Update to Local Health Department
Quarantine Guidance with Consideration of Close Contacts in K-12 Settings

Michigan.gov/Coronavirus

Effective: September 10, 2021

Case investigation, contact tracing, isolation, and quarantine are crucial tools in stopping the spread of the SARS-CoV-2 virus to household and community contacts, and to protecting those most at-risk for severe outcomes from a COVID-19 infection. These public health activities notify people when they test positive for COVID-19 or when they have been exposed to someone who is infected. This enables individuals to take steps to protect themselves, their families, coworkers, friends, and particularly those who are at higher risk of severe disease due to being immunocompromised or not eligible for vaccination. On the population level, case investigation helps public health understand the spread of the epidemic and identify sources of outbreaks to inform policy decisions and plan for staffing and supplies in health care and other sectors.

Use of these tools, along with other layered prevention strategies, allow students to return to in-person instruction more safely. Schools should continue adhere to the Emergency Order Under MCL 333.2253 – Reporting of Confirmed and Probable Cases of COVID-19 at Schools.

Definitions

COVID-19 case definition
https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/

Close contact
Per the Centers for Disease Control and Prevention (CDC), a close contact is someone who has been within six feet of an infected person (laboratory-confirmed or a clinically compatible illness) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual five-minute exposures for a total of 15 minutes in one day). Close contacts include individuals that meet the above criteria starting from two days before the infected person is symptomatic (or, for asymptomatic patients, two days before the positive specimen collection date), until the infected person meets the criteria for discontinuing home isolation. This definition may be independent of the steps taken for quarantine in a school environment, as described later in this document.

Isolation
Used for those already infected with COVID-19 who have tested positive, even if they do not have symptoms. Isolation is used to separate people who are infected with COVID-19 from those who are not infected.

Quarantine
Used to prevent spread of disease by keeping someone who was exposed to COVID-19 away from others, as that person may be able to transmit the virus before they know they are sick or if they are infected and do not have symptoms.

Fully vaccinated
People are considered fully vaccinated two weeks after receiving the final dose of an approved COVID-19 vaccine (two weeks after the single dose of Johnson & Johnson or two weeks after the second dose of Pfizer or Moderna vaccines). Those with only a single dose of Pfizer or Moderna, or those within two weeks of their final dose are considered unvaccinated.

Case investigation
Using interviews and medical notes can provide the information necessary for a full investigation, including directing contact tracing efforts.

Notification of close contacts
The practice of contact tracing provides notification of possible exposure to people who were close contacts to individuals with a COVID-19 infection. This information is important for contacts and their families to assess risk, including whether other members of the close contact's household are immunocompromised or have other vulnerabilities. Local health departments (LHD) and any entities they have designated to conduct contact tracing should provide exposure notification and education to individuals who fit the definition of a close contact of a COVID-19 case, regardless of the need to quarantine. Schools should support LHD efforts to identify close contacts associated with any confirmed or probable cases.

Isolation of cases and quarantine of close contacts
Contact tracing informs public health which individuals may need to undertake quarantine or other activity restrictions to protect against further transmission if he or she is exposed and becomes infected or ill. The quarantine guidance also informs exposed individuals how to protect others during the period in which they may develop infection. Close contacts who develop symptoms of COVID-19 during their quarantine period or who test positive for COVID-19 at any time should self-isolate follow isolation recommendations.

Recommendations for the general population, including non-students within school settings (e.g., teachers, staff)

MDHHS and the CDC continue to endorse quarantine for 14 days but recognize that quarantine periods shorter than 14 days balance burden against a small possibility of spreading the virus. There are two groups of people who qualify for **modified quarantine guidance** following exposure to someone who is COVID-19 positive:

1. Individuals who have been fully vaccinated against COVID-19 (i.e., over two weeks have passed from receipt of the second dose in a two-dose vaccine series, or from receipt of a single-dose vaccine) if they have remained asymptomatic since their last exposure to COVID-19. (Immunocompromised people need to consult their health care provider about these recommendations, even if fully vaccinated.) **Given the current status of rapidly rising Delta variant infections, fully vaccinated people should get tested three to five days after their exposure (even if they do not have symptoms) and wear a mask indoors in public for 14 days following exposure or until their test result is negative**.
   -OR-
2. Individuals previously diagnosed with COVID-19 are no longer required to quarantine if they: (1) have recovered from diagnosed COVID-19 within the previous three months, measured from the date of symptom onset (or, if asymptomatic, the date of the first positive test); and (2) are currently asymptomatic.

