



## COVID-19

# What We Know About Quarantine and Isolation

Updated Jan. 4, 2022

**Quarantine and Isolation:** Learn the [latest recommendations](#) after COVID-19 exposure or if you are sick.

## Why CDC Shortened Isolation and Quarantine for the General Population

COVID-19 cases due to the Omicron variant have increased along with seasonal increases in influenza and other respiratory virus infections. The potential for a large number of cases raises serious concerns about societal impact due to illness, as well as isolation and quarantine requirements <sup>[1]</sup>. CDC has been monitoring the emerging science on when and for how long a person is maximally infectious with Omicron, as well as the effectiveness of COVID-19 vaccines and booster doses against Omicron infection. Data related to the mental health effects of the pandemic and adherence to prevention interventions have also been considered.

Data, including a review of 113 studies from 17 countries, show that most SARS-CoV-2 transmission occurs early in the course of infection <sup>[2,3]</sup>. Infectiousness peaks around one day before symptom onset and declines within a week of symptom onset, with an average period of infectiousness and risk of transmission between 2-3 days before and 8 days after symptom onset <sup>[2,3]</sup>. These data are from studies of prior SARS-CoV-2 variants, including Delta. The science is evolving, particularly for the Omicron variant, and some reports suggest that compared with previous variants, Omicron has a shorter incubation period (2-4 days), defined as the time between becoming infected and symptom onset <sup>[4-6]</sup>. Hospitalization and death rates are much lower for vaccinated people for all SARS-CoV-2 variants; preliminary data from South Africa suggest that hospitalization and death rates are lower for people infected with Omicron compared with other variants. <sup>[7]</sup> Early estimates of lower vaccine effectiveness against symptomatic infection due to Omicron after the Pfizer-BioNTech primary series suggest that booster doses are important to improve protection from hospitalization and death due to infection with the Omicron variant <sup>[8]</sup>. Spread of the Omicron variant has the potential to worsen staffing shortages and increase supply chain challenges, which jeopardize industry, education, and other systems that are essential to maintain a functioning society and economy. The pandemic has also had a negative impact on the mental health of adults in the United States <sup>[9]</sup>, largely due to economic and social concerns <sup>[10]</sup>. Although many people have intentions to self-isolate, both isolation and quarantine are challenging; especially in the context that many infections are asymptomatic <sup>[11]</sup>. Studies suggest that only a small percentage of people (25-30%) isolate for a full 10 days <sup>[12,13]</sup>.

On January 4, CDC updated [COVID-19 isolation and quarantine recommendations](#) with shorter isolation (for asymptomatic and mildly ill people) and quarantine periods of 5 days to focus on the period when a person is most infectious, followed by continued masking for an additional 5 days. These updated recommendations also facilitate individual social and well-being needs, return to work, and maintenance of critical infrastructure. Preliminary data suggest that the Omicron variant is up to three times more infectious than the Delta variant <sup>[14]</sup>. With the recommended shorter isolation and quarantine periods, it is critical that people continue to wear [well-fitting masks](#) and take [additional precautions](#) for 5 days after leaving isolation or quarantine <sup>[15]</sup>. In addition, isolation should only end if a person has been fever-free for at least 24 hours without the use of fever-reducing medication and other symptoms have resolved. Modeling data from the United Kingdom reinforce the importance of mask use; after the 5th day after a positive test, an estimated 31% of persons remain infectious <sup>[16]</sup>. Mask use and layered prevention strategies, such as receiving all recommended vaccination and booster doses, physical distancing, [screening testing](#), and improved [ventilation](#), are key to preventing COVID-19 and decreasing transmission.

# Frequently Asked Questions

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What prompted the change to your guidance? 

CDC has continued to review isolation and quarantine recommendations for various populations throughout the course of the COVID-19 pandemic. Accumulating evidence demonstrates the majority of transmission occurs during the early periods of infection. In just a few weeks, Omicron [has become a dominant virus strain](#) due to the highly transmissible nature of the variant. These updated recommendations come as the Omicron variant is now rapidly spreading throughout the United States causing very high case rates. The recommendations reflect the societal impact (e.g., critical infrastructure and staffing shortages) and the latest science on disease severity and when and for how long a person is maximally infectious. CDC will continue to evaluate these recommendations as more data become available.

