



COVID-19 Policy for Childcare Centers, Preschools and School Age Programs

August 31, 2021

Introduction

Johnson County Department of Health and Environment's (JCDHE) childcare recommendations reflect the current understanding of COVID-19 transmission in children. As new evidence emerges, guidance may change. There are some changes from previous guidance due to new evidence-based information. As with the current disease policy, providers can choose to make policies more restrictive; however, policies must be implemented equally with all children.

Definitions

Quarantine: Keeps someone who might have been exposed to the virus away from others. Individuals in quarantine should stay home. If an individual must be in public to seek medical assistance, practice masking and physical distancing as much as possible. Quarantine/exclusion timelines always begin at last exposure to a person with confirmed or presumed COVID-19.

COVID-19 Quarantine: The Centers for Disease Control and Prevention (CDC) recommends 14 days as the ideal and safest duration of quarantine. The quarantine period starts on the last day of exposure. However, guidance from CDC and the Kansas Department of Health and Environment (KDHE), updated in December 2020, provides two shortened quarantine protocol options for individuals who remain symptom-free:

- Option 1 (with testing): Exposed individuals who remain asymptomatic may receive a PCR test on or after day six. With a negative PCR result and no symptoms, individuals may return to normal activities on day eight after exposure.
- Option 2 (without testing): Individuals who are exposed and remain asymptomatic, but do NOT take a PCR test, should quarantine for 10 days, returning to activities on day 11 after exposure. Although the risk of transmission after the 10-day quarantine period is low, the risk is not zero.

Childcare facilities may stay with the 14-day quarantine as it offers the most protection to the facility. The facility is still able to do cohorting if there is only one case identified (discussed in later section).

Isolation: Isolation separates people who are infected with the virus away from people who are not infected. Individuals with confirmed or presumed COVID-19 should isolate within their household and use a separate bedroom/bathroom. Sleeping areas should not be shared. Individuals should not spend time in common household areas (living room, kitchen); if face-to-face interactions must take place, all household members should mask. Disinfect frequently touched surfaces in the household often.

COVID-19 Symptomatic Isolation:

Isolate for:

1. At least 10 days have passed since symptoms first appeared; AND
2. At least 24 hours fever-free without the use of fever-reducing medications; AND
3. Improvement in initial symptoms.

COVID-19 Asymptomatic Isolation:

Isolate for 10 days from a positive test. Use the date specimen was collected, not the date of results.

Close Contact/Exposure: A close contact is defined as:

- a. Being directly exposed to infectious secretions (e.g., being coughed on); or
- b. Being within 6 feet for 15 cumulative minutes or more over a 24-hour period. Additional factors like infected person/contact masking (i.e., both the infectious individual and the potential close contact have been consistently and properly masked), classroom-level mitigation measures, individual risk profiles, and case symptomology may affect this determination.

Either (a) or (b) is defined as close contact if it occurred during the case's infectious period.

Infectious Period: An individual is considered **infectious** (capable of spreading the virus) for two days *before* their symptoms began until ten days *after* symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* initial symptoms have improved. For an **asymptomatic** individual who tests positive for COVID-19, their infectious period is considered to be two days before through 10 days after their specimen was collected.

Presumed Positive: Symptomatic individuals with a known exposure to a COVID-19 positive individual within the 14 days prior to symptom onset are presumed positive. Becoming symptomatic while excluded for quarantine should trigger a move from quarantine to isolation and contact tracing activities should begin at school/JCDHE immediately.

A new olfactory or taste disorder (e.g., loss of taste or smell) is characteristic for COVID-19 and individuals with this symptom and a history of exposure within the previous 14 days will be considered positive until a PCR-negative test has been obtained.

Individuals with a positive antigen test without a subsequent negative PCR test within 48 hours of the initial antigen test will be considered presumed positive.

Vaccine (COVID-19) Breakthrough Case: A breakthrough case is defined as an individual who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected greater than or equal to 14 days after completing the FDA-authorized COVID-19 vaccine.

