need powerful microscopes to see them
  - *Corona* means crown

- They infect a wide range of mammals and birds

- Some regularly cause mild respiratory illness in people

Image credit: US Centers for Disease Control and Prevention (CDC) / Alissa Eckert, MS; Dan Higgins, MAMS.
SARS-CoV-2 Is a New Coronavirus

- SARS-CoV-2 originated in bats
- Special coronaviruses have jumped species and can be transmitted between people
- This is the third coronavirus to have done so since 2002:
  - **Severe Acute Respiratory Syndrome (SARS) CoV** emerged in Guangdong, China, in 2002
  - **Middle Eastern Respiratory Syndrome (MERS) CoV** emerged in the Middle East in 2012
  - **SARS-CoV-2** emerged in Wuhan, China, in 2019

Photo credit: US National Institute of Allergy and Infectious Diseases, Rocky Mountain Laboratories (NIAID-RML).
Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

- Cough, shortness of breath or difficulty breathing
- Fever or chills
- Muscle or body aches
- Vomiting or diarrhea
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

SARS-CoV-2 = The Virus
COVID-19 = The Disease

- Some people have NO symptoms = asymptomatic.
- Mild symptoms to severe illness and death
- These symptoms may appear 2-14 days after exposure (based on the incubation period).

Clinical Complications Include:
- Acute Respiratory Distress Syndrome (ARDS),
- Pneumonia,
- Septic Shock.

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CDC Symptoms of COVID-19
How Does SARS-CoV-2 Spread?

SARS-CoV-2 is transmitted by exposure to infectious respiratory fluids

- People release respiratory fluids during exhalation (e.g., quiet breathing, speaking, singing, exercise, coughing, sneezing) in the form of droplets across a spectrum of sizes.\(^1\text{-}^9\) These droplets carry virus and transmit infection.
  - The largest droplets settle out of the air rapidly, within seconds to minutes.
  - The smallest very fine droplets, and aerosol particles formed when these fine droplets rapidly dry, are small enough that they can remain suspended in the air for minutes to hours.

How Does SARS-CoV-2 Spread?

Infectious exposures to respiratory fluids carrying SARS-CoV-2 occur in three principal ways (not mutually exclusive):

1. **Inhalation** of air carrying very small fine droplets and aerosol particles that contain infectious virus. Risk of transmission is greatest within three to six feet of an infectious source where the concentration of these very fine droplets and particles is greatest.

2. **Deposition** of virus carried in exhaled droplets and particles onto exposed mucous membranes (i.e., “splashes and sprays”, such as being coughed on). Risk of transmission is likewise greatest close to an infectious source where the concentration of these exhaled droplets and particles is greatest.

3. **Touching** mucous membranes with hands soiled by exhaled respiratory fluids containing virus or from touching inanimate surfaces contaminated with virus.
   - Current evidence strongly suggests transmission from contaminated surfaces does not contribute substantially to new infections.

Most commonly spreads between people who are in close contact with one another (within about 6 feet, or 2 arm lengths).

- [CDC Scientific Brief: SARS-CoV-2 Transmission (Updated May 7, 2021)]
How Does SARS-CoV-2 Spread?

- What can you do to protect yourself?
  - **Vaccination**, social distancing, use of masks in the community, hand hygiene, surface cleaning and disinfection, **ventilation** and **avoidance of crowded indoor spaces** are especially relevant for enclosed spaces.

**Multiple Layers Improve Success**

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.

Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong.
The **incubation period** is the time from when someone is infected until symptoms develop.

The SARS-CoV-2 incubation period ranges from 2 to 14 days.

50% of people will become ill by 5 days after they are infected.

Image adapted by Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health, from: Bi, Q., et al. (2020). Epidemiology and transmission of COVID-19 in Shenzhen China: analysis of 391 cases and 1,286 of their close contacts. [medRxiv preprint]. Infectious Diseases (except HIV/AIDS). [https://doi.org/10.1101/2020.03.03.20028421](https://doi.org/10.1101/2020.03.03.20028421)
Key Vocabulary

**Incubation period**
The time interval from exposure to an infectious agent to the onset of symptoms of an infectious disease.

3-7 days on average, but could be as long as 14 days. This is why quarantine is 14 days long.

**Infectious period**
The time interval during which a host (individual or patient) is capable of directly or indirectly transmitting pathogens to another susceptible person.

Two days before symptom onset through 10 days after, with the day of symptom onset as day 0.

Quarantine = 14 days
Isolation = 10 days
Infectious Period

The infectious period is the time during which someone infected with SARS-CoV-2 can transmit the virus to other people.

- **Asymptomatic:** Some people have no visible symptoms. They can still spread SARS-CoV-2 to others.
  - Some people have NOT YET developed symptoms, but they can still spread SARS-CoV-2 to others (estimation about 2 days prior to symptom onset), they may be “pre-symptomatic.”

