

# TECHNICAL NOTE TO WHO AFRO MEMBER STATES ON THE SHORTENING OF THE QUARANTINE PERIOD FOR CONTACTS OF COVID-19 CASES

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## Introduction

This document provides guidance to Member States of the WHO African region considering the alteration of the duration of quarantine period of persons exposed to SARS-CoV-2 infection, and in particular the variant of concern Omicron, which is currently circulating at high levels and overwhelming health systems around the world.

The scope of this document is restricted to the use of quarantine for contacts of persons with confirmed or probable SARS-CoV-2 infection. The information is based on the limited evidence base and will be updated as more information becomes available.

The technical note is informed by the WHO interim guidance "[Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant of February 17, 2022](#)" and the recent shortening of the duration of quarantine by several countries globally and their experience implementing such activities. Considerations for the use of restricted movement of travelers (often termed "quarantine" for travelers) is covered in other WHO guidance

## Background

The ongoing global COVID-19 pandemic continues to evolve as it enters its third year. In this time, the WHO African region has seen four distinct waves, each with progressively higher peaks. Member States are required to continue to implement a comprehensive set of public health and social measures that are adapted to their local contexts and epidemiology of the disease. This is to sustain advances made by countries to interrupt the spread of infections, reduce the transmission of the virus and prevent associated illness and death.

The African continent continues to suffer economic hardships from the pandemic as many economies are yet to recover from the many restrictions on travel and trade. With an estimated 80% of jobs relying on small and medium enterprises in Africa<sup>1</sup>, mandatory self-quarantine of exposed persons, many of whom run these enterprises, has led to considerable strain on the livelihood of several families in the continent. Also, already under resourced public sector institutions continue to be further strained by staff absences due to COVID-19 related morbidity (including quarantine requirements). Essential health services continue to be impacted due to competing resources for pandemic response or by depletion of available health workforce due to morbidity and mortality associated with the pandemic. Vaccination rates, though steadily improving in recent months, remain low in the region at about 11% of the population having received two doses<sup>2</sup>. Several countries currently have vaccination coverages less than the regional average.

These have led countries including South Africa, United Kingdom, Switzerland, New Zealand, Spain, and Portugal to alter policy decisions where trade-offs between optimal measures to

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<sup>1</sup> David Fine, Julia Klier, Deepa Mahajan, Nico Raabe, Jörg Schubert, Navjot Singh, and Seckin Ungur, "How to rebuild and reimagine jobs amid the coronavirus crisis," April 2020.

<sup>2</sup> <https://www.afro.who.int/news/africa-needs-ramp-covid-19-vaccination-six-fold>

control the spread of COVID-19, and the continued functioning of national economies leading to the shortening of quarantine periods in these countries.

## Quarantine policy considerations

In the context of COVID-19, the quarantine of contacts is the restriction of activities and/or the separation of persons who are not ill, but who may have been exposed to a person with confirmed or probable SARS-CoV-2 infection<sup>3</sup>. The objective is to control onwards transmission of the virus and monitor contacts for the development of any symptoms to ensure the early detection, and appropriate management of potential cases. Quarantine is different from isolation, which is the separation of persons with known infection to prevent the spread of the virus.

Member States are recommended to adopt a risk-based approach for any policy decision to shorten the duration or exempt individuals from quarantine. This should also consider the local epidemiological context (SARS-CoV-2 incidence, prevalence and the severity of disease of SARS-CoV-2 variants of concern), the levels of infection and vaccine-derived immunity, and the capacity to track and trace contacts. The health care system's capacities and the context of the exposure (risk assessment of exposure) should also be considered as some settings may pose a higher risk, leading to classification of health-care workers as high-risk contacts.

