

Updates to Isolation and Testing

COVID-19 Guidance

San Mateo County Office of Education - Update and FAQs

Last updated 1/8/2024

In early January, as we see multiple viruses circulating in communities this winter, CDPH recommends a broader approach to protect Californians from respiratory viruses than the prior COVID-19 specific guidance. As we continue to transition and incorporate our public health response to SARS-CoV-2 infection into broader activities to protect our communities from circulating respiratory viruses, we are focused on interventions for those most at risk of severe illness, while minimizing the disruptive impact of isolation in schools and workplaces.

CDPH will be posting an update to existing [COVID-19 Isolation Guidance](#) and the [COVID-19 Testing Guidance](#) to move to a symptom-based exclusion approach. In order for the Cal/OSHA Non-Emergency Standards to continue to be consistent with public health guidelines, definitions relevant to isolation and exclusion from work in the [State Public Health Order COVID-19 Disease Control & Prevention](#) have also been revised.

What is the change for individuals who know they are infected with COVID-19?

California is updating recommendations for individuals who have tested positive for COVID-19. Individuals who have tested positive for COVID-19 are still recommended to pay close attention to their symptoms and stay home when they have a fever and/or feel ill. Instead of staying home for a minimum of 5 days, individuals may return to work or school when they start to feel better, meaning that their symptoms are mild and improving, and they have not had a fever for a full day (24 hours) without the use of fever reducing medication. Masking recommendations have not changed. All individuals who have tested positive for COVID-19, and all with respiratory symptoms should wear a mask around others indoors for 10 days from when symptoms started or the positive test date (if no symptoms).

What is the change for recommended testing for individuals who are close contacts to persons known to be infected with COVID-19?

- People who have been exposed to a confirmed case of COVID-19 and do not have COVID-19 symptoms are only recommended to test if they are at higher risk of severe disease and would benefit from treatment OR if they have contact with people who are at higher risk for severe COVID-19 infection. In these situations, they should consider testing within 5 days after the last exposure date (Day 0) and prior to contact with higher risk people.
- For close contacts with symptoms, masking and testing is still recommended.

Rationale for proposed changes:

- We are now at a different point in time with [reduced impacts](#) from COVID-19 compared to prior years due to broad immunity from vaccination and/or natural infection, and readily available treatments for infected people.
- Most of our policies and priorities for intervention are now focused on protecting those most at risk for serious illness, while minimizing the disruptive impact of isolation in schools and workplaces.
- Previous isolation recommendations were implemented to reduce the spread of a virus to which the population had little immunity and had led to large numbers of hospitalizations and deaths that overwhelmed our healthcare systems during the pandemic.
- A significant proportion of COVID-19 infections are asymptomatic or include minimal symptoms, and many people may be infected with COVID-19 or other respiratory infections and do not test or know what infection they may have. Updating our public health approach and recommendations incorporates our recommendations into a broader, multi-pronged approach to multiple respiratory viruses.
testing

These changes will be reflected in the following guidance documents:

- [Guidance on Isolation and Quarantine for COVID-19 \(ca.gov\)](#)
- [Isolation and Quarantine Q&A \(ca.gov\)](#)
- [Order of the State Public Health Officer COVID-19 Disease Control and Prevention](#)
- [Public Health Order Questions & Answers: COVID-19 Disease Control and Prevention \(ca.gov\)](#)
- [Updated COVID-19 Testing Guidance \(ca.gov\)](#)

Questions and Answers

Why change recommendations now?

We are seeing high levels of multiple respiratory viruses, including influenza, COVID-19, RSV, and many others, and we want to remind Californians to take preventive and protective measures for all respiratory infections. Influenza is increasing the most, and COVID-19 specific recommendations may be disproportionately isolating and excluding individuals. Less COVID-19 testing is occurring, and testing for other viruses is less available and less common, thus a broader and more consistent preventive approach for respiratory symptoms addressing multiple viruses with layers of preventive measures is recommended. While COVID-19 continues to have the potential to cause serious disease, especially amongst the most vulnerable, the trends and contributions of COVID-19 to hospitalizations and deaths is much [lower than prior winter seasons](#) during the pandemic. The prior isolation guidance (staying home for a minimum of 5 days) was enacted when there were unprecedented numbers of people dying with COVID-19, and hospital wards and intensive care units were full. Thanks to vaccines, medications, and

immunity from prior infections, fewer people are now getting severely ill and the impact on healthcare systems has decreased significantly. This has been the case during the most recent increases during the late summer and early fall.

