

COVID-19 Update

Presentation to the Medical Society of Delaware

JANUARY 12, 2022



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Agenda

> Updates on COVID-19's impact on Delaware

Information on CDC's latest **isolation, quarantine, and testing** guidance

Latest **treatment** options available for COVID-19

Details on COVID-19 **vaccine** recommendations

Resources

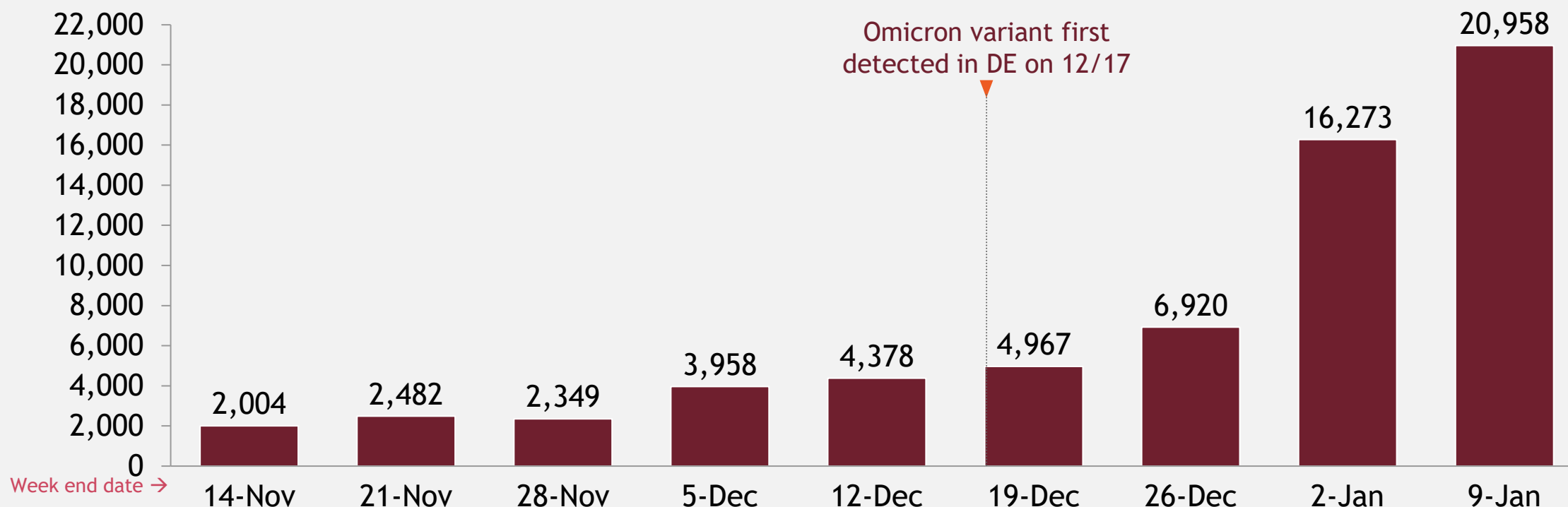
Q&A

DE has seen an alarming increase in new COVID-19 cases within the last month as Omicron has taken hold

Data as of 1/11

Total weekly new positive cases

new cases

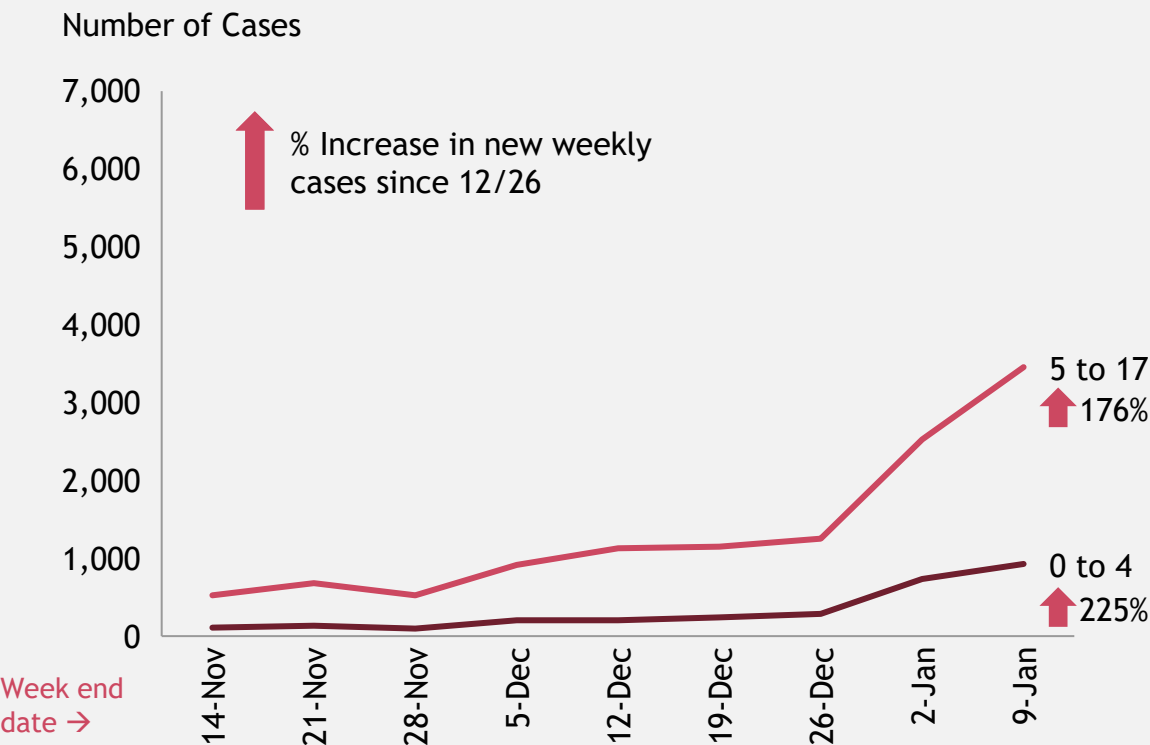


Note: Totals are sum of 'New Positive Cases' recorded daily for the seven days prior to the date shown. Data may differ from numbers shown on My Healthy Community due to timing and period of reporting
Source: [My Healthy Community](#)

