

This is an official  
**DHEC Health Update**

Distributed via Health Alert Network  
December 2, 2020 8:30 PM  
10481-DHU-12-02-2020-COVID-19

## Options to Shorten Quarantine for COVID-19

### Summary

- A full fourteen (14) day quarantine after exposure to a COVID-19 case remains the most effective strategy for preventing additional transmission of SARS-CoV-2 from asymptomatic or pre-symptomatic cases.
- Updated CDC guidance also offers two (2) additional options to shorten quarantine to reduce burden on individuals and increase compliance.
  - Day 10: Discontinuing after Day 10 may be considered if the contact has no [symptoms](#) reported throughout the quarantine period. With this strategy, the residual post-quarantine transmission risk after completing 10 days of quarantine is estimated to be about 1% with an upper limit of about 10%.
  - Day 7: Discontinuing after Day 7 may be considered if the contact has no [symptoms](#) reported throughout the quarantine period and has been tested negative for COVID-19 by a polymerase chain reaction (PCR) or antigen based test collected no sooner than Day 5. Quarantine may NOT discontinue sooner than Day 7 even if the negative result is returned prior to that. With this strategy, the residual post-quarantine transmission risk after completing 7 days of quarantine is estimated to be about 5% with an upper limit of about 12%.
- Those ending quarantine early must be counseled to continue daily monitoring of symptoms until Day 14 and must isolate if they have symptoms. All preventive recommendations must be strictly adhered to through Day 14 including social distancing, good hand hygiene, and wearing a mask or cloth face covering in public.
- Testing at entry into quarantine (before Day 5) may be considered to identify asymptomatic cases but does not shorten the quarantine period.

### Background

Quarantine after exposure to an individual infectious with the virus that causes COVID-19 remains an essential strategy for controlling the spread of SARS-CoV-2 given the possibilities of asymptomatic and pre-symptomatic transmission. Fourteen (14) days represents the upper bound of the COVID-19 incubation period and has been used as the recommended length of

quarantine after an exposure. It is also understood, however, that a two-week quarantine period can place significant burdens on those who have been exposed and dissuade them and others from completing the recommendations and cooperating with contact tracing.

CDC recently updated their [quarantine guidance](#) to offer two (2) options for reducing the quarantine period to increase community compliance. While there remains a risk of transmission by ending quarantine before the fourteen (14) days, this risk must be balanced with a greater willingness to comply with recommendations during the period of greatest risk of transmission and the decreased burden imposed on those completing quarantine. This report updates all previous [SC Health Alert Network](#) notices and recommendations related to quarantine for COVID-19.

## **Quarantine Options**

Testing upon entry to quarantine may now be considered to identify asymptomatic cases. The results of these tests may not be used to shorten quarantine but may identify cases needed to isolate.

A full fourteen (14) day quarantine remains the most effective method to prevent transmission after exposure to a COVID-19 case and should be recommended in situations where any risk of transmission cannot be tolerated (e.g. persons who work with those at high risk of severe infection).

Quarantine may end after **Day 10** after last exposure to the case if no [symptoms](#) have been reported throughout the quarantine period and additional criteria below are met. These criteria may be used to end quarantine without testing, but testing should be highly encouraged before ending quarantine early.

Quarantine may end after **Day 7** if the individual has a negative polymerase chain (PCR) or antigen test result collected no sooner than Day 5 and additional criteria listed below is met. If their result is returned earlier than Day 7, they must continue to quarantine and monitor for symptoms until completing Day 7. A PCR-based test is the preferred option due to the reduced sensitivity of antigen testing in asymptomatic individuals.

**Additional criteria** to discontinue quarantine at these time points (after Day 7 or 10) that must also be 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 Day 14 – **and** -
- Persons are counseled regarding the need to adhere strictly through Day 14 to all recommended strategies to mitigate spread (social distancing, hand hygiene, and mask wearing). They should be advised that if they develop any symptoms, they should immediately self-isolate and contact their healthcare provider and should seek re-testing.

## **Resources for Additional Information**

CDC Science Brief: Options to reduce quarantine for contacts of person with SARS-CoV-2 infection using symptom monitoring and diagnostic testing.

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

## DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 test results (positive, negative, and inconclusive), related deaths, and cases of Multisystem Inflammatory Syndrome in Children (MIS-C)** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

<b>Regional Public Health Offices – 2020</b>			
Mail or call reports to the Epidemiology Office in each Public Health Region			
<b>MAIL TO:</b>			
<b>Lowcountry</b> 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<b>Midlands</b> 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<b>Pee Dee</b> 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6506	<b>Upstate</b> 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
<b>CALL TO:</b>			
<b>Lowcountry</b> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg  Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	<b>Midlands</b> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York  Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	<b>Pee Dee</b> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg  Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	<b>Upstate</b> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union  Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
<b>For information on reportable conditions, see</b> <a href="https://www.scdhec.gov/ReportableConditions">https://www.scdhec.gov/ReportableConditions</a>		<b>DHEC Bureau of Communicable Disease Prevention &amp; Control</b> <b>Division of Acute Disease Epidemiology</b> 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.
<b>Info Service</b>	Provides general information that is not necessarily considered to be of an emergent nature.