Does this guidance apply to healthcare personnel? 

No. This guidance applies to the general population in the community setting and does not replace existing [guidance for healthcare personnel](#) in healthcare settings.

Does this guidance apply to non-healthcare workplaces? 

This guidance applies to the general population in the community, including workplaces and [K-12 schools](#); this guidance does not apply to [healthcare settings](#), [correctional institutions](#), or [homeless shelters](#). CDC provides separate, specific guidance for these settings. In addition, CDC continues to offer [workplace prevention strategies](#) to prevent and reduce transmission and maintain healthy business operations in non-healthcare workplaces. Strategies include a layered approach to reduce exposures to SARS-CoV-2 in the workplace, including using layered strategies such as [vaccination](#), [improved building ventilation](#), [wearing well-fitting masks](#), [physical distancing](#), [hand hygiene](#), [cleaning and disinfection](#), and [screening testing](#).

Employers should be aware that other federal, state, local, tribal, or territorial laws, rules, or regulations may apply, including those promulgated by the Occupational Safety and Health Administration (OSHA). OSHA provides resources to prevent COVID-19 exposure and infection in the workplace. For the most current OSHA requirements, guidance, and tools, see [OSHA COVID-19 Resources](#) .

Does this guidance apply to K-12 school settings? 

Yes. The recommendations on quarantine and isolation in the new guidance do apply to [K-12 school](#) settings.

Who is not included in the shorter isolation/quarantine recommendations? 

*Children < 2 years of age, or other individuals who are unable to wear a mask.*

People who [cannot wear a mask](#), including children < 2 years of age and people of any age with certain disabilities, should isolate (if infected) and quarantine (if exposed) for 10 days.

*People who have moderate or severe illness*

People who have [moderate](#)  COVID-19 illness should isolate for 10 days.

People with severe COVID-19 illness (e.g., [requiring hospitalization, intensive care, or ventilation support](#)) should [isolate](#) for at least 10 days and may need to isolate longer after symptom onset. They should consult with their healthcare provider to determine the appropriate duration of isolation.

#### *People who are immunocompromised*

This guidance is not intended for people who are [immunocompromised](#) who might have a longer infectious period. For

Can I remove my mask in public places after the end of isolation/quarantine? 

No. After your 5 days of quarantine or isolation end, you should continue to wear a [well-fitting mask](#) when around others at home and in public for 5 days. Refer to [current CDC guidance for mask wear](#) to determine what to do after the 10-day period is complete. In areas of substantial or high community transmission, masks should continue to be worn in public indoor settings. State, local, tribal, or territorial laws, rules, or regulations may replace CDC guidance.

Does this guidance apply to people in congregate settings, such as correctional institutions, homeless shelters, and long-term care facilities? 

No. This guidance applies to the general population in the community setting. In certain congregate setting that have high-risk of secondary transmission (e.g., correctional facilities and homeless shelters), CDC currently recommends a 10-day quarantine (if exposed) and isolation (if infected) period for residents. During periods of critical staffing shortages, facilities may consider shortening isolation and quarantine periods for staff to ensure continuity of operations. Decisions to shorten isolation or quarantine in these settings should be made in consultation with the state, local, tribal, or territorial health departments and should take into consideration the context and characteristics of the facility. For more details, please review [setting-specific guidance](#).

When does the clock start on the 5 days of isolation or quarantine? 

**Isolation** (for those diagnosed or presumed to have COVID-19): If you are asymptomatic (never develop [symptoms](#)), day 0 is the day you were tested (not the day you received your positive test result), and day 1 is the first full day following the day you were tested. People who never develop symptoms should isolate for a full 5 days after their first positive SARS-CoV-2 test (i.e., days 0 through 5). Wear a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic) to limit spread when around others at home and in public. If you develop symptoms soon (i.e., within a week) after your positive test result, the clock restarts at day 0 on the day of symptom onset.

If you have [mild symptoms](#) , day 0 of isolation is the day of symptom onset, regardless of when you tested positive, and day 1 is the first full day following the day your symptoms started. Persons with mild symptoms should isolate for a full 5 days after symptom onset (i.e., days 0 through 5) and until symptoms have improved. If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Wear a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other close contacts.