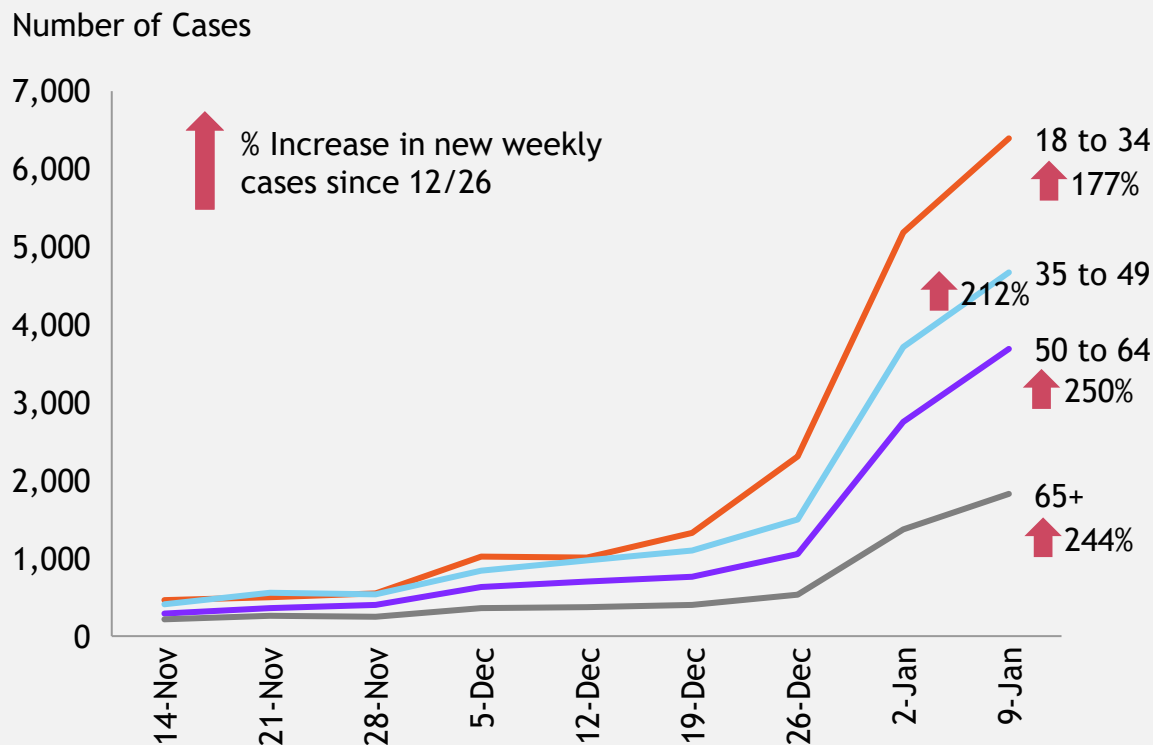
The increase can be seen across age groups, with rapidly increasing cases among children and adults