In which settings does this update apply?

This update applies to the public, schools, child care and most workplaces. These changes will not apply in healthcare settings such as acute care hospitals, psychiatric hospitals and skilled nursing facilities (SNFs), where recommendations from [AFL 21-08.9](#) are still in place.

Other healthcare (e.g., outpatient clinics, ambulatory surgical centers, etc.) and high-risk congregate settings (such as incarcerated settings, homeless shelters, etc.) may choose to follow the recommendations for [healthcare](#) settings or implement additional requirements that are stricter than this statewide guidance based on the risk profile of populations served, local circumstances, and other setting specific situations.

How does this apply to workplaces and congregate settings when there's an outbreak?

For guidance on preventing and managing outbreaks in the non-healthcare workplace, please see the [Workplace Outbreak Employer Guidance](#). For guidance on prevention and control of respiratory viruses in Skilled Nursing Facilities, including outbreaks, see [California Recommendations for Prevention & Control of COVID-19, Influenza, and other respiratory viral infections in SNFS 2023-2024](#).

Local health departments (LHDs) may continue to implement additional requirements that are stricter than this statewide guidance and regulations based on local circumstances, including in certain higher-risk settings or during certain situations (for example, during active outbreaks in high-risk settings). For requirements on work exclusion during an outbreak, please see the relevant sections of the [Cal/OSHA COVID-19 Prevention Non-Emergency Standards](#).

Why is this different from the CDC isolation recommendations?

California's updated approach aligns with policies throughout much of the world. In reviewing scientific trends, higher rates of population-level immunity and lower rates of COVID-19 hospitalizations mean that we can continue to scale back measures instituted at the beginning of the pandemic. California has carefully and successfully scaled back other measures such as physical distancing and quarantine as immunity has increased and more tools and understanding for prevention and treatment have become available. It is now time to update the approach to persons with COVID-19, to recommend a broader approach to protect Californians from multiple respiratory viruses, with a focus on those most at risk for severe illness.

The State of Oregon enacted similar policies more than six months ago, after which they have not since experienced a disproportionate increase in COVID-19 hospitalizations or deaths.

CDC provides general recommendations, and in California, there continue to be COVID-19 specific workplace [requirements](#).

Why are these different than CDC testing recommendations?

CDC recommendations for [testing](#) advise individuals to wait 48 hours between tests and recommend conducting a total of at least 3 tests. CDPH has adapted the guidance to be clearer and implementable while recognizing that 3 tests might be too many for individuals with symptoms who test negative given that most tests come in boxes of 2. Testing sooner (i.e., 24-48 hours) after the last negative test would help you determine if you are positive sooner.

What's important to remember about having COVID-19?

Even if it is occurring less frequently, you can still get very sick from COVID-19, and we continue to learn about risk factors and other concerning potential long term impacts of COVID-19 infection, including post-acute sequelae of SARS-CoV-2 infection (PASC) and potential association with longer term conditions such as myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). That is why it remains important to use all of our tools to prevent disease and promote early treatment, including reminding people to stay up-to-date on vaccines, get tested whenever you have symptoms, mask and improve indoor ventilation when relevant, and receive treatments as soon as possible if you are at higher risk of severe disease.

What's important to remember about spreading COVID-19?

You can still spread COVID-19 and other respiratory viruses, even if you have mild or no symptoms. That is why when you are known to be infected with COVID-19 and around other people indoors, it remains important to wear a mask for 10 days to prevent infecting others.

You should also avoid contact with higher-risk people like the elderly, those who live in congregate care facilities, those who have immunocompromising conditions, and others at higher risk for serious disease for 10 days.

The definition of the “infectious period” in the State Public Health Officer Order for COVID-19 has changed. What does that mean?

People with COVID-19 can be infectious 2 days before and up to 10 days after symptom onset or positive test date (if no symptoms). This has not changed, and that is why it remains important to wear a mask for 10 days after getting COVID-19. In the State Public Health Officer order, the “infectious period” is defined for the specific purpose of isolation and exclusion in order for the Cal/OSHA Non-Emergency Standards to continue to be consistent with public health guidelines. This definition has been updated so that employers can follow the same public health recommendations made for the general public. In summary, you can be infectious prior to knowing you are infected, and for up to 10 days, but you no longer need to isolate or be

excluded from settings for 5 days. Instead, individuals should follow a symptom-based approach as they would usually do for other illnesses, as described elsewhere.