- People may continue to test positive for a while even though they are no longer infectious to others.
  - It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV.
  - However, detection of viral RNA does not necessarily mean that infectious virus is present.
Infectious Period for Cases

The infectious period is the time during which someone infected with SARS-CoV-2 can transmit the virus to other people.

**Symptomatic:** Begins 2 days before symptom onset, through at least 10 days since symptoms first appeared (and at least 24 hours have passed since fever resolution & improvement of symptoms*)

**Asymptomatic:** Begins 2 days before positive test collection, through 10 days since specimen date (and no symptoms developed).

* More on symptom criteria later.
Close Contact: Updated Definition Summer 2021

The mass.gov definition of Close Contact has been updated to Exclude Outdoor exposures.

- **Close Contact is Defined as:**
  - a) Someone who was within 6 feet of an infectious person while **indoors** for a cumulative total of 15 minutes or more over a 24-hour period.
    - Close contact can occur while caring for, living with, visiting or sharing a healthcare waiting area or room with an infectious COVID-19 case
    - OR-
  - b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

(Click here for Mass.gov reference to close contact).
Defining Close Contact: 15 min Cumulative

- **CLOSE CONTACT:** Someone who was within 6 feet of an infectious person *while indoors* for a **cumulative total of 15 minutes or more over a 24-hour period**.
  - Exposure may be cumulative: Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes).
    - The exposure does NOT need to be 15 consecutive minutes (e.g., 15 minutes all in one chunk)

- **What to Consider:**
  - **The 24-hour Timeframe.** The 15 minutes can possibly accumulate over 2 school days within a 24-hour period (e.g., if a contact was exposed for 10 minutes at 2pm, and again for \( \geq 5 \) minutes the next morning at 8am, this would be within 24 hours.)
  - **The 6-foot Proximity.** 6ft is the cutoff. Less than 6 feet is close contact (so 5.9 ft is close contact). Students seated 6ft or more apart would not be considered close contacts.
  - **The Setting.** Only exposures that occur INDOORS would be considered close contact. Outdoor activity significantly reduces the risk of exposure.
Reminder: Outdoor Exposures

- Reminder that outdoor exposures are not considered close contact requiring quarantine in MA at this time.
  - That said, use judgement. Exposure to respiratory droplets is still considered a close contact. Examples where close contact might apply:
    - Kissing,
    - Sharing drinks, etc.
  - Also think about bookending outdoor contact with indoor time (rides, inside the building before and after an outdoor event, etc.)
- For settings like camps, pools, sports, etc., was the exposure outdoors or indoors? Let that determine your guidance regarding identifying close contacts for quarantine.
- Outdoor exposure does not always mean NO exposures, but it doesn’t meet our definition of close contact requiring quarantine at this time.
Masks: Important Tools for Prevention

CDC recommends community use of masks to prevent transmission of SARS-CoV-2:

• **Source Control**: Primarily reduces emission of virus-laden droplets
  • Key for asymptomatic or presymptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions.

• **Filtration Protection for Wearer**: Masks also help reduce inhalation of these droplets by the wearer
  • In addition to the number of layers and choice of materials, other techniques can improve wearer protection by improving fit and thereby filtration capacity.

The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly.

• Research supports that mask wearing has no significant adverse health effects for wearers

• [CDC Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2](https://www.cdc.gov/coronavirus/2019-ncov/hcp/cloth-masks.html) (Updated May 7, 2021)
Mask Wearing

A Note on Mask Wearing:

Cloth mask wearing is a risk reduction tool but does not mean no exposure occurred. The hope would be that masks reduced the spread of respiratory droplets while two individuals are in close contact, but the contact is still a close contact if it meets our definition.

A close contact that wore a cloth mask would still need to quarantine (unless another exemption applies). A confirmed case wearing a cloth mask could still expose others through close contact.

- Cloth masks reduce risk but do not prevent exposure completely.
- Additionally, not all masks are equal. Improving the fit and filtration of masks helps reduce the spread of the virus.
Key Points on Close Contacts

- **Contacts of Contacts** would not be considered exposed and do not need to quarantine at this time.
  - Only if the contact becomes a case themselves do we start to look at their infectious period and whom they may have exposed.
  - HOPEFULLY they were notified about their exposure in time and entered quarantine prior to becoming infectious.

- Final 14 days of **Quarantine** is calculated based upon the contact’s LAST exposure.
  - So if a contact was exposed daily for 4 days, use that 4th (last) day to count out their 14 days. (Final exposure = Day 0)
Summary Time: The Basics

• **SARS-CoV-2** is a novel respiratory virus.
  • **COVID-19** is the disease. Symptoms can be mild (colds, coughs, fever, loss of taste & smell, etc.) or severe (acute respiratory distress, pneumonia, etc.) or even death.

• **Transmission:** Spread by respiratory droplets.