Data as of 1/11

New weekly positive pediatric cases



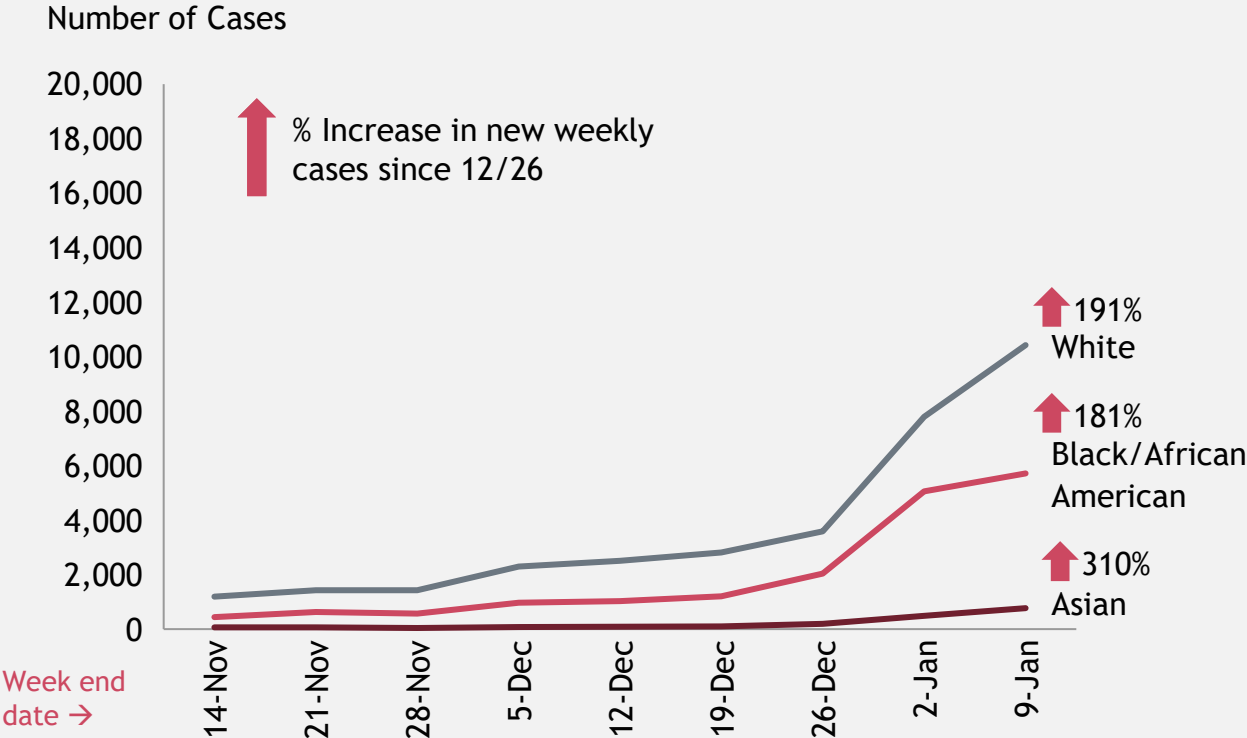
New weekly positive adult cases



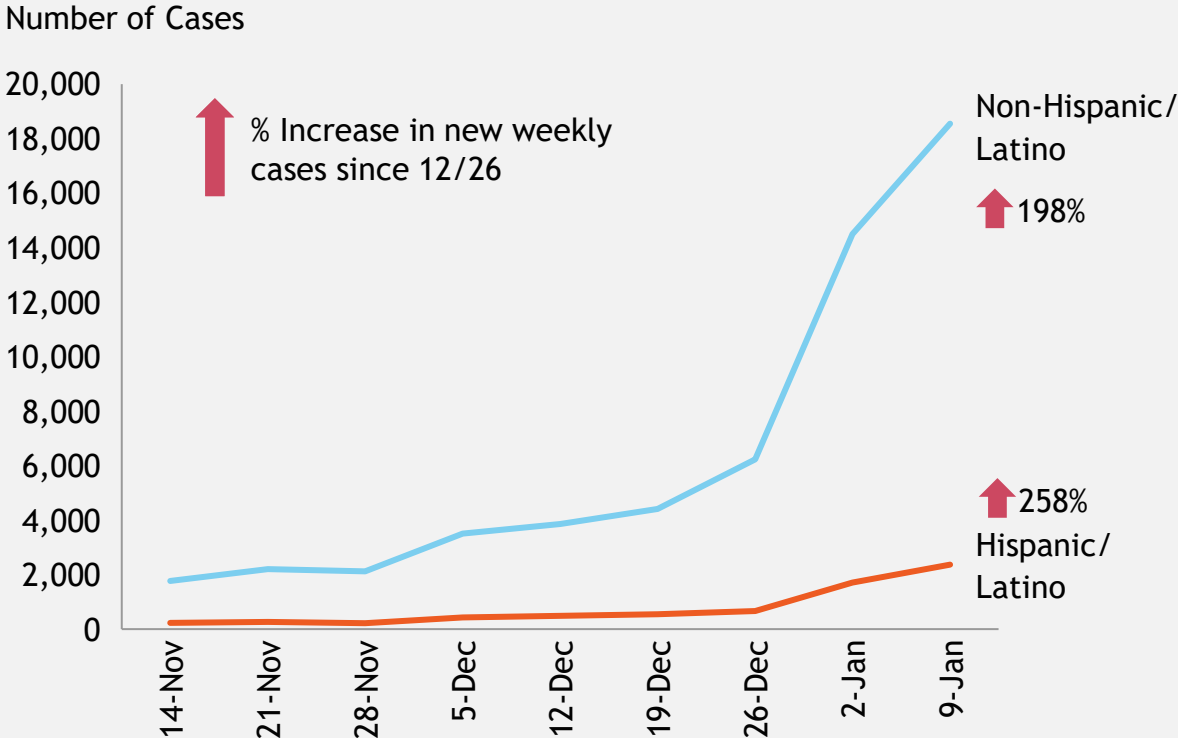
Similarly, the surge can be seen across race and ethnicity groups within the state

Data as of 1/11

New weekly positive cases by race¹



New weekly positive cases by ethnicity²



Note: Categories based on self-reported data; Totals are sum of 'New Positive Cases' recorded daily for the seven days prior to the date shown. Data may differ from numbers shown on My Healthy Community due to timing and period of reporting
1. Excludes Native American, Multiple Races, and Other race due to sample size; 2. Excludes individuals with no ethnicity reported
Source: [My Healthy Community](#)

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The CDC has updated their isolation and quarantine guidance



Quarantine

If you were exposed

You quarantine and stay away from others when you have been in close contact with someone who has COVID-19.



Isolate

If you are sick or test positive

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

Updated CDC quarantine / isolation guidance

The CDC has updated and shortened recommended isolation and quarantine periods for the general population

People testing positive for COVID-19 or are symptomatic and awaiting testing:

- Should **isolate for 5 days**
- May **exit isolation after 5 days** if **asymptomatic** or **symptoms are resolving**
- Must wear a mask for an additional 5 days after isolation

People exposed to COVID-19 (i.e., close contacts) but not symptomatic:

- If **unvaccinated** or **18+** and eligible for a booster and **not yet boosted**
 - Should **quarantine for 5 days** and mask for an additional 5 days
- If fall into one of the following groups, should mask for 10 days but no need to quarantine:
 - 18+ and are fully vaccinated including boosters and additional primary shots for some immunocompromised individuals
 - 5-17 and have received 2 doses of Pfizer or Moderna or 1 dose of J&J
 - Had a COVID-19 case confirmed with a positive viral test within the last 90 days
- **Test on day 5, if possible**

If unable to wear a mask during isolation/quarantine, then should isolate for 10 days

Note: Day 0 is first day of symptoms or positive viral test. Day 1 is first full day after symptoms developed or test specimen was collected

1. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

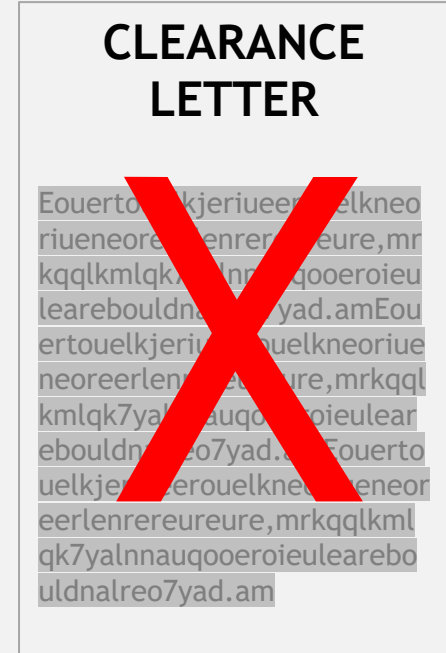
Sources: [CDC Quarantine & Isolation guidelines](#) ; [CDC Guidance for CDC prevention in K-12 schools](#)

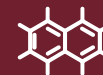
Clearance letters are not required for return to work or school

In order to begin implementing recent CDC updates to isolation and quarantine guidelines, the Delaware Exposed Quarantine Clearance Letter web portal is currently offline and clearance letters are unavailable.




Please also be advised that Division of Public Health (DPH) systems may continue to automatically generate clearance letters for individuals who finish their isolation or quarantine period based on previous guidance. DPH will not be able to issue corrected letters using the newly released guidance, at this time.

As a reminder, **clearance letters are NOT required by Delaware Division of Public Health (DPH) to return to work or school.** Providers may issue letters directly to patients if needed to satisfy requirements for individual institutions. Visit the [CDC's webpage](https://www.cdc.gov) for more information or email DPHCall@delaware.gov for questions.





Update: FDA has published updated testing protocol and guidance for PCR & antigen testing

Testing category	FDA update ¹	Potential future impact for DE
 General guidance (12/22 Update, <i>not Omicron specific</i>)	<ul style="list-style-type: none"> • Single gene-target tests more likely than multiple target tests to fail to detect all future new variants • False negative test results can occur <ul style="list-style-type: none"> - If COVID-19 is still suspected after negative test result, consider repeat testing with a different FDA-cleared molecular diagnostic test 	<ul style="list-style-type: none"> • Focus future orders on multiple target tests as new variants emerge • Consider communications to prevent constituents from repeat testing with same diagnostic test
 Omicron impact on PCR (12/27 Update)	<ul style="list-style-type: none"> • Tests expected to fail to detect Omicron: <ul style="list-style-type: none"> - Applied DNA Science Linea COVID-19 Assay Kit - Revogene SARS-CoV-2 • Test issue resolved (previously expected to fail, now expected to detect Omicron) <ul style="list-style-type: none"> - Tide Laboratories DTPM COVID-19 RT-PCR Test • Tests expected to preliminarily detect Omicron due to gene drop-out <ul style="list-style-type: none"> - S-gene drop out: TaqPath COVID-19 RNA, and others - N-gene drop out: DxTerity and ViroKey (not used by DPH) 	<ul style="list-style-type: none"> • Monitor FDA updates on list of labs using Linea to confirm none used in DE • Revogene testing product not yet in use • No labs using DTPM Tide have reported tests to DE (as of 10/14)²
 Omicron impact on antigen (12/28 Update)	<ul style="list-style-type: none"> • Live sample studies suggest antigen tests do detect omicron variant but may have reduced sensitivity <ul style="list-style-type: none"> - This contradicts prior heat-inactivated sample studies which found that antigen tests detect Omicron at similar levels as they detect other variants • FDA, NIH, CDC and peer reviews continue to study performance of antigen tests on Omicron samples³ 	<ul style="list-style-type: none"> • Continue antigen test use while awaiting further FDA/NIH studies • Continue to monitor reviews of ongoing antigen studies



COVID-19 testing in clinical settings should prioritize individuals with the greatest need for tests



Individuals to prioritize for testing¹

- **Symptomatic people**, including those who are fully vaccinated
- People in **congregate** settings, schools, and hospitals
- People **exposed** to someone with COVID-19 **at least 5 days prior**, regardless of vaccination status
- **Unvaccinated** people should get tested **once a week**



Individuals that should not need testing

- People who are **vaccinated** and **asymptomatic** *and* have **not** been **exposed** to someone with COVID-19²
- People who are **symptomatic** *and* have **recently tested positive** for COVID-19 *and* have **not completed** their 5-day **isolation** period²
 - There is no option to end isolation or quarantine early, even if there is a negative test result within the isolation or quarantine period
- **Asymptomatic** people who have a **positive NAAT test** **within the past 90 days**³

Individuals should continue to leverage at-home testing wherever possible

1. [CDC - Test for Current Infection](#) 2. CDC guidance does not explicitly encourage confirmatory testing for these individuals, confirmatory viral testing is not recommended for a positive viral test 3. [CDC - Overview of Testing for SARS-CoV-2 \(COVID-19\)](#)

SHOC resource request process overview - Medical providers

When to request tests from SHOC

Testing requests can be considered based on the following factors:

- Target population
- Number of tests needed
- Lack of alternative testing suppliers

Scenario 1 (tests requiring CLIA waiver):

Unable to acquire sufficient tests to perform on-site testing of staff, patients, and visitors, especially when working with at-risk populations

Scenario 2 (tests not requiring CLIA waiver):

Distribute tests to vulnerable community members in need of at-home testing

How to request tests from SHOC

Complete SHOC resource request form¹ in entirety, requesting specific tests as necessary based on test analyzer availability, lab capabilities, and/or CLIA status³ :

Tests requiring CLIA waiver:

- Antigen tests
 - BD Veritor
 - Abbott BinaxNOW Pro
 - ANP NIDS
- NAAT tests
 - Abbott ID NOW
 - Alinity

Tests not requiring CLIA waiver:

- Antigen tests
 - Abbott BinaxNOW OTC

Submit SHOC requests to the following address:

dhss06sg_shoc_operations@delaware.gov

Outcomes

SHOC will allocate resources based on current availability, requestor / organization type, and various other factors as necessary

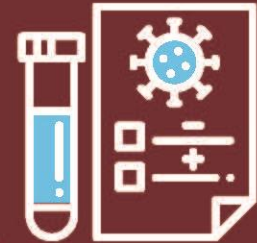
Resource requests are typically reviewed and approved or denied within a few days

For any questions or further information, please reach out to:

OEMS@delaware.gov

Delawareans are encouraged to avoid EDs for testing manage strain on our critical health infrastructure

GET TESTED FOR COVID-19



You should get tested for COVID-19 if you:

- Have symptoms, especially if you are unvaccinated or have serious or underlying chronic health conditions.
- Were exposed to someone with COVID-19. Get tested five days after exposure, if possible.
- Are not vaccinated (testing for you is recommended once a week).

Please help us keep ERs free for health emergencies.



If you are in the ER just for a COVID test, please access these other testing locations instead. **Scan this QR code with your smartphone camera or visit de.gov/gettested.**

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➤ Latest **treatment** options available for COVID-19

Details on COVID-19 **vaccine** recommendations

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Q&A

Our therapeutic toolkit has expanded, though Omicron is presenting some limitations

Therapeutics	Monoclonal Antibody (mAb) Pre-Exposure Prophylactics (PrEP)	mAb Post-Exposure Prophylactics (PEP) and Treatments	Antiviral Treatments
	<p>AstraZeneca: EVUSHELD (tixagevimab and cilgavimab)</p> <ul style="list-style-type: none"> • EUA for PrEP only • Individuals who qualify as having moderate to severe immunocompromising conditions • <i>Expected to be effective against Omicron, but effectiveness should be monitored</i> 	<p>GSK: sotrovimab</p> <ul style="list-style-type: none"> • EUA for treatment only • In extremely limited supply • <i>Remains effective against Omicron</i> 	<p>Merck: Molnupiravir</p> <ul style="list-style-type: none"> • EUA for treatment of mild to moderate disease • Not recommended during pregnancy or breastfeeding, or for pediatric patients • <i>Expected to be active against Omicron</i> <p><i>Oral treatments</i></p> 
		<p>Regeneron: casirivimab and imdevimab</p> <ul style="list-style-type: none"> • EUA for PEP and treatment • <i>Does not neutralize Omicron variant</i> 	<p>Pfizer: Paxlovid (nirmatrelvir + ritonavir)</p> <ul style="list-style-type: none"> • EUA for treatment of mild to moderate disease • Significant number of drug interactions; prescribers should consider potential interactions • <i>Expected to be active against Omicron</i>
		<p>Eli Lilly: bamlanivimab and etesevimab</p> <ul style="list-style-type: none"> • EUA for PEP and treatment • <i>Does not neutralize Omicron variant</i> 	<p>Remdesivir</p> <ul style="list-style-type: none"> • FDA approval for treatment of hospitalized patients with COVID-19 • <i>Off-label outpatient use for 3-day treatment course</i> • <i>Expected to be effective against Omicron</i> <p><i>Intravenous treatment</i></p> 

NIH has amended its treatment recommendations for regions where Omicron is predominant

Panel recommends using 1 of the following options to treat nonhospitalized patients with mild to moderate COVID-19 who are at high risk of clinical progression:

Sotrovimab 500 mg IV as a single infusion (**AIIa**) administered as soon as possible and within 10 days of symptom onset

OR

Remdesivir 200 mg IV on Day 1, then 100 mg once daily on Days 2 and 3 (**BIIa**) initiated as soon as possible and within 7 days of symptom onset.

