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**TO:** Local Health Jurisdictions

**SUBJECT:** Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public



**This guidance does NOT apply to healthcare personnel in any setting. See AFL-21-08.7. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in AFL-21.08.7**

**Related Materials:** [Self-Isolation Instructions for Individuals with COVID-19 \(PDF\)](#) | [Self-Quarantine Instructions for Individuals Exposed to COVID-19 \(PDF\)](#) | [Cal/OSHA FAQs](#) | [More Home & Community Guidance](#) | [All Guidance](#) | [More Languages](#)

*Local health jurisdictions may be more restrictive in determining isolation and quarantine recommendations based on local circumstances, in certain higher-risk settings or during certain situations that may require more protective isolation and quarantine requirements (for example, during active outbreaks)*

**Updates as of January 6, 2022:**

- Clarified quarantine for workplace settings for fully-vaccinated persons who are booster-eligible, but have not yet received their booster dose.
- Removed Appendix to determine when a person is "booster-eligible" and instead provided direct link to CDC recommendation.

COVID-19 vaccination and boosters remain the most important strategy to prevent serious illness and death from COVID-19.

The Omicron variant, designated as a variant of concern, has been identified in California and a number of other states. The California Department of Public Health (CDPH) is monitoring genomic sequencing data as we seek to determine the impact of the Omicron variant and other variants on SARS-CoV-2 transmission and disease severity

in California. Early data regarding the Omicron variant suggest the increased transmissibility of the Omicron variant is two to four times as infectious as the Delta variant, and there is evidence of immune evasion. Recent evidence also shows that vaccine effectiveness against COVID-19 infection is decreasing over time without boosters. There is still much to be learned about the Omicron variant, and it is important to remain vigilant at this time.

On December 27, 2021, the CDC updated their Isolation and Quarantine recommendations for the general public motivated by science that indicates the majority of COVID-19 transmission occurs within the first few days after contracting the virus. This guidance aligns with the updated timeframes within the recent CDC update and recommends additional mitigation measures, including continued focus on testing and masking to best contain this more transmissible variant in our communities.

To protect all Californians, it is important to control the spread of COVID-19 in our homes, workplaces, and communities. In order to detect infections early and limit transmission of the disease, public health officials across the state have undertaken a multi-pronged approach, which includes encouraging vaccination and boosters, offering testing, promoting public health practices like mask wearing, conducting case investigation and contact tracing in prioritized settings, and supporting isolation and quarantine of those infected with or exposed to COVID-19. This guidance provides a framework for the general public and local health jurisdictions, related to both isolation and quarantine.

## Workplace Settings

In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF), and should consult those regulations for additional applicable requirements except as noted below and in Cal/OSHA FAQs.

## Isolation and Quarantine

**Isolation:** separates those infected with a contagious disease from people who are not infected.

**Quarantine:** restricts the movement of persons who were exposed to a contagious disease in case they become infected.

Isolation and quarantine are proven public health interventions fundamental to reducing COVID-19 transmission. Isolation and quarantine processes should be in place to respond to any increase in cases we might see after modification of local and statewide restrictions.

Isolation and quarantine can create substantial hardships. Isolated or quarantined people should be treated with respect, fairness and compassion; and their dignity and privacy should be protected. Federal and state resources made available to local health jurisdictions should be considered to support people who are not able to isolate or quarantine in accordance with this guidance.

All instructions provided by the local public health jurisdiction to persons who are being asked to isolate or quarantine should be provided in their primary language and be culturally appropriate. Additionally, local health jurisdictions should ensure that instructions for persons with disabilities, including those with access and functional needs, are provided.

## Discrimination and Stigma

California has a diverse population with no single racial or ethnic group constituting a majority of the population. These populations also include members of tribal nations, immigrants and refugees. Some groups may be at higher risk for COVID-19 or worse health outcomes due to a number of reasons including living conditions, work

circumstances, underlying health conditions, and limited access to care. It is important that communication with the public is conducted in a culturally appropriate manner, which includes meaningfully engaging community representatives from affected communities, collaborating with community-serving organizations, respecting the cultural practices in the community, and taking into consideration the social, economic and immigration contexts in which people in these communities live and work. Local health jurisdictions should be mindful of discrimination not only based on race and ethnicity, but also based on disability.

To help build trust, jurisdictions should employ public health staff who are fluent in the preferred language of the affected community. When that is not possible, interpreters and translations should be provided for persons who have limited English proficiency[1]. Core demographic variables should be included in case investigation and contact tracing forms, including detailed race and ethnicity, as well as preferred language.

Finally, given that diverse populations experience discrimination and stigma, it is important to ensure the privacy and confidentiality of data collected and to ensure that COVID-19 cases and identified contacts are aware of these safeguards.