• **Close contact** is defined as being within 6 feet of an infectious person while indoors for a cumulative total of 15 minutes or more over a 24-hour period
  • Masks reduce risk but they do not eliminate risk. We still consider mask wearers exposed.

• **Incubation Period:** 2-14 days. (So we Quarantine Contacts for Standard 14 Days)

• **Infectious Period:** 2 days before symptom onset (or positive test), through minimum 10 days after & meeting some additional symptom criteria. (So Cases should Isolate for at least 10 days)
Can You Get COVID-19 Again?

Short Answer = Yes

Reinfection is possible, and variant considerations have complicated the answer to this question, but here are some key points:

- Covid-recovered individuals have presumed immunity for a short period of time. They currently have a period of **90 days in which they would not need to quarantine if exposed to a confirmed case**.

- Additionally, we know **people continue to test positive for a while**, despite no longer being infectious towards others. There is no recommendation to retest and a COVID-recovered individual would **not need to re-isolate in the 90 days after their initial test (or symptom onset)** if they had an additional positive at that time.

- This “**90-day grace period**” from quarantine or isolation following initial diagnosis **could change** based upon future guidance from CDC but has not at this time.

- Resultingly, multiple positive tests within the same 90-day period are generally considered part of the same infection and do not count as multiple cases.

- If you have a positive lab test > 90 days after your initial diagnosis, out of an abundance of caution, we would consider that a “new” infection.
Vaccination
COVID-19 Vaccines in the US

COVID-19 vaccination is the best way to slow the spread of COVID-19 and to prevent infection by Delta or other variants.

- All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19 as seen in clinical trial settings.

- COVID-19 vaccines protect people from getting infected and severely ill, and significantly reduce the likelihood of hospitalization and death.

- Get all Doses: To receive the most protection, people should receive all recommended doses of a COVID-19 vaccine.

- Some people who are fully vaccinated against COVID-19 will still get sick because no vaccine is 100% effective. Experts continue to monitor and evaluate how often this occurs, how severe their illness is, and how likely a vaccinated person is to spread COVID-19 to others. (Breakthrough Infection)
CDC COVID-19 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.

- Bookmark this page: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
People Vaccinated with COVID-19 Vaccines: Here and Abroad

- People are considered **FULLY VACCINATED** for COVID-19 if they have received two doses of either the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen (Johnson & Johnson) vaccine ≥ 14 days ago.

- This also applies to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford, Sinopharm). [WHO](https://www.who.int)

- You do not need to receive a booster shot to be considered fully vaccinated.
Considerations for use of an additional dose of COVID-19 vaccine following a primary vaccine series

There are two distinct potential uses for an additional dose of COVID-19 vaccine:

1. **Additional dose after an initial primary vaccine series:**
   - For people who need an additional primary dose because they have an insufficient immune response.
     - *e.g., An additional mRNA COVID-19 vaccine dose is recommended for moderately to severely immunocompromised people at least 28 days after an initial 2-dose mRNA primary vaccine series. (8/12/21)*

2. **Booster dose:**
   - To boost immunity following waning over time after the primary vaccine series.
     - *e.g., CDC has issued recommendations for a single Pfizer-BioNTech vaccine booster dose at least 6 months after completion of a Pfizer-BioNTech COVID-19 primary vaccine series in some populations. (9/23/21)*
   - Much more to come on booster doses from FDA and CDC for other populations, and for those who received other vaccine products.
Guidance for Fully Vaccinated People

• CDC has evolving guidance for fully vaccinated people:
  • Interim Public Health Recommendations for Fully Vaccinated People
  • Talks about what precautions are still needed for fully vaccinated people, etc.

• MDPH now has a similar page on guidance for fully vaccinated individuals.
  • MDPH Guidance for people who are fully vaccinated against COVID-19

• Remember that CDC will update recommendations and guidance, but local jurisdictions have the final say. Always defer to MA Governor’s Orders or Local Health ordinances for things like mask orders, travel restrictions, implementing isolation and quarantine, etc.
Vaccination Status Matters for Contact Tracing

Fully Vaccinated: Identified as a Close Contact

- Most fully vaccinated people with no COVID-like symptoms do not need to quarantine, be restricted from work, or be tested following an exposure to someone with suspected or confirmed COVID-19, as a fully vaccinated contact’s risk of infection is low.

  - If you do not live or work in a congregate setting (e.g., correctional and detention facilities, assisted living residences, nursing and group homes), you are not required to quarantine following an exposure.

  - However, you should still monitor for symptoms of COVID-19 for 14 days following an exposure. If you experience symptoms, isolate yourself from others and contact your healthcare provider to seek testing.

Guidance may change in different settings. Be sure to check latest guidance as needed.
Breakthrough Disease: COVID-19 in Fully Vaccinated Cases

• **Vaccine breakthrough cases are expected.** COVID-19 vaccines are effective and are a critical tool to bring the pandemic under control.