- Because remdesivir requires IV infusion for 3 consecutive days, logistical constraints may make it difficult to administer the drug in some settings.
- Remdesivir should be administered in a setting where management of severe hypersensitivity reactions, such as anaphylaxis, is possible. Patients should be monitored during the infusion and observed for at least 1 hour after the infusion.
- Remdesivir is currently FDA-approved for hospitalized individuals; however, use of the drug for outpatient treatment would be an off-label indication.

If neither sotrovimab nor remdesivir is feasible, and Delta still represents a significant proportion of infections:

- Patients could be offered **bamlanivimab plus etesevimab** or **casirivimab plus imdevimab** with the, understanding that treatment would be ineffective if they are infected with the Omicron variant.
- Consider the use of **bamlanivimab plus etesevimab** or **casirivimab plus imdevimab** for PEP on a case-by-case basis with the understanding that the drugs may be ineffective if the person has been exposed to the Omicron variant.

Further guidance has been issued on the use of mAbs given logistical and supply constraints

The panel recommends that clinicians **prioritize mAbs** for:

- Patients at **highest risk of clinical progression¹** and
- **Unvaccinated** or incompletely vaccinated individuals and vaccinated individuals who are **not expected to mount an adequate immune response**
- Providers should use their **clinical judgment when prioritizing the use of mAbs PEP** given limited supply

Prioritization schemes should consider **equitable distribution** to populations that may include individuals who may have less knowledge of and/or access to these therapies.

Evusheld² is authorized for use as SARS-CoV-2 PrEP for individuals who have moderate to severe immunocompromising conditions³ that may result in an inadequate immune response to COVID-19 vaccination

The panel prioritized tiered risk groups based on age, vx status, immune status, and clinical risk factors⁴

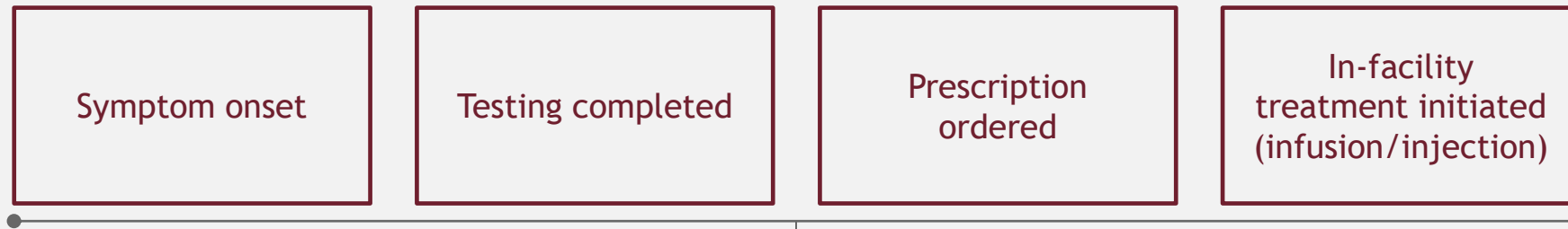
Tier	Risk Group
1	<ul style="list-style-type: none"> • Immunocompromised individuals³ not expected to mount adequate immune response to vaccination or infection, regardless of vaccine status • Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors)
2	<ul style="list-style-type: none"> • Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors)
3	<ul style="list-style-type: none"> • Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) • Note: those who have not received a booster are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.
4	<ul style="list-style-type: none"> • Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors) • Note: those who have not received a booster are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.

1. Underlying conditions associated with high risk for severe COVID-19 outlined [here](#) 2. Additional detail on Evusheld for PrEP is [here](#) 3. Immunocompromising conditions outlined [here](#)

4. Additional detail on prioritization available [here](#)

Patient journeys are unique for available treatment options

Monoclonal Antibodies: test-to-treat patient journey



Treatment must be initiated **within ten days** of symptom onset

Oral Antiviral Medications (new option): test-to-treat patient journey



Treatment must be initiated **within five days** of symptom onset



Oral Antivirals: Molnupiravir reduced risk of severe COVID-19 by ~30% in clinical trials

Molnupiravir (Merck)

Summary

- Molnupiravir is an oral antiviral medication taken orally twice daily for five days
- Molnupiravir is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset

Indication

- Mild-to-moderate COVID-19 in adults with positive COVID-19 testing who are:
 - Within 5 days of symptom onset
 - At high risk for progression to severe COVID-19 and/or hospitalization; risk factors include:
 - Age (>60 years)
 - Obesity
 - Heart disease/diabetes

Efficacy

- Reduced risk of hospitalization/death from 9.7% (68/699) on placebo to 6.8% (48/709) on molnupiravir (relative risk reduction of 30%)
- 9 deaths reported in placebo group; 1 death in molnupiravir group

Limitations & Safety

- Molnupiravir is not recommended for use during pregnancy or in patients who are breastfeeding
- Select side effects may limit appropriateness to all eligible individuals



Oral Antivirals: Paxlovid reduced risk of severe COVID-19 by ~88% in clinical trials

Paxlovid (Pfizer)

Summary

- Paxlovid (nirmatrelvir co-packaged with ritonavir) is an oral antiviral medication taken orally twice daily for five days
- Paxlovid is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset

Indication

- Treatment of mild-to-moderate COVID-19 in adults and children (12+ years of age and weighing at least 40 kg):
 - With positive COVID-19 testing result, and
 - Who are at high risk for progression to severe COVID-19, including hospitalization or death

Efficacy

- 88% reduction in the proportion of people with COVID-19-related hospitalization or death from any cause compared to placebo

Limitations & Safety

- Product contraindicated with many other medications. Additional info on drug-drug interactions [here](#)
- Clinicians should carefully review the patient's concomitant medications, including over-the-counter medications and herbal supplements, to evaluate potential drug-drug interactions

