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Sent: 1/31/2022 12:17:45 PM
To: Sue Polston <spolston@sunriseinasheville.org>, Jacqui Derreberry <jderreberry@sunriseinasheville.org>, Cindy McMahon <cd@homewardboundwnc.org>, Heather Nelson <heather@homewardboundwnc.org>, BeLoved Asheville <belovedasheville@gmail.com>, Micheal Woods <micheal@westerncarolinarescue.org>, Evelyne Ball <Evelyne.Ball@ashevillenc.gov>
Cc: Jennifer Teague <Jennifer.Teague@buncombecounty.org>, Brian Methvin <brian@methvin.com>
Subject: Pwd: Key points from CDC webinar on I&Q in homeless shelters
Attachments: [Isolation and Quarantine in Congregate Settings_CDC_1-20-22_final.pdf](#), [image001.png](#)

See below from Dr. Mullendore.

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----- Forwarded message -----

From: **Jennifer L. Mullendore** <Jennifer.Mullendore@buncombecounty.org>
Date: Mon, Jan 31, 2022 at 12:08 PM
Subject: Key points from CDC webinar on I&Q in homeless shelters
To: Emily Ball <eball@ashevillenc.gov>
Cc: Amparo Acosta <Amparo.Acosta@buncombecounty.org>, Chrysta Burris <Chrysta.Burris@buncombecounty.org>, Ellis Matheson <Ellis.Matheson@buncombecounty.org>, Heather Riemer <Heather.Riemer@buncombecounty.org>, Karen Robinson <Karen.Robinson@buncombecounty.org>, Molly M. Cassidy <Molly.Cassidy@buncombecounty.org>, Nicole Santamaria <Nicole.Santamaria@buncombecounty.org>, Rae Powers <Rae.Powers@buncombecounty.org>, Susan Creede <susan.creede@buncombecounty.org>

Emily,

I promised to type up the key points from the webinar and share them with the providers, so here they are. I think I went over all of these during Thursday's meeting, but good to share them with everyone who wasn't there and to have them in written form for those who were. I reviewed them with our Communicable Disease nurses on Friday. Thanks!

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At last Thursday's call, I think I went over this important information from the CDC's recent webinar on I&Q in Correctional Facilities and Homeless Shelters, but wanted you all to have them in writing. The presentation slides were previously shared by Emily, but I've attached them again so you can have this all together.

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- Residents and staff of homeless shelters should isolate or quarantine for 10 days, **regardless of their vaccination status**. (See slide 27 for Homeless Service settings.)
 - If there are critical staffing shortages, staff can be brought back to work early from quarantine and isolation, as long as they are **without symptoms**. Those who should be out on isolation should **only** work on isolation units with others who have tested positive.
 - Please notify BCHHS Communicable Disease staff before you bring someone back to work early from quarantine or isolation so we can assist in making sure this is done in the safest way possible.*
 - Residents testing positive can be cohorted in a dorm isolation unit.

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- On the slide for Homeless Service Settings (slide 27), they also state that clients and staff should quarantine **regardless of prior infection**.
 - This was news to me and the CD team, and not something we have been doing.*
 - Liesl Hagan, the person representing the CDC's Corrections Team, wrote this in the chat on the Q&A following the 1/27 replay of the webinar: "General CDC guidance recommends exempting people who have been infected within the past 90 days from testing and quarantine (unless they have new symptoms). However, we have been hearing from partners that they are finding confirmed re-infections within the 90 day window with Omicron. **The most conservative approach would be to quarantine after exposure, regardless of prior infection.**"

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- The 10 days of isolation or quarantine only applies **inside** the congregate setting, as that is where there is the highest risk of spread. If individuals who live or work in a homeless shelter are outside of that (or any other) congregate setting, the [general population I&Q guidance](#) applies.
 - For example, a resident of a homeless shelter who was symptomatic and tested positive for COVID-19 will need to be in isolation for 10 days while inside the shelter, but they can leave the shelter after 5 full days of isolation to go to work, if they have been fever-free for 24 hours without medication and their symptoms are improving. Or a homeless shelter staff person who tested positive but didn't have symptoms, shouldn't return to work in the shelter until they have completed a 10 day isolation, but they could go grocery shopping after 5 full days of isolation.
 - This can get very confusing, very quickly and may be difficult to implement, but we know that some homeless shelter residents have voiced concerns about losing their jobs if they don't go to work, so this is an option for them/the shelter where they are staying.

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- For testing of close contacts at a shelter, they recommend testing them initially and then after at least 5 days have passed since exposure, or any time symptoms develop.
 - For residents who are quarantined together as a cohort following exposure, test every 3-7 days.
 - For those who are quarantined individually, they recommend an initial test plus another test at least 5 days after exposure.
 - Include fully vaccinated/boosted staff and residents in screening testing as vaccination does not eliminate the risk of infection or transmission of the virus to others.
 - They acknowledge that this testing of those in quarantine may not be possible depending on supply and staffing levels.

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- Slide 28 shows a ranked order of effectiveness of isolation locations for those experiencing homelessness. May be useful when thinking about how to address cases in a shelter.

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- The speakers acknowledged that the guidance on the CDC website for homeless service providers has still not been updated. On the 1/27 Q&A they said, "the website update is still undergoing our clearance process." They could offer no definitive timeline for posting of updates, but hoped that it would be in next week or two.

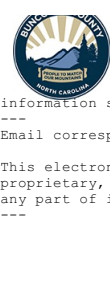
~

Let me know if any questions about any of this. And thanks for what you continue to do for our communities!

~

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Health & Human Services & Medical Director
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