Screening: Screening remains in place because the virus is still circulating. Screen children and staff daily before admittance for signs and symptoms of illness. Screening includes asking questions, observing for signs of illness, and *could* include checking for fever if child appears ill. Many facilities are doing after nap temperatures.

- Has there been an exposure to someone diagnosed with COVID-19, either household or non-household contact?
- Is anyone in the home showing signs of illness or who have the following:

- fever greater than 100.4 degrees (F) (need to be aware of person’s “normal” temperature as some people run lower “normal” and therefore a fever for them could lower than 100.4)
- cough
- shortness of breath/difficulty breathing
- sudden loss of smell or taste
- other signs of illness (headache, sore throat, general aches/pains, fatigue/weakness/extreme exhaustion)
- Check the child’s temperature as indicated. Per childcare regulation, sick children should not be in the childcare setting. **(NEW) As of July 2021 – fever is more prevalent in children with the COVID-19 Delta variant.**

Masks: The Johnson County mask ordinance has been changed to a **strong** recommendation. Please see CDC guidance for appropriate types of masks: <https://www.cdc.gov/coronavirus/2019-ncov/preventgetting-sick/about-face-coverings.html>

The CDC recommends a well-fitting mask of at least two layers of breathable, washable fabric as an important mitigation strategy in both childcare and K – 12 schools. Double masking is not necessary as long as an individual is wearing a properly fitting mask that fits snugly around the nose and chin with no gaps around the sides of the face. The CDC does NOT recommend the use of masks made from loosely woven fabric (i.e., allows light to pass through) or masks with exhalation valves or vents as they allow respiratory droplets with viral particles to escape. Mesh masks of any kind do not provide adequate coverage and are not recommended for the same reason.

Recommended Masks:

- Medical or surgical masks
- Properly fitting masks (i.e., snugly around nose AND chin with no gaps around the sides of the face)
- Masks made with tightly woven fabric (i.e., fabrics that do NOT let light pass through when held up to a light source)
- Masks with two or three layers
- Masks with inner filter pockets

Guidance for Operations

Parents drop off and pick up (updated July 2021)

- JCHDE STRONGLY recommends that all parents, visitors, and others entering the facility are masked no matter their vaccination status when entering the building.
- The center should still limit access to the facility as much as possible. The center may want to consider returning to at door drop off versus allowing parents to drop off at classroom.

Combining classes (updated July 2021)

Cohorting – JCDHE STRONGLY recommends:

- Each unit/class should stay as their own cohort in relation to other classes.
- Classes should NOT be combined at beginning and end of the day.

JCDHE has returned to this guidance due to the large number of cases in childcare facilities and rapid spread once a case is identified in a classroom. The recommendation to not combine classes is to help reduce the amount of exposure should there be a positive case in a classroom. It is still recommended that one class at a time be on the playground.

Sensory tables and supplies

CDC guidance has not been updated regarding this issue. However, if children wash their hands prior to and after usage JCDHE feels it is safe to restart sensory table usage. Capacity at a sensory table should be limited to one or two children at a time depending on size. Individual supplies such as markers, crayons, and playdoh – should follow the same guidelines as sensory tables regarding hand washing and number of children in one location. Remember to clean and disinfect all toys, supplies, and surfaces on a routine basis.

Field Trips (updated August 2021)

Since school is back in session this should be less of an issue. For those too young to be in school we do not recommend field trips at this time due to the large amount of community spread.

Mask Usage (updated July 2021)

Childcare Center staff -

JCDHE **strongly recommends** that *all staff* wear mask regardless of vaccine status - including in classrooms and common areas. Staff don't have to be masked when outside.

To ensure that staff are wearing masks properly (covering nose and mouth), JCDHE recommends that accountability measures be put in place including having program directors checking on mask wearing compliance periodically throughout the day and empowering employees to respectfully remind each other when masks are not being worn appropriately. In times when masks cannot be worn, staff members should be physically distanced (six feet or more) from other individuals. **(NEW)** When childcare surveyors enter a facility there will be a written consultation on the NOSF regarding if masks are worn or not worn by staff.

