

Return to Child Care, School, or Institutions of Higher Education (IHE) Guidance After COVID-19 Illness or Exposure

March 24, 2021

The Georgia Department of Public Health (DPH), in conjunction with the Georgia Department of Education, has released guidance to help schools plan for a safe return to in-person instruction: <https://www.georgiainsights.com/recovery.html>. DPH recommends schools use this guidance to make decisions regarding opening for in-person education.

CDC also provides guidance on preventing the spread of COVID-19 in school and childcare settings <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html> and institutions of higher education <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

For childcare facilities, schools, and IHEs opting to have in-person instruction or in-person extracurricular activities, the following guidance should be used to make decisions for students, teachers, and staff:

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 **and** have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19*

Return to Childcare, School, or IHE Strategy

DPH recommends a time-based return to childcare, school, or IHE strategy that is determined based on a person's health status. Decisions about "return to childcare," "return to school," or "return to IHE" for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.).

Isolation of Cases

Symptomatic persons with confirmed COVID-19 or suspected COVID-19 can return to childcare, school, or IHE after:

- At least 10 days[†] have passed since symptoms first appeared **AND**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (e.g., cough, shortness of breath) have improved

Asymptomatic persons with confirmed COVID-19 can return to childcare, school, or IHE after at least 10 days[†] have passed since the positive laboratory test, **AND** the person remains asymptomatic.

- Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above.

Quarantine of Unvaccinated Contacts

All unvaccinated close contacts in private and public schools, childcare facilities, and IHEs MUST be quarantined and excluded from the childcare/school setting and all extracurricular activities, regardless of students, teachers, or staff wearing masks or the use of physical barriers (e.g., plexiglass). Refer to the [Public Health Administrative Order](#)

A 14-day quarantine period is still recommended; however, individuals may opt for a shorter quarantine period by meeting the below criteria. NOTE: The day of exposure is day 0.

Asymptomatic persons who have a known exposure to a person with COVID-19 can return to childcare, school, or IHE:

After 7 full days have passed since their most recent exposure, if they fulfill all THREE of the following criteria:

- **Test[‡]** for COVID-19 (PCR/molecular or antigen test) no earlier than day 5 of quarantine **AND**
- Receive a negative result **AND**
- Do not experience any COVID-19 symptoms[§] during the quarantine period

After 10 full days have passed since their most recent exposure, if they are not tested for COVID-19 AND do not experience any COVID-19 symptoms[§] during the quarantine period:

After stopping quarantine after day 7 or 10, individuals who do not have symptoms[§] should:

- Closely monitor themselves for COVID-19 symptoms for 14 days from their most recent date of exposure
- **For at least the entire 14 days, they should strictly adhere to mitigation measures including appropriate mask usage, staying at least 3 feet^{||} from others except for brief transitional movements (e.g., changing classes), washing their hands, avoiding crowds, and taking other steps to prevent the spread of COVID-19**

If an individual, who is a close contact AND ended quarantine after day 7 or 10, develops symptoms[§] they should be sent home immediately and follow the guidelines for symptomatic individuals and seek COVID-19 testing.

Quarantine of Vaccinated Contacts

Individuals who are fully vaccinated against COVID-19, with an exposure to someone with suspected or confirmed COVID-19, are NOT required to quarantine if it has been at least 14 days (2 weeks) since the completion of the COVID-19 vaccination series (two doses in a two-dose series OR one dose in a one-dose series).

Individuals not fully vaccinated (e.g. it has been less than 14 days since completing the COVID-19 vaccination series OR all vaccinations in the series have not been received), who are exposed to someone with suspected or confirmed COVID-19, should follow the guidance in the section of this document titled “Quarantine of Unvaccinated Contacts”.

Regardless of vaccination status, individuals should still monitor themselves for symptoms of COVID-19 for 14 days following a suspect or confirmed exposure. If they develop symptoms § of COVID-19, they should be sent home immediately, follow the guidelines for symptomatic individuals, and seek COVID-19 testing. Additional guidance can be found at <https://dph.georgia.gov/contact> in the section titled “What should I do if I am a close contact to someone with COVID-19 and get sick?”

Vaccinated individuals should continue to follow all other DPH guidance to protect themselves and others, including wearing a mask, social distancing, avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands often. Complete guidance for fully vaccinated people and scenarios where precautions may be changed can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>.

For questions about the COVID-19 vaccine, please visit <https://dph.georgia.gov/covid-vaccine> or call our COVID-19 vaccination hotline at (888) 357-0169.

Additional quarantine guidance can be found at <https://dph.georgia.gov/contact>

Both CDC and DPH **DO NOT** recommend using a test-based strategy for children or adults returning to school or childcare (2 negative tests at least 24 hours apart) after COVID-19 infection. ¶ CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

More information about the science behind the symptom-based discontinuation of isolation and return to school can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

* Please find criteria for being a close contact at <https://dph.georgia.gov/contact>

† A limited number of persons with severe illness (those admitted to a hospital and needed oxygen) or persons with a weakened immune system (immunocompromised) due to a health condition or medication may produce replication-competent virus beyond 10 days that may warrant extending the duration of isolation for up to 20 days after symptom onset. Consider consultation with a medical provider and/or infection control experts for these patients.

‡ The test must be a PCR/molecular or antigen test performed no earlier than day 5 of quarantine. If an individual is tested earlier than day 5, they must be retested on day 5 or later OR follow the 10-day guidance.

§ If the individual experiences ONE of the following COVID-19 symptoms (fever, chills, shortness of breath or difficulty breathing, new cough, or new loss of taste or smell) OR two of the following symptoms (sore throat, nausea, vomiting, diarrhea, chills, muscle pain, extreme fatigue/feeling very tired, new severe/very bad headache, new nasal congestion/stuffy or runny nose) they must follow the guidance for symptomatic individuals.

¶ 6 feet should be maintained between adults (teachers and staff) and between adults and students

*¶ Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If a facility requires the test-based strategy for return (**which is discouraged by DPH**), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to school or childcare.*