• However no vaccines are 100% effective at preventing illness. There will be a small percentage of people who are fully vaccinated who still get sick, are hospitalized, or die from COVID-19.

• **More than 183 million** people in the United States have been fully vaccinated as of September 27, 2021.

  • There is evidence that vaccination may make illness less severe for those who are vaccinated and still get sick.

  • The risk of infection, hospitalization, and death are all much lower in vaccinated people compared to unvaccinated.

• **Studies** so far indicate that the vaccines used in the United States work well against the Delta variant, particularly in preventing severe disease and hospitalization.

  • Overall, if there are more infections with SARS-CoV-2 there will be more vaccine breakthrough infections.
Vaccination Status is Important to Collect in your Investigations

- **When interviewing Cases**, be sure to ask about and record their vaccination status.
  - This will help inform information on Breakthrough Disease.
  - CDC is looking for patterns (by age, geographic location, variants, vaccine lots, etc.)
    - Particular focus on reports of hospitalization and death among Breakthrough Cases.

- **When notifying Contacts**, be sure to ask about and record their vaccination status.
  - This will determine expectations for quarantine.
  - Even vaccinated individuals should be notified about their potential exposure so that they can be watchful for symptoms in the subsequent 14 days.

- There are lots of resources to obtain vaccination status, including the MIIS (MA immunization registry), a medical provider, a patient’s vaccination card, or even patient recall.
  - Just be sure to note the source. (In MAVEN, you can even note “patient report.”)
When Are You Fully Vaccinated?

Individuals are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen):

• This guidance is limited to FDA & WHO -approved vaccines (so also includes AstraZeneca at this time. (Does not apply to other international vaccines at this time.)

Let’s discuss being fully vaccinated with regards to:
• Exposures & Quarantine
• Positive Tests & Breakthrough Disease
Exposures Before Fully Vaccinated

Even if you have had that second dose, you are not fully vaccinated until Day 14 afterwards.

- Any exposure before Day 14 requires a quarantine.
- Any exposure on Day 14 or after would have a quarantine exemption.
- If you start your quarantine and THEN become fully vaccinated while in your quarantine (reach Day 14), you still have to finish your designated quarantine period.

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Any exposure before Day 14 requires a quarantine.

Exposures on Day 14 or after would have a quarantine exemption.

If you start your quarantine and THEN become fully vaccinated while in your quarantine (reach Day 14), you still have to finish your designated quarantine period.

Any exposure before Day 14 still requires full quarantine.
Cases After Being Fully Vaccinated

- **Breakthrough Disease** is any positive test obtained Day 14 or later following the final dose in a vaccine series.

- **Note:** Vaccination will not make you test positive. If you test positive, even if you are fully vaccinated, you are a case. You will need to isolate.
Fully vaccinated people with COVID-19 symptoms: Don’t Ignore.

In general, sick people that present with COVID-like symptoms should be considered for testing regardless of their vaccination status at this time.

• Although the risk that fully vaccinated people could become infected with COVID-19 is low, any fully vaccinated person who experiences symptoms consistent with COVID-19 should isolate themselves from others, be clinically evaluated for COVID-19, and tested for SARS-CoV-2 if indicated. The symptomatic fully vaccinated person should inform their healthcare provider of their vaccination status at the time of presentation to care.

New CDC Study: Vaccination Offers Higher Protection than Previous COVID-19 Infection

- Aug 6, CDC put out a new study showing the effects of vaccination on preventing re-infection, versus just relying on “natural immunity.”


- These data further indicate that COVID-19 vaccines offer better protection than natural immunity alone and that vaccines, even after prior infection, help prevent reinfections.

- "If you have had COVID-19 before, please still get vaccinated," said CDC Director Dr. Rochelle Walensky. "This study shows you are twice as likely to get infected again if you are unvaccinated. Getting the vaccine is the best way to protect yourself and others around you, especially as the more contagious Delta variant spreads around the country."
Summary Time: Vaccines

- **COVID-19 vaccines help protect people** who are vaccinated from getting COVID-19 or getting severely ill from COVID-19, including reducing the risk of hospitalization and death. Current vaccines are effective at preventing currently circulating strains like Delta.

- **Breakthrough Disease:** Some fully vaccinated people will still get COVID-19. This is expected. You are still MUCH more likely to get COVID-19 if you are unvaccinated. Be sure to ask about vaccination status and record that information. (NOT vaccinated is also important to note.)

- **Exposed Contacts who are vaccinated are exempt from quarantine** in most low-risk settings.
  - You **must be fully vaccinated** (≥14 days after last dose) at the time of exposure, otherwise you must still quarantine.

- A vaccinated individual who **tests positive IS A CASE** and should isolate accordingly. Vaccination will not make you test positive for COVID-19.