During the COVID-19 outbreak it is not recommended that staff eat lunch with their students due to the added risk of exposure. Staff should be six feet away from children when eating. Supervision must be maintained at all times. Staff may remove masks when eating and drinking and should be six feet or more from other individuals. Staff may remove masks when outside. Individuals in private offices/rooms may remove their mask but must replace it as soon as anyone enters.

Children (updated July 2021)

JCDHE strongly recommends that children over the age of two should be encouraged to wear masks in the classroom as well as common spaces of the childcare center, such as entering the building, walking in the hallways, and using the restroom. The masks need to be removed for nap time and, of course, meals. As much social distancing as possible is strongly encouraged for meal and nap time. The facility must also plan for what to do with the masks at mealtime to keep them from becoming soiled or contaminated, as well as a plan for changing out wet or otherwise contaminated children's masks.

Management of Symptomatic Individuals in a Childcare Setting

JCDHE recommends all licensed childcare facilities follow the below guidance for exclusion criteria and management of symptomatic individuals

Individuals who meet below criteria should be encouraged to seek testing for COVID-19. If a physician indicates the symptoms are due to a different diagnosis (e.g., allergies, asthma), a child can be readmitted to childcare prior to their symptoms resolving.

Primary Symptoms (at least one)

- Cough
- Shortness of breath
- Difficulty breathing
- Loss of taste and/or smell
(presumed positive case)

Secondary Symptoms (at least two)

- Fever (measured or subjective)
- Chills
- Muscle or body aches
- Headache
- Extreme Fatigue
- Sore throat
- Diarrhea/nausea/vomiting
- Congestion/runny nose

Individuals who test negative for COVID-19 may return to daycare 24 hours after their symptoms improve. If a physician indicates the symptoms are due to a *non-infectious* diagnosis (e.g., allergies, asthma), they may return to daycare prior to symptom resolution.

Management of a COVID-19 Positive Individual

Exclusion of New Positive Cases

All individuals who test positive **must** be excluded from childcare settings until they are no longer infectious. An individual is considered **infectious** (capable of spreading the virus) two days before their symptoms began until 10 days after their symptom onset *and* 24 hours after their fever (if present) has resolved without the aid of medication *and* their initial symptoms have improved.

If an individual is excluded with symptoms but the test comes back positive a few days later, the ten days is still based off the start of symptoms. If the individual is asymptomatic (not showing any symptoms), then the infectious period is two days before the date their lab test was collected until ten days after their lab test.

Please notify JCDHE's Childcare Licensing Division – **Childcare Hotline 913-477-8361** or Eldonna Chesnut (Eldonna.chesnut@jocogov.org) – 913-477-8366 if you received notification of a positive case in your childcare facility.

Exclusion of Contacts

Contacts of a COVID-19 Positive Staff (updated July 2021 and August 2021)

For childcare staff:

- When a single exposure occurs – the room(s) can continue to stay open, but all staff and children should continue to be masked.
- Those unable to mask due to choice, age, or inability need to be excluded until:
 - testing negative on day 6 or later with a PCR test to return on day 8
 - OR
 - the person can't or chooses not to test and they remain asymptomatic through day 10

All close contacts, regardless of which quarantine procedure they follow, should continue to self-monitor for 14 days from exposure. If symptoms develop during the 14-day period, the person should self-isolate and get a PCR test then they can return on day 11.

Close contacts with evidence of previous infection **within the past six months** that is documented by a positive PCR or antigen test may be exempt from quarantine exclusion if they remain **asymptomatic** following their exposure. Positive serology or antibody tests may not be substituted for either the PCR

or antigen test. If the close contact becomes symptomatic following their exposure, but during the 90 days after recovery from a prior infection, then there is a possibility of reinfection. Antigen testing in such circumstances is preferred, with the specimen collected within the first five to seven days from symptom onset ([KDHE, 2021](#); [CDC, 2021](#)).