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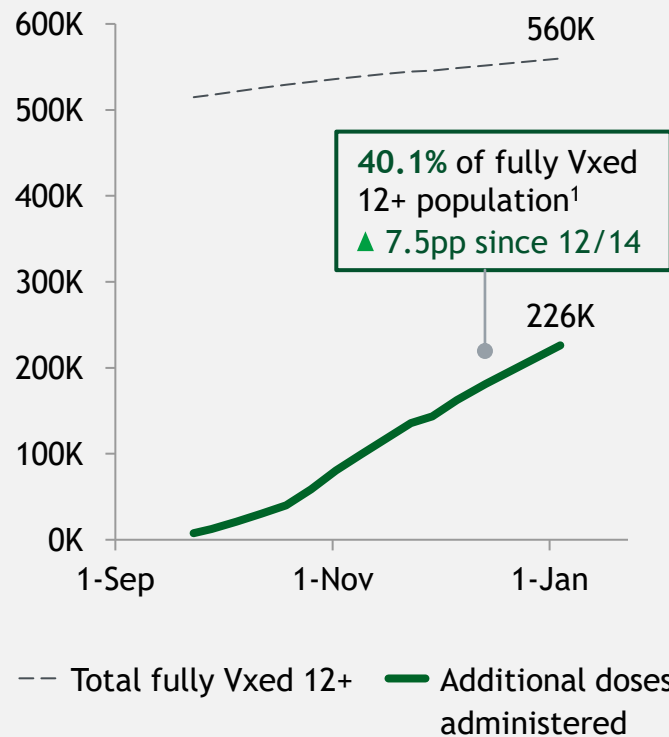
➤ Details on COVID-19 **vaccine** recommendations

Resources

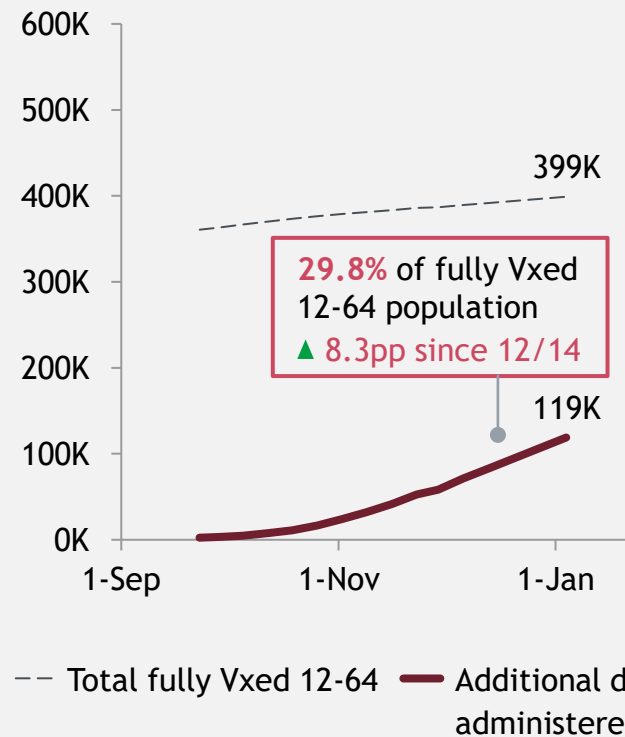
Q&A

DE is seeing an increase in booster rates, but your support is needed to encourage boosters

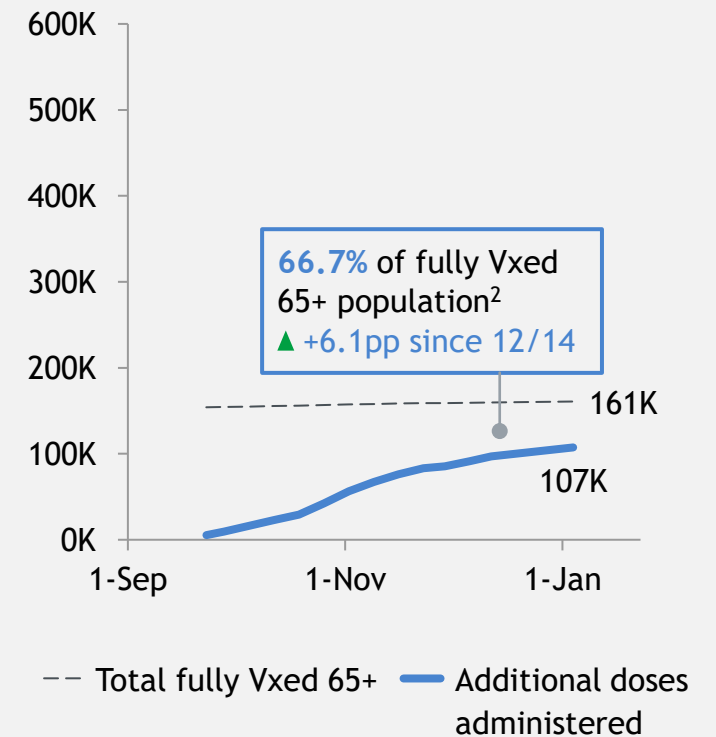
Share of fully Vxed 12+ population that have received boosters/additional doses



12-64: Share of fully Vxed population that have received boosters/additional doses



65+: Share of fully Vxed population that have received boosters/additional doses



1. As per MHC, 21.6% of total 18+ population has received boosters/addl. doses 2. As per MHC, 52.5% of total 65+ population have received boosters/addl. doses

Note: Percentages may differ from MHC which calculates boosters as share of total population; Charts begin 9/23 to reflect the date when Pfizer boosters were first made available in DE; data includes boosters and additional doses for immunocompromised individuals

Source: DelVAX

Booster doses of COVID-19 vaccine are now recommended for individuals as young as 12 years old

If you received...	Who should get a booster	When to get a booster	Which booster can they get
Pfizer-BioNTech	<ul style="list-style-type: none"> Everyone 12 years and older 	<ul style="list-style-type: none"> At least 5 months after completing your primary COVID-19 vaccination series 	<ul style="list-style-type: none"> Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most¹ situations Teens 12-17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
Moderna	<ul style="list-style-type: none"> Adults 18 years and older 	<ul style="list-style-type: none"> At least 5 months after completing your primary COVID-19 vaccination series 	<ul style="list-style-type: none"> Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most¹ situations
Johnson & Johnson¹	<ul style="list-style-type: none"> Adults 18 years and older 	<ul style="list-style-type: none"> At least 2 months after receiving your J&J/ Janssen COVID-19 vaccination 	<ul style="list-style-type: none"> Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most¹ situations, but J&J is still available for administration

1. Although mRNA vaccines are preferred, J&J/ Janssen COVID-19 vaccine [may be considered in some situations](#).
Source: [CDC COVID-19 Booster Guidance](#)

Agenda

Updates COVID-19's impact on Delaware

Information on CDC's latest **quarantine** and **treatment** guidance

Details on COVID **testing** and **vaccine** guidance in light of the Omicron variant