- Look for **FDA-approved vaccines** here in the US, or **WHO-approved international vaccines** when considering vaccination status for quarantine exemptions for contacts (or breakthrough disease for cases).
Isolation & Quarantine

Quarantine week 4:
I cut it myself
**Isolation vs. Quarantine**

**ISOLATION**
- For **symptomatic** people. and/or
- For Confirmed COVID-19 Cases.
- Prevents cases from infecting others
- LASTS UNTIL THE PERSON IS NO LONGER CONTAGIOUS
  - Use CDC Discontinuation of Isolation Guidance

**QUARANTINE**
- For **asymptomatic** people who have had an exposure (close contacts of confirmed cases)
- Prevents people from infecting others in the event they develop symptoms
- LASTS FOR 14 DAYS FROM LAST EXPOSURE. (If you don’t develop illness, you are then released.)
  - There are options for reduced strict quarantine (< 14 days).
Social Distancing vs. Quarantining

Social Distancing:

• Maintain at least 6 ft between you and any other person.
• Selecting activities that allow for individuals to work with their own materials.
• Utilizing outdoor venues or settings with good airflow.
• Reducing group size & avoiding crowded settings.
• Maintaining risk reduction practices like masking & good hygiene.

Quarantining:

• Staying at home – NO GOING OUT.
• Using standard hygiene and washing hands frequently
• Not sharing things like towels and utensils.
• Not having visitors
• Staying at least 6 feet away from other people in your household
• Preventing you from exposing others.
Most Important Questions:

For Positive Cases

• Did you have symptoms?
  • When was the symptom onset?

• What date was the specimen collected for the positive test?

For Close Contacts

• What was the final date of exposure to an infectious confirmed case?

Find the DAY ZERO.
Discontinuing Isolation – Which Strategy?

If the patient had a symptom onset date, use that date to apply a **Symptom-Based Strategy.**
- At least 10 days have passed since symptoms first appeared, **AND**
- At least 24 hours have passed since:
  - Resolution of fever without the use of fever-reducing medications; **AND**
  - Improvement in other symptoms (e.g., cough, shortness of breath)

If the patient never developed symptoms, use a **Time-Based Strategy.**
- At least 10 days have passed since positive test was collected, **AND**
- No symptoms develop

**Test Based Strategy:** Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized PCR Test. **AND** any symptoms have resolved per above requirements.

This is no longer a **recommended or preferred strategy** but could be used providing all the conditions were met (all symptoms have been resolved, observed specimen collection to ensure accurate specimens, etc.). We do not recommend this strategy as a larger routine protocol – particularly in congregate settings, but technically it could be applied on a case by case basis per CDC.
Discontinuation of Isolation Guidance

• Q. Is it required that symptoms have RESOLVED or IMPROVED for 24 hours? Please clarify.
  • A. Fever needs to be resolved without medications. Additional symptoms should be “improved.”
    • Example: cough may not have gone away entirely, but should be markedly improved (occasional cough, not paroxysms/coughing fits).

We say people will be in isolation for an average of 10 days from symptom onset (or date of positive test if no symptoms), but ultimately, public health releases a case from isolation by making sure they are well (meet the symptom requirements) at the end of those 10 days.

• If a patient has continued symptoms OR NEWLY developed symptoms, they should isolate longer than 10 days.
Q. What is the difference between the Infectious Period and the Isolation Period for a case?

- The Infectious Period is how long a case may be infectious towards others.
- The Isolation Period occurs when an infectious case is isolated away from others to prevent exposure.

In the perfect world, a case would be identified and isolated as soon as they became infectious, and these two time periods would be the same.

They should end on the same date (A patient may discontinue isolation when they are no longer infectious), however a patient often may not enter isolation until a few days after the start of their infectious period if they do not know they have COVID-19.
## Let’s Calculate Some Exposures

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Determining Infectious Period – for Case

• Obtain exact symptom onset date to determine Infectious Period.
  • Symptom onset date should be day of first noticed symptom
    • Often sore throat, cough, aches/myalgias or fevers.
    • If no symptoms, use date test collected.

• Consider from two calendar days prior to onset until the last time they had contact with others (entered isolation)
• Use a Calendar and ask what the case did each day, counting back 2 days from the onset of the first symptom.
• Remember – if symptoms persist at Day 10, isolation should continue.

<table>
<thead>
<tr>
<th>Day 0</th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Day 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Infectious</td>
<td>Not Infectious</td>
<td>Symptom Onset Date or Collection Date of Test</td>
<td>Infectious Period</td>
<td>Not Infectious</td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Symptom Onset = Day 0
Infectious Period Start Date = 2 days prior to onset (or test collection)
Infectious Period END date = when patient is released from isolation
  • May only need to inquire up to the date they entered isolation (last contact with others)
Determining Infectious Period – for Case

• Notes:
  • **Symptom Onset Date = Day Zero** (for determining when Case can exit Isolation)
  • Use full days, not times of day.
    • If a case developed a sore throat in morning or at night, consider that Day Zero.

