



**DPH Guidance for Management of Persons with Suspected
COVID-19 Exposure, Discontinuation of Home Isolation and
Return to Work (Community Setting)**

This document is intended to serve as guidance for discontinuation of home isolation as well as return-to-work guidance for persons with suspected, presumed, or confirmed coronavirus disease 2019 (COVID-19) infection in the state of Delaware. Due to the dynamic nature of information which continues to emerge about COVID-19 and the virus that causes it (severe acute respiratory syndrome coronavirus 2, shortened to SARS-CoV-2), this information is subject to change.

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Depending on the clinical suspicion of COVID-19, *symptomatic* persons under investigation (PUIs) for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions immediately. Asymptomatic persons who are advised to self-quarantine due to having been identified as having close contact with a person infected with COVID-19 are reminded that a negative result does not preempt the requirement for self-quarantine completion.



I. Management of Potential Exposure in a Community Setting

This guidance applies to a potential exposure in a community setting to persons with COVID-19.

Close contact is defined as:

a) Someone who was within 6 feet of a person infected with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.– or –

b) having direct contact with infectious secretions of a COVID-19 infected person (e.g., being coughed on)

Current guidance based on community exposure, for people identified to have CLOSE CONTACT to a person with known or suspected COVID-19:

Exposure to	Recommended Precautions
<ul style="list-style-type: none"> Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). 	<ul style="list-style-type: none"> Stay home (self-quarantine) until 10 days[^] after last exposure and maintain social distance (at least 6 feet) from others at all times <ul style="list-style-type: none"> [^]Or 7 days with a negative diagnostic tests performed no earlier than 5 days after last exposure. Self-monitor for symptoms <ul style="list-style-type: none"> Check temperature twice a day Watch for fever, cough, or shortness of breath, or other symptoms of COVID-19 Avoid contact with people at higher risk for severe illness from COVID-19
<p>Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE)*</p>	

**This does not apply to healthcare personnel with contact in a healthcare setting*



Low-risk: Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with COVID-19 for a prolonged period of time (greater than 15 minutes) but not meeting the definition of close contact; **OR** interactions with a person with laboratory-confirmed COVID-19 infection that do not meet any of the other conditions above, such as walking by the person or being briefly in the same room.

Low-risk category exposures have no restriction on movement and should practice self-monitoring. Facilities could consider allowing asymptomatic employees who have had an exposure to COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program (if one is available).

- They should still report temperature and absence of symptoms each day prior to starting work.
- Exposed employees could be required to wear a facemask (healthcare workers) or cloth face covering (non-health care workers) while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
 - If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.
- If person is a healthcare worker, facility occupational health or infection prevention personnel should consider restricting the employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

II. Discontinuation of Home Isolation/Return to Work for SYMPTOMATIC Persons with CONFIRMED or SUSPECTED COVID-19

Options include a time-since-illness-onset and time-since-recovery (“symptom-based”) strategy and a “test-based” strategy.

Time-since-illness-onset and time-since-recovery strategy (“symptom-based” strategy)

Persons with *CONFIRMED* or *SUSPECTED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:



- At least 1 day (24 hours) has passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

*Health care personnel with severe to critical illness **or** who are severely immunocompromised should extend the period of isolation and may return to work when at least 1 day (24 hours) has passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); **and** at least **20 days** have passed since symptoms first appeared.*

After discontinuation of home isolation, persons should continue to avoid sustained close contact with others and maintain strict social distancing and hand hygiene due to the possible risk of continued infectiousness. Persons may return to work; however, they should continue to recognize the risk of infectiousness and self-monitor for symptoms.

“Test-based” strategy (simplified from initial protocol)

A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. At this time, test-based strategy should **ONLY** be employed for persons with *CONFIRMED* COVID-19 infection. **Except for rare situations, a test-based strategy is not recommended to determine when to allow personnel to return to work. A test-based strategy could, for example, be considered for some healthcare personnel (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the person being infectious for more than 20 days.**

Persons who have *CONFIRMED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation and return to work under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected \geq 24 hours apart (total of two negative specimens)

III. Health Care Personnel, Critical Infrastructure Personnel, and Essential Services Workers

Critical infrastructure personnel/essential services workers should practice self-monitoring. DPH recommends that individual risk assessments for COVID-19 exposures based on setting, personnel, and type of activity be performed:



- Pre-Screen:** Employers should measure the employee’s temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- Regular Monitoring:** As long as the employee doesn’t have a temperature or symptoms, they should self-monitor under the supervision of their employer’s occupational health program (if available).
- Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages.
- Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- Disinfect and Clean Workspaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

Employees returning from isolation should still report temperature and absence of symptoms each day prior to starting work. Facilities should have employees wear an appropriate face covering (i.e. medical facemask for direct patient care workers or cloth face covering for all others) while at work for the 14 days following fever resolution and improvement in symptoms. If the employee develops even mild symptoms consistent with COVID-19, they must cease work activities, wear a face covering (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Facility occupational health or infection prevention personnel should consider restricting healthcare personnel employees returning following isolation discontinuation from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations. Returning healthcare personnel may be directed to care for COVID-positive patients.

IV. Discontinuation of Home Isolation/Return to Work for ASYMPTOMATIC Persons with CONFIRMED COVID-19

Individuals with *CONFIRMED* COVID-19 who have **not** had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test **and** have had no subsequent illness. For healthcare personnel who are severely immunocompromised, however, (but who were asymptomatic throughout their infection), individuals may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test. If there has been illness subsequent to the first positive test, the individual must proceed according to the guidance for symptomatic persons with confirmed COVID-19 above.



V. Immunity, Vaccination Status, Re-testing, and Re-infection

The immune response, including duration of immunity, to COVID-19 infection is not yet completely understood. It is not yet known whether similar immune protection will be observed for persons infected with COVID-19 as seen with MERS-CoV and SARS-CoV-1 infections.

While mRNA COVID-19 vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19, there is currently limited (but growing) information on how much the vaccines might reduce transmission and how long protection lasts. The efficacy of the vaccines against currently circulating SARS-CoV-2 variants is good, however efficacy against future/emerging variants is not known. At this time, vaccinated persons should continue to follow [current guidance](#) to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, washing hands often, following [CDC travel guidance](#), and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.

However, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to [quarantine](#) if they meet both of the following criteria[†]:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet both of the above criteria should continue to follow current [quarantine guidance](#) after close contact exposure to someone with suspected or confirmed COVID-19.

As an exception to the above guidance no longer requiring quarantine for fully vaccinated persons, vaccinated inpatients and residents in healthcare settings (including long-term care facilities) and fully vaccinated residents of non-healthcare congregate settings (e.g., correctional and detention facilities, group homes) should continue to [quarantine](#) following an exposure to someone with suspected or confirmed COVID-19; outpatients in healthcare settings should be cared for using appropriate [Transmission-Based Precautions](#).

[†]In situations of exceptional or sustained close contact with persons infected with COVID-19 where social distancing inherently cannot be maintained (e.g. household contacts), decisions regarding quarantine should be made in consultation with the individual's employer or employee health, and may consider further consultation with medical or public health professionals. Risk of transmission despite vaccination should be weighed against the benefits of allowing an individual to continue to work.



For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.

For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.

VI. Definition of Severely Immunocompromised

For the purposes of this guidance, the following definition was created to more generally address healthcare personnel occupational exposures:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of healthcare personnel work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.
- Ultimately, the degree of immunocompromise for healthcare personnel is determined by the treating provider, and preventive actions are tailored to each individual and situation.