



IF YOU ARE FULLY VACCINATED

Find [new guidance for fully vaccinated people](#). If you are not vaccinated, [find a vaccine](#).

COVID-19

Health departments: Detailed CDC recommendations for public health agencies on the duration of quarantine [can be found here](#).

Quarantine or isolation

You quarantine when you might have been exposed to the virus.

You isolate when you have been infected with the virus, even if you don't have symptoms.

Quarantine

Quarantine if you have been in [close contact](#) (within 6 feet of someone for a total of 15 minutes or more) with someone who has COVID-19, unless you have been [fully vaccinated](#). People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms.

What to do

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19.
- If possible, stay away from people you live with, especially people who are at [higher risk](#) for getting very sick from COVID-19.

After quarantine

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.

You may be able to shorten your quarantine

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing
- After day 7 after receiving a negative test result (test must occur on day 5 or later)

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19.

If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID-19, and I had symptoms.”

I was severely ill with COVID-19 or have a weakened immune system (immunocompromised) caused by a health condition or medication.

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. **People with weakened immune systems** may require testing to determine when they can be around others. Talk to your healthcare provider for more information. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.

People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow **current prevention measures** (including wearing a mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19 to help protect these people.

For Healthcare Professionals

If you are a healthcare professional who thinks or knows you had COVID-19, you should follow the same recommendations listed above for when you can resume being around others outside the workplace. When you can return to work depends on different factors and situations. For information on when you can return to work, see the following:

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Digital Resources



I Think or Know I had COVID-19, and I had Symptoms. When can I be Around Others?

If you have or think you might have COVID-19, it is important to stay home and away from others. When you can be around others depends on different factors for different situations.



I Think or Know I had COVID-19, but I had No Symptoms. When can I be Around Others?

If you have or think you might have COVID-19, it is important to stay home and away from others. When you can be around others depends on different factors for different situations.



COVID-19

When You've Been Fully Vaccinated

How to Protect Yourself and Others

Updated July 26, 2021

[Print](#)

Safer Activities for You and Your Family

- If you are fully vaccinated, you can resume activities that you did before the pandemic without wearing a mask or physically distancing, except where required by laws, rules, regulations, or local guidance.
- Members of your family who are unvaccinated, have weakened immune systems, or underlying medical conditions need to continue to take steps to protect themselves from COVID-19.

[Safer Activities](#)

[Info for Families](#)



 If you haven't been vaccinated yet, [find a vaccine](#).

COVID-19 vaccines are effective at protecting you from getting sick. Based on [what we know](#) about COVID-19 vaccines, people who have been fully vaccinated can do things that they had stopped doing because of the pandemic.

These recommendations can help you make decisions about daily activities after you are fully vaccinated. They are *not* intended for [healthcare settings](#).

Have You Been Fully Vaccinated?

In general, people are considered fully vaccinated: *

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you don't meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all [precautions](#) until you are fully vaccinated.

If you have a condition or are taking medications that weaken your immune system, you may NOT be protected even if you are fully vaccinated. You should continue to take all precautions recommended for unvaccinated people until advised otherwise by your healthcare provider.

What You Can Do

What We Know

- COVID-19 vaccines are safe and effective at preventing COVID-19, including severe illness and death.
- COVID-19 vaccines can reduce the risk of people spreading COVID-19.
- COVID-19 vaccines are effective against variants of the virus that causes COVID-19, currently circulating in the United States including the Delta variant.
- People with weakened immune systems, including people who take immunosuppressive medications, may not be protected even if fully vaccinated.

What We're Still Learning

- How long COVID-19 vaccines can protect people.

Want to learn more about these recommendations? Read our expanded [Interim Public Health Recommendations for Fully Vaccinated People](#).

± This guidance applies to COVID-19 vaccines currently authorized for emergency use by the U.S. Food and Drug Administration: Pfizer-BioNTech, Moderna, and Johnson & Johnson (J&J)/Janssen COVID-19 vaccines. This guidance can also be applied to COVID-19 vaccines that have been listed for emergency use by the World Health Organization (e.g. AstraZeneca/Oxford).

