



To: CAHAN San Diego Participants

Date: December 29, 2021

From: Public Health Services

Health Advisory Update #47: Coronavirus Disease 2019 (COVID-19) Management of Healthcare Personnel with SARS-CoV-2 Infection or Exposure

#### Key Messages

- Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare providers and for safe patient care.
- Given the current COVID-19 surge in cases, the Centers for Disease Control and Prevention has updated guidance on [mitigation strategies of staffing shortages for healthcare facilities](#).
- Important changes in the guidance include an allowance for healthcare personnel (HCP) to have shortened isolation and removal of work restrictions following exposure depending on vaccination status (including booster), symptoms, and SARS-CoV-2 test results.

#### Situation

Omicron is rapidly accounting for a larger proportion of sequenced isolates, necessitating prompt public health action to prevent severe impacts on the health of individuals and healthcare systems. Even if the proportion of infections associated with severe outcomes is lower than with previous variants, a rapid, large increase in the number of infections could still result in many people with severe outcomes requiring medical care and hospitalization in a short period. Maintaining appropriate staffing in healthcare facilities is essential. As a result, the Centers for Disease Control and Prevention (CDC) has issued the attached [health advisory](#) which includes recommendations for shortening isolation and modification of work restrictions for healthcare personnel (HCP). When implementing these recommendations, facilities are reminded they are responsible for compliance with any and all applicable All-Facilities Letters (AFLs) and other regulations issued by the California Department of Public Health.

When staffing shortages are anticipated, [healthcare facilities and employers](#), in collaboration with human resources and occupational health services, may use **contingency capacity** strategies to plan and prepare for mitigating this problem. When staffing shortages occur, healthcare facilities and employers may need to implement **crisis capacity** strategies to continue to provide patient care. The full list of strategies is detailed in the [health advisory](#).

Key changes include the option for shorted isolation and, following an exposure, shortened work restrictions for HCP specific to higher-risk exposures. Additional details including the definition of a higher-risk exposure are available in CDC's [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). HCP with lower-risk exposures have no work restrictions; this has not changed in the CDC guidance.

Conventional work restrictions for healthcare personnel should not be shortened under certain circumstances. This includes healthcare personnel who are [moderately to severely immunocompromised](#). Also, in the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to using more stringent work restriction for healthcare personnel with higher-risk exposures.

<b>Work Restriction for HCP with SARS-CoV-2 Infection</b>			
Vaccination	Conventional	Contingency	Crisis
Boosted, Vaccinated, Unvaccinated	10 days OR 7 days with negative test*, if asymptomatic or mildly (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly (with improving symptoms)	No work restrictions, with prioritization considerations (e.g., asymptomatic, or mildly symptomatic)
<b>Work Restrictions for Asymptomatic HCP with Higher-Risk Exposures</b>			
Boosted	No work restrictions with negative test on days 2† and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if with 90 days of prior infection	10 days OR 7 days with negative test	No work restrictions with negative tests on days 1‡, 2,3 & 5-7	No work restrictions (test if possible)
<p>*Negative test result on or after day 5.  †For calculating day of test, day 0 is day of symptom onset or, if asymptomatic, the day of first positive test.  ‡For those with exposure consider last day of exposure as day 0  <b>Boosted:</b> received all COVID-19 vaccine doses, including a booster dose as recommended by CDC  <b>Vaccinated:</b> completed the primary series but not a booster dose  <b>Unvaccinated:</b> not completed the CDC recommended primary series</p>			

**Actions Requested**

1. Recommendations for Healthcare Personnel:

- Read and become familiar with the new CDC guidelines on isolation and quarantine for HCW.
- Understand what would be considered contingency and crisis conditions in your facility about staffing (but be aware it can apply to supplies and space as well).
- Get all doses of COVID-19 vaccines, including additional and booster doses as recommended by CDC, as well as influenza vaccine to protect yourself, your family, and your patients.
- When spending time in community settings, take all recommended steps to [protect yourself and others](#) from SARS-CoV-2 infection to decrease the risk of introducing new transmission into the healthcare setting.

2. Recommendations for [Healthcare Facilities and Systems and Nursing Homes](#):

- Become familiar with and implement new [CDC guidance for contingency and crisis conditions](#) when needed to address healthcare staffing shortages.
- Recommend and offer COVID-19 vaccine and boosters to your staff and employees and establish policies that encourage vaccination uptake. See resources at [Workplace COVID-19 Vaccine Toolkit](#).
- Provide resources and support to assist healthcare personnel with stress and physical demands (e.g., [Caring for Your Mental Health during COVID-19 for Healthcare](#)).
- Ensure that SARS-CoV-2 testing is performed with a test that can detect SARS-CoV-2 considering currently circulating variants. For more information, see [SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests](#).

