Andrea Garcia, JD, MPH, outlines CDC’s updated COVID recommendations

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Featured topic and speakers

In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger reviews rising COVID-19 case numbers and trending topics related to the pandemic over the past week with AMA Director of Science, Medicine and Public Health Andrea Garcia, JD, MPH. Also detailing what physicians and patients need to know about the CDC’s updated guidance on isolation, quarantine and testing.

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Speaker

- Andrea Garcia, JD, MPH, director of science, medicine & public health, American Medical Association

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we have our weekly look at the numbers, trends and latest news about COVID-19 with AMA's Director of Science, Medicine and Public Health Andrea Garcia, in Chicago. I'm Todd Unger, AMA's chief experience officer, also in Chicago.

Andrea, boy, we've got a lot of news to talk about today. Let's start with the CDCs updated guidance on isolation and quarantine, just caused a lot of confusion over the holidays. What exactly has changed and what drove the decision for these updates?

Garcia: Well, thanks for having me back, Todd, and I think first of all, when we talk about isolation and quarantine, it's always helpful to level set and just remind everyone what the distinction between
isolation and quarantine is because those words are used interchangeably a lot but usually when we're talking about isolation, we're separating people with confirmed or suspected COVID from those without COVID. So we're really talking about people who are sick. When we're talking about quarantine, that's the strategy to prevent transmission of COVID by keeping people who've been exposed apart from others. So someone who's been in close contact with a person who has COVID but may not yet themselves be sick. And so the CDC, over the holidays, updated guidance for both isolation and quarantine.

**Unger:** So why don't we just dig into the details on that? Why don't we start with the isolation guidance first?

**Garcia:** Sure. So on December 27, the CDC issued recommendations via a press release that shortened the recommended time for isolation for people who tested positive for COVID. And then on January 4, they released the guidance document itself along with a rationale for the decision.

And so the agency is now recommending that people with COVID-19 should isolate for five days. As a reminder, that previous recommendation was 10 days. And if they're asymptomatic or their symptom are improving and they haven't had a fever for 24 hours, then they can end isolation. But that five days after that isolation period, they should be wearing a mask when they're around others to minimize the risk of infecting people they encounter.

I think the important thing to note here is there is no testing requirement to leave isolation. The update that was posted January 4 said if someone wants to take a test, they should use an antigen test near the end of that five day period. And if that test is positive, then they should isolate until day 10.

**Unger:** So a second update concerns the quarantine for people who are exposed to COVID. What is the change that's in that direction?

**Garcia:** Right, so the updated recommendations for the quarantine period for the general public are for those who are exposed to COVID. And unlike the isolation recommendations, the quarantine recommendations depend on your vaccination status. So for people who are unvaccinated or not up to date on their COVID-19 vaccines, that includes booster doses. The CDC now recommends them to quarantine for five days. That's down from the previous recommendation of 14 days. And that's to be followed by strict mask use for an additional five days. Even if you don't develop symptoms, the recommendation is to get tested at five days after exposure. And if you develop symptoms, you're supposed to get tested immediately and then isolate until you receive your test results.

**Unger:** So what about fully vaccinated people who are boosted? I guess the new term for this is something you mentioned, up to date.
Garcia: That's right. So if you are an individual who is up to date, so you have your COVID primary series and your booster, you still don't need to quarantine following an exposure but you should wear a mask for the 10 days after the exposure. And for all those exposed, the recommendations include a COVID test at day five after exposure. If symptoms occur, then individuals should immediately isolate and get tested for COVID. And of course, if that test is positive, then you'd follow the isolation guidance.

Unger: So I guess a lot of the confusion, I mean, first of all, there are a lot of details in there so let's just accept that. But the timing of it was particularly difficult because we're in the middle of a surge and we're in a period when there are a lot of people gathering and traveling. Why did we make the changes then?

Garcia: So according to the CDC, the changes were motivated by science. And they've pointed out that the majority of SARS-CoV-2 transmission occurs early in the course of illness. So generally the one to two days prior to the onset of symptoms or the two to days after. But the agency also said they're looking at the effectiveness of vaccines and booster doses against Omicron. They're looking at data related to mental health effects of the pandemic. And also they considered whether or not people adhere to prevention interventions in making these decisions. I think it's important to point out that these recommendations don't supersede state, local, tribal or territorial rules or recommendations. So really we could see variation in how this is implemented across the country.

Unger: Well, it's kind of interesting because it's the first time that I've heard it and you've just said it, which is taking into account kind of practical implications and what's going on out there. And there is this societal impact of isolation and quarantines. How did those things factor into the decisions?

Garcia: It definitely seems to have been a factor. We know COVID-19 cases due to the Omicron variant have increased, along with the increases we're seeing in influenza and other respiratory viral infections. I think there's the potential for a large number of cases and this raises real concerns about societal impact. And with these recommendations, the agency seems to have been hoping to minimize disruptions in the economy and everyday life. I think there have been some concerns that people, especially those relying on hourly wages, have been resisting getting tested in the first place because of the pull that missing work can have for a long period of time. But I think on the other end, we're seeing with this guidance, some companies are reducing paid sick leave from two weeks to one week in order to align with these recommendations.

Unger: Yeah, so a lot of movement and a lot of implications every time the rules change. It doesn't seem to happen very often but there were some comments that came from the AMA about these changes. Will you explain the perspective from the AMA and specifically what those comments were?