## Current knowledge on incubation period

The original 14-day isolation period was determined based on available evidence of the incubation period of the SARS-CoV-2 virus (7-10 days). However, recent preliminary evidence from studies on the Omicron variant has shown a shorter incubation period (2.9-3.2 days)<sup>456</sup> when compared with the Delta variant. Additionally, the serial interval is shorter (2.2-3.5 days)<sup>78</sup> and hence a higher secondary attack rate.

It should however be emphasized that the available preliminary evidence demonstrating shortened incubation periods are specifically for the Omicron variant as previous variants did

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<sup>3</sup> WHO's interim technical guidance on "Considerations for quarantine of contacts of COVID-19 cases" 25 June 2021

<sup>4</sup> Jansen L, Tegomoh B, Lange K, et al. Investigation of a SARS-CoV-2 B.1.1.529 (Omicron) Variant Cluster — Nebraska, November–December 2021. *MMWR Morb Mortal Wkly Rep* 2021; 70: 1782–4. <http://dx.doi.org/10.15585/mmwr.mm705152e3external>

<sup>5</sup> Brandal LT, MacDonald E, Veneti L, et al. Outbreak caused by the SARS-CoV-2 Omicron variant in Norway, November to December 2021. *Euro surveillance : bulletin European sur les maladies transmissibles = European communicable disease bulletin* 2021; 26(50). 10.2807/1560-7917.es.2021.26.50.2101147

<sup>6</sup> Helmsdal G, Hansen OK, Møller LF, Christiansen DH, Petersen MS, Kristiansen MF. Omicron outbreak at a private gathering in the Faroe Islands, infecting 21 of 33 triple-vaccinated healthcare workers. *medRxiv* 2021: 2021.12.22.21268021. 10.1101/2021.12.22.21268021

<sup>7</sup> Backer JA, Eggink D, Andeweg SP, et al. Shorter serial intervals in SARS-CoV-2 cases with Omicron BA.1 variant compared to Delta variant in the Netherlands, 13 – 26 December 2021. Available at: <https://www.medrxiv.org/content/10.1101/2022.01.18.22269217v2.full.pdf> Accessed 7 Feb 2022.

<sup>8</sup> Kim D, Jo J, Lim J-S, Ryu S. Serial interval and basic reproduction number of SARS-CoV-2 Omicron variant in South Korea. Available at: <https://www.medrxiv.org/content/10.1101/2021.12.25.21268301v1> Accessed 7 Feb 2022.

not show such a reduction, and there is no evidence to predict that future variants will have a similarly shortened incubation period.

Countries are therefore advised to adjust their policies on quarantine and isolation in response to the local spread of new SARS-CoV-2 variants of concern, including reverting to more cautious recommendations, when appropriate.

### Proposed actions for Member states

When a Member State considers changes to the recommended 14-day duration of the quarantine period, it should be recognized that it will have both associated benefits and risks. These changes should always be combined with rigorous application of infection prevention and control, public health and social measures, and with an adequate testing strategy based on RT-PCR or Ag-RDT, when possible.

1. WHO thus recommends that countries may consider shortening the quarantine period depending on the level of exposure, vaccination status, socio-economic considerations and reinfection risk with the addition of a PCR or Ag-RDT administered by qualified personnel (Annex 1).
2. WHO does not at this time recommend self-administered tests to shorten quarantine.
3. For health workers, post-exposure testing is recommended to facilitate essential workers to resume their duties while minimizing the risk posed by the shortening of isolation and quarantine periods. Where testing to shorten quarantine is not possible, the absence of symptom development after a certain number of days may be used as a proxy. For example, quarantine could be ended after day 10 without testing if the contact presents no symptoms.
4. Persons with proof of immunization within the past 90 days, either through vaccination or confirmed infection can be considered for shorter or omission of quarantine period.
5. Specific considerations should be given for situations considered high risk for either transmission, or severe disease. These are congregate settings, or areas with high concentrations of persons with NCD risk factors, medical institutions and/or elderly. A more tailored risk assessment may be required for these situations.