At their discretion based on local conditions and capacity, the local health department may opt for a **10-day alternative** to the 14-day quarantine. When using a 10-day alternative quarantine period, contacts should continue to mask appropriately and monitor for symptoms for the full 14 days. Asymptomatic individuals may be released from quarantine at ten days and return to limited activities, provided the following are maintained for a cautionary period of days 11-14 of the 14-day quarantine period.

1. The close contact continues to self-monitor for symptoms.
   a. Traceforce will call close contacts to monitor for development of symptoms for the duration of their quarantine period.
   b. Contacts are encouraged to self-monitor and call their local health department if they develop symptoms on days 11-14.
2. The close contact continues to social distance, wear a mask and avoid large gatherings

Any modification to the quarantine schedule must be considered in terms of the risk of missed cases and the ability of the local health department (LHD) to manage logistics. If a LHD chooses to make use of the **seven-day diagnostic test-out option** described in CDC guidance, that information will need to be managed through direct contact with the individual and manual review of negative test results by the LHD. For LHDs that utilize Traceforce, contacts must be manually removed from tracing based on LHD review of negative test results. If LHDs do not remove contacts, they will continue to be contacted by the Traceforce team.

A serologic test is not useful for modifying quarantine time frame, as its utility for this purpose has not been established and is not recommended by CDC at this time.

Recommendations for K-12 students who are only close contacts of a classmate

CDC evaluation of classroom environments supports the recommendation that in-person instruction should be prioritized over extracurricular activities, including sports and school events, to minimize risk of transmission in schools and protect in-person learning.[1] **Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age two years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.** In addition to universal indoor masking, CDC recommends schools maintain at least three feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least three feet, it is especially important to layer multiple prevention strategies, such as screening testing, ventilation, staying home when sick and getting tested, and contact tracing in combination with quarantine and isolation to keep schools safe (Coronavirus - K-12 School Opening Guidance).

The modified quarantine guidance that follows is intended to describe best practices for quarantine of K-12 students. To make these modifications effective, the school must have strong mitigation measures in place, including social distancing and universal masking regardless of vaccination status. In that environment, the use of this approach can be considered by the local health department and the school district. This use of the modified quarantine guidance should be informed by school-related outbreaks and levels of community transmission. An algorithm and infographic are also included in the appendices to further assist with decision-making.

If a modified quarantine option is selected, its use should be communicated to the school community, making clear that while some close contacts will not need to quarantine under certain criteria, other strong mitigation measures should be taken by the school to reduce risk in the classroom. **Schools must report close contacts (within six feet) to local public health. Schools need to notify parents/guardians of any students meeting the close contact definition (within six feet) as described above and should notify all parents/guardians of the identification of a confirmed COVID-19 case in the classroom.**

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[1] Sources: CDC Operating Schools During COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html.Also from CDC Transmission of SARS-CoV-2 in K-12 schools: https://www.cdc.gov/coronavirus/2019-ncov/science/science- briefs/transmission_k_12_schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and- research%2Ftransmission_k_12_schools.html : "Many sports or other types of group extracurricular activities can increase the risk of SARS-CoV-2 transmission for participants, coaches, and spectators. Participation in extracurricular activities and sports may also increase the risk of SARS-CoV-2 transmission among other students, teachers, and staff… For these reasons, strategies to control COVID-19 transmission in schools should take the role ofsports and other extracurricular activities into account, as well as differences in transmission dynamics for these activities compared with in-person instruction."

Modified quarantine options

In-school quarantine for a fully vaccinated student exposed in a classroom K-12 setting:

If a fully vaccinated student is exposed in a K-12 classroom setting to a student infected with COVID-19 (i.e., a case):

- For an exposure less than three feet apart while the exposed fully vaccinated student was either **masked or unmasked,** -OR- an exposure three to six feet apart while the exposed fully vaccinated student was **unmasked**: The fully vaccinated exposed student can continue to attend school and should wear a mask, monitor for symptoms for 14 days, and get tested once during days three, four or five after the exposure (even if they do not have symptoms).
- For an exposure three to six feet apart while the exposed fully vaccinated student was **masked**: The fully vaccinated exposed student can continue to attend school and should wear a mask and monitor for symptoms for 14 days.