• **Example**, a confirmed case developed a cough in the evening on Thursday, April 2.
  • **Symptom Onset Date = Thursday, April 2**.
    • (Do not worry about time of day. This full day is the onset.)
  • **Infectious Period Start date = Tuesday, March 31**.
    • We would be looking for any close contacts/exposures from Tuesday March 31st on.
  • **Infectious Period End date** = when case is no longer infectious (usually when they are discharged from isolation)
    • **Return to normal activities**= Day 11
    • **For Contact Tracing**: You can likely just go to when they entered isolation (no more contact with others).
Use the Interview Tool to Guide You

- Page 7: Extra Notes Page & Table to help you calculate the infectious/isolation period for your case.
Calculating Quarantine Period: Contacts

**Traditional Quarantine Period:** 14 Days from Exposure, Returning to Activities on Day 15

- **Things to Note:**
  - Use full calendar Days, not times of day.
  - Exposure = Day 0.
  - Quarantine is Day 1-Day 14
  - Exit Quarantine on Day 15 (Remember Day 14 is a FULL DAY IN Quarantine)

- If Contact tests positive, they SWITCH from Quarantine to new Isolation Period and their Isolation Period is calculated separately based upon symptom onset and/or date of positive test, regardless of time spent in quarantine first.
# Options for Shortened Strict Quarantine Period

<table>
<thead>
<tr>
<th>OPTIONS</th>
<th>CRITERIA</th>
<th>ACTIVE MONITORING</th>
<th>RESIDUAL RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Days of Strict Quarantine</td>
<td><strong>Release on Day 8 after last exposure IF:</strong>&lt;br&gt;• A test (either PCR or Abbot BinaxNOW antigen) taken on Day 5 or later is negative; AND&lt;br&gt;• The individual has not experienced any symptoms up to that point; AND&lt;br&gt;• The individual conducts active monitoring through Day 14</td>
<td>Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.</td>
<td>Approximately 5% residual risk of disease development</td>
</tr>
<tr>
<td></td>
<td><strong>Test Required</strong></td>
<td>No Symptoms</td>
<td></td>
</tr>
<tr>
<td>10 Days of Strict Quarantine</td>
<td><strong>Release on Day 11 after last exposure IF:</strong>&lt;br&gt;• The individual has not experienced any symptoms up to that point; AND&lt;br&gt;• The individual conducts active monitoring through Day 14.&lt;br&gt;• No test is necessary under this option</td>
<td>No Symptoms</td>
<td>Approximately 1% residual risk of disease development</td>
</tr>
<tr>
<td></td>
<td><strong>No Test</strong></td>
<td>No Symptoms</td>
<td></td>
</tr>
<tr>
<td>14 Days of Strict Quarantine</td>
<td><strong>Release on Day 15 after last exposure IF:</strong>&lt;br&gt;• The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR&lt;br&gt;• The individual indicates they are unwilling or unable to conduct active monitoring.</td>
<td>No additional active monitoring required</td>
<td>Maximal risk reduction</td>
</tr>
</tbody>
</table>

**Occupational Exposure & Return to Work Guidance**

https://www.mass.gov/doc/return-to-work-guidance/download

3/8/2021 Update
Calculating Quarantine Period

Calculate Quarantine Key Dates for Current Contact (Attendee/Staff Member):

<table>
<thead>
<tr>
<th>Final Exposure</th>
<th>Can Obtain Test</th>
<th>Can Return to Program with No Symptoms and with a Negative Test Result</th>
<th>Can Return to Program with No Symptoms (no test required)</th>
<th>Return to Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 0</td>
<td>Day 5</td>
<td>Day 8</td>
<td>Day 11</td>
<td>Day 15</td>
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<td>Day 1</td>
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</table>

If Contact has ANY symptoms, even if joined by a Negative Test, must complete the full 14 days in Strict Quarantine.

Final Exposure to confirmed case is Day 0

7 Days in Strict Quarantine

10 Days in Strict Quarantine

Negative Test, No Symptoms, & 7 Day Strict Quarantine Option:
- May obtain a test beginning Day 5 = ___/___/____
- If no symptoms develop & appropriately timed negative test result is received, may exit Strict Quarantine beginning Day 8 = ___/___/____

Active Self-Monitoring is Day 8 = ___/___/____ through Day 14 = ___/___/____

No Symptoms & 10 Day Strict Quarantine Option (Test-Free):
- If no symptoms, may exit Strict Quarantine beginning Day 11 = ___/___/____

Active Self-Monitoring is Day 11 = ___/___/____ through Day 14 = ___/___/____
Quarantine Calculation Example

- Exposed on January 4th. So that is Day 0.

