



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. In addition, the release from isolation flowchart can be found [here](#). In general*, CDC and ADHS **do not** recommend a test-based strategy to discontinue isolation. For people that previously tested positive for COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. The most recent updates to this document can be found [here](#).

- If a person is [symptomatic](#) and **awaiting**** 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 10 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 a person is [symptomatic](#) and **tested negative**** 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**** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 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 a person is **asymptomatic** and **awaiting**** 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 10 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.
- If a person is **asymptomatic** and **tested positive**** 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**** 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.

*A person who had [severe/critical illness](#) or is [severely immunocompromised](#) should:

- If symptomatic, stay home away from others or under isolation precautions until:
 - At least 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 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.

Some severely immunocompromised persons with COVID-19 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.

Outside of these criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months of onset of symptoms or date of first positive test while asymptomatic. However, if a person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test has a new exposure to a person with suspected or confirmed COVID-19 and recovered from laboratory-confirmed infection and has met criteria to end isolation, but has or develops new symptoms consistent with COVID-19 within 14 days of the new exposure, consultation with a health care provider is recommended, and 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.

**A person who had known [close contact](#) with a confirmed COVID-19 case should [quarantine](#) for 14 days from their last exposure to the case. However, individuals may be eligible for shortened quarantine or may not be required to quarantine if certain conditions are met.

Shortened Quarantine

- Individuals must meet ALL of the following criteria:
 - Are not inpatients/residents in healthcare or [congregate settings](#); AND
 - Have remained asymptomatic since the most recent COVID-19 exposure; AND
 - Continues daily symptom monitoring for 14 days after the most recent COVID-19 exposure; AND
 - Continues strict adherence to all recommended [non-pharmaceutical interventions](#) (e.g., correct and consistent mask use, physical distancing) for 14 days after the most recent COVID-19 exposure.
- 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.
- Persons who test positive for COVID-19 by PCR or antigen test should follow [isolation guidance](#).
- The following options to shorten quarantine are acceptable alternatives if the conditions above are met:
 - Quarantine can end on Day 11 (i.e., quarantine at home for 10 full days) without testing and if no symptoms have been reported during daily monitoring.
 - Quarantine can end as early as Day 8 (i.e., quarantine at home for at least 7 full days) if a specimen tests negative by PCR or antigen testing and if no symptoms were reported during daily monitoring. The specimen must be collected and tested no earlier than Day 6 (i.e., after at least 5 full days) following their last known exposure, and quarantine still cannot be discontinued earlier than Day 8.

Not Required to Quarantine – Fully Vaccinated Persons

- Vaccinated persons with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Are not inpatients/residents in healthcare or [congregate healthcare settings](#); AND
 - Are [fully vaccinated](#) (i.e., 2 weeks or more have passed after receiving the second dose in a 2-dose series, or 2 weeks or more have passed after receiving one dose of a 1-dose vaccine); AND
 - Have remained asymptomatic since the most recent COVID-19 exposure.
 - Fully vaccinated persons should follow CDC guidance: [Interim Public Health Recommendations for Fully Vaccinated People](#).
- If fully vaccinated persons experience symptoms consistent with COVID-19, they should immediately self-isolate and be evaluated by their healthcare provider for COVID-19, including testing.
- Persons who test positive for COVID-19 by PCR or antigen test should follow [isolation guidance](#), regardless of vaccination status.

Not Required to Quarantine – Previously Infected Persons (that are not fully vaccinated)

- Previously infected persons (that are not fully vaccinated) with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Exposure is within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test; AND
 - Have met criteria to end isolation; AND
 - Remain asymptomatic.
- However, if a person is identified as a contact of a case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts.
- 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 less than 3 months 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) in the 3 months following 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 no longer recommended for residents who are being admitted or readmitted to a post-acute care facility if they are fully vaccinated and have not had an exposure to someone with COVID-19, including residing in a facility with a COVID-19 outbreak, in the prior 14 days.
- Previously infected persons (that are not fully vaccinated) with an exposure to someone with COVID-19 do not need to quarantine if they meet ALL of the following criteria:
 - Exposure is within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test; AND
 - Have met criteria to end isolation; AND
 - Remain asymptomatic.
- However, if a previously infected person (that is not fully vaccinated) is identified as a contact of a case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts.
- 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 less than 3 months 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) in the 3 months following 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 workers and critical infrastructure workers should follow guidance that includes special consideration for these groups. If you are a healthcare worker or critical infrastructure worker, please follow-up with your employer or HR for specific guidelines. Employers may consider allowing exposed and asymptomatic critical infrastructure workers that do not fit the exemption from quarantine conditions listed above to continue to work in select instances when it is necessary to preserve the function of critical infrastructure workplaces. This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.

Public health may use additional considerations in determining the need to quarantine on a case-by case basis, including outbreaks of [variants of SARS-Cov-2](#) and [serology results](#).

Recent Updates to Guidance

The following changes were made to the guidance:

- Updated guidance on quarantine for fully vaccinated individuals.
- Updated guidance on quarantine for previously infected individuals.
- Updated guidance on quarantine for admissions and readmissions of residents to post-acute care facilities.
- Added guidance for public health consideration on a case-by-case basis in determining the need for quarantine.

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.

**Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely 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, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

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. **Fully Vaccinated:**

- 2 weeks or more have passed after receiving the second dose in a 2-dose series; OR
- 2 weeks or more have passed after receiving one dose of a single-dose vaccine.

CDC has not systematically evaluated the efficacy of COVID-19 vaccines from manufacturers that have not sought an emergency use authorization (EUA) in the United States. For the purposes of these quarantine criteria, considerations for accepting a vaccination series that is not FDA-authorized include whether the vaccine product has received emergency approval from the World Health Organization or authorization from a national regulatory agency.

4. **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.
5. **Isolation** separates sick people with a contagious disease from people who are not sick.
6. **Non-pharmaceutical interventions** that can be practiced by individuals include the following: correct and consistent mask use, physical distancing, hand and cough hygiene, environmental cleaning and disinfection, avoiding crowds, ensuring adequate indoor ventilation, and self-monitoring for symptoms of COVID-19 illness. These are also summarized [here](#).
7. **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 14 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](#).
8. **Severe/critical illness:** Illness due to COVID-19 that required any intensive care during hospitalization.
9. **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 20mg/day for >14days); OR
 - Another condition that a healthcare provider has told you makes you severely immunocompromised.
10. **Symptomatic:** People with these symptoms may have COVID-19:

<ul style="list-style-type: none">● Fever or chills● Cough● Shortness of breath or difficulty breathing● Fatigue● Muscle or body aches	<ul style="list-style-type: none">● Headache● New loss of taste or smell● Sore throat● Congestion or runny nose● Nausea or vomiting● Diarrhea
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This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.