In-school quarantine when an unvaccinated exposed student and a COVID-19 positive student are *both masked* in a classroom K-12 setting:

If an unvaccinated student is exposed in a K-12 classroom setting to a student infected with COVID-19 (i.e., a case):

- Students who have a medical exemption from masking should be considered unmasked.
- For an exposure less than 3 feet apart while the exposed unvaccinated and COVID-19 positive student were **both masked**: The unvaccinated exposed student may continue to attend school if they remain asymptomatic, wear a mask, and report daily negative tests for seven days after the last date of their exposure. This testing may be a rapid antigen test conducted at school or at home but should be completed less than 24 hours of entrance into school environment. Parents/guardians will need to continue to monitor the student for symptoms for the full 14-day quarantine period.
- For an exposure three to six feet apart while the exposed unvaccinated and COVID-19 positive student were **both masked**: The unvaccinated exposed student can continue to attend school and should wear a mask and monitor for symptoms for 14 days.

Home quarantine guidance when an unvaccinated exposed student and/or a COVID-19 positive student were *Unmasked* in a classroom K-12 setting:

If an unvaccinated student is exposed in a K-12 classroom setting to a student infected with COVID-19 (i.e., a case):

- Students who have a medical exemption from masking should be considered unmasked.
- For an exposure zero to six feet apart while one or both of the exposed unvaccinated student or COVID-19 positive student were **unmasked**:
    a. The unvaccinated exposed student should stay home for seven days and may return after day seven with a negative test where the negative test is collected day six or later after last exposure. The student should appropriately mask and have parents/guardians monitor for symptoms for 14 days after last exposure.

-OR-

b. The unvaccinated exposed student should quarantine at home for at least 10 days and may return to school on day 11 if the student remains asymptomatic. The student should appropriately mask and have parents/guardians monitor for symptoms for 14 days after last exposure.

MDHHS recommends educating parents/guardians that even though the exposed student can attend school, they are still a close contact with an exposure to COVID-19. Unvaccinated students in a modified quarantine option should quarantine at home when not in school and should not participate in social activities or extracurriculars for at least 10 days. Families should consider the risk of exposures even in fully vaccinated students before allowing them to visit family members and friends who may be at risk of severe outcomes from a COVID-19 infection.

If an additional case develops in the classroom, if a classroom or cohort outbreak is identified, or if local public health has identified ongoing transmission within the school building, the local health department (LHD) may determine that full quarantine should be put into place for all contacts, and possibly additional persons in a classroom cohort.

Any student who becomes symptomatic or tests positive for COVID-19 must isolate per MDHHS and CDC guidelines and not participate in school via in-person learning.