> Resources

Q&A

Resources: treatment guidance

- NIH: Statement on **therapies** for high-risk nonhospitalized patients: [Here](#)
- NIH: Statement on **Paxlovid Drug-Drug Interactions**: [Here](#)
- NIH: Statement on **patient prioritization** for outpatient therapies: [Here](#)
- COVID-19 **monoclonal antibody side-by-side comparison** (updated 12/13/21): [Here](#)
- NIH: Anti-SARS-CoV-2 **mAbs treatment guidelines**: [Here](#)
- NIH: Information on Anti-SARS-CoV-2 **Antibody products**: [Here](#)
- NIH: COVID-19 **Clinical Management summary**: [Here](#)
- NIH: Statement on **Evushel for PrEP**: [Here](#)
- CDC: **Underlying medical conditions** associated with higher risk for severe COVID-19: [Here](#)

Resources: isolation & quarantine guidance

- DPH Isolation and Quarantine Guidance: <https://coronavirus.delaware.gov/quarantine-isolation/>
- CDC guidance on Isolation vs Quarantine: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#closecontact>
- CDC Isolation & Quarantine FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html>
- Stay Up-to-date with Your Vaccines (or who should get a booster):
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>
 - Note: definition of fully vaccinated will remain the same. We are using the term “up-to-date” to cover additional and booster shots.

DPH's "Where can I get my vaccine" webpage





Visit de.gov/getmyvaccine for:

- Information on upcoming **state and community-based events**
- Links for **pharmacy, FQHC, and hospital appointments**
- Information about **DPH clinic walk-in vaccination options**
- Link to search for additional vaccination opportunities near you at Vaccines.gov

DPH's "Get tested, Delaware" webpage


Home / Delaware COVID-19 Testing

 Listen 

Get tested, Delaware.

There are permanent and temporary testing sites throughout Delaware.

Find a location near you now.



For help, call 2-1-1
(or text your ZIP code to 898-211 for individuals who are deaf or hard of hearing)
and you will be connected to medical personnel about screening.

Because of the volume of testing that the State of Delaware is doing, some testing sites will now start collecting insurance information from those being tested so insurance providers can be billed.

Who should get tested?

While everyone can get tested (whether you have symptoms or not) not everyone needs to. However, if you meet any of these criteria you definitely should. Under these criteria, you should also self-quarantine/isolate at home as you wait for your results, and follow the advice of your health care provider or public health professional.

- People who have symptoms of COVID-19, including those who are fully vaccinated.
- DPH recommends that **unvaccinated people** get tested once a week
- **Unvaccinated people** should get tested 5-7 days after being exposed to someone with COVID.
- **Unvaccinated people** should isolate at home immediately if they develop symptoms of COVID-19, and quarantine at home if exposed to someone with

Types of tests:

SHALLOW NASAL TEST (just inside the nose)

This test typically is self-administered by the individual, under the direction of testing site staff. The individual uses a swab to rub the walls of each nostril in a circular pattern. [Learn More.](#)

DEEP NASAL TEST (used by hospital systems only)

This test is administered by health care providers, using what looks like a long stick with a soft brush at the end. Because the swab must go very far

Visit coronavirus.delaware.gov/testing/ for:

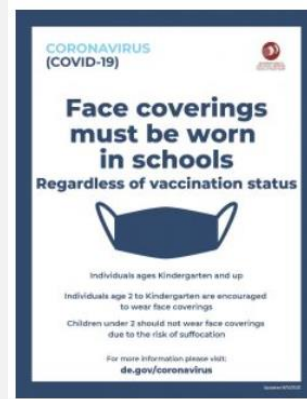
- Information on permanent and temporary testing sites across DE, as well as temporary closures
- Detailed information on shallow nasal and deep nasal tests
- Information about At-home testing kits options in DE
- Information on DPH's free COVID-19 rapid antigen testing offering at schools

Gov. Carney has updated state guidance to require masks in indoor public settings, including stores, gyms, bars, restaurants, salons, malls, and casinos

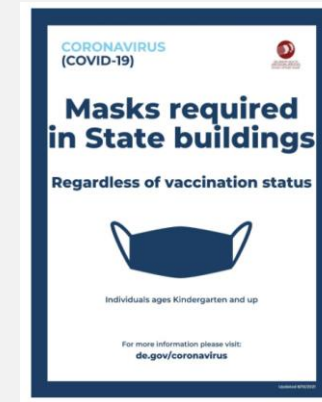
DPH has printable signs available for organizations that require masks



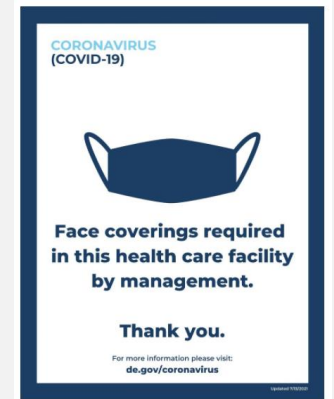
Businesses



Schools and childcare facilities



State agencies



Healthcare and LTC facilities



Important Reminders

de.gov/covidvaccine

Questions about returning or transferring unused doses, planning for second doses, or potential wastage?

- Email COVIDVaccine@delaware.gov as soon as possible once the need to return or transfer doses is identified

Vaccine request process: Providers can request vaccine directly through the DPH [web portal](#)

- Pfizer, Moderna, and J&J doses are available
- Requests are due each Monday by EOD
- Email OEMS@delaware.gov with any questions

Please ensure vaccination data is updated within 24 hours of administration, including race/ethnicity

- Summary of [vaccination requirements](#)

Vaccinating providers must be enrolled as COVID-19 providers in DelVAX and VaccineFinder

- See [enrollment instructions](#)
- Email COVIDVaccine@delaware.gov with questions

Non-compliance with requirements may impact providers' future vaccine allocations

Questions?

Reminder to please visit:
<https://de.gov/covidvaccine/>



Appendix

Updated CDC isolation guidance

Isolation is for those who are positive for COVID-19, even if they don't have symptoms. It involves staying home and away from others - even family. Individuals should isolate if...

- ✓ You have symptoms of COVID-19, including while waiting to get tested
- ✓ You test positive for COVID-19, whether you have symptoms or not

If no symptoms and test positive for COVID-19:

- **Day zero** is the date you tested positive for COVID-19. Day one is the first full day after you took your COVID-19 test
- You can **leave isolation after five full days**.
- You must still **wear a well-fitting mask for another five days** (days 6-10 after positive test) around others at home/work/around other people.

