



This is an official DHEC Health Update

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Overview of Isolation and Quarantine for COVID-19

Summary

- Providers should review the current indications and recommendations for isolation and quarantine to ensure they are providing appropriate and current guidance to patients.
- Return to work should be determined by applying the guidelines for ending isolation or quarantine as appropriate. DHEC does NOT recommend re-testing to end isolation or determine if return to work is appropriate except in rare circumstances.
- An individual who has been told to quarantine after an exposure must complete their full period of quarantine even if they test negative for COVID-19. Testing CANNOT shorten the quarantine period.
- Timely reporting of all positive cases is necessary to ensure appropriate follow up and contact tracing by DHEC staff. Reporting of all positive and negative cases within 24 hours is required. Questions about the DHEC's contact tracing work can be addressed by calling DHEC's Care Line at 1-855-4-SCDHEC (1-855-472-3432).

Background

Isolation, quarantine, and contact tracing remain essential elements to limit the transmission of COVID-19 in the community. This HAN serves as a reminder of the current CDC/DHEC guidance outlined in previous [SCHAN](#) releases. Although there have been no major changes in the current guidance, the rapidly evolving nature of this situation can present a challenge in keeping up with current guidelines and credible sources of information. This HAN serves to bring current recommendations and practices for Isolation, Quarantine, and Contact Tracing together.

Isolation is used for individuals known or suspected of being infectious with COVID-19. Anyone who is tested for COVID-19 due to suspicion that they may be infected (diagnostic test rather than screening test) should be instructed to isolate until their test result comes back. Anyone who tests positive for COVID-19 should continue to isolate based on current guidance outlining the duration of isolation. **Quarantine** is used for individuals who were in contact with

an infectious individual and at risk of becoming contagious themselves. Understanding which is indicated and the differences in the guidance for each is essential to providing appropriate recommendations. **Contact Tracing** continues to be performed by DHEC staff to identify close contacts of COVID-19 cases and provide these individuals with quarantine guidance to help limit the spread of COVID-19. Timely reporting of [all positive test results](#) is necessary to support DHEC's initiation of the investigation of the close contacts of cases known as contact tracing. Providers, healthcare facilities, and laboratories are required to report all positive and negative results within 24 hours. Refer to the [HAN](#) from August 29, 2020 for reporting options.

Isolation

Recommend [isolation](#) for all patients suspected of having COVID-19 and awaiting test results or with known positive PCR or antigen testing. Anyone suspected of having COVID-19 (a contact of a contagious case who has symptoms) who does not get tested should be recommended to complete the full isolation criteria. Refer to the [HAN](#) from July 22, 2020 for details on isolation criteria.

The symptom based strategy requires that patient meet the following criteria to end isolation:

- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved and
- The time frame that must have passed since symptoms first appeared is:
 - 10 days for [mild to moderate illness](#) and not [severely immunocompromised](#)
 - 20 days for [severe or critical illness](#) and/or [severely immunocompromised](#)

Asymptomatic cases that have tested positive for COVID-19 but never develop symptoms should isolate until 10 days after the date of specimen collection for their first positive test. For [severely immunocompromised](#) patients who are asymptomatic, discontinue isolation when at least 20 days have passed since the date after the specimen collection for their first positive test.

Testing again to end isolation or return to work is generally not recommended. Patients can continue to test positive by PCR testing long after they are no longer contagious which may unnecessarily extend isolation.

Quarantine

Recommend [quarantine](#) for those considered to be close contacts because they have been within six feet of a known case for fifteen (15) minutes or more. The entire quarantine period must be completed even if the person tests negative during their quarantine.

DHEC recommends testing of close contacts of COVID-19 cases but no sooner than seven (7) days after first contact with the case while they were contagious. Waiting seven (7) days after the first contact may allow the virus to replicate to detectable levels making a false negative test collected too early in the incubation period less likely.

Quarantine periods:

- Close contact with no further contact ([scenario 1](#)): Quarantine extends until fourteen (14) days after last contact with the case while contagious with COVID-19.
- Additional close contact while in quarantine ([scenario 3](#)): Quarantine starts over until fourteen (14) days after last contact.
- Household contact ([scenario 4](#)): At this time, DHEC recommends that the quarantine period of 14 days begins after the ill individual in the home has completed their isolation period (minimum 24 days since symptoms began or the test was collected). This provides the most conservative approach to minimizing the possibility of household contacts ending quarantine while potentially contagious or incubating COVID-19.
 - However, there may be specific situations where household contacts are able to separate from the ill person in the home ([scenario 2](#)), and the quarantine period will be fourteen (14) days after last contact with the case while contagious with COVID-19 (when the separation began).
 - “Separate” means the ill person has their own bedroom where they separate from the household member(s), and the contact is not the caregiver for the ill person.

Quarantine exceptions: Certain exceptions are provided for some individuals who must work even during a period that quarantine is recommended. This includes critical infrastructure employees and healthcare workers. They should still be recommended to quarantine at home unless their presence is necessary for operations. If continuing to work, they should follow the guidance provided in the resources below and continue to quarantine at home when not working.

Resources

DHEC. COVID-19 Contact Tracing. <https://scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/covid-19-contact-tracing#:~:text=You%20will%20receive%20a%20call,resources%20and%20support%20if%20needed.>

CDC. Isolate if you are sick. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

CDC. Definition for severity of illness and severely immunocompromised. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>

CDC. When to quarantine. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

CDC. Interim guidance for healthcare workers with potential exposures to COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC. Interim guidance for critical infrastructure employees. https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423331/CDC_CISA_Interim_Guidance_Critical_Workers_Safety_Practices_COVID19.pdf

CDC. Critical infrastructure Do's and Don'ts. https://content.govdelivery.com/attachments/USDHS/2020/04/09/file_attachments/1423330/CDC_CISA_Flyer_Essential_Critical_Workers_Dos_and_Donts_COVID19.pdf

DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 cases, deaths, positive and negative test results, and associated Multi-System Inflammatory Syndrome in Children (MIS-C) cases** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
<u>Lowcountry</u> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	<u>Upstate</u> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
<u>Lowcountry</u> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	<u>Midlands</u> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	<u>Pee Dee</u> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	<u>Upstate</u> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		<u>DHEC Bureau of Communicable Disease Prevention & Control</u> Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.