ALAMEDA COUNTY HEALTH UPDATE

Discontinuation of Transmission-Based Precautions and Release from Home Isolation Guidance Following a COVID-19 Infection- 7/29/2020

This document describes updated guidance for releasing a person from home isolation or removing a patient or resident of a healthcare facility from Transmission-based Precautions for COVID-19. The test-based strategy, previously described as an option for ending isolation, should no longer be considered except in very specific circumstances and after consultation with an infectious disease expert.

Please note that Transmission-based Precautions should not be removed if a patient has another diagnosis that requires them, such as an infection with a multidrug resistant organism.

Action Requested of Providers

Using the following criteria, persons may be released from home isolation, and clinicians may discontinue Transmission-based Precautions and end isolation for patients or residents following COVID-19 infection.

Persons with mild to moderate illness due to COVID-19, and who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Other symptoms, such as cough or shortness of breath, have improved.

Persons who are not severely immunocompromised and who were asymptomatic throughout their infection may discontinue isolation and Transmission-based Precautions 10 days after the date of their first positive viral diagnostic test for SARS-CoV-2.

Persons with severe to critical illness, or who are severely immunocompromised:

- At least 20 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, such as cough or shortness of breath, have improved.

Persons who are severely immunocompromised but who remain asymptomatic throughout their SARS-CoV-2 infection may discontinue isolation and Transmission-based Precautions 20 days after the date of their first positive viral diagnostic test for SARS-CoV-2.
Persons who have Severe Illness\textsuperscript{iii} or who are Severely Immunocompromised\textsuperscript{iv}

- A limited number of persons with severe illness or who are severely immunocompromised may produce replication-competent virus beyond 10 days. These situations may warrant extending the duration of isolation and Transmission-based Precautions for up to 20 days after symptom onset or after the first positive COVID-19 test in those who remain asymptomatic; consider consultation with infection control experts.

- When applying severity criteria to pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children; thus, hypoxia should be the primary criterion to define severe illness, especially in younger children.

- Patients can test positive by molecular viral assays, or NAATs (such as RT-PCR) for prolonged periods of time, even after they are no longer infectious. A test-based strategy, requiring 2 consecutive negative NAATs collected $\geq$ 24 hours apart, should not be used except for persons who are severely immunocompromised and concerns exist for the patient being infectious for more than 20 days. In these cases, consult with infectious diseases experts for additional guidance.

- Consult the CDC Duration of Isolation and Precautions for Adults with COVID-19 for more information about the limited evidence base on infectiousness for this patient population.

**Local Health Department Reporting and Contact Information**

- Alameda County Acute Communicable Disease Control:
  - Weekdays 8:30am–5pm Phone: (510) 267-3250
  - After hours Phone: (925) 422-7595 and ask for the public health duty officer on call
  - For non-immediate concerns, email nCoV@acgov.org

- Berkeley Public Health Division:
  - Weekdays 8am-5pm Phone: (510) 981-5292
  - After hours: Phone: (510) 981-5911 and ask for the Health Officer on call

- Contact Information for all other Local Health Jurisdictions is available online from CDPH

**Resources**

- CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
- CDC Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings
- CDC Duration of Isolation and Precautions for Adults with COVID-19
- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
\(^{i}\) 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.

\(^{ii}\) Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) \( \geq 94\% \) on room air at sea level.

\(^{iii}\) Individuals who have respiratory frequency \( \geq 30 \) breaths per minute, SpO2 \(< 94\% \) on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of \( \geq 3\% \)), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (Pa\(O_2/FiO_2\)) \(< 300 \) mmHg, or lung infiltrates \( \geq 50\% \).

\(^{iv}\) Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

\(^{v}\) Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count \(< 200\), combined primary immunodeficiency disorder, and receipt of prednisone \( \geq 20\)mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.