



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
José R. Romero, MD, Interim Secretary of Health

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## **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<sup>1</sup> or probable<sup>2</sup> 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.**

#### **<sup>1</sup>Confirmed COVID-19 Case:**

- Meets confirmatory laboratory evidence, i.e. detection of SARS COV 2 RNA in a clinical specimen

## **<sup>2</sup>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 (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <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 (PaO<sub>2</sub>/FiO<sub>2</sub>) <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.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

[https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01\\_covid-19.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf)