



**DIRECTOR GENERAL  
HEALTH  
REPUBLIC OF SOUTH AFRICA**

**PRETORIA**  
Private Bag X828, PRETORIA, 0001, Dr AB Xuma Building, 1112 Voortrekker Rd, Pretoria 351-JR, Pretoria, 0187, Tel (012) 395 8402  
**CAPE TOWN**  
P.O. Box 3875, CAPE TOWN, 8000, 103 Parliament Towers, Room 615, 20 Plain Street, CAPE TOWN, 8000 Tel (021) 461 2040 Fax (021) 461 6864

**TO: HEADS OF PROVINCIAL HEALTH DEPARTMENTS  
DISTRICT, HOSPITAL AND PHC MANAGERS  
HEALTH CARE WORKERS**

**CHANGES TO COVID-19 QUARANTINE, ISOLATION AND CONTACT TRACING**

**Introduction**

1. As the COVID-19 pandemic evolves, new knowledge regarding the nature of COVID-19 infection, greater appreciation of the costs associated with current practices, as well as rising vaccination rates and immunity to COVID-19 infection amongst South Africans, have necessitated substantial revision of recommendations regarding quarantine, isolation and contract tracing.

**Recommendations**

The following should be implemented with immediate effect.

**2. Isolation for Asymptomatic COVID infection**

- 1.1. People with **asymptomatic** COVID infection do **not** need to isolate. However they should be advised to:
  - Wear a mask whenever interacting with people, for the next 5 days from the date of the test
  - Avoid **social** gatherings (3 or more people) for 5 days from date of test
  - Avoid being with others **socially** in indoor spaces, for 5 days from date of test
  - Specifically avoid **socially** interacting with the elderly (>60 years) and anyone with co-morbidities (diabetes, lung disease, heart disease, kidney disease, cancer, uncontrolled HIV, immunocompromised), for 5 days from date of test.
- 1.2. A special scenario is asymptomatic COVID infection in individuals who are admitted to hospital, or in a congregate setting with people at risk of severe disease, such as a care home. In such settings, individuals with asymptomatic infection should be isolated in a separate room, or in a COVID ward, for 5 days from the date of the test.
- 1.3. Asymptomatic COVID infected staff at health facilities and care homes, should stay away from the workplace for 5 days from the date of the test. Where possible to do so, they should work remotely from home.

### **3. Isolation for Mild Symptomatic COVID infection**

Those with **symptomatic** COVID infection who have **mild disease** (they do not require hospitalisation for COVID pneumonia) should isolate for 7 days from the date of start of symptoms. There is no need for testing prior to de-isolation.

### **4. Isolation for Severe Symptomatic COVID infection**

Those with **symptomatic** COVID infection who have **severe disease** (they have been admitted to hospital for COVID pneumonia) should continue to isolate for 7 days from the date on which they no longer require oxygen therapy. There is no need for testing prior to de-isolation.

### **5. Quarantine**

- 5.1. All quarantine should be stopped. This applies to everyone including health care workers.
- 5.2. An exception to this is where a cluster of COVID cases (3 or more people COVID infected in a group within the same time-period) occurs in a health facility or care home.
- 5.3. Those with ongoing exposure to asymptomatic COVID infected persons (since these people are not isolating) or to symptomatic COVID infected persons (e.g. the caregiver of symptomatic infected child) do not need to quarantine.
- 5.4. Those who had exposure to COVID should closely watch out for COVID symptoms, and isolate if any symptoms develop.

### **6. Contact Tracing**

- 6.1. Active contact tracing should be stopped.
- 6.2. An exception is where a cluster of COVID cases (3 or more people COVID infected in a group within the same time-period) occurs in a health facility or care home.
- 6.3. Passive contact informing by alerting (either by a clinician or an sms) people with COVID to inform others that they have been exposed to the coronavirus and should watch out for COVID symptoms, should continue.

### **7. Outbreak Investigation and Containment**

Investigations and containment activities (quarantine and active contact tracing) of a cluster of COVID cases (3 or more people COVID infected in a group within the same time-period) should be limited to **health facilities and care homes**.

### **8. Complex scenarios for Isolation, Quarantine and Contact Tracing**

While the above recommendations on isolation, quarantine and contact tracing cover most scenarios, there might be some unique complex scenarios not covered by the above, and in those unique situations the clinician/s involved should use their discretion on how to proceed, by balancing the safest option against the socio-economic cost.



**DR SSS BUTHELEZI**  
**DIRECTOR-GENERAL: HEALTH**  
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