California Department of Public Health – July 2024

COVID-19 Quicksheet
Non-Healthcare Settings

The purpose of this quicksheet is to provide California local health jurisdictions (LHJs) background information and summarize public health strategies for prevention, detection, control and mitigation of COVID-19 infection in the general public. Public health strategies for congregate settings and healthcare facilities are detailed elsewhere (see links below).

BACKGROUND AND DEFINITIONS

COVID-19 is caused by the SARS-CoV-2 virus, an RNA virus belonging to the family *Coronaviridae*. SARS-CoV-2 virus has developed new variants since initial identification. Some variant families have been associated with distinct epidemiologic and clinical features.

Mode of transmission

SARS-CoV-2 is primarily transmitted via inhalation of respiratory droplets or aerosols from an infectious person. The risk of transmission increases with greater concentration of infectious respiratory aerosols, longer duration of exposure, closer proximity to the infected person, and lower ventilation and air filtration in the environment. Transmission is more likely in enclosed spaces with poor ventilation and filtration, especially if an infectious person spends an extended period in that space or if they are participating in activities that increase exhalation of respiratory aerosols, such as vigorous exercise, singing, or shouting. Less commonly, it may also spread by touching the mucous membranes of the eyes, nose, or mouth with hands that have been contaminated with the virus.

Incubation period

The incubation period is estimated to be 2-3 days. Data suggest that the incubation period may differ by variant.

Period of increased transmissibility

People with COVID-19 can be infectious from 1–2 days before and up to 8–10 days after symptoms begin. The majority of transmission appears to occur during the early period of infection, particularly in the 1–2 days before symptoms start and within the first few days of symptom onset.

Spectrum of disease

People with COVID-19 have a wide range of symptoms from no symptoms to severe illness. See CDC Signs and Symptoms.

Initial symptoms may include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

Serious acute illness includes pneumonia, respiratory failure, sepsis and death. Symptoms, disease severity and post-acute sequelae are affected by SARS-CoV-2 variant, patient age, demographic characteristics including race and ethnicity, underlying health and social conditions, immune status and immunity due to vaccination and/or prior infection. See CDC Underlying Conditions.

Multisystem inflammatory syndrome (MIS) is a rare but serious condition associated with COVID-19, which causes inflammation in the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. It can affect children (MIS-C) and adults (MIS-A). See CDPH information on MIS-C.

Some people have new, returning, or lingering symptoms weeks to months after having COVID-19. This condition can be called many names including post-COVID conditions (PCC), long COVID, long haul COVID and Post-Acute Sequelae of COVID-19 (PASC). See CDPH information on PCC.

Case classification for surveillance and reporting

See current CDC COVID-19 case classification.

Death determination

In accordance with updated CSTE COVID-19 death classification guidance, COVID-19 coded deaths in death certificates will be the sole source of death surveillance data for CDPH. LHJs may also continue to investigate and report deaths via the COVID-19 registry. These deaths will not be used for CDPH enumeration. Due to ongoing public health interest, CDPH recommends continued investigation of pediatric deaths.

Individual case reporting

- Hospitalization and/or death of a patient due to COVID-19 must be reported by the provider to the local health department within one working day of identification.
- Work-related COVID-19 fatality or hospitalization of an employee must be reported to Cal/OSHA by every California employer.
- In order to get a better picture of the burden of MIS-C in California, health care professionals and hospital

California Department of Public Health – July 2024

COVID-19 Quicksheet
Non-Healthcare Settings

infection personnel are encouraged to report all cases that meet the CDC definition of MIS-C.
- LHJs may have additional reporting requirements.

PREVENTION MEASURES

Vaccination

Staying up-to-date with vaccination is the best way to protect people across the lifespan from serious illness and death from COVID-19. Vaccination also lowers the risk of developing long-term sequelae. See CDC COVID-19 Vaccine guidance.

Air ventilation and filtration

Effective ventilation is one of the most important ways to reduce the transmission of COVID-19 through the air. Refer to CDPH Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments.

Masking

Masks cover a person's mouth and nose and help reduce the spread of respiratory aerosols to others (source control). Masks may also provide protection from infection, depending on fit and filtration. Respirators, such as N95s, KN95s, or KF94s, provide the best protection from inhalation of infectious particles. See CDPH Guidance: When and why to wear a mask.