**Quarantine:** If you have received all vaccine and booster doses [recommended](#) by CDC, you do not need to [quarantine](#). You should wear a well-fitting mask around others for 10 days from the date of your last close contact with someone with COVID-19 (the date of last close contact is considered day 0). Get tested at least 5 days after you last had close contact with someone with COVID-19, and follow isolation recommendations if your test result is positive.

For people who have not received all recommended vaccine doses, including a booster dose for people 18 years of age or older, a 5-day quarantine period is recommended. Day 0 starts the day you had close contact with confirmed COVID-19, and day 1 is the first full day following the last close contact. Wear a [well-fitting mask](#) for 10 days (i.e., days 0 through 10) after your last close contact, including when around others in public and at home, especially if there are people in your household who are unvaccinated or immunocompromised or at high risk for severe disease.

## What if I have symptoms of COVID-19, but I can't find a test?

If you have [COVID-19 symptoms](#), you might have COVID-19, and you should isolate immediately. Even if you do not know if you had [close contact](#) with someone with COVID-19, if your symptoms are consistent with COVID-19, you are considered a [probable COVID-19 case](#). Get tested as soon as possible, but if you are unable to get a test, you should assume you have COVID-19 or another respiratory illness. Isolate for at least 5 days to keep from spreading the virus to others. Monitor your [symptoms](#). If you have an [emergency warning sign](#) (including trouble breathing), seek emergency medical care immediately. Have your doctor's phone number on hand. [Use CDC's self-checker tool](#) to help you make decisions about seeking appropriate medical care. Follow CDC's recommendations for [isolation](#).

Wear a [well-fitting mask](#) if you need to be around others at home during your 5-day isolation period. You can end isolation after 5 full days (i.e., day 0 through day 5) if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). You should continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for 10 days.

## Why does CDC not require a test at the end of isolation?

If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.

To limit spread to other people you are in close contact with (e.g., co-workers or people you live with, especially if there are individuals who are unvaccinated or immunocompromised), CDC recommends always wearing a [well-fitting mask](#) for 10 days following your positive test result (if asymptomatic). If you are symptomatic with COVID-19, CDC also recommends wearing a [well-fitting mask](#) for 10 days following your onset of symptoms to limit spread to others in the home or other close contacts.

[Tests for SARS-CoV-2](#) are best used early in the course of illness to diagnose COVID-19 and are not authorized by the U.S. Food and Drug Administration (FDA) to evaluate duration of infectiousness. Some people may remain positive by [Nucleic Acid Amplification Tests \(NAATs\)](#) (e.g., RT-PCR) long beyond the period of expected infectiousness. The significance of a positive or negative antigen test late in the course of illness is less clear; while a positive antigen test likely means a person has residual transmissible virus and can potentially infect others, a negative antigen test does not necessarily indicate the absence of transmissible virus. As such, regardless of the test result, wearing a [well-fitting mask](#) is still recommended.

## Why does CDC recommend wearing a mask, and what are the options?

Masks are designed to contain your respiratory droplets and particles. They also provide you some protection from particles expelled by others. Respirators are designed to protect you from particles, including the virus that causes COVID-19, and in doing so they also contain your respiratory droplets and small particles, so you do not expose others.

Masks and respirators can provide varying degrees of protection, with well-fitting NIOSH-approved respirators (e.g., N95s) offering the most protection. [Studies](#) continue to support the use of well-fitting multi-layered cloth masks to reduce the spread of SARS-CoV-2. Therefore, it's important that you always choose a well-fitting and comfortable mask or respirator and wear it properly (covering your nose and mouth). If a respirator is worn properly and can be used for extended periods, individuals may opt for the increased protection. However, a poorly fitting or uncomfortable mask or respirator may be less effective if it is worn improperly or taken off frequently, which may reduce its intended benefit. Some [situations](#) (e.g., riding on public transportation or taking care of someone who has COVID-19) may have a higher risk of exposure to COVID-19 than others. So, you may want to consider the type of mask or respirator to wear depending on the situation.