## Resources

- [Omicron Variant: What You Need to Know | CDC](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
- [CDC COVID Data Tracker](#)

Thank you for your participation.

### **CAHAN San Diego**

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**This is an official**  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
Friday, December 24, 2021, 7:00 PM ET  
CDCHAN-00460

**Rapid Increase of Omicron Variant Infections in the United States:  
Management of Healthcare Personnel with  
SARS-CoV-2 Infection or Exposure**

**Summary**

Due to the increased transmissibility of the SARS-CoV-2 [Omicron](#) variant and concerns about potential impacts on the healthcare system, the Centers for Disease Control and Prevention (CDC) is updating recommendations to enhance protection for healthcare personnel, patients, and visitors, and ensure adequate staffing in healthcare facilities. The guidance is based on the limited information currently available about the Omicron variant and will be updated as needed as new information becomes available.

**Background**

On November 24, 2021, a new variant of SARS-CoV-2, B.1.1.529 (Omicron), was reported to the [World Health Organization](#) (WHO). Current COVID-19 vaccines are expected to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant. Omicron might cause more [breakthrough infections](#) than prior variants, and some studies have found lower effectiveness of the primary series of vaccines against infection (1-3).

On December 1, 2021, the first case attributed to Omicron was reported in the United States. Omicron has now been reported in all 50 states. CDC has been working with state and local public health officials to monitor the spread of Omicron in the United States and has identified a [rapid increase in infections](#) consistent with what has been observed in other countries. Multiple large clusters of Omicron variant cases have demonstrated the rapid spread of the virus. Holiday-related travel and gatherings may further accelerate these trends. [Plausible scenarios](#) include steep epidemic trajectories that would require prompt public health action to prevent severe impacts on the health of individuals and healthcare systems.

The clinical severity profile of Omicron infection will strongly influence its impact on U.S. hospitalizations and deaths. Early data suggest Omicron infection might be less severe than infection with prior variants (3,4); however, reliable data on clinical severity remain limited (5). Even if the proportion of infections associated with severe outcomes is lower than with previous variants, a rapid, large increase in the number of infections could still result in many people with severe outcomes requiring medical care and hospitalization in a short period. Demand for ambulatory care, supportive care for treatment of mild cases, and staffing shortages resulting from work restriction of healthcare personnel with SARS-CoV-2 infection or with higher-risk exposures could also stress the healthcare system.

**Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel and safe patient care.** CDC's mitigation strategies offer a continuum of options for addressing healthcare staffing shortages and are meant to be implemented sequentially. These [strategies](#) were updated on December 23, 2021. If conventional strategies cannot be sustained during a surge in cases, facilities may consider implementing contingency strategies, then crisis

strategies, in an incremental manner. Facilities are best positioned to evaluate their own needs as to whether conventional, contingency, or crisis strategies are most appropriate at a given time.

### **Consider options to address a healthcare surge by shortening the duration of work restrictions.**

When staffing shortages are anticipated, healthcare facilities and employers should plan and prepare to address these shortages in collaboration with staff leadership, human resources, and occupational health services. This can include adjusting staff schedules, hiring additional healthcare personnel, and rotating personnel to positions that support patient care activities. It can also include modifications in practices for work restrictions of healthcare personnel who have had higher-risk exposures to SARS-CoV-2 or who have been infected with SARS-CoV-2, as described below. Conventional, contingency, and crisis strategies to mitigate staffing shortages are described in [CDC guidance](#) and are intended to allow flexibility to maintain adequate staffing for safe and effective patient care while minimizing the risk of SARS-CoV-2 transmission in healthcare facilities. Protecting the health and safety of healthcare personnel remains critical and includes ensuring the recommended personal protective equipment (PPE) is available and that healthcare personnel are trained to use it properly.