Hygiene

Hygiene measures like hand hygiene, covering coughs and sneezes, reduce transmission risk for COVID-19 as well as other diseases.

RESPONSE MEASURES

Exposure risk assessment

Assess risk level of exposure for an exposed person to minimize transmission risk to others. Consider factors noted above such as duration, proximity, ventilation, etc. Higher risk exposure to a person infected with COVID-19 is known as a "close contact" exposure.

For the purpose of isolation and exclusion of confirmed cases, the "Infectious Period" is defined by State Public Health Order as:

1) For symptomatic confirmed cases, from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, AND symptoms are mild and improving.

2) For asymptomatic confirmed cases, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria for symptomatic cases will apply.

Testing

In most situations, diagnostic testing may be performed using either nucleic acid amplification tests (NAAT) or antigen tests. Most NAATs, including PCR tests, are highly sensitive and specific. This means false negatives and false positives are less common* Antigen tests are rapid tests that have lower sensitivity (false negatives are more common), compared to NAATs, but are much more widely used and available.

*To identify new infection in people with history of infection in the last 90 days, antigen testing is recommended. False positive NAATs are more common in this scenario.

Treatment

Treatment with COVID-19 antivirals has been shown to reduce the risk of severe outcomes in people who are infected, regardless of vaccination status. Treatment may also accelerate symptom recovery and viral clearance and reduce the risk of long-term sequelae.

Higher risk individuals with COVID-19 diagnosis, including all adults over 50 without contraindications, should be treated soon after symptom onset and regardless of symptom severity. Treatment can be initiated based on clinical diagnosis alone. See CDC COVID-19 risk factors and CDC COVID treatment for current recommendations.

Recommendations for people who test positive

1. Seek treatment if you are high risk.
2. **Stay home if symptomatic** until fever-free for 24 hours without using fever reducing medication AND other COVID-19 symptoms are mild and improving. If no symptoms, follow recommendations below to reduce exposure to others.
3. **After returning to normal activities, do the following for 5 more days:**
   - Avoid those who are higher risk or live in a high-risk setting
   - **Mask** around other people indoors

California Department of Public Health – July 2024

COVID-19 Quicksheet
Non-Healthcare Settings

- Practice healthy habits such as covering your cough, handwashing, air ventilation, physical distancing, and testing

For additional prevention measures for the general public see the CDPH Respiratory Virus Page.

Employees with close contact, symptoms or infection should consult with their employer for instructions on returning to work. Employers must comply with Cal/OSHA COVID-19 Regulations.

OUTBREAKS

Some workplaces and settings where people congregate (e.g., school, childcare) or reside in shared facilities are at risk for COVID-19 outbreaks. Outbreak management should focus on exposure risk assessment, rapid case identification, transmission mitigation and prevention of severe disease through early treatment of infected, high-risk employees/staff and residents (if applicable). Robust air ventilation and filtration and targeted mitigation measures can be important tools in outbreak control and prevention.

Outbreaks are defined and managed by setting-specific guidance linked below. See also any local requirements.

All COVID-19 outbreaks are reportable to LHJs under Title 17, Section 2500. Timely and accurate reporting is critical to CDPH situational awareness and response.

Workplaces:

- Cal/OSHA COVID-19 Prevention Non-Emergency Standard
- Aerosol Transmissible Disease Standard
- Workplace Outbreak Reporting Requirements

Non-Healthcare Congregate Facilities:
CDPH Non-Healthcare Congregate Facilities COVID-19 Outbreak Definitions and Reporting Guidance for Local Health Departments.

Healthcare and Skilled Nursing Facilities:
Recommendations for Prevention and Control of COVID-19, Influenza, and Other Respiratory Viral Infections in California Skilled Nursing Facilities – 2023-24.

ADDITIONAL GUIDANCE

See public CDPH COVID-19 Guidance by Topic and the LHJ SharePoint site for additional details and documents including setting-specific guidance for workplaces, schools and childcare facilities as well as outbreak guidance documents.

Select additional resources:

- CDPH COVIDNet

CDPH CONTACT INFORMATION FOR LHJs

Epi and surveillance: COVIDepi@cdph.ca.gov
Case and outbreak management: coronavirusclinical@cdph.ca.gov
Reporting: calrediehelp@cdph.ca.gov
Genomics: genomicepi@cdph.ca.gov