

Attention: Chief Directorates
Heads of Institutions
Head of Health: City of Cape Town

Circular No: H151 of/ 2021

**COVID Vaccine Project Office: Isolation & Quarantine guideline for discordant parent and child
with covid-19 within the family environment**

This circular provides guidance on household quarantine in instances where a parent/primary caregiver of a child have discordant COVID-19 status. A child for purposes of this circular refers to persons 12 years or younger, whilst acknowledging the official definition of a child in the South African constitution as a person below the age of 18 years¹.

This circular provides guidance when:

- There is a **COVID-19 discordant parent/child in a household**, meaning either the child or parent tests positive and the other negative or asymptomatic (and untested).
- The **family resides in conditions that does not allow for adequate isolation/quarantine** in the home environment, due to the nature/size of the home or number of household members.
- There are **children 12 years old and younger in the household who are unable to care for themselves**.

National COVID-19 guidelines require persons infected with the COVID-19 virus to isolate for 10 days² following the development of signs and symptoms or quarantine for 10 days if they meet the criteria of a close contact³.

However, in the case of discordant parents and children, the recommendations for family quarantine/isolation as a unit is based on the following premises:

1. When **families isolate together in household circumstances where it is difficult to isolate/quarantine separately**, it is more common for all members of the household to become positive as a cluster. The situation of a parent remaining negative while their child is positive (and vice versa) is unusual where there is ongoing close contact.
2. **Parental/primary caregiver support is vital** in ensuring the optimal physical, mental and nutritional care of children, and the separation of young children from their parents/primary caregivers is strongly discouraged, unless the adults are too ill to care for the children.
3. **Breastmilk continues to be the optimal infant feeding choice** and thus the separation of breastfeeding mother baby pairs must be avoided at all costs, unless the mother is too ill to care for her child. For further guidance on the management of mother baby pairs please refer to Circular

¹ <http://www.sahrc.org.za>

² <https://www.nicd.ac.za/reduction-in-the-isolation-period-for-patients-with-confirmed-covid-19-infection/>

³ <https://www.wits.ac.za/covid19/covid19-news/latest/covid-19-expert-advice-1-how-long-should-i-isolate-or-quarantine-for.html>

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H107/2020. Research indicates that breastmilk produced by infected mothers is a source of anti-SARS-CoV-2 IgA and IgG and neutralizes SARS-CoV-2 activity⁴.

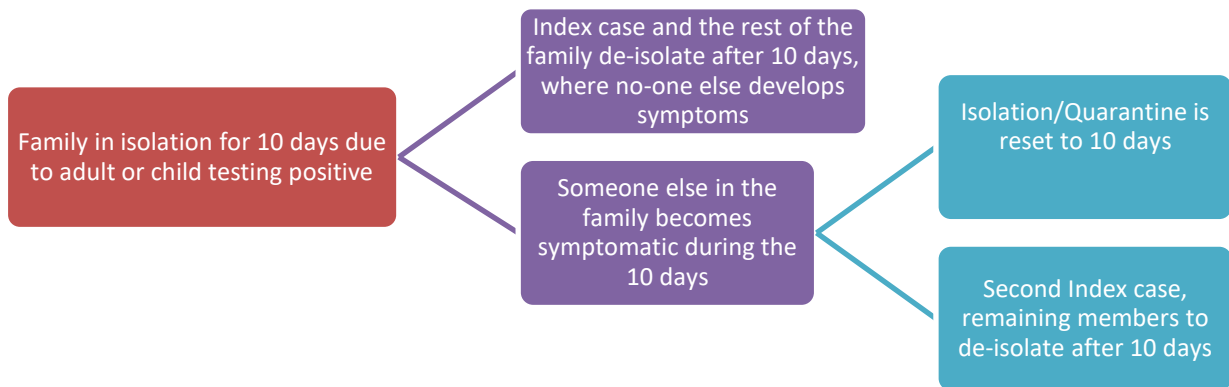
4. **Adolescents**, while able to quarantine or isolate more easily in the home environment, also **require ongoing care and support**, especially bearing the mental health impact of the pandemic in mind.
5. The **current environment of isolation / quarantine sites** available in the Province **does not lend itself to the accommodation of children** and the care requirements of said children.

Recommendation for family quarantine/isolation:

The duration of family isolation must be aligned with the current practice of 10 days from the day of close contact with the COVID-19 positive person.

1. However, should any other member of the family become symptomatic during this period, then only the index case is allowed to de-isolate at the end of the 10 days, while the isolation/quarantine period is reset for the rest of the family/household as displayed in the graphic below.

Graphic 1: Isolation flow for discordant family members in the home environment.



2. If an unvaccinated parent or caregiver is quarantining with their child, the parent or caregiver (and all other adults in the household) should be encouraged to vaccinate 30 days after their infection to enhance the protection of themselves and their children from future COVID-19 infections and complications.

Each scenario must be evaluated, and recommendations made within the context of the family's circumstances. For enquiries related to the content of this circular please liaise with Professor Hassan Mahomed (Hassan.Mahomed@westerncape.gov.za)

Thanking you in this regard

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Chief Director: ECSS
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⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7523143/>