#### ***Healthcare personnel with [higher-risk exposure](#)***

- [Personnel who have received all COVID-19 vaccine and booster doses as recommended by CDC](#). Under conventional strategies, asymptomatic healthcare personnel who have received all COVID-19 vaccine and booster doses as recommended by CDC do not need to be restricted from work if they have had a higher-risk exposure but do not have symptoms. They should follow all [recommended infection prevention and control practices](#) and isolate immediately if they develop symptoms. Under [conventional strategies](#), such personnel should be tested for SARS-CoV-2, per CDC guidance. Under [contingency or crisis strategies](#), testing is not required, and the duration of quarantine may be shortened.
- [Personnel who have not received all COVID-19 vaccine and booster doses as recommended by CDC](#). Under conventional conditions, asymptomatic healthcare personnel who have not received all COVID-19 vaccine and booster doses as recommended by CDC, and who have had a higher-risk exposure to SARS-CoV-2, can return to the workplace after day ten without testing, or facilities can limit the duration of work restriction under certain circumstances as outlined in [CDC guidance](#). Under [contingency conditions](#) such personnel can continue to work using a “test-to-stay” strategy under certain circumstances. Under [crisis conditions](#), such personnel can continue to work without testing as long as they remain asymptomatic.
- Healthcare personnel who are exposed should use well-fitting respiratory source control all times while in the facility and follow all conventional, contingency, and crisis strategies and follow all [recommended infection prevention and control practices](#).

#### ***Healthcare personnel with SARS-CoV-2 infection***

Under conventional conditions, healthcare facilities can allow asymptomatic healthcare personnel with SARS-CoV-2 infection, regardless of vaccination status, to return to work after seven days and a negative test in accordance with [CDC guidance](#). For healthcare personnel who were symptomatic, fever should have resolved without medications, as detailed in [Return to Work Criteria](#). Under [contingency conditions](#), healthcare personnel with SARS-CoV-2 infection can return to work at five days, if asymptomatic, with facilities having the option to include a negative viral test in the criteria to return to work. Under [crisis conditions](#), such personnel can remain at work or can return to work at less than five days, if asymptomatic or mildly symptomatic, as a last resort, without testing. These healthcare personnel should wear a [respirator](#) or well-fitting facemask even when they are in non-patient care areas. Facilities should consider [assigning these healthcare personnel to duties that do not include care of immunocompromised patients](#).

### **Conventional work restrictions for healthcare personnel should not be shortened under certain circumstances.**

This includes healthcare personnel who are [moderately to severely immunocompromised](#). Also, in the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to using more stringent work restriction for

healthcare personnel with [higher-risk exposures](#). There might be other circumstances for which a jurisdiction's public health authority recommends these and additional precautions for directing healthcare personnel to follow work restrictions.

### Recommendations for Healthcare Personnel

- Get all doses of COVID-19 vaccines, including additional and booster doses as recommended by CDC as well as influenza vaccine to protect yourself, your family, and your patients.
- Increase patient outreach efforts to recommend, encourage, and offer COVID-19 vaccination and boosters.
- Recommend that all healthcare personnel who are immunocompromised continue to practice all [prevention measures](#) to protect themselves against COVID-19 even if they have received all COVID-19 vaccines, additional and booster doses as recommended by CDC.
- When spending time in community settings, take all recommended steps to [protect yourself and others](#) from SARS-CoV-2 infection to decrease the risk of introducing new transmission into the healthcare setting.

### Recommendations for Healthcare Facilities and Systems and Nursing Homes

- Implement new [CDC guidance for contingency and crisis conditions](#) to shorten duration of work restrictions for healthcare personnel with SARS-CoV-2 infection and those who had a higher-risk exposure to SARS-CoV-2, when needed to alleviate healthcare staffing shortages and maintain a safe environment for patients, visitors, and healthcare personnel.
- Recommend and offer COVID-19 vaccine and boosters to your staff and employees and establish policies to encourage uptake such as time off to get COVID-19 vaccinations and boosters. See resources at [Workplace COVID-19 Vaccine Toolkit](#).
- Provide resources and support to assist healthcare personnel with stress and physical demands.
- Ensure that SARS-CoV-2 testing is performed with a test that can detect SARS-CoV-2 considering currently circulating variants. For more information, see [SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA](#).

### For More Information

- [Omicron Variant: What You Need to Know | CDC](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
- [CDC COVID Data Tracker](#)

### References

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3. Discovery Health. Real world analysis of Omicron outbreak in South Africa including vaccine effectiveness. Accessed 2021-12-23 at <https://www.discovery.co.za/corporate/news-room>; direct link: [https://resources.mynewsdesk.com/image/upload/fl\\_attachment/lw9szzdtqfvwitkfbcoq](https://resources.mynewsdesk.com/image/upload/fl_attachment/lw9szzdtqfvwitkfbcoq)
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5. Abdool Karim SS, Abdool Karim Q. Omicron SARS-CoV-2 variant: A new chapter in the COVID-19 pandemic. *Lancet* 2021; 398:2126-2128. [https://doi.org/10.1016/S0140-6736\(21\)02758-6](https://doi.org/10.1016/S0140-6736(21)02758-6)

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**HAN Info Service** Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##