Post-Exposure Management of Vaccinated Individuals and those with a lab confirmed positive case of COVID 19 in last 6 months (updated July and August 2021)

Exempt from quarantine IF they meet ALL the following criteria:

1. Asymptomatic following their exposure,
2. At least two weeks following their second dose of Pfizer or Moderna or one dose of Johnson and Johnson, and
3. Exposed vaccinated staff who remain working are **strongly recommended** to wear a mask (covering mouth and nose) **at all times**

Those meeting above criteria can continue to work in the center unless they become symptomatic. It is recommended by the CDC that fully vaccinated individuals get tested via PCR or antigen test three to five days after exposure to a suspected or confirmed case of COVID-19 even if they do not have symptoms. However, they do not have to isolate at home while waiting for results if they do not have symptoms. Fully vaccinated individuals that do not have symptoms do not need to quarantine but should mask while in public indoor settings for 14 days after exposure.

If the exposed person becomes symptomatic, they should be tested via PCR or antigen test. If they had natural disease recently, meaning they had COVID-19 disease in the last few months, an antigen test within the first five to seven days from symptom onset is preferred. Receiving the vaccine does not affect the results of a PCR or antigen test, only an antibody test.

The positive person must remain out of the center for 10 days from symptom onset (return on day 11). Symptoms must be resolved or significantly improved and fever free the last 24 hours before return.

Contacts of a COVID-19 Positive Child (updated July 2021)

The choices are to:

- 1) Cohort the classroom (contacts of the positive child)
- 2) Close the room

Cohorting of the Classroom (updated July 2021)

If one individual (staff or student) tests positive for COVID-19, JCDHE the classroom where the positive occurred can be cohorted but the children and staff should be masked or the children and unvaccinated staff are to be excluded and room closed. If the classroom is cohorted, they are not to interact with any other children or staff, or visit any indoor common spaces (e.g., gyms, music room, etc.) when other classes are present.

Exclusion of a Classroom

Facilities can decide to close the room if they are more comfortable with this option if only one positive case in the classroom. **If there are two or more positives in a classroom**, JCDHE should be consulted to determine if there is evidence of COVID-19 transmission (two positives within 14 days of one another, without another known exposure). If transmission is identified, the entire classroom may need to be excluded for up to 14 days from the last exposure to the infectious case.

If the facility chooses to close the room in lieu of cohorting, the return or reopen date is determined by one of two options:

- Exposed persons testing negative on day six or later with a PCR test to return on day eight
OR
- the exposed persons can't or chooses not to test and they remain asymptomatic through day 10 then they can return on day 11.

Notification Following a COVID-19 Positive (updated August 2021)

When there is a positive in the classroom, families and staff need to be notified of the positive case, while protecting confidentiality of the positive person's identity, and encouraged to monitor for signs and symptoms of COVID-19 for 14 days. They should also be provided the guidance given by JCDHE to the provider.

COVID-19 Vaccination (updated August 2021)

Getting vaccinated as soon as the opportunity is available is an important way for facilities and staff to stay safe and reduce the risk of getting seriously ill from COVID-19. Review CDC's [COVID-19 Vaccination Information](#) or talk to a healthcare provider for more information. Even after childcare providers and staff are vaccinated, there will be a need to continue prevention measures for the foreseeable future including wearing masks, physical distancing, and other important prevention strategies outlined in this guidance document.

Additional Doses of vaccine for those with moderately to severely compromised immune systems (NEW)

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them. Immunocompromised people should continue to follow prevention measures such as wearing a mask and physical distancing until advised otherwise by their healthcare provider.

Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19 to help protect these people.