The CDC [Types of Masks and Respirators](#) page describes different types of masks and respirators you can use to protect yourself and others from getting and spreading COVID-19. Individuals may choose to use a basic disposable N95 respirator for personal use, instead of a mask. CDC recommends that specially labeled “surgical” N95 respirators be prioritized for healthcare personnel. Employers who want to distribute N95 respirators to employees should follow an Occupational Safety and Health (OSHA) respiratory protection program.

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### Are there additional precautions people should take at the end of quarantine or isolation?

Yes. After the end of the 5-day [quarantine or isolation period](#), continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10). If you are unable to wear a mask when around others, you should continue to isolate for 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days. After you end quarantine or isolation, do not travel until 10 days after the start of quarantine or isolation. If you must travel on days 6-10, wear a well-fitting mask when you are around others for the entire duration of travel. If you are unable to wear a mask, you should not travel for a full 10 days. Do not go to places where you are unable to wear a mask, such as restaurants, bars, and some gyms, until 10 days after the start of quarantine or isolation. Avoid being around other people in situations where you cannot use a mask, such as eating at home and at work.

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### Why are isolation recommendations the same for those who are unvaccinated, vaccinated, and boosted?

Regardless of vaccination status, most SARS-CoV-2 transmission occurs early in the course of infection in the 1-2 days prior to onset of symptoms and within the first few days of symptom onset. Additional shortening of isolation periods based on vaccination status is not supported by data at this time. COVID-19 vaccination decreases the risk of severe disease, hospitalization, and death from infection, including infection due to the Omicron variant. It also significantly decreases the risk of SARS-CoV-2 infection, although protection from infection is lower for Omicron than for other variants. People who have received a vaccine booster have the best protection against infection and severe disease due to the Omicron variant. People who become infected with SARS-CoV-2, regardless of vaccination status, are most infectious around the time of symptom onset.

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### Why are the recommendations for quarantine different for those who are vaccinated with the primary vaccine series only and those who are boosted?

Data consistently show that people who have received all recommended vaccines, including booster doses, have the highest level of protection against COVID-19 from Omicron. Early studies from other countries suggest reduced effectiveness of COVID-19 vaccination against symptomatic Omicron infection, but moderate to high protection in people following a booster dose, although protection decreases as time increases since the last vaccine dose. Given the increased protection against Omicron infection following a booster dose, those who have received a booster dose are at lower risk of SARS-CoV-2 infection and at lower risk of spreading to others after coming into [close contact](#) with someone with COVID-19.

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### Do people who have had COVID-19 within the last 90 days need to quarantine?

No. People who have had a [laboratory-confirmed SARS-CoV-2 infection](#) within the past 90 days who have subsequently recovered and no longer have COVID-19 symptoms do not need to quarantine following an exposure.

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### Do people who are not eligible for booster doses need to quarantine?

No. People ages 5–15 years who have completed a Pfizer-BioNTech vaccination series, or others who are not currently

eligible for a [booster](#) but have completed a Moderna, Pfizer-BioNTech, or Johnson & Johnson/Janssen vaccination series are included in the group of people who do not need to quarantine after coming into [close contact](#) with someone with COVID-19.

Do adolescents ages 16-17 years who are eligible for a booster need to quarantine if they haven't received the booster? 

No. Adolescents ages 16-17 years who have completed a Pfizer-BioNTech COVID-19 vaccination but have not received a booster dose do not need to quarantine after coming into [close contact](#) with someone with COVID-19. This differs from guidance for adults, because CDC recommendations say that adolescents ages 16-17 years may get a booster, not that they should get a booster.

After coming into close contact with someone with COVID-19 or during isolation and in the 5 days following, do I need to wear a mask in my home? 

Yes. Throughout the pandemic, CDC has always recommended that during periods of isolation or quarantine, all members of the household should properly wear a [well-fitting mask](#), even inside the home, to reduce risk of spread within the household. If possible, one member of the household should care for the person who is in isolation or quarantine to limit potential exposures. This is especially important if there are people in your home who are unvaccinated, vaccinated and not yet boosted, or [immunocompromised](#). People should continue to wear a mask and limit contact with those in their household for 10 days following detection of SARS-CoV-2 infection or for 10 days after coming into [close contact](#) with someone with COVID-19. Everyone should continue to follow current recommendations for [general mask guidance](#).

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