Regardless of the indication for shortening the quarantine period, it is recommended that individuals continue to practice other public health interventions that may interrupt transmission including wearing a well-fitted mask at all times, during all indoor and outdoor activities where interaction with other people may occur, along with other infection prevention and control measures. This includes physical distancing, appropriate ventilation of indoor spaces, and hand hygiene for the remainder of the total 14 days. These individuals should also continue to carefully self-monitor for symptoms, and seek testing if symptoms arise.

## Annex 1: Proposed summary guidance on quarantine of contacts of persons with confirmed and probable SARS-CoV-2 infection

Below is a table of proposed actions to guide the adaptation of the quarantine period in accordance with the new WHO guidelines and the effects on public health capacities and economies. These are not sacrosanct and can be adapted by each Member State, and only serves as a guide.

Table 1: Proposed guidance on quarantine of contacts of persons with confirmed and probable SARS-CoV-2 infection

	Standard Guidance	Moderate pressure on public health capacities and economies	High pressure on public health capacities and economies
Unvaccinated, partially vaccinated, or after 90 days of primary series or booster vaccination.	<ul style="list-style-type: none"> <li>14 days from the last contact with the confirmed or probable case <b>AND</b></li> <li>Negative RT-PCR or Ag-RDT on day 14</li> </ul>	<ul style="list-style-type: none"> <li>10 days from the last contact with the confirmed or probable case <b>AND</b></li> <li>Negative RT-PCR or Ag-RDT on day 10 <b>AND</b></li> <li>4 additional days of wearing well fitted mask</li> </ul>	<ul style="list-style-type: none"> <li>7 days from the last contact with the confirmed or probable case <b>AND</b></li> <li>Negative RT-PCR or Ag-RDT on day 7 <b>AND</b></li> <li>7 additional days of wearing well fitted mask</li> </ul>
Fully vaccinated within 90 days or prior infection with Omicron within 90 days		<ul style="list-style-type: none"> <li>7 days from the last contact with the confirmed or probable case <b>AND</b></li> <li>Negative RT-PCR or Ag-RDT on day 7 <b>AND</b></li> <li>7 additional days of wearing well fitted mask</li> </ul>	
Health care and care workers		<ul style="list-style-type: none"> <li>7 days from the last contact with the confirmed or probable case <b>AND</b></li> <li>Negative RT-PCR or Ag-RDT on day 7 <b>AND</b></li> <li>7 additional days of wearing well fitted mask</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>10 days from the last contact with the confirmed or probable case, without testing and with no symptoms <b>AND</b></li> <li>4 additional days of wearing well fitted mask</li> </ul>	<ul style="list-style-type: none"> <li>No quarantine if asymptomatic <b>OR</b> received a vaccine booster within 90 days <b>OR</b> recovered from SARS-CoV-2 infection within 90 days <b>AND</b></li> <li>Frequent RT-PCR or Ag-RDT testing up to day 14 after exposure (where tests are available)</li> </ul>

## Annex 2: Methodology

This document was conceived as a request of the WHO AFRO COVID-19 Incident Manager to the Epi-surveillance pillar. This was informed based on the current evolution of the COVID-19 pandemic in the WHO African region where countries are pressured to make policy decisions

to shorten quarantine periods due to several factors including economic hardship and health system strain.

A group of experts at the WHO Regional Office for Africa (AFRO) reviewed the current evidence on SARS-CoV-2 and in particular its Omicron variant. Findings were reviewed by the different pillar leads of the COVID-19 regional response. A draft document was then shared with a larger consultative group involving key epi-surveillance pillar leads in selected high-risk countries in the region including Sierra Leone, Republic of Congo, Nigeria, The Gambia, Cameroon, Senegal, and Kenya. The reviews were consolidated in this final document.

It is of note that the global WHO interim guidance on “Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant” published on 17 February 2022 was released during the process of development of this document. The WHO position, current evidence, and proposed actions to Member States have been harmonized in line with the global guidance.

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