**Calculate Quarantine Key Dates (Example):**

<table>
<thead>
<tr>
<th>Final Exposure</th>
<th>Can Obtain Test</th>
<th>Can Return to Program with No Symptoms and with a Negative Test Result</th>
<th>Can Return to Program with No Symptoms (no test required)</th>
<th>Return to Activities</th>
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<tbody>
<tr>
<td>Day 0 1/4</td>
<td>Day 1 1/5</td>
<td>Day 2 1/6</td>
<td>Day 3 1/7</td>
<td>Day 4 1/8</td>
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<td>Day 5 1/9</td>
<td>Day 6 1/10</td>
<td>Day 7 1/11</td>
<td>Day 8 1/12</td>
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<td>Day 9 1/13</td>
<td>Day 10 1/14</td>
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<td>Day 11 1/15</td>
<td>Day 12 1/16</td>
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<td>Day 13 1/17</td>
<td>Day 14 1/18</td>
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<td></td>
<td></td>
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<td></td>
<td>Day 15 1/19</td>
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</tbody>
</table>

**Negative Test, No Symptoms, & 7 Day Strict Quarantine Option:**
- May obtain a test beginning Day 5 = 01/09/21
- If no symptoms develop & appropriately timed negative test result is received, may exit Strict Quarantine beginning Day 8 = 01/12/21

**No Symptoms & 10 Day Strict Quarantine Option (Test-Free):**
- If no symptoms, may exit Strict Quarantine beginning Day 11 = 01/15/21
- Active Self-Monitoring is Day 8 = 01/12/21 through Day 14 = 01/18/21
- Returning to Activities Day 15 = 01/19/21

**Standard 14 Day Quarantine is Day 1 = 01/05/21 through Day 14 = 01/18/21**
Friendly Reminder Regarding Quarantine for Contacts

- Although you can get tested starting on Day 5 you are NOT released from quarantine until you have received your negative result, AND it is Day 8 or after.
  - So if you receive your negative test result right away, you still have to wait until after a full Day 7 in strict quarantine.
  - If you don’t have your negative test result in hand on Day 8, you have to wait for it (so could be Day 9 or 10, for example).
- Remember, you must COMPLETE the last day of a quarantine “in quarantine” so always clarify which day someone is released.
  - Quarantining for the 10 Day Strict Quarantine means that the close contact would need to quarantine through Day 10 and can return to the community on Day 11.

Quarantine Tool to help you calculate different quarantine options.
Recovered Household Members

Q. If a case recovers, but their household members develop COVID in their quarantine, does the first case have to go back into quarantine?

A. No. Once a member of the household recovers, they can exit isolation even if their remaining household members are still in isolation.

Once a case exits isolation, they are no longer considered infectious towards others. Additionally, there is evidence of (temporary) immunity – believed at this time to last for at least 3 months.

Thus, recently recovered individuals do not need to re-quarantine if exposed to another confirmed case in the 3 months following their initial onset/lab test.

If exposed > 3 months later, they should quarantine again out of an abundance of caution.
Determining Quarantine Period – for Household Contact

For determining ANY quarantine period, you must determine the contact’s last exposure to the infectious person. That is Day Zero. For Household Members who cannot completely separate, (children, spouse, roommates, etc.), they are “in quarantine” while continuously exposed to the case.

• However, their **FINAL 14 Day Countdown of Quarantine** does not begin until they are no longer being continuously exposed.

• In other words, their **final 14 day Quarantine begins after their LAST/Final exposure to someone infectious.**

  • **If the CONTACT cannot separate from the CASE,** then the Case must stop being infectious (be released from isolation). That will determine the contact’s final exposure date.
  
  • Index case’s last day in Isolation (Day 10) = Day 0 (Final Exposure) for counting out the quarantine.
Determining Quarantine Period – for Household Contact

• Final 14 days of Quarantine is calculated based upon the contact’s LAST exposure.
Determining Quarantine Period – for Household Contact

If close contacts live in the same house as positive case who is isolating, when does their quarantine date start?

- The contact should **quarantine Immediately** upon learning that they are a contact to a confirmed case.

- The only challenge is that the **final 14 day countdown cannot begin until the last exposure to the case has occurred.**

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<td><strong>D A Y 2</strong></td>
<td><strong>D A Y 3</strong></td>
<td><strong>D A Y 4</strong></td>
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<td><strong>D A Y 8</strong> (test)</td>
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<td>Apr 11</td>
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<td><strong>D A Y 15</strong></td>
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**Isolation of Case**
- If Contact cannot separate from case, Contact must also be quarantining at this time.
- **Strict Quarantine**
  - Starting Day 5 - Can obtain negative test to shorten Strict Quarantine
  - Could Exit Strict Quarantine based on Neg Test Result/ Begin Active Monitoring
  - Could Exit Strict Quarantine based upon NO SYMPTOMS/ Begin Active Monitoring
Preventing Household Spread

- If there is a case in the household, make sure the case has a separate space to isolate.
  - Separate bedrooms.
  - Case should not use common/shared space.
  - Separate bathrooms.