Testing

Types of Tests:

<u>Antigen OR Rapid Diagnostic Test (RDT):</u>	Antigen tests detect a protein on the virus. Results for most antigen tests are available onsite in 15-30 minutes. They may be useful as an initial data point, but because antigen tests may not detect lower levels of the virus, false negatives are a concern. If COVID-19 is suspected or there has been a known exposure, an RDT/antigen test should be followed by a confirmatory PCR to make a final diagnosis.
<u>PCR/molecular test:</u>	Polymerase chain reaction tests detect the presence of viral genetic material in specimens. These tests take longer (sometimes several days) because they must be sent to a lab for processing but are generally more sensitive than antigen tests. JCDHE currently offers free PCR tests (nasal swab version). There are now some rapid PCR tests available as well in the community.
<u>Serology:</u>	Blood test that detects antibodies one may have to the virus from an immune system response. These are NOT diagnostic tests and should not be used as such. Serology tests do not provide sufficient evidence of immunity and cannot be used to release individuals from quarantine.

Acceptable tests for return to childcare setting (updated August 2021)

PCR tests are best for confirmation of COVID-19 infections. Serology tests are not diagnostic tests and, therefore, are never sufficient to prove current infection. Antigen tests (RDTs) are a gray area. Childcare personnel can use **positive** antigen tests as confirmation of a COVID-19 positive individual. Antigen tests present concerns about false negatives; therefore, **negative** antigen tests on symptomatic individuals (1 primary and/or ≥ 2 secondary symptoms) should NOT be used to return to childcare setting.

(NEW) (unless the person had a previous positive test in the last 90 days, then test using an antigen test to avoid picking up remnants for previous infection).

The individual will need a confirmatory PCR test, a physician's alternate diagnosis, or wait 10 days from symptom onset. Individuals with a positive antigen test without a subsequent negative PCR test within 48 hours of the initial antigen test will be considered presumed positive and contact tracing is indicated. If a negative PCR test is obtained within 48 hours of the initial antigen test, then the individual would not be considered a case.

Exclusion while waiting for results (updated August 2021)

Current or recent symptomatic individuals awaiting COVID-19 test results should be excluded from childcare until confirmatory lab results are received. Individuals who are waiting on test results prior to planned travel or a medical procedure do not need to be excluded. **(NEW)** Vaccinated staff without symptoms after exposure do not have to quarantine while waiting on results.

Period of immunity

Individuals with lab documentation of previous infection no more than six months prior to the most recent exposure (or within the CDC's most recent guidelines) MAY be released from quarantine recommendations.

Exclusion Criteria **(updated August 2021)**

Table 1. Guidelines for Exclusions in Exposed Individuals

Vaccination Status or Disease History	Is a COVID-19 test recommended?	Test Type	Test Result	When can the individual return to school?	Contact Tracing
Screening Results: Symptomatic AND EXPOSURE within previous 14 days.					
Fully vaccinated OR Documented history of COVID-19 infection within the past 6 mos.	YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	May return no earlier than at least 24 hours since symptom resolution.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended over PCR testing.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	May return no earlier than at least 24 hours since symptom resolution.	NO
Unvaccinated OR Incompletely vaccinated	YES <i>If individual is symptomatic and has a COVID-19 exposure, they are presumed positive and should be treated as such until they receive a negative test result.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then an PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test within the first five to seven days from symptom onset is recommended.</i>	Positive	At least 10 days have passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms.	YES
			Negative	Symptomatic contacts who are not fully vaccinated may not test out of quarantine. They must quarantine for 14 days <u>and</u> their symptoms must be improved.	NO

