

# January 9, 2024 Updated CDPH COVID-19 Isolation Guidance – does not apply to healthcare settings!

- Updated COVID-19 isolation guidance for the general public moves away from five days of isolation and instead focuses on clinical symptoms to determine when to end isolation.
- **Healthcare facilities:**
  - Continue to refer to [AFL 21-08.9](#) for isolation and return-to-work guidance for healthcare personnel.
  - Continue to refer to CDC's COVID-19 healthcare infection prevention and control guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>) for isolation of patients and residents.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx>

## Q: Do COVID-19 antigen tests detect the current variant?

- Response from CDC:
  - Manufacturers of FDA-cleared and authorized assays, including CDC, are required to perform ongoing monitoring of assay performance.
  - FDA works with test manufacturers to ensure performance is maintained with new variants.
  - **There is no indication that the CDC assay or any other FDA-authorized assays have decreased sensitivity for the JN.1 variant.**
  - You can find the latest information regarding variants and COVID-19 test performance on this FDA website: [SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA](#).

# CDPH Recommendations for Prevention and Control of Respiratory Viral Infections in Skilled Nursing Facilities

Streamlined guidance that can be broadly applied for the prevention and control of SARS-CoV-2, influenza, respiratory syncytial virus, and other respiratory viruses. Key messages:

- Encourage residents and healthcare personnel (HCP) to be **up-to-date on recommended vaccinations**
- Develop policies for **source control masking**
- Initiate prompt **testing and treatment** of COVID-19 and influenza

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<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-23-36.aspx>

## Promptly test symptomatic residents and HCP

- Test for SARS-CoV-2; when influenza is circulating, also test for influenza
- If RSV is circulating, consider preferential use of a molecular test that includes RSV in addition to SARS-CoV-2 and influenza
  - This could be a full respiratory panel or other multiplex assay
- If initial testing is negative and >1 resident is ill, obtain a full respiratory panel to evaluate for other respiratory infections

## Q: Can HCP wear KN95s instead of surgical masks when caring for residents that are not in isolation?

- Yes. Surgical masks, KN95s, and KN94s can be used for **source control** by SNF HCP when caring for residents who do not have COVID-19 and when working in non-patient care areas. HCP must be trained on the fact that they do not provide respiratory protection.
- Only NIOSH-approved respirators, such as N95s, can be used as respiratory protection as part of transmission-based precautions.

## Q: How and when should nursing homes implement “response testing”?

- Approach to testing in response to newly identified COVID-19 case(s) in resident or HCP could involve either contact tracing or a broad-based (unit- or group-level) approach
  - Broad-based approach preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission
- SNF should check with their local health department for any more stringent or specific guidance

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

# Contact Tracing with Post-Exposure Testing versus Unit- or Group-Level Exposure with Response Testing