Garcia: Yeah, so we obviously heard a lot of concerns from physicians about these new recommendations. And I think the key factor that was spelled that is missing from this guidance is that
recommendation to test out of isolation, the CDC did not recommend that people take an antigen test or a rapid test before ending their isolation period after five days. We know a lot of scientists have said that that would offer more reassurance that people were not continuing to spread the virus. In some of the studies that we’ve seen, data from the U.K., shows that an estimated 31% of people remain infectious five days after a positive COVID test. And there's also been a more recent study by Japanese researchers that has shown that peak viral loads in people infected with Omicron occur between three to six days after the onset of symptoms.

So the statement by the AMA on January 5 really called this new guidance from CDC confusing and we did raise those concerns. I'll quote from the statement directly. "With hundreds of thousands of new cases daily and more than a million positive cases reported on January 3, tens of thousands, potentially hundreds of thousands of people, could return to work and school infectious if they follow the CDC’s new guidance on ending isolation after five days without a negative test. Physicians are concerned that these recommendations put our patients at risk and could further overwhelm our health care system. A negative test should be required for ending isolation after one tests positive for COVID-19. Reemerging without knowing ones status unnecessarily risks further transmission of the virus. Generally what we’ve been seeing and hearing is that antigen tests are a good indicator of whether or not a person is infectious for COVID-19 and they are currently our best tool for determining when a person is likely to spread the virus."

**Unger:** So let’s talk a little bit about that testing requirement. I know to get back into the country from my holiday travel, I had to spend a lot of time tracking down test kits and making sure that we were tested negative before we could reenter. That testing requirement with a shortage and limited availability of testing right now is a practical challenge. How does that factor in to this whole equation given that availability problem?

**Garcia:** Well, I think what we've heard from CDC is they said they didn't make their recommendations based on the availability of tests. And they've specifically pointed out that the quarantine recommendations do include a testing requirement. The AMA statement did address this challenge. It said that, “Test availability remains a challenge in many parts of the country, including in hospitals. And we urge the administration to pull all available levers to ramp up production and distribution of tests. But a dearth of tests at this moment does not justify omitting a test requirement to exit a shortened isolation."

**Unger:** All right, so that's pretty clear. Of course, misinformation continues to travel quickly and we've also begun to hear about a rise in misinformation about COVID tests as Omicron spreads. Can you clarify what's happening there and why it's important for physicians to address this issue?

**Garcia:** Yeah, so misinformation about COVID tests has specked across social media in recent weeks. Some of the most prevalent myths we're seeing are that PCR tests don't work, that the counts for flu and COVID cases have been combined. And I know we're talking about flurona in the news, so
that that could be contributing to that. And that just the PCR tests are vaccines in disguise and that at-home rapid tests have a predetermined result or are unreliable because different liquids can turn them positive.

And of course, none of these are true. I think what we do know is that no medical test is perfect. And there are legitimate questions about the accuracy of COVID tests that have come up throughout the pandemic. We have always known about this risk of false negative or false positive results, especially with at home tests because there’s a better chance of user error. But when used correctly, COVID tests are considerably reliable at detecting people carrying high levels of the virus. And I think it’s important for physicians to make sure their patients know this and that we continue to rely on testing as an important way to identify infections and to limit transmission.

Unger: Yeah, don’t take for granted that the facts are out there in regard to the tests because some of those are pretty far out. So physicians continue need to be that trusted source of information there. In terms of availability, on Monday, the Biden administration made paying for at-home tests easier. What’s there?

Garcia: The Biden administration announced earlier this week that private health insurers will have to cover eight at-home COVID tests per household member per month. And that starts this Saturday. So people who provide their insurance information will be able to get the test with no out of pocket costs at certain pharmacies. In other cases, they’ll have to file a claim to their insurers for reimbursement. And we know that tests ordered or administrated by health providers will continue to be covered by insurance without co-payment or deductible. And while this is certainly good news, as we discussed previously, finding the at-home test remains difficult in many areas. So we definitely need to continue progress in making those tests more available.

Unger: Why don’t we talk a little bit about just the big picture overall, cases and hospitalizations this week. You do the math, you see these gigantic spikes. Is that translating into what we saw before in terms of hospitalizations and deaths? Talk about the trends.

Garcia: So unfortunately, we are seeing an increase in hospitalization. So this surge in cases has resulted in more people in the hospital. The Washington Post reported on Monday that we are poised to surpass our record for COVID hospitalizations this week. Monday’s total was 141,385 people in U.S. hospitals with COVID-19. That is just below our record, which is 142,273, and that was set one year ago on January 14, 2021 during the previous a peak of the pandemic here in the U.S. We know that the models of Omicron spread, if they prove accurate, these current hospitalization levels are going to seem small in just a couple of weeks. The models are predicting a total of hospitalizations in the 275,000 to 300,000 range when that peak is reached, which is expected to be later this month.

Unger: Are we still seeing that kind of, we’ve talked about the pandemic and the unvaccinated, are we still seeing that divide between those who are vaccinated and boosted especially and those that
aren't?

**Garcia:** Yeah, those numbers are still holding. So most of the people who are hospitalized at this point still are the unvaccinated. And I think part of what we're seeing is an increase in pediatric hospitalizations, especially that zero to four age group who are not yet eligible for vaccines unfortunately.

**Unger:** And for those who want more information about updated booster recommendations and other vaccine related information, we did a recent COVID-19 Update yesterday with Dr. Sandra Fryhofer, AMA's ACIP liaison, where we covered those topics in depth. And there's a lot of information in there, we try to make as simple as possible and I recommend that you check that out on AMA's YouTube channel.

Andrea, thanks for helping us get through what is a lot of news, a lot of change. That wraps up today's episode. We'll be back with another segment shortly. In the meantime, for updated resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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