

Return to School or Childcare Guidance After COVID-19 Illness or Exposure

December 7, 2020

The Georgia Department of Public Health (DPH) in conjunction with the Georgia Department of Education have released guidance to help schools plan for a safe return to in-person instruction in fall 2020: <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>

For schools opting to have in-person instruction and childcare facilities 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 a 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 School or Childcare Strategy

DPH recommends a time-based return to school or childcare strategy that is determined based on a person's health status. Decisions about "return to school" or "return to childcare" 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 school or childcare after:

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

Asymptomatic persons with confirmed COVID-19 can return to school or childcare after:

- o At least 10 days[†] have passed since the positive laboratory test and the person remains asymptomatic
 - o Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above.

Quarantine of Contacts

All close contacts in both private and public schools and childcare facilities **MUST** be quarantined and excluded from the 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 following the below criteria.

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

After 7 full days have passed, if:

- **Tested[‡]** for COVID-19 (PCR/molecular or antigen test) **AND**
- Receive a negative result **AND**
- Do not experience any COVID-19 symptoms[§] during the quarantine period

After 10 full days have passed, if:

- Not tested for COVID-19 **AND**
- Do not experience any COVID 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 an entire 14 days
- For at least the entire 14 days they should strictly adhere to mitigation measures including appropriate mask usage, staying at least 6 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.

Student-athletes who end quarantine after day 7 or 10 can return to practice if they can adhere to mitigation measures, including appropriate mask usage and staying at least 6 feet from others while at practice. **However, they cannot return to contests/competition until a full 14 days have passed since their exposure.**

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 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 after the 5th day of quarantine. If an individual is tested more than 48 hours prior to release from quarantine, they must be retested after the 5th day OR follow the 10-day guidance.

§ If the individual experiences ONE of the following COVID 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) follow the guidance for symptomatic individuals.

|| 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.