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GAVIN NEWSOM
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TO: Local Health Jurisdictions and the general public

SUBJECT: COVID-19 Isolation Guidance

Related Materials: Isolation Guidance Q&A | What to do if You Test Positive for COVID-19 | Cal/OSHA FAQs | All Guidance | More Languages

Updates as of January 9, 2024:

- COVID-19 isolation recommendations move away from five days of isolation and instead focus on clinical symptoms to determine when to end isolation.

Background

Public health officials across the state have undertaken a multi-pronged approach to mitigating COVID-19 disease that includes encouraging vaccination, offering and promoting testing and treatment, and promoting public health practices like mask wearing. Most of our policies and priorities for intervention are now focused on protecting those most at risk for serious illness, while reducing social disruption that is disproportionate to recommendations for the prevention of other endemic respiratory viral infections.

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.

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.

COVID-19 vaccination remains the most important strategy to prevent serious illness and death from COVID-19, and early treatments are effective in reducing severity of disease once individuals are infected.

The California Department of Public Health (CDPH) now recommends the following actions to align with common practice of other respiratory viruses. These actions outline what to do when an individual tests positive for COVID-19 and how to protect others, including the most vulnerable in the community.

Recommendations for people who test positive

1. **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.
 - If you do not have symptoms, you should follow the recommendations below to reduce exposure to others.
2. **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.
3. **Avoid contact with people at higher-risk for severe COVID-19 for 10 days***. Higher-risk individuals include the elderly, those who live in congregate care facilities, those who have immunocompromising conditions, and that put them at higher risk for serious illness.
4. **Seek Treatment**. If you have symptoms, particularly if you are 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.
 - Call 1-833-422-4255 if you are unable to contact a healthcare provider, or use the treatment options to find one.

*The potential infectious period is 2 days before the date of symptoms began or the positive test date (if no symptoms) through Day 10. (Day 0 is the symptom onset date or positive test date).

Recommendation for close contacts of cases

- **If you have new COVID-19 symptoms**, you should test and mask right away.
- **If you do not have symptoms**, and are at higher risk of severe COVID-19 infection and would benefit from treatment, you should test within 5 days.
- **If you do not have symptoms** and have contact with people who are at higher risk for severe infection, you should mask indoors when around such people for 10 days. Consider testing within 5 days after the last exposure date (Day 0) and before contact with higher-risk people. For further details, see CDPH COVID-19 testing guidance.

Workplace Settings

In the workplace, employers are subject to the Cal/OSHA COVID-19 Non-Emergency Regulations or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF) and should consult those regulations for additional applicable requirements. In certain healthcare situations or settings and other covered facilities, services and operations, surgical masks or respirators are required.

Healthcare Settings

This guidance does not apply to healthcare personnel. Healthcare personnel in general acute care hospital, acute hospital, and skilled nursing facilities should follow recommendations as set forth in AFL 21-08.9. Healthcare personnel working in settings not covered by AFL 21-08.9 may also follow the guidance outlined in AFL 21-08.9. Healthcare facilities should follow the guidance for management of exposed or infected patients/residents in the CDC COVID-19 Infection Prevention and Control Recommendations.

LHJs, facilities, or other organizations such as high-risk congregate settings (list found in Updated COVID-19 Testing Guidance) may continue to implement additional requirements that are more protective than this statewide guidance based on local circumstances, including in certain higher-risk settings or during certain situations that may require additional isolation and quarantine requirements (for example, during active outbreaks in high-risk settings).

Definitions

Isolation:

Separates those infected with a contagious disease from people who are not infected.

Confirmed Case:

A person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.

Close Contact:

"Close Contact" means the following:

1. In indoor spaces of 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.
2. In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.

Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

Additional considerations and recommendations for those at higher-risk contacts:

Higher-risk Contact is someone who:

- May experience severe illness if they become infected with COVID-19.
- May be more likely to transmit the virus to those who are at higher risk for severe COVID-19.

Contacts with more potential to transmit the virus to others or to transmit to higher risk secondary contacts are recommended to take greater care in following the recommendations to limit spreading the virus to others during the 10 days following their exposure and may consider self-limiting their exposure to others and masking.

All higher-risk close contacts should get tested at least once and are strongly recommended to follow the testing and mitigation measures outlined in this guidance.

Other Considerations

Diagnostic Testing

For more information on testing, see the Updated COVID-19 Testing Guidance.

Masking

As noted above, those who test positive should mask indoors when around others during the full 10 days following symptom onset date (or positive test date if no symptoms). However, confirmed cases may remove their mask sooner than 10 full days after two sequential negative antigen tests at least one day apart.

If test results are positive, the person may still be infectious, and should continue wearing a mask and wait at least one day before taking another test up to Day 10.

All persons wearing masks should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94). If a respirator is not available, a surgical mask may be used. See [When and Why to Wear a Mask](#) for more information.

Schools and Child Care Programs

For guidance on the management of infected and exposed people in K–12 school and child care settings, see the [Guidance for K-12 Schools and Child Care Settings to Mitigate the Spread of Communicable Disease, 2023 -2024 School Year](#).

Discrimination and Stigma

California has a diverse population with no single racial or ethnic group constituting a majority of the population. Our populations include members of tribal nations, immigrants, and refugees.

Some groups may be at higher risk for COVID-19 or worse health outcomes due to several 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. This includes meaningful engagement with 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. LHJs should be mindful of discrimination based on all protected categories.

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.

All instructions provided by LHJs to persons who are being asked to isolate should be provided in their primary language and be culturally appropriate. Additionally, LHJs should ensure that instructions for persons with disabilities, including those with access and functional needs, are provided.

[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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