- Wear masks and practice good hand hygiene at all times.
- If there is only one bathroom, wipe it down after every use.
- Clean all common touch surfaces.
- Don't eat meals at the same time.
- All household members should minimize contact with each other to prevent further spread among those in quarantine.
  - (This is easier to do with a roommate situation versus a family with young children.)
Key Reminder: Cases and Contacts

A Cases (probable or confirmed) should Isolate because they are infectious to others.

- Their Contacts should quarantine because they have been exposed and may develop illness themselves (but are not yet cases).

If a contact becomes a case, they switch from Quarantine to Isolation.

- Calculate their isolation period based upon THEIR symptom onset or THEIR date of test if no symptoms.
- Their isolation period is its own calculation, regardless of how much time they spent in quarantine.
  - So if they spent 10 days in quarantine prior to becoming a case, they still start over with a new isolation period and a new start date.
Summary Time: Isolation & Quarantine

- **Isolation is for Cases**, and typically lasts 10 days from onset or positive test collection. To determine when a case may exit isolation, use:
  - **Symptom-Based Strategy (if symptom onset)**
    - At least 10 days have passed since symptoms first appeared, and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications other symptoms have improved.
  - **Time-Based Strategy (if no symptoms)**
    - At least 10 days have passed since specimen collected & no symptoms have developed
  - **A Test-Based Strategy is also possible but not preferred.**
    - Two negative PCR tests >24 hours apart & no symptoms

- **Quarantine is for Contacts and lasts 14 Days:**
  - **14 Day Strict Quarantine (Release Day 15) if any symptoms**
  - **New options to reduce Strict Quarantine & supplement with Active Monitoring**
    - **7 Days Strict Quarantine (Release Day 8, Active Monitor Day 8-14)**
      - Have not had, and do not have, any symptoms;
      - Receive negative test result collected Day 5 or later
    - **10 Days Strict Quarantine (Release Day 11, Active Monitor Day 11-14)**
      - Have not had, and do not have, any symptoms;
  - **Repeated exposure extends your quarantine (ex, in the case of household contacts)**
When Exemptions Apply for Isolation or Quarantine

<table>
<thead>
<tr>
<th>Identified as a Contact</th>
<th>COVID – Recovered*</th>
<th>Fully Vaccinated*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;90 Days since symptom onset or lab date = <strong>NO Quarantine</strong></td>
<td>NO quarantine required (No test needed unless symptoms develop.)</td>
</tr>
<tr>
<td></td>
<td>&gt;90 Days since symptom onset or lab date = <strong>YES Quarantine</strong></td>
<td></td>
</tr>
<tr>
<td>New Positive Lab Result</td>
<td>&lt;90 Days since symptom onset or lab date = <strong>NO new Isolation</strong></td>
<td>YES, a positive lab is a case and would need to isolate accordingly/their contacts should quarantine.</td>
</tr>
<tr>
<td></td>
<td>&gt;90 Days since symptom onset or lab date = <strong>YES Isolate</strong></td>
<td></td>
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</tbody>
</table>

*This table applies to community cases in non-healthcare and non-congregate settings.

NOTE: Make sure you have the correct [Quarantine Guidance Document](#). (An old version did only give vaccinated people 90 days exemption from quarantine, but there is currently no time limit after vaccination.)
Tools and Resources

- All of the tools and resources we discussed today are available online.

You do not have to be logged into MAVEN to utilize these tools. They are located online and can be accessed at this address:

**MAVEN HELP**


**Infectious Period Tip Sheet (generic)**

**Case Infectious Period Calculation Tool (for programs)**

**Contact Quarantine Period Calculation Tool (for Programs)**
Quarantine FAQs:

- Q. Is a fully vaccinated household contact of a confirmed case required to quarantine?

  - A. No, a fully vaccinated contact (even a household contact) is not required to quarantine. They should, however, make every effort to limit exposure in the household. The case should isolate away from others. Households should consider facemasks, handwashing, etc. to prevent continuous exposure and to decrease the risk of breakthrough disease.

  - If a fully vaccinated contact develops symptoms, they should immediately isolate and seek testing.
Quarantine FAQs:

• **Q. When should symptomatic Contacts be tested?**

  • **A.** At any point in the quarantine period that symptoms develop, a contact should seek testing right away. If a test result is negative, but COVID-19 is still suspected, a follow-up test is recommended.

  • If symptoms change or increase following a negative test, an additional test is recommended to reflect the new symptoms. For example:

    • If I develop cold symptoms and go seek a COVID test, which is negative, but 5 days later I develop different/more symptoms (like a fever & cough), I should seek testing again to reflect THOSE symptoms and that particular illness.
Your Questions