Related Pages

- › [Interim Public Health Recommendations for Fully Vaccinated People](#)
- › [Science Brief: Background Rationale and Evidence for Public Health Recommendations](#)
- › [Infection Control after Vaccination for Healthcare Workers](#)

Last Updated July 26, 2021



COVID-19

To maximize protection from the [Delta variant](#) and prevent possibly spreading it to others, wear a mask indoors in public if you are in an [area of substantial or high transmission](#).

Quarantine and Isolation

Updated July 29, 2021

[Print](#)

Health departments: Detailed CDC recommendations for public health agencies on the duration of quarantine [can be found here](#).

Quarantine or isolation

You **quarantine** when you might have been exposed to the virus.

You **isolate** when you have been infected with the virus, even if you don't have symptoms.

Quarantine

Quarantine if you have been in [close contact](#) (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you have been [fully vaccinated](#). People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have [symptoms](#). However, fully vaccinated people should get tested 3-5 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

What to do

- Stay home for 14 days after your last contact with a person who has COVID-19.
- Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19.
- If possible, stay away from people you live with, especially people who are at [higher risk](#) for getting very sick from COVID-19.

After quarantine

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.

You may be able to shorten your quarantine

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine

- After day 10 without testing

- After day 7 after receiving a negative test result (test must occur on day 5 or later)

Isolation

Isolation is used to separate people infected with COVID-19 from those who are not infected.

People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, stay in a specific "sick room" or area, and use a separate bathroom (if available).

What to do

- Monitor your symptoms. If you have an [emergency warning sign](#) (including trouble breathing), seek emergency medical care immediately.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- [Wear a mask](#) when around other people if able.

Learn more about [what to do if you are sick](#) and [how to notify your contacts](#).

When You Can be Around Others After You Had or Likely Had COVID-19

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had [close contact](#) with someone with COVID-19 should stay home for 14 days after their last exposure to that person.

However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does NOT need to stay home.

- Someone who has been [fully vaccinated](#) and shows no symptoms of COVID-19. However, fully vaccinated people should get tested 3-5 days after their exposure, even they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Or

- Someone who has COVID-19 illness within the previous 3 months and
- Has recovered and
- Remains without COVID-19 symptoms (for example, cough, shortness of breath)

I think or know I had COVID-19, and I had symptoms

You can be around others after:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

Note that these recommendations do not apply to people with severe COVID-19 or with weakened immune systems (immunocompromised).

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19.

If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID-19, and I had symptoms.”

I was severely ill with COVID-19 or have a weakened immune system (immunocompromised) caused by a health condition or medication.

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. **People with weakened immune systems** may require testing to determine when they can be around others. Talk to your healthcare provider for more information. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.

People who are immunocompromised should be counseled about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow **current prevention measures** (including wearing a mask, staying 6 feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19 to help protect these people.

For Healthcare Professionals

If you are a healthcare professional who thinks or knows you had COVID-19, you should follow the same recommendations listed above for when you can resume being around others outside the workplace. When you can return to work depends on different factors and situations. For information on when you can return to work, see the following:

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Digital Resources

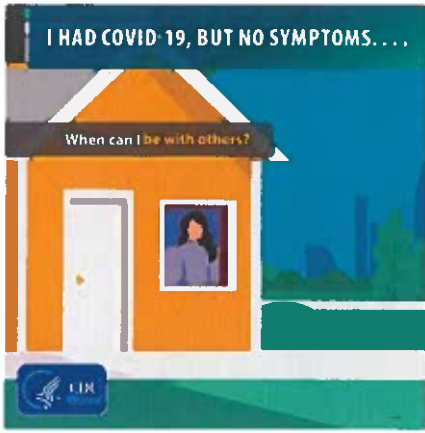


I Think or Know I had COVID-19, and I had Symptoms. When can I be Around Others?

If you have or think you might have COVID-19, it is important to stay home and away from others. When you can be around others depends on different factors for different situations.

I Think or Know I had COVID-19, but I had No Symptoms. When can I be Around Others?

If you have or think you might have COVID-19, it is important to stay home and away from others. When you can be around others depends on different factors for different situations.



