



## ARIZONA DEPARTMENT OF HEALTH SERVICES

### 'Release from Isolation and Quarantine' Guidance

Recommendations for [quarantine](#) and discontinuation of [isolation](#) precautions and home isolation, based upon a person's symptoms and clinical testing are below. COVID-19 [work restriction guidance for healthcare workers](#) differs from isolation and quarantine for the general population. The most recent updates to this document can be found [here](#). The Centers for Disease Control and Prevention (CDC) created a [Quarantine and Isolation Calculator](#) to help determine how long you need to isolate, quarantine, or take other steps to prevent spreading COVID-19.

- If a person is [symptomatic](#) and **awaiting**<sup>o</sup> COVID-19 test results:
  - Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19. Once results are available, follow the recommendations below based on results.
- If a person is [symptomatic](#) and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>!</sup> have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>!</sup> through at least day 10 from when symptoms first began. If you cannot wear a mask during this time, you must continue to isolate for 10 full days after symptoms first began.
- If a person is [symptomatic](#) and **tested negative**<sup>o</sup> for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
- If a person is [symptomatic](#) and has **not been tested**<sup>o</sup> for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>!</sup> have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>!</sup> through at least day 10 from when symptoms first began. If you cannot

wear a mask during this time, you must continue to isolate for 10 full days after symptoms first began.

- If a person is **asymptomatic** and **awaiting<sup>Q</sup>** COVID-19 test results:
  - No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.
- If a person is **asymptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
  - At least 5 days<sup>I</sup> have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic.
  - If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.
  - Individuals should continue to wear a mask around others and take additional precautions<sup>I</sup> through at least day 10 since specimen collection of the first positive test. If you cannot wear a mask during this time, you must continue to isolate for 10 full days after collection of the first positive test.
- If a person is **asymptomatic** and **tested positive<sup>Q</sup>** for COVID-19 by serology:
  - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.
- If a person is **asymptomatic** and **tested negative<sup>Q</sup>** for COVID-19 by PCR, antigen testing, or serology:
  - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.
- If a person has other non-compatible symptoms and has not been tested for COVID-19, stay home away from others or under isolation precautions until:
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.

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**NOTE:** The guidance above has symbolic notation for additional considerations denoted by “I” for [isolation](#) and “Q” for [quarantine](#). See respective sections below for additional considerations.

## ISOLATION

In general, inpatients/residents in healthcare or [congregate settings](#) should complete a 10-day isolation period. However, public health may use additional considerations in determining the period of isolation in these settings.

A person who had [severe/critical illness](#) who is not [moderately or severely immunocompromised](#) should consult with their healthcare provider about when they can resume being around other people:

- If symptomatic, stay home away from others or under isolation precautions until:
  - At least 10 and up to 20 days have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
  - Other symptoms have improved.
- If asymptomatic, stay home away from others or under isolation precautions until:

- At least 10 and up to 20 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Moderately and [severely immunocompromised](#) people with COVID-19 should [consult with their healthcare provider](#) about when they can resume being around other people since they may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing (test-based strategy) and consultation with infectious diseases specialists and infection control experts.

#### Additional Precautions for Shortened Isolation

- A person who ends isolation before a full 10 days should:
  - Avoid people who are immunocompromised or at high risk for severe disease, and nursing homes and other high-risk settings, until after at least 10 days.
  - Not travel during their 5-day isolation period. After ending isolation, they should avoid travel until a full 10 days after their first day of symptoms. If they must travel on days 6–10, they should wear a mask when around others for the entire duration of travel. If they are unable to wear a mask, they should not travel during the 10 days.
  - Not go to places where they are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until a full 10 days after their first day of symptoms.
- If a person tests positive on an antigen test towards the end of their 5-day isolation period, they should continue to isolate through day 10.

