

Table 1: Work restriction Recommendations for Exposed Healthcare Personnel (HCP)

	Fully vaccinated*	Within 3 months of a positive test for SARS-CoV-2 infection
<p>Asymptomatic HCP with higher-risk exposure</p>	<ul style="list-style-type: none"> • Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. • Work restrictions should still be considered for fully vaccinated HCP with higher-risk exposures and who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by the COVID-19 vaccine. • HCP who have traveled should continue to follow CDC travel recommendations and requirements. 	<ul style="list-style-type: none"> • Could continue to work, while monitoring for symptoms consistent with COVID-19 and following all recommended infection prevention and control practices • Some facilities might still choose to institute work restrictions for asymptomatic HCP following a higher risk exposure, particularly if there is uncertainty about a prior infection or the durability of the person’s immune response. Examples could include: <ol style="list-style-type: none"> 1. HCP with underlying immunocompromising conditions (e.g., after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-Cov-2 infection who might be at increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available. 2. HCP 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., individual was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed). 3. HCP for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant for which the risk of reinfection might be higher (e.g., exposed to a person known to be infected with a novel variant).

<p>Asymptomatic HCP other than those with high-exposure risk</p>	<ul style="list-style-type: none"> • No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. 	<ul style="list-style-type: none"> • No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
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*A person is considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).

Table 2: Quarantine Recommendations for Exposed Patients/Residents

	Fully vaccinated*	Within 3 months of a positive test for SARS-CoV-2 infection
Asymptomatic patient/resident in a healthcare setting with exposure to someone with suspected or confirmed COVID-19	<ul style="list-style-type: none"> • Quarantine and should be cared for using appropriate Transmission-Based Precautions • Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts. 	<p>May not need to be quarantined or tested following re-exposure to SARS-CoV-2. However, there might be clinical scenarios in which the certainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and recommending quarantine following an exposure that occurs less than 3 months after their initial infection. Examples could include:</p> <ol style="list-style-type: none"> 1. Patients or 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. 2. Patients or 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). 3. Patients or 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

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