What's the difference between quarantine and isolation?



COVID-19

Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

Updated June 2, 2021 [Print](#)

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

This guidance provides information for making decisions about return to work for healthcare personnel (HCP) with SARS-CoV-2 infection using a symptom-based strategy. See [history of updates](#)

Summary of Recent Changes

Updates as of June 2, 2021 ^

As of June 2, 2021

- Clarified that a laboratory-based NAAT is recommended if using the test-based strategy.
- Updated the list of immunocompromising conditions to include hematologic malignancies and other examples of immunosuppressive medications.
- Included recommendation to consult occupational health if using the test-based strategy to determine when HCP can return to work.

Key Points

- The symptom-based strategy (described below) depends on: the time period since symptoms first appeared and whether symptoms are improving; whether HCP are immunocompromised; the severity of their illness
- A test-based strategy is not recommended (except as noted below)

Introduction

This guidance is for occupational health programs and public health officials making decisions about return to work for HCP with confirmed SARS-CoV-2 infection, or who have suspected SARS-CoV-2 infection (e.g., developed symptoms of COVID-19) but were never tested for SARS-CoV-2.

HCP with symptoms of COVID-19 should be prioritized for viral testing with approved nucleic acid or antigen detection assays. When a clinician decides that testing a person for SARS-CoV-2 is indicated, **negative results** from at least one FDA Emergency Use Authorized COVID-19 laboratory-based NAAT for detection of SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-

CoV-2 RNA may be performed at the discretion of the evaluating healthcare provider, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. If the second test is positive, consultation with an infectious diseases expert should be considered to resolve the discrepant results.

For HCP who were suspected of having COVID-19 and had it ruled out, return to work decisions should be based on their other suspected or confirmed diagnoses.

Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.

A test-based strategy is not recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Asymptomatic HCP with potential exposure: For guidance about assessment of risk and application of work restrictions for asymptomatic HCP with potential exposure to patients, visitors, or other HCP with confirmed COVID-19, refer to the [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).

Symptom-based strategy for return to work.

HCP with **mild to moderate** illness who are *not* severely immunocompromised:

- 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

HCP who were asymptomatic throughout their infection and are *not* severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with **severe to critical illness** or who are severely immunocompromised:

- At least 10 days and up to 20 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
- Consider consultation with infection control experts

HCP who are severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test. Consultation with infectious diseases specialists is recommended. Use of a test-based strategy, in consultation with occupational health, for determining when these HCP may return to work could be considered.

As described in the [Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. Recovery of replication-competent virus has been reported in severely immunocompromised patients beyond 20 days, and as long as 143 days, after a positive SARS-CoV-2 test result.

The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered when determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed by staying home for at least 15 days before return to work. Use of a test-based strategy, in consultation with infectious disease specialists and occupational health, for determining when HCP who are severely immunocompromised may return to work could be considered.

SARS-CoV-2 Illness Severity Criteria

(Adapted from the [NIH COVID-19 Treatment Guidelines](#))

The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about when HCP with SARS-CoV-2 infection may return to work, the definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the HCP at any point in their clinical course should be used when determining when they may return to work.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FIO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely immunocompromised definition

The studies used to inform this guidance did not clearly define “severely immunocompromised”. For the purposes of this guidance, CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, hematologic malignancies, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days), may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.
- Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

When to use a test-based strategy

In some instances, a test-based strategy, in consultation with occupational health, could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

Return to Work Practices and Work Restrictions

- After returning to work, HCP should self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

Mitigating HCP staffing shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) document for information.

History of Updates

As of February 16, 2021

Changes to more closely align guidance with updates to the [Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19](#):

HCP who are severely immunocompromised could remain infectious more than 20 days after symptom onset. Consultation with infectious diseases specialists is recommended; use of a test-based strategy for determining when these HCP may return to work could be considered.

As of August 10, 2020

Changes to more closely align guidance with [Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19](#):

- For HCP with [severe to critical illness](#) or who are severely immunocompromised¹, the recommended duration for work exclusion was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration before return to work.
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

Last Updated June 2, 2021