What is the impact of this update to schools and child care settings?

The updated guidance will allow individuals to follow a more symptom-based approach as they usually do for other illnesses. For example, a child or staff member with COVID-19 can now return to school or a childcare setting if their symptoms are mild and improving and they have had no fever for 24 hours instead of staying home for 5 days.

How does this guidance relate to the new symptom guidance for schools and child care settings?

The Guidance for schools and childcare settings does NOT provide recommendations on how to manage COVID-19 or other specific diagnoses. It provides guidance to schools and child care settings based on symptoms. If a child is infected with COVID-19, this guidance should be followed.

How does the updated approach relate to recommendations for other viruses circulating this winter?

While we see increases in multiple viruses circulating in communities this winter, CDPH recommends a broader approach to protect Californians from respiratory viruses, with a focus on those most at risk for severe illness.

The updated guidance brings the management of COVID-19 to be more consistent with recommendations for other winter respiratory viruses that cause serious and harmful illness, like the flu. For all of these viruses, see our general tips below and on the [CDPH Respiratory Viruses website](#).

General Winter Virus Recommendations

Respiratory infections like flu, COVID-19, or RSV are common during the fall and winter and can cause serious illness, hospitalization, and death.

- Flu causes an estimated 50,000 deaths and is among the top-10 causes of death each year. Flu causes 700,000 hospitalizations and 40 million illnesses in the United States [each year](#).
- [RSV](#) causes an estimated 80,000 hospitalizations and 300 deaths in children younger than 5 years old, and up to 160,000 hospitalizations and 10,000 deaths in adults 65 years and older.
- COVID-19 caused an estimated 244,000 deaths in the United States in [2022](#).

Immunization prevents serious illness, including hospitalization and death.

- The best time to get immunized is before respiratory viruses start to spread, which is typically in the fall and winter. It is not too late to get vaccinated for this season!

- CDPH recommends that all individuals remain up to date on vaccines to prevent serious illness and to limit the spread of infections.
- With all immunizations, CDPH encourages individuals to check with their healthcare provider to determine which are recommended for them and their families.
- Flu, COVID-19, and RSV immunizations are currently available including the recently announced [new RSV vaccines](#) for adults 60 years and older, [RSV vaccines](#) for pregnant people, and currently limited supplies of [RSV immunizations for infants](#) and toddlers.
- Respiratory viruses can affect anyone, but those at higher risk for severe illness and even death are adults 60 years of age and older, people with weakened immune systems, people with certain [chronic conditions](#), pregnant people and young children.

It is safe and convenient for adults and children to receive flu, COVID-19, and RSV vaccines at the same time.

- People can get vaccinated wherever they normally receive other vaccines, including pharmacies and doctor's offices.
- Flu, COVID-19, and RSV vaccines can all be administered during the same visit. Schedule a vaccine appointment by visiting [MyTurn.ca.gov](#) or contacting your local pharmacy or health care provider.
- Those having difficulty obtaining vaccines can contact their [local health department](#) for help finding a place to get immunized.

The best defense against winter viruses starts with [good prevention](#). Follow these tips to protect yourself and others:

- **Stay up to date on vaccines:** Vaccines are the best defense against severe illness and death.
- **Stay home if you're sick:** Staying home when you're sick slows the spread of flu, RSV, COVID-19, and even the common cold.
- **Test and treat:** [Test for COVID-19](#) and flu if you have symptoms. If you test positive, contact your health care provider and ask about medications. Medications work best when started right after symptoms begin. Learn more about [COVID-19 treatments](#).
- **Consider wearing a high-quality mask in indoor public places:** Wearing a mask significantly reduces the spread of respiratory viruses, especially in crowded or poorly ventilated spaces.
- **Wash your hands:** Wash hands throughout the day with soap and warm water for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- **Cover your cough or sneeze:** Remember to cough or sneeze into your elbow, your arm, or a disposable tissue to help prevent the spread of viruses. Wash or sanitize your hands and dispose of your tissue after.