***If you are unable to wear a mask -
isolate for 10 days***

If you have/had symptoms, regardless of vaccination status:

- **Day zero** is the onset of symptoms. Day one is the first full day of symptoms.
- You can **leave isolation after five-full days** if you **have no symptoms** and are fever-free for 24-hours without the use of medication, and your symptoms are improving
 - Loss of taste can continue for weeks and should not delay end of isolation
- **If you have a fever continue to isolate** until fever-free for 24-hours without the use of medication.
- Wear a well-fitting mask for another **five days** (days 6-10) after leaving isolation in home/work/around other people.

Updated CDC quarantine guidance

Quarantine is for close contacts¹ of those who have COVID-19 who have been exposed to someone with the virus and may or may not have been infected. It means staying home and away from others.

- ✓ Individuals should **quarantine for 5 days if they are a close contact of someone infected with COVID-19** and have not received all recommended COVID vaccine doses
 - Not vaccinated or are partially vaccinated, OR
 - 18 or older, fully vaccinated and eligible for a booster² but has not yet gotten one



- **Stay home and away from others for 5 days**
 - Day 0 is the last day of contact with the infected individual
 - If the contact is in the home, quarantine should begin as soon as the case is identified and continue for 5 days after the last exposure to the individual
 - **Wear a mask for 5 days** when around others at home and for **another five days** (days 6-10) after your quarantine has ended
 - **Test on day 5 if possible; isolate if positive test results**
- Leave quarantine on day 6 if you have no symptoms
- If you develop symptoms, isolate and get tested

- X Close contacts **do NOT need to quarantine if they have received all eligible doses or recently recovered**
 - 18 or older and **fully vaccinated, boosted** when eligible, and have received all other recommended doses³
 - **5-17 and are fully vaccinated**, even if not boosted
 - Had a **viral-test confirmed case of COVID-19 within the last 90 days**



- **Wear a mask for 10 days**
- **Test on day 5 if possible; isolate if positive test results**
- **Isolate if you develop symptoms**

***If you are unable to wear a mask
- isolate for 10 days***

Additional information on Delaware's Quarantine & Isolation guidelines are available here <https://coronavirus.delaware.gov/quarantine-isolation/>;

1. Less than six feet away from a person who was infected with COVID-19 for a cumulative total of 15 minutes in a 24-hour period; 2. More than five months after (Pfizer/Moderna) or two months after (J&J) 3. CDC vaccine doses recommendations are available [here](#)

Source: [CDC Quarantine & Isolation guidelines](#)

NIH information on therapeutic management of nonhospitalized adults with COVID-19

Figure 1. Therapeutic Management of NonHospitalized Adults With COVID-19

PATIENT DISPOSITION	PANEL'S RECOMMENDATIONS
<p>Not Requiring Hospitalization or Supplemental Oxygen, As Determined by a Health Care Provider During an ED, In-Person, or Telehealth Visit</p>	<p>Anti-SARS-CoV-2 mAb products are recommended for outpatients with mild to moderate COVID-19 who are at high risk of disease progression, as defined by the EUA criteria (treatments are listed in alphabetical order, and they may change based on circulating variants):^a</p> <ul style="list-style-type: none"> • Bamlanivimab plus etesevimab; or • Casirivimab plus imdevimab; or • Sotrovimab <p>The Panel recommends against the use of dexamethasone or other systemic glucocorticoids in the absence of another indication (AIII).^b</p>
<p>Discharged From Hospital Inpatient Setting in Stable Condition and Does Not Require Supplemental Oxygen</p>	<p>The Panel recommends against continuing the use of remdesivir (AIIa), dexamethasone (AIIa), or baricitinib (AIIa) after hospital discharge.</p>
<p>Discharged From Hospital Inpatient Setting and Requires Supplemental Oxygen</p> <p><i>For those who are stable enough for discharge but who still require oxygen^c</i></p>	<p>There is insufficient evidence to recommend either for or against the continued use of remdesivir, dexamethasone, and/or baricitinib. Review the text below when considering the use of any of these agents after hospital discharge.</p>
<p>Discharged From ED Despite New or Increasing Need for Supplemental Oxygen</p> <p><i>When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured^d</i></p>	<p>The Panel recommends using dexamethasone 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use should not exceed 10 days) with careful monitoring for AEs (BIII).</p> <p>There is insufficient evidence to recommend either for or against the use of remdesivir. When considering the use of remdesivir, review the text below for more information.</p> <p>The Panel recommends against the use of baricitinib in this setting, except in a clinical trial (AIII).</p>
<p>Rating of Recommendations: A = Strong; B = Moderate; C = Optional Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

Additional detail from the 12/16/21 Clinical Management Summary is available [here](#); additional information on NIH COVID-19 treatment guidelines available here: [here](#)

Source: NIH

NIH information on therapeutic management of hospitalized adults with COVID-19

Figure 2. Therapeutic Management of Hospitalized Adults With COVID-19 Based on Disease Severity

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS
Hospitalized but Does Not Require Supplemental Oxygen	<p>The Panel recommends against the use of dexamethasone (AIIa) or other corticosteroids (AIII).^a</p> <p>There is insufficient evidence to recommend either for or against the routine use of remdesivir. For patients at high risk of disease progression, remdesivir may be appropriate.</p>
Hospitalized and Requires Supplemental Oxygen	<p>Use 1 of the following options:</p> <ul style="list-style-type: none"> • Remdesivir^{b,c} (e.g., for patients who require minimal supplemental oxygen) (BIIa) • Dexamethasone plus remdesivir^{b,c} (BIIb) • Dexamethasone (BI) <p>For patients on dexamethasone with rapidly increasing oxygen needs and systemic inflammation, add a second immunomodulatory drug^d (e.g., baricitinib^e or tocilizumab^e) (CIIa).</p>
Hospitalized and Requires Oxygen Through a High-Flow Device or NIV	<p>Use 1 of the following options:</p> <ul style="list-style-type: none"> • Dexamethasone (AI) • Dexamethasone plus remdesivir^b (BIII) <p>For patients with rapidly increasing oxygen needs and systemic inflammation, add either baricitinib^e (BIIa) or IV tocilizumab^e (BIIa) to 1 of the 2 options above.^{d,f}</p>
Hospitalized and Requires MV or ECMO	<ul style="list-style-type: none"> • Dexamethasone (AI)^g <p>For patients who are within 24 hours of admission to the ICU:</p> <ul style="list-style-type: none"> • Dexamethasone plus IV tocilizumab (BIIa) <p>If IV tocilizumab is not available or not feasible to use, IV sarilumab can be used (BIIa).</p>
<p>Rating of Recommendations: A = Strong; B = Moderate; C = Optional</p> <p>Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

Additional detail from the 12/16/21 Clinical Management Summary is available [here](#); additional information on NIH COVID-19 treatment guidelines available here: [here](#)
Source: NIH



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health