Every person in California, regardless of immigration status, is protected from discrimination and harassment in employment, housing, business establishments, and state-funded programs based upon their race, national origin, and ancestry, among other protected characteristics.

## Isolation and Quarantine Recommendations for the General Public (not applicable to healthcare personnel)

**Table 1**

Persons Who Test Positive for COVID-19 (Isolation)	Recommended Action
Everyone, regardless of vaccination status, previous infection or lack of symptoms.	<ul style="list-style-type: none"> <li>• <b>Stay home</b> (PDF) for at least 5 days.</li> <li>• Isolation can end after day 5 if symptoms are not present or are resolving <b>and</b> a diagnostic specimen* collected on day 5 or later tests negative.</li> <li>• If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10.</li> <li>• If fever is present, isolation should be continued until fever resolves.</li> <li>• If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.</li> <li>• Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see Section below on masking for additional information)</li> </ul> <p>*Antigen test preferred.</p>

**Table 2**

Persons Who are Exposed to Someone with COVID-19 (Quarantine)	Recommended Action
<ul style="list-style-type: none"> <li>• Unvaccinated; OR</li> <li>• Vaccinated and booster-eligible but have <b>not</b> yet received their booster dose.**</li> </ul> <p>(Refer to CDC COVID-19 Booster Shots to determine who is booster eligible)</p>	<ul style="list-style-type: none"> <li>• <b>Stay home</b> (PDF) for at least 5 days, after your last contact with a person who has COVID-19.</li> <li>• Test on day 5.</li> <li>• Quarantine can end after day 5 if symptoms are not present <b>and</b> a diagnostic specimen collected on day 5 or later tests negative.</li> <li>• If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10.</li> <li>• Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see Section below on masking for additional information).</li> <li>• Strongly encouraged to get vaccinated or boosted.</li> <li>• If testing positive, follow isolation recommendations above.</li> <li>• If symptoms develop, test and stay home.</li> </ul>

\*\* Workplace Setting (not applicable to healthcare personnel):

In a workplace setting, asymptomatic employees in this category are not required to stay home from work if:

- A negative diagnostic test is obtained within 3-5 days after last exposure to a case
- Employee wears a well-fitting mask around others for a total of 10 days
- Employee continues to have no symptoms.

**Table 3**

Persons Who are Exposed to Someone with COVID-19 (No Quarantine)	Recommended Action
<ul style="list-style-type: none"> <li>• Boosted; OR</li> <li>• Vaccinated, but not yet booster-eligible.</li> </ul> <p>(Refer to CDC COVID-19 Booster Shots to determine who is booster-eligible)</p>	<ul style="list-style-type: none"> <li>• Test on day 5.</li> <li>• Wear a well-fitting mask around others for 10 days, especially in indoor settings (see Section below on masking for additional information)</li> <li>• If testing positive, follow isolation recommendations above.</li> <li>• If symptoms develop, test and stay home.</li> </ul>

**Exposed persons, whether quarantined or not:**

- Should consider testing as soon as possible to determine infection status and follow all isolation recommendations above if tested positive. Knowing one is infected early during quarantine enables (a) earlier access to treatment options, if indicated (especially for those that may be at risk for severe illness), and (b) notification of exposed persons ("close contacts") who may also benefit by knowing if they are infected.
- If developing symptoms, should also:

- Self-isolate and test as soon as possible (do not wait until 5 days after exposure to retest if symptoms develop earlier); AND
- Continue to self-isolate if test result is positive, and contact their healthcare provider regarding available treatments and any questions concerning their care.

## Diagnostic Testing

An antigen test, nucleic acid amplification test (NAAT) or LAMP test are acceptable, however, it is recommended that persons use an antigen test for ending isolation. Exposed persons who were infected with SARS-CoV-2 within 90 days prior to their current exposure should also use an antigen test. Use of Over-the-Counter tests are also acceptable to end isolation or quarantine.

## Masking

During the days following isolation or exposure when masks are worn, all persons should optimize mask fit and filtration, ideally through use of a surgical mask or respirator (see Get the Most out of Masking for more information).

## Symptom Self-monitoring

Symptom self-monitoring should include checking temperature twice a day and watching for fever, cough, shortness of breath, or any other symptoms that can be attributed to COVID-19 for 10 days following last date of exposure, even if self-quarantine is completed earlier.

## Schools

For quarantine considerations in K-12 school settings, see CDPH K-12 Schools Guidance and CDPH K-12 testing strategies.