Summary of Guidance Changes

Guidance	Previous CDPH Recommended Actions	January 2024 update
<p>Isolation guidance for all persons who test positive for COVID-19 (including asymptomatic)</p>	<p>Stay home for at least 5 days after start of symptoms (Day 0) or after date of first positive test (Day 0) if no symptoms.</p> <p>Isolation can end after Day 5 if:</p> <ul style="list-style-type: none"> • Symptoms are not present, or are mild and improving; AND • Fever has been resolved for 24 hours (without the use of fever-reducing medication). • If fever is present, isolation should be continued until 24 hours after fever resolves. • If symptoms, other than fever, are not improving, continue to isolate until symptoms are improving or until after Day 10. • If the confirmed case has severe symptoms or is at high risk of serious disease or has questions concerning care, they should contact their healthcare provider for available treatments. • Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. • After ending isolation, if symptoms recur or worsen, test again and if positive, restart isolation at Day 0. 	<ul style="list-style-type: none"> • Stay home if you have COVID-19 symptoms until you have not had a fever for 24 hours without using fever reducing medication AND other COVID-19 symptoms are mild and improving. <ul style="list-style-type: none"> a. If you do not have symptoms, you should follow the recommendations below to reduce exposure to others. • Mask when you are around other people indoors for the 10 days* after you become sick or test positive (if no symptoms). You may remove your mask sooner than 10 days if you have two sequential negative tests at least one day apart. Day 0 is symptom onset date or positive test date. • Avoid contact with people at higher-risk for severe COVID-19 for 10 days*. High-risk individuals include the elderly, those who live in congregate care facilities, those who have immunocompromising conditions, and those with other conditions that put them at higher risk for serious illness. • Seek treatment. If you have symptoms, particularly if you have at higher risk for severe COVID-19, speak with a healthcare provider as soon as you test positive. You may be eligible for antiviral medicines or other treatments for COVID-19. COVID-19 antiviral medicines work best if taken as soon as possible, and within 5-7 days from when symptoms start. <ul style="list-style-type: none"> a. Call 1-833-422-4255 if you are unable to contact a healthcare

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		<p>provider, or use the treatment options to find one.</p> <p>*The potential infectious period is 2 days before the date symptoms began or the positive test date (if no symptoms) through Day 10. (Day 0 is the symptom onset date or positive test date.)</p>
<p>Close Contacts</p>	<ul style="list-style-type: none"> • Test within 3-5 days after last exposure. • Close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information). • Strongly encouraged to be up to date with COVID-19 vaccines. • If symptoms develop, test, and stay home (see earlier section on symptomatic persons), AND • If test result is positive, follow isolation recommendations above (Table 1). 	<ul style="list-style-type: none"> • If you have new symptoms, you should test and mask right away. • If you <u>do not have symptoms</u> and are at higher risk of severe COVID-19 infection and would benefit from treatment, you should test within 5 days. • If you <u>do not have symptoms</u> and have contact with people who are at higher risk for severe infection, you should mask indoors for 10 days when around them and consider testing within 5 days after the last exposure date (Day 0) and prior to contact with higher risk people. For further details, see CDPH COVID-19 testing guidance.

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<p>SPHO Infectious Period Definition</p>	<p>"Infectious Period" is defined as:</p> <ul style="list-style-type: none"> • For symptomatic confirmed cases, 2 days before the confirmed case had any symptoms (symptom onset date is Day 0) through Days 5–10 after symptoms first appeared AND 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR • For asymptomatic confirmed cases, 2 days before the positive specimen collection date (collection date is Day 0) through Day 5 after positive specimen collection date for their first positive COVID-19 test. 	<p>"Infectious Period*" for the purpose of <u>isolation</u> and exclusion of confirmed cases, is defined as:</p> <ul style="list-style-type: none"> • For symptomatic confirmed cases- from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms are mild and improving. • For asymptomatic confirmed cases - there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply. <p>*The potential infectious period is 2 days before the date symptoms began or the positive test date (if no symptoms) through Day 10. (Day 0 is the symptom onset date or positive test date.)</p>
<p>Post-Exposure Testing</p>	<p>People who are asymptomatic but have been exposed to a confirmed case of COVID-19 should test 3-5 days after the last exposure date (Day 0), even if asymptomatic. If testing negative before Day 3, retest a day later at least once, during the 3–5-day window following the exposure.</p>	<ul style="list-style-type: none"> • Anyone with new symptoms of COVID-19, whether there is a known exposure or not, should <u>test</u> right away. • People who are <u>asymptomatic</u> but have been <u>exposed</u> to a confirmed case of COVID-19 and <u>who are at higher risk of severe disease and would benefit from treatment</u> or <u>who have contact with people who are at higher risk for severe COVID-19 infection</u> should consider testing within 5 days after the last exposure date (Day 0) and prior to contact with higher risk people.