Outside of the criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months (90 days) of symptom onset or date of first positive test (asymptomatic). However, if a person within 3 months (90 days) of symptom onset or date of first positive test (asymptomatic) has or develops new symptoms consistent with COVID-19 within 14 days of a new exposure to a person with suspected or confirmed COVID-19, they should consult with a healthcare provider. Consultation with infectious disease or infection control experts may be necessary. If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted. In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated following the recommendations above.

#### **QUARANTINE**

A person who had known [close contact](#) with a confirmed COVID-19 case should [quarantine](#) (exceptions below) for at least 5 days from their last exposure and should get tested at least 5 days after exposure. If they are negative or are unable to get tested, they should continue to watch for symptoms and wear a mask around others through at least day 10 from last exposure. If they are unable to wear a mask when around others or are inpatients/residents in healthcare or [congregate settings](#), they should continue to quarantine for 10 days. Inpatients/residents in [congregate healthcare settings](#) that are asymptomatic can discontinue quarantine after 7 days if they test negative on a PCR/antigen test within 48 hours before discontinuing quarantine. If they are positive, they should follow [isolation guidance](#). If they develop symptoms, they should get tested for COVID-19, remain at home, and follow [isolation guidance](#).

#### Not Required to Quarantine – People Up-to-Date on Vaccination

- People [up-to-date on vaccination](#) with an exposure to someone with COVID-19 do not need to quarantine but should wear a mask around others for 10 days from last exposure.
- People are recommended to get tested at least 5 days after close contact with someone with COVID-19. If they experience symptoms consistent with COVID-19, they should immediately self-isolate and be evaluated by their healthcare provider for COVID-19, including testing.
- People who test positive for COVID-19 by PCR or antigen test should follow [isolation guidance](#), regardless of vaccination status.

### Not Required to Quarantine – People that had COVID-19 within 3 months (90 days)

- People that had COVID-19 within 3 months (90 days) of an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria but should wear a mask around others for 10 days from last exposure:
  - Have met criteria to end isolation; AND
  - Remain asymptomatic (i.e., no new symptoms).
- People that had COVID-19 within 3 months (90 days) and remain asymptomatic do not need to get tested after close contact.
- However, if a person is identified as a contact of a case more than 3 months (90 days) after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow the above recommendations for quarantine or recommendations for people up-to-date on vaccination.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare or congregate settings for SARS-CoV-2 and quarantine following exposure that occurs within 3 months (90 days) after their initial infection. Examples could include:
  - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) within 3 months (90 days) of SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
  - Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
  - Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

### Quarantine Recommendations for Admissions and Readmissions of Residents to Post-Acute Care Facilities

- Quarantine is not recommended for asymptomatic residents who are being admitted or readmitted (left the facility for  $\geq 24$  hours) to a post-acute care facility if they are [up-to-date on vaccination](#).
  - If they are not [up-to-date on vaccination](#), they should quarantine for 10 days. They can discontinue quarantine after 7 days if they are asymptomatic and test negative on a PCR/antigen test within 48 hours before discontinuing quarantine.
- Residents who are being admitted or readmitted (left the facility for  $\geq 24$  hours), regardless of vaccination status, should have a series of two tests (PCR or antigen) for SARS-COV-2 infection; immediately and, if negative, again 5–7 days after their admission.
- People that had COVID-19 within 3 months (90 days) of an exposure to someone with COVID-19 do not need to quarantine or be tested if they meet ALL of the following criteria:
  - Have met criteria to end isolation; AND
  - Remain asymptomatic (i.e., no new symptoms).
- However, if a person is identified as a contact of a case more than 3 months (90 days) after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow the above recommendations for quarantine or recommendations for people up-to-date on vaccination.
- There might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing inpatients/residents in healthcare and congregate settings for SARS-CoV-2 and quarantine following exposure that occurs within 3 months (90 days) of their initial infection; if testing is performed on these people, an antigen test instead of a PCR test is recommended. This is because some people may remain PCR positive but not be infectious during this period. Examples could include:
  - Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) within 3 months (90 days) of SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.

- Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
- Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

Healthcare facilities should follow CDC guidance that includes special consideration for infected or exposed healthcare workers: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#). If you are a healthcare worker, please follow-up with your employer or HR for specific guidelines.

