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**DEPARTMENT OF
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Technical Bulletin

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Topic: Overall Quarantine Guidance

Contact: Melissa Peek-Bullock, State Epidemiologist, Office of Public Health Investigations and Epidemiology

To: Public Health Authorities, Health Care Providers and Long-Term Care Facilities

Background:

The Centers for Disease Control and Prevention (CDC) and Nevada Department of Health and Human Services (DHHS) recommends that local public health authorities determine and establish the quarantine options and procedures for their jurisdictions that are the most practical based upon each jurisdiction's unique circumstances. Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick. Those in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their public health authority.

CDC Quarantine Guidance for Unvaccinated Persons:

CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives:

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
 - With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- When diagnostic testing resources are sufficient and available, then quarantine can end after Day 7 if a diagnostic, FDA-approved COVID test, collected by a medical provider tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested no sooner than day five (5) of quarantine (within 48 hours before the time of planned quarantine discontinuation), but quarantine cannot be discontinued earlier than after Day 7.
 - With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

Persons can discontinue quarantine at the above time frames only if the following criteria are also met:

- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; and,
- Daily symptom monitoring continues through quarantine Day 14; and,
- Persons should be advised that if any symptoms develop through quarantine Day 14, they should immediately self-isolate and contact the local public health authority or their healthcare provider to report this change in clinical status, and seek out a COVID-19 test when possible.

Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection must be prioritized.

These recommendations for quarantine options shorter than 14 days balance reduced burden against a small but non-zero risk of post-quarantine infection that is informed by new and emerging science.

Persons can continue to be quarantined for 14 days without testing per existing recommendations. This option has the maximum reduction of risk for post-quarantine transmission and has the greatest collective experience at present.

Guidance on Quarantine of Vaccinated Persons

Persons who have been fully vaccinated and subsequently exposed to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 4 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 the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

Fully vaccinated persons who do not quarantine should still monitor themselves for symptoms of COVID-19 for 14 days following their last exposure to someone with suspected or confirmed COVID-19. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

Quarantine of Vaccinated Health Care Personnel, Patients and Residents in Health Care Settings:

The above criteria could also be applied when considering work restrictions for fully vaccinated health care personnel with higher-risk exposures, as a strategy to alleviate staffing shortages as it allows health care personnel to continue working after an exposure. This reduces the number of health care personnel out on lengthy quarantine periods.

An exception to this guidance is in place for fully **vaccinated inpatients and residents in health care settings as they should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19. This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in health care settings.

Although not preferred, health care facilities may consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. **Consultation with public health officials and infection control experts is required prior to making any changes.**

Variants of Concern:

CDC has classified the following variants circulating in the U.S. as variants of concern:

- B.1.1.7
- B.1.351
- P.1
- B.1.427
- B.1.429

There is still much to learn about the various COVID-19 variants of concern being identified. As the first variant of concern cases began to be identified in Nevada, DHHS implemented the 14-day quarantine measure. This approach was both practical and reasonable from a public health perspective at the time. The number of identified variants of concern were low and the COVID-19 vaccine was in the early phases of distribution among our community members.

The Nevada State Public Health Laboratory (NSPHL) is performing nearly all of the COVID-19 sequencing efforts for our state. The current published data from NSPHL reports the most prevalent SARS-CoV-2 lineage in Nevada over the past 14-day period is B.1.1.7 (U.K.) at 53.6%. This is followed by B.1.427/B.1.429 (California) at a combined 28.9%.

The available COVID-19 vaccines have proven to be protective against B.1.1.7 and B.1.427/B.1.429. Since the introduction of these variants within Nevada, the vaccination rate among our population has continued to rise. Therefore, given the sharp increase in prevalence of variants of concern circulating in Nevada, DHHS recommends that local health authorities follow the above CDC quarantine guidance that allows for various options based upon their unique needs, prevalence within their communities and vaccination status of the exposed person.

Questions:

For updated guidance, please review the DPBH Technical Bulletin [website](#) and Nevada's COVID-19 response [website](#) regularly. Email dpbhepi@health.nv.gov with questions.

If you have questions about your county's specific vaccine rollout plan, please email COVIDVaxHelp@immunizenevada.org.

A statewide call center is also available to help answer your questions and guide you to a vaccination provider if you are eligible to receive the vaccine based on your county's plans. Please call 1-800-401-0946 for assistance with any COVID-19 vaccination or testing questions.



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