

MONO COUNTY HEALTH DEPARTMENT
Public Health Officer Guidance:
Updating the Isolation Period for Persons with
COVID-19 Infection

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This order provides an update on the duration of isolation for persons with SARS CoV-2 infection (COVID-19). These changes may shorten slightly the isolation period for some people with mild to moderate illness and lengthen it for persons with more severe disease. These changes are based upon recent changes to isolation period recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH).

WHEREAS, a state of emergency has been declared by the State of California, and local emergencies have been declared in both Mono County and in the Town of Mammoth Lakes, in response to the virus COVID-19; and

WHEREAS, when persons are known or suspected to have COVID-19 must isolate themselves in order to prevent spread of infection to others; and

WHEREAS, according to CDC, available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. Persons with more severe to critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset.

WHEREAS, there is not yet enough evidence about prolonged shedding to make solid recommendations about which cases require longer periods, i.e. 20 days, of isolation. CDC recommendations are largely based on one study in the Netherlands of hospitalized patients at a tertiary center in which numerous specimens were collected on 129 persons with severe or critical COVID-19, some of whom had compromised immune systems. A positive viral culture was used as a surrogate marker of potential infectiousness. The median time to negative culture was 8 days, meaning half of patients were negative by the 8th day but half were positive for a longer period. 95% of patients had negative cultures at 15.2 days and 1 patient had a positive culture at 20 days. Clinical risk factors for prolonged potential infectiousness were not defined by this study.

NOW, THEREFORE, effective immediately, under the authority of California Health and Safety Code sections 101040, 101085 and 120175 and Title 17 California Code of Regulations, Section 2501, the Mono County Health Officer **HEREBY ORDERS** as follows:

- 1. Persons with mild to moderate COVID-19 must isolate themselves for at least 10 days after the onset of symptoms AND have no fever for at least 24 hours without use of fever-reducing medications AND improvement in other symptoms.**

2. **Persons with positive COVID-19 tests and no symptoms (asymptomatic infections) must isolate for 10 days from the date the test specimen was collected.**
3. **Persons with severe or critical COVID-19 and persons with substantially impaired immune systems and COVID-19, in consultation with their clinical care providers, should consider extending their isolation period for up to 20 days after the onset of symptoms AND have no fever AND improvement of other symptoms for at least 24 hours.**

ISOLATION AND QUARANTINE AT HOME

The majority of people with COVID-19 have mild to moderate symptoms, do not require hospitalization, and can be isolated at home. However, the ability to prevent transmission in a residential setting is an important consideration. The federal Centers for Disease Control and Prevention (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.
- There is a separate bedroom where the person can recover without sharing immediate space with others.
- There is a separate bathroom or one that can be disinfected after use.
- Resources for access to food and other necessities are available.
- The person and other household members have access to appropriate, recommended personal protective equipment (PPE; at a minimum, gloves and facemask/cloth face covering) and can adhere to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

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

Individuals in quarantine at home or in an alternate site that is shared with other people (e.g., household members) should maintain physical distance (at least 6 feet) from others at all times, self-monitor for symptoms (check temperature twice a day and watch for fever, cough, shortness of breath, or any

other **symptoms that can be attributed to COVID-19**), and avoid contact with people at higher risk for severe illness. If symptoms develop, contacts should immediately contact their healthcare provider and/or local health department to determine where they can get testing.

The following are **general steps** for people suspected or confirmed to have COVID-19 to prevent spread to others in homes and communities. There are also specific steps for Home Isolation and Home Quarantine listed below. 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.
- Call ahead before visiting your doctor.
- Wear a facemask (or if unavailable, cloth face covering) over your nose and mouth when not in separate bedroom.
- Avoid using the same bathroom as others, or if not possible, clean and disinfect it after use.
- Cover your coughs and sneezes.
- Wash your hands often.
- Avoid sharing household items.
- Clean all "high-touch" surfaces every day.
- Monitor your symptoms.

HOME ISOLATION: Isolation of persons who are infectious or individuals who have tested positive for COVID-19 can be at home provided the following conditions are in place.

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who is sick, consider advising the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air if possible.
 - Maintain at least 6 feet between beds if possible.
 - Sleep head to toe.
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.

- A separate bathroom **or** one that can be **disinfected** after use.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the infected person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the person's infectious secretions.
- Appropriate **cleaning** supplies for disinfecting the household.
- 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.

When to seek care:

- If new symptoms develop or their symptoms worsen.
- If the infected person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person has COVID-19; the person should wear a facemask (or if unavailable, a cloth face covering) 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.

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk. 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.

HOME QUARANTINE: Quarantine of persons who have been exposed to an individual who has tested positive for COVID-19 can be provided at home if the following conditions are in place.

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who was exposed, consider advising the following:
 - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air if possible.
 - Maintain at least 6 feet between beds if possible.
 - Sleep head to toe.
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom or one that can be **disinfected** after use.

NOTE: When everyone living in a household has been exposed, there is no requirement for a separate bedroom or bathroom if all persons remain without symptoms and without a positive COVID-19 test. However, facemasks (or if unavailable, a cloth face covering) for those quarantined are needed for any possible encounter with persons entering from outside the household.

When just one person is quarantined in a household with other household members who have not been exposed, a separate bedroom and separate bathroom (**or** one that can be disinfected after use) are needed. Additionally, facemasks (or if unavailable, cloth face coverings) for the quarantined individual and disinfectants to clean surfaces are needed for any possible encounter with persons entering from outside the household.

What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the exposed person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the exposed person's infectious secretions.
- Appropriate **cleaning** supplies for disinfecting the household.
- 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.

Clinical monitoring:

- Quarantined individuals should be instructed to self-monitor for symptoms (check temperature twice a day, watch for fever, cough, shortness of breath, and other **symptoms that can be attributed to COVID-19**).
- Individuals at home who are originally quarantined and then develop symptoms should be tested immediately. They should be isolated and follow the recommendations above for "Home Isolation." If it is determined that they cannot suitably isolate at home, an alternate site of isolation should be considered.

LEGAL AUTHORITY FOR ISOLATION AND QUARANTINE

California local public health officers have legal authority to order isolation and quarantine. Local 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 who have been a close contact to an infected person. Others have issued orders to individuals immediately whereas others seek voluntary cooperation without a legal order initially.

ALTERNATE SITES FOR ISOLATION AND QUARANTINE

Local public health departments 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 isolate or 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 quarantining.

General Provisions

1. This Order is issued because of the worldwide pandemic of COVID-19 disease, also known as “novel coronavirus,” which has infected at least 529,591 individuals worldwide in 175 countries and is implicated in over 23,970 worldwide deaths.

2. This Order is issued based on evidence of transmission of COVID-19, scientific evidence regarding the most effective approach to slow transmission of communicable diseases generally and COVID-19 specifically, as well as best practices as currently known and available to protect the public from the risk of spread of or exposure to COVID-19.

3. This Order is made in accordance with all applicable State and Federal laws, including but not limited to: Health and Safety Code sections 101030, et seq.; Health and Safety Code sections 120100, et seq.; and Title 17 of the California Code of Regulations section 2501.

4. Copies of this Order shall promptly be posted on the County of Mono’s Public Health Department’s website (monohealth.com) and provided to any member of the public requesting a copy of this Order.

Thomas Boo, MD

Thomas Boo, MD
Local Health Officer
For Mono County
and the Town of Mammoth Lakes

Date August 14, 2020