Public health may use additional considerations in determining the period or need to quarantine on a case-by-case basis, including ongoing transmission within a [congregate healthcare setting](#) that is not controlled with initial interventions and outbreaks of [variants of SARS-CoV-2](#).

## Recent Updates to Guidance

The following changes were made to the guidance:

- Updated quarantine guidance based on changes to booster recommendations.

## Glossary of Terms

1. **Close contact\*** for COVID-19 is defined as any of the following exposures to an individual during their infectious period:

- Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\*\*
- Individual providing care in a household without using [recommended infection control precautions](#)
- Individual who has had direct physical contact (hugging or kissing)
- Individual who has shared eating and/or drinking utensils, or
- Individual who has been sneezed on, coughed on, or got respiratory droplets on them.

\*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices. Please see [work restriction guidance for healthcare workers](#) for more information.

\*\*Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Factors to consider when defining close contact include proximity (closer distance increases exposure risk), the duration of exposure (longer exposure time increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, indoors or outdoors space). In some settings, mask use may be a factor in determining close contact, or in determining recommendations for follow-up after an exposure.

2. **Congregate setting:** Any facility where people living in a group setting share living space (including bathroom or kitchen) **AND** those living there depend on the facility for:

- Completion of activities of daily living; OR
- Temporary shelter; OR
- Medical services

Congregate healthcare settings include, but are not limited to:

- Long-term care facilities (LTCFs)
- Hospice
- Assisted living facilities
- Group homes (Division of Developmental Disabilities - DDD, Department of Child Safety - DCS)

- Inpatient physical rehabilitation facilities
- Inpatient behavioral/addiction rehabilitation

Non-healthcare congregate settings, include but are not limited to:

- Shelters with dormitories
- Jails, prisons, and detention centers (ICE and ORR)
- Temporary shelters for people who are asylum-seeking/unaccompanied children

Non-congregate settings include, but are not limited to:

- Student or faculty housing (e.g., dormitories or residence halls)
- Apartments
- Independent living facilities
- Shelters with apartment-style living arrangements (own bathroom and kitchen)
- Outpatient behavioral/addiction rehabilitation
- Multi-generational or multi-family homes

**3. Up-to-Date on Vaccination:**

- People that have received all [recommended COVID-19 vaccine doses](#), including boosters and additional primary shots for some immunocompromised people.

This applies to COVID-19 vaccines currently approved or authorized for emergency use by the U.S. Food and Drug Administration (FDA): Pfizer-BioNTech, Moderna, and Johnson & Johnson (J&J)/Janssen COVID-19 vaccines. This guidance also applies to [COVID-19 vaccines listed for emergency use by WHO](#) but not approved or authorized by FDA.

- Infectious period** is the timeframe an individual can transmit disease to others. For COVID-19, this starts from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the individual discontinues isolation.
- Isolation** separates sick people with a contagious disease from people who are not sick.
- Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For COVID-19, this means staying home or in a private room with a private bathroom for 10 days after last contact with a person who has COVID-19. However, individuals may be eligible for the acceptable options to shorten quarantine outlined [here](#).
- Severe/critical illness:** Illness due to COVID-19 that required hospitalization, intensive care, or ventilation support.
- Moderately or severely immunocompromised** means you have:
  - Been taking chemotherapy for cancer recently;
  - HIV and a CD4 T-cell count <200;
  - An immunodeficiency disorder;
  - Been taking high-dose steroids (like prednisone  $\geq 20$  mg/day for  $\geq 14$  days); OR
  - Another condition that a healthcare provider has told you makes you moderately or severely immunocompromised.
- Symptomatic:** People with these symptoms may have COVID-19:
 

• Fever or chills	• Headache
• Cough	• New loss of taste or smell
• Shortness of breath or difficulty breathing	• Sore throat
• Fatigue	• Congestion or runny nose
• Muscle or body aches	• Nausea or vomiting
	• Diarrhea

This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.