



Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor  
Atlanta, Georgia 30303-3142

[dph.ga.gov](http://dph.ga.gov)

## **GEORGIA DEPARTMENT OF PUBLIC HEALTH SEVENTEENTH AMENDED ADMINISTRATIVE ORDER FOR PUBLIC HEALTH CONTROL MEASURES<sup>1</sup>**

**WHEREAS**, on March 14, 2020, Governor Brian P. Kemp issued Executive Order 03.14.20.01, declaring a Public Health State of Emergency in Georgia due to the impact of Novel Coronavirus Disease 2019 (COVID-19); and

**WHEREAS**, on March 16, 2020, the Georgia General Assembly concurred with Executive Order 03.14.20.01 by joint resolution; and

**WHEREAS**, on June 30, 2021, Governor Kemp issued Executive Order 6.30.20.01 declaring a State of Emergency for Continued COVID-19 Economic Recovery to address the continuing negative effects of the COVID-19 pandemic on the State's economy, supply chain, and healthcare infrastructure, and on July 1, 2021, the Public Health State of Emergency initially declared by Executive Order 03.14.20.01 expired; and

**WHEREAS**, the State of Emergency for Continued COVID-19 Economic Recovery was renewed by Executive Orders 7.22.21.02, 8.19.21.01, 9.20.21.01, 10.21.21.01, 11.19.21.01 and 12.17.21.01; and

**WHEREAS**, on January 31, 2020, the Secretary of Health and Human Services determined that a public health emergency exists nationwide due to the impact of Novel Coronavirus Disease 2019 (COVID-19); and

**WHEREAS**, the public health emergency has been extended by the Secretary of Health and Human Services; and

**WHEREAS**, the Centers for Disease Control and Prevention ("CDC") recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

**WHEREAS**, the number of cases of COVID-19 and the variant cases of COVID-19 in the state of Georgia continues to grow; and

---

<sup>1</sup>This Sixteenth Amended Administrative Order amends and supersedes all prior "Administrative Orders for Public Health Control Measures" in connection with COVID-19.

**WHEREAS**, COVID-19 presents a severe threat to public health in Georgia; and

**WHEREAS**, COVID-19 is a severe respiratory disease that is transmitted primarily through respiratory droplets produced when an infected person coughs or sneezes; and

**WHEREAS**, although the vast majority of Georgians are complying with public health recommendations and guidance for the isolation of persons with symptoms of COVID-19, I have received reliable reports that a small number of persons may be behaving in a way that contributes to the spread of this disease in the community; and

**WHEREAS**, I have determined that it is necessary and appropriate to require persons who:

- have received a positive lab-confirmed test for COVID-19, or
- are suspected to have COVID-19 based on symptoms recognized by the CDC, or
- have been in close contact with a person with known or suspected COVID-19

to isolate or quarantine themselves at home, in order to slow the spread of COVID-19, reduce the number of people who will become infected, and avoid unnecessary strain on Georgia's healthcare system.

**NOW, THEREFORE**, in accordance with O.C.G.A. §§ 31-2A-4(4) and 31-12-4, and Chapter 511-9-1 of the Rules of the Georgia Department of Public Health ("Department"),

**IT IS HEREBY ORDERED** as follows:

Isolation of Persons with Known or Suspected COVID-19

1. *Persons With Known COVID-19.* Upon notification by a healthcare provider, public health official, or clinical laboratory of a positive laboratory-confirmed test for COVID-19 or upon a positive result from a self-administered, at-home COVID-19 test, the person testing positive for COVID-19 shall immediately isolate himself or herself at home or another location approved by the Department.
2. *Persons With Suspected COVID-19.* Upon notification by a healthcare provider or public health official that COVID-19 infection is diagnosed or suspected based on symptoms, the person with suspected COVID-19 infection shall immediately isolate himself or herself at home or another location approved by the Department. As of the date of this Order, the CDC recognizes the following symptoms of COVID-19 infection: fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), 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, or diarrhea.

3. Each isolated person shall avoid unnecessary physical contact with any and all persons and shall comply fully with the [Isolation Protocol](#) which may be updated from time to time.
4. Each isolated person shall remain in isolation until such time as he or she no longer presents a risk of infection to the public, as determined by the Isolation Protocol then in effect. As of the date of this Administrative Order, the Isolation Protocol requires an isolated person to remain in isolation as follows:
  - (1) *If the person was diagnosed with COVID-19 and developed symptoms*, isolation may be discontinued when at least 5 days have passed since symptoms first appeared, and at least 24 hours have passed since the last fever without the use of fever-reducing drugs, and symptoms have improved (e.g., cough, shortness of breath). If symptoms are not improving or fever has not resolved, the person should stay in isolation until these criteria are met. If leaving isolation before 10 days have passed, the person should wear a well-fitting mask for the remainder of 10 days.
  - (2) *If the person was diagnosed with COVID-19 but never developed any symptoms (i.e., asymptomatic)*, then isolation may be discontinued when at least 5 days have passed since the positive laboratory test and there are still no symptoms. If leaving isolation before 10 days have passed, the person should wear a well-fitting mask for the remainder of 10 days.
5. Isolated persons should monitor their symptoms and seek prompt medical attention if the symptoms get worse, as instructed in the [Isolation Protocol](#).
6. Isolated persons may leave isolation in the event of an emergency, such as a fire or natural disaster, or if the person's health condition worsens and he or she requires treatment in a healthcare facility.
7. Following guidance from the Centers for Disease Control and Prevention on isolation remains the safest way to protect teachers and students from the spread of COVID-19. However, recognizing the importance of in-person learning, K-12 schools may allow students, teachers, and staff who have tested positive for COVID-19 to return to school after following the isolation requirements above, including wearing a well-fitting mask for the remainder of 10 days to minimize the risk of spreading the virus to others.
8. Each isolated person shall cooperate with state and local public health personnel by answering questions as necessary to identify and locate those persons with whom the isolated person has been in close contact (within six feet for fifteen minutes or more) beginning two days before symptoms began or, for isolated persons who have experienced no symptoms of COVID-19, beginning two days

before the test was completed. If requested by public health personnel, the isolated person shall provide a list of the locations visited by the isolated person during the time frame that he or she may have been able to transmit the disease.