Screening Results: Exposure to a person with COVID-19 in the last 14 days (NO symptoms)					
Fully vaccinated OR Documented history of COVID infection within the past 6 mos.	NO	Exclusion and testing are NOT indicated.		NO	
Unvaccinated OR Incompletely vaccinated	YES	NO TEST		10 days from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure.	NO
		PCR <i>A PCR test must be conducted on day six or later to be eligible for a shortened quarantine.</i>	Positive	10 days from date the specimen was collected; they may return to activities on day 11 if no symptoms develop. If symptoms develop, see above.	YES
			Negative	Seven days from last exposure to a person with COVID-19. They may return on day 8 after exposure. After the test is collected, if the person develops symptoms during the 14-day period, then the individual needs to self-isolate and be excluded from school REGARDLESS of the results of the test.	NO
		Antigen <i>Antigen testing does not meet the requirements for shortened quarantine.</i>	Positive	PCR test is recommended due to the chance of false positive results in asymptomatic individuals.	--
			Negative	10 days from last exposure to a person with COVID-19. If the person remains symptom-free, they may return to activities on day 11 after exposure. PCR testing is required to be eligible for shortened quarantine.	--
All close contacts should self-monitor for symptoms for 14 days from last exposure. If symptoms develop during the 14-day period, person should self-isolate and get a PCR test.					

Table 2. Guidelines for Exclusion in for Individuals with NO Known Exposure

Vaccination Status or Disease History	Is a COVID-19 test recommended?	Test Type	Test Result	When can the individual return to school?	Contact Tracing
Screening Results: Symptomatic AND NO EXPOSURE within previous 14 days.					
Fully vaccinated OR Documented history of previous COVID infection within the past 6 months	MAYBE <i>Fully vaccinated individuals with no known exposure should consult with their provider to determine if a COVID-19 test is needed.</i>	A provider may determine that a COVID-19 test is recommended. If a test is conducted, then follow return guidelines based on test results.		Dependent on test results and test type.	NO
		NO TEST		At least 24 hours since symptom resolution.	
Unvaccinated OR Incompletely vaccinated	YES <i>If an unvaccinated individual has symptoms consistent with COVID-19, then a COVID-19 test is recommended.</i>	PCR <i>If the individual has had COVID-19 within the past 90 days, then a PCR test is <u>NOT</u> recommended.</i>	Positive	At least 10 days after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	May return no earlier than at least 24 hours since symptom resolution.	NO
		Antigen <i>If the individual has had COVID-19 within the past 90 days, then an antigen test is recommended.</i>	Positive	At least 10 after symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms	YES
			Negative	At least 24 hours since symptom resolution.	NO
		NO TEST		10 days from symptom onset AND at least 24 hours since resolution of fever w/o fever reducing medications AND improvement in symptoms OR 14 days from last exposure and symptoms improved (whichever is longer)	NO

Exposures outside of the childcare setting

If a child or staff member is a close contact of a positive individual, no matter the setting in which they were exposed, they should be excluded per current public health recommendations. See above tables for guidance.

All close contacts should self-monitor for symptoms for 14 days from exposure. If symptoms develop during the 14-day period, person should self-isolate/be excluded from childcare setting and get a PCR test.

Household Contact

If a household member (sibling, parent, etc.) tests positive for COVID-19, then all other household members must be quarantined per current public health recommendations following their last interaction with the positive case. If the positive individual can isolate in a separate bedroom, with a separate bathroom, spending little to no time in common areas and always wearing a mask in the presence of other household members, then the quarantine begins on the day the positive individual

began isolating away from the household. If this is not possible, then household members will need to quarantine per current public health recommendations following the end of the infected person's isolation. This may mean that family members are quarantined for longer periods. If additional household members become symptomatic/test positive during the isolation or quarantine period, the quarantine period starts over.

Contacts of Contacts

If an individual is notified that they are a close contact of a COVID-19 positive individual, only that person who was directly exposed needs to quarantine. Other family members (e.g., siblings) do not need to quarantine if they did not have contact with the infected individual.

Travel

KDHE recommends that those traveling to certain locations should follow their travel policy that can be located at: <https://www.coronavirus.kdheks.gov/175/Travel-ExposureRelated-Isolation-Quaran>

Vaccinated persons are not required to quarantine regarding travel if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Have remained asymptomatic since the travel

Persons who do not meet both of the above criteria should continue to follow current quarantine guidance for travel.