Updated July 23, 2020

Guidelines for Discontinuation of Isolation Precautions in Patients with COVID-19 Infection

Under Home Isolation

Interim guidance for discontinuation of Transmission-Based Precautions (or isolation precautions) and disposition of COVID-19 infected patients under home isolation has been developed based on available information about COVID-19. This guidance is subject to change as additional information becomes available.

CDC recommends a symptom-based strategy for discontinuation of home isolation. CDC now says the following: “A test-based strategy is no longer recommended to determine when to discontinue home isolation...” ADH also strongly recommends against using a test-based strategy for discontinuation of home isolation and advises using a symptom-based strategy for these decisions.

Symptom-Based Strategy (formerly called Non-Test Based Strategy)

Persons with confirmed\(^1\) or probable\(^2\) COVID-19 and who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 10 days* have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

This does not apply to immunocompromised patients, those with severe illness, and those who live in congregate living facilities (retirement communities, nursing homes, prison, homeless shelters, etc.).

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

\(^1\)Confirmed COVID-19 Case:
- Meets confirmatory laboratory evidence, i.e. detection of SARS COV 2 RNA in a clinical specimen
Probable COVID-19 Case:
- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence (serology) AND either clinical criteria OR epidemiologic evidence.
- A death certificate that lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death with no confirmatory laboratory testing performed for COVID-19.

SARS COV2 Illness Severity Criteria

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Clinicians with questions about this guidance can call the ADH Physicians Line @ 1-844-930-3023.