#### Quarantine of Persons Exposed to COVID-19

1. *Persons With COVID-19 Exposure Likely to Result in Infection.* Upon notification by a healthcare provider, public health official, or isolated person of exposure to COVID-19 based on close contact (within six feet for fifteen minutes or more) with a person who must be isolated as provided herein, the person so exposed shall immediately quarantine himself or herself at home or another location approved by the Department unless the person has been fully vaccinated and received a booster dose if eligible, for COVID-19 as set forth in the following paragraph.
2. Persons who have been fully vaccinated for COVID-19 and who have received a booster, if timeframe is appropriate as outlined in the [Quarantine Protocol](#), and who remain asymptomatic after COVID-19 exposure, do not need to quarantine following COVID-19 exposure. If at any time in the 10 days following exposure, the quarantined person experiences the following symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), chills, muscle pain, sore throat, or new loss of taste or smell, the quarantined person shall be considered a person with suspected COVID-19 and shall follow the requirements for isolation set forth above and in the [Isolation Protocol](#) unless directed otherwise by a healthcare provider or public health.
3. Each quarantined person shall avoid unnecessary physical contact with any and all persons and shall comply fully with the [Quarantine Protocol](#) which may be updated from time to time.
4. Each quarantined person shall remain at home or in the approved quarantine location. The recommended time for quarantine is five (5) days from last known exposure, if the person remains asymptomatic, with 5 additional days of wearing a well-fitting mask.
5. Additionally, quarantined persons may leave quarantine in the event of an emergency, such as a fire or natural disaster, or if the person's health condition worsens and he or she requires treatment in a healthcare facility.
6. Following guidance from the Centers for Disease Control and Prevention on quarantine remains the safest way to protect teachers and students from the spread of COVID-19. However, recognizing the importance of in-person learning,

K-12 schools may allow students, teachers, and staff to return to school as follows:

- (1) Schools may elect to adhere to the standard quarantine requirements outlined above OR
  - (2) Schools may elect to adhere to different quarantine requirements as developed by the local school district to facilitate in-person learning. Individuals subject to quarantine may only adhere to such different quarantine requirements as long as the point of exposure occurred in the school setting and as long as they remain asymptomatic. DPH recommends schools electing to adhere to such different quarantine requirements require that quarantined persons remaining in the school setting wear a well-fitting mask for 10 days after exposure. Schools may consider a [Test to Stay Protocol](#) for individuals during their quarantine period. Serial testing may detect early infections while allowing individuals who test negative to remain in school.
7. Notwithstanding the foregoing, exposed health care providers, emergency medical services workers, first responders, critical infrastructure workers<sup>2</sup>, and educators and education staff may, regardless of vaccination status and where the point of exposure occurred, continue to work, in consultation with their workplace occupational health program and if necessary to ensure adequate staffing, so long as they are asymptomatic, don masks while on duty, and comply with all other quarantine requirements for the duration of the ten-day period. This exception to the quarantine requirement should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health, safety, or welfare.
8. During the period of quarantine, the quarantined person shall take his or her temperature twice per day and monitor any symptoms of respiratory illness. If at any time the quarantined person experiences the following symptoms of COVID-19, including cough, shortness of breath or difficulty breathing, fever (a measured temperature over 100.4 degrees Fahrenheit or a feeling of feverishness), chills, muscle pain, sore throat, or new loss of taste or smell, the quarantined person shall be considered a person with suspected COVID-19 and shall follow the requirements for isolation set forth above and in the [Isolation Protocol](#) unless directed otherwise by a healthcare provider or public health.

---

<sup>2</sup> “Critical Infrastructure” shall include all Workers and Organizations included in versions 1.0, 2.0, and 3.0 of Guidance on Essential Critical Infrastructure Workers released by the U.S. Department of Homeland Security on March 19, 2020, March 28, 2020, and April 17, 2020, respectively. The term “Critical Infrastructure” shall also include those suppliers which provide essential goods and services to the Critical Infrastructure workforce as well as entities that provide legal services, home hospice, and non-profit corporations or non-profit organizations that offer food distribution or other health or mental health services.

Staff members of the Department are available at **866-PUB-HLTH (866-782-4584)** to assist and counsel persons subject to this Administrative Order concerning their illness or exposure and their compliance with this Order.

During the period of isolation or quarantine, the ability of persons subject to this Order to communicate with others outside the isolation or quarantine site, including their ability to exchange confidential communications with legal and medical advisors of their own choosing, will be preserved and facilitated to the extent possible without jeopardizing the integrity of the isolation or quarantine.

Failure to comply with this Order is a misdemeanor offense pursuant to O.C.G.A. § 31-5-8. If the Department has reasonable grounds to believe that a person subject to quarantine or isolation refuses to comply with the requirements of this Order, the Department may provide information to law enforcement as necessary to ensure compliance and to facilitate criminal prosecution.

Further, any person who refuses to isolate or quarantine himself or herself as required by this Order may be subject to such further action as may be necessary to protect the public's health.

**SO ORDERED**, this 5th day of January, 2022.



---

Kathleen E. Toomey, M.D., M.P.H.  
Commissioner  
State Health Officer