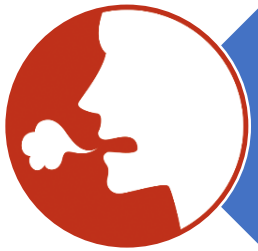
Quick Reference: Discontinuation of Transmission-Based Precautions and Home Isolation for Persons Diagnosed with COVID-19

This guidance is provided to assist healthcare facilities, healthcare providers and local public health officials in determining when to discontinue Transmission-Based Precautions and/or home isolation for persons with confirmed COVID-19. This document is intended to serve as a general resource. For the complete guidance, refer to the COVID-19 Communicable Disease Manual Chapter (see section 7A. Isolation) at https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf.

SYMPTOM-BASED STRATEGY

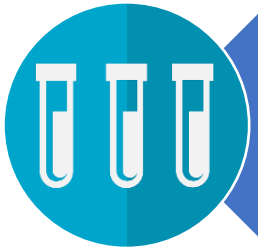


Non severely immunocompromised[1] patients with mild[2] to moderate[3] illness should remain on isolation **≥10 DAYS** have passed since symptoms first appeared (20 days for severe[4] or critical[5] illness or those who are severely immunocompromised) **AND** at least 24 hours have passed since **r**esolution of fever, without use of fever-reducing medication **AND** **i**mprovement in symptoms.

TIME-BASED STRATEGY

Asymptomatic persons should remain on isolation **≥10 DAYS** have passed since the date of first positive COVID-19 viral diagnostic test (20 days for those who are severely immunocompromised) **AND** have **remained asymptomatic** (if symptoms appear during this time refer to above).

TEST-BASED STRATEGY



Generally not recommended. Could be considered for persons who are **severely immunocompromised** in consultation with an infectious disease expert,if concerns exist for the patient being infectious for more than 20 days.

UPDATE: A test-based strategy for discontinuation of Transmission-Based Precautions is no longer recommended because, in most cases, it results in prolonged isolation of persons who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. In some instances, a test-based strategy could be considered if needing to discontinue Transmission-Based Precautions earlier than the time- or symptom-based strategies allow. Additionally, criteria for discontinuation of Transmission-Based Precautions are now determined by illness severity (see below). For more information regarding the latest evidence behind these changes visit https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html.

Decisions to extend Transmission-Based Precautions or home isolation should be made in consultation with a healthcare provider and/or public health professional and is subject to differences in disease course, symptoms, living situation, available resources and clinical management. It is important to note that it is possible that a person *known* to be infected with COVID-19 could discontinue isolation earlier than a person who is quarantined because of the *possibility* they are infected.

Resources

CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

CDC Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Illness severity definitions

[1]The degree of immunocompromise in the individual is determined by the treating provider however 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 >20mg/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.

[2] 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.

[3] 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.

[4]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%.

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