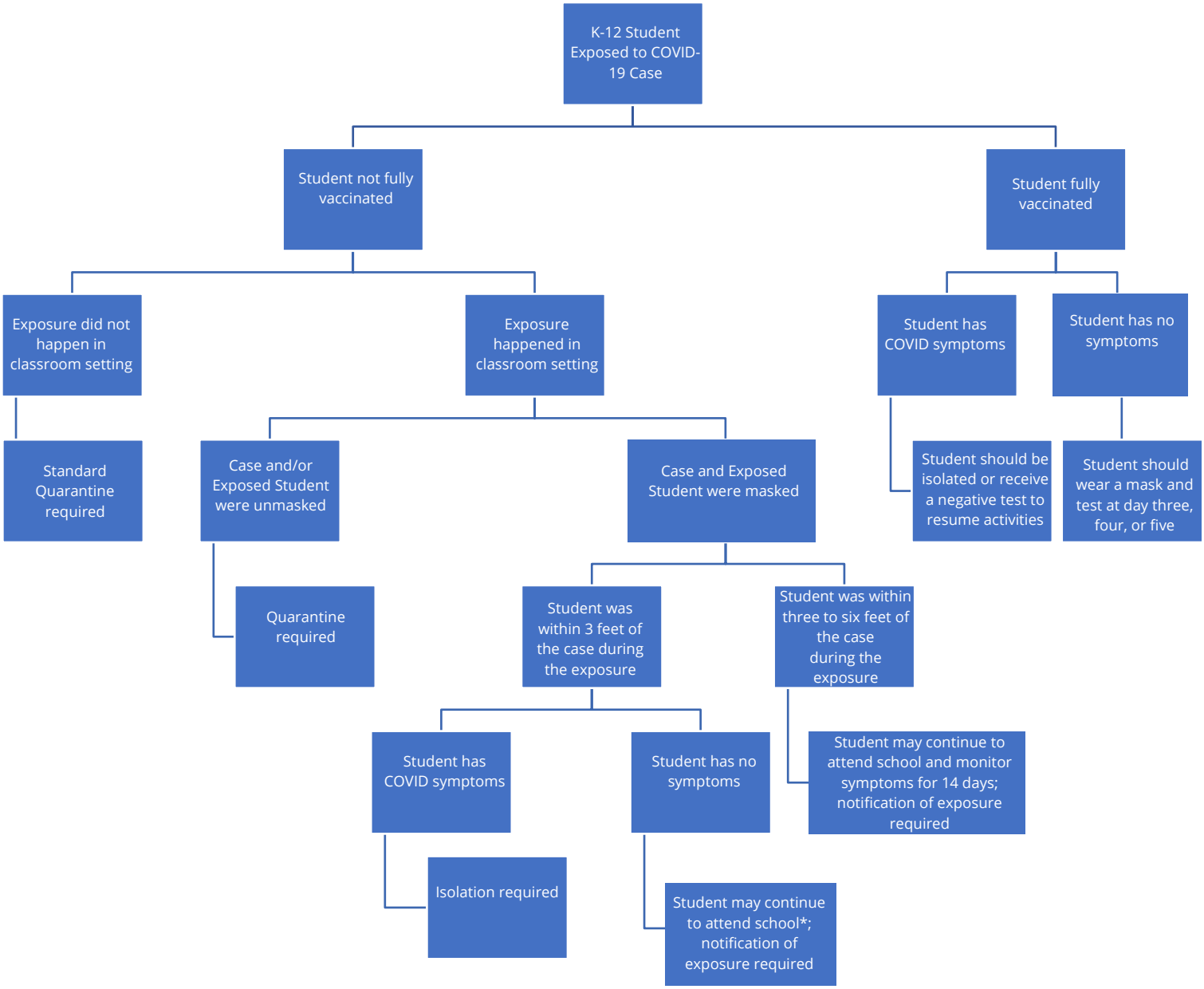
Please note that public health will continue to treat unvaccinated exposed persons that were exposed outside of the classroom as a close contact. These close contacts should remain in quarantine and follow appropriate quarantine guidance including social distancing, face mask requirements, and avoidance of large gatherings.

Implications for Traceforce system: Centralized tracers do not have the knowledge or ability to modify outreach to contacts based on the variety of locally implemented classroom exposure policies. Therefore, to limit confusion in messaging to parents of exposed students, MDHHS strongly recommends that LHDs perform outreach to these students as opposed to relying on centralized tracers.

To accommodate this in the Traceforce system, and prevent these students from being contacted by centralized staffing, LHDs need to assign these student contacts to LHD staff in Traceforce before 9 a.m. each day. LHDs must contact minors (and/or their guardians) who are close contacts and assess their quarantine date based on exposure and enroll them in daily symptom monitoring.

- Job aids on how to disposition cases in Traceforce, how to create school lists and conduct tracing in Traceforce are located here at: Michigan.gov/CDinfo.
- For additional assistance please reach out to the MDHHS Tracing Team at MDHHS-TraceforceEscalation@michigan.gov.

Appendix 1: Algorithm for assessing quarantine options based on K-12 student exposure.



*Student can attend school but must adhere to testing for seven days, masking, social distancing, and avoidance of large gatherings strictly for 10-14 days post-exposure. Diligent symptom monitoring for 14 days is also required. If any symptoms develop, the student must stay home.

Appendix 2: Infographic of school quarantine guidance