## Isolation and Quarantine at Home (Self-Isolation and Self-Quarantine)

The following are general steps for people suspected or confirmed to have COVID-19 who need to self-isolate and for their exposed close contacts who need to self-quarantine, to prevent spread to others in homes and communities. These steps should be conveyed via simple verbal and written instructions in the person's primary language:

- Stay at home except to get medical care.
- Separate yourself from other people in your home. Do not have any visitors.
- Wear a mask over your nose and mouth in indoor settings, including at home, especially if immunocompromised or around those who are immunocompromised, unvaccinated, or at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners and exhaust fans.
- Avoid using the same bathroom as others; if not possible, clean and disinfect after use.
- Cover your coughs and sneezes.
- Wash your hands often with soap and water for at least 20 seconds, or if you can't wash your hands, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces.
- Monitor your symptoms.
- If you have symptoms or are sick, you should stay away from others even if they have some protection by having been previously infected in the past 3 months or by being fully vaccinated.

The self-isolation of persons who are infectious or persons who have tested positive for COVID-19 and the self-quarantine of their exposed close contacts can be at home, provided the following conditions are in place.

## What setup is needed if separation from others is necessary

- A separate sleeping area. If a sleeping area is shared with someone who is sick, consider the following recommendations:
  - Make sure the room has good air flow and follow CDPH Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
  - Maintain at least 6 feet between beds if possible.
  - Sleep head to toe, or with faces at least six feet apart.
- A separate bathroom or one that can be disinfected after use.

## What items are needed

- A mask should be worn by the infected or exposed person when in indoor settings, including at home, especially if immuno-compromised or around those who are immunocompromised, unvaccinated, those that may be booster-eligible but have not yet received their booster dose, or at risk for severe disease.
- Gloves for any caregivers when touching or in contact with the person's potentially infectious secretions.
- Appropriate cleaning supplies for cleaning and disinfecting commonly touched surfaces and items.
- A thermometer for tracking occurrence and resolution of fever.

## Access to necessary services

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

## Self-Isolation

The majority of people with COVID-19 have mild to moderate symptoms, do not require hospitalization, and can self-isolate at home by wearing a mask indoors and separating from household members. However, the ability to prevent transmission in a residential setting is an important consideration. CDC has guidance for both patients and their caregivers to help protect themselves and others in their home and community.

Considerations for the suitability of care at home include whether:

- The person is stable enough to be home.
- If needed, appropriate and competent caregivers are available at home.
- The person and other household members have access to appropriate, recommended personal protective equipment (PPE; at a minimum, mask and gloves) and can adhere to precautions recommended as part of home care or self-isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

In addition, both the person and caregiver should be informed and understand the indications for when they should seek clinical care. Although mild illness typically can be self-managed or managed with outpatient or telemedicine visits, illness may quickly worsen days after the initial onset of symptoms.

## Out-of-hospital monitoring

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk of severe illness. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

## Self-Quarantine

Persons in self-quarantine need to wear a mask indoors and separate from household members, especially those who are not fully vaccinated and boosted or who have not had COVID-19 in the last 3 months.

The quarantined person should avoid contact with persons at higher risk for severe COVID-19 illness, even if they are fully vaccinated and boosted, and should wear a mask when indoors.

Persons in quarantine at home or in an alternate site should self-monitor for symptoms for 10 days following last date of exposure, even if they complete self-quarantine earlier. If symptoms develop, persons in self-quarantine should immediately self-isolate and get tested. If they test positive, their isolation period starts on their symptom onset date; and they should contact their healthcare provider regarding available treatment for COVID-19 infection and with any questions concerning their care.

## When to Seek Care

Persons in self-isolation or self-quarantine should seek medical assistance:

- If they are at risk for severe illness or disease to determine any treatment options, including therapeutics.
- If their symptoms worsen.
- If the infected or exposed person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person is infected with or has been exposed to COVID-19; the person should wear a mask for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
  - Trouble breathing.
  - Bluish lips or face.
  - Persistent pain or pressure in the chest.
  - New confusion or inability to arouse.
  - New numbness or tingling in the extremities.
  - Other serious symptoms.

## Legal Authority for Isolation and Quarantine

California local public health officers have legal authority to order isolation and quarantine. Local health jurisdictions may vary in their approach and should consult with legal counsel on jurisdiction-specific laws and orders. Some have issued blanket isolation and quarantine orders for anyone diagnosed with COVID-19 or identified as a close contact of an infected person. Some have issued orders to persons immediately, whereas others seek voluntary cooperation without a legal order initially.

## Alternate Sites for Isolation and Quarantine

Local health jurisdictions should work with other local partners across all sectors to assess alternate places for isolation and quarantine for persons who are unhoused or who are unable to appropriately or safely self-isolate or self-quarantine at home. Alternate sites could include hotels, college dormitories, or other places, such as converted public spaces. Additionally, local public health jurisdictions are encouraged to partner with community organizations to leverage existing resources to provide supportive and culturally appropriate services to persons who are self-isolating and self-quarantining.

[1] See the Dymally-Alatorre Bilingual Services Act for more information on communication requirements with persons who need language translation assistance.

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