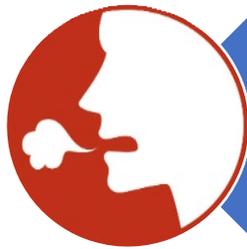


Quick Reference: Discontinuation of Transmission-Based Precautions for Persons Diagnosed with COVID-19 in Healthcare Settings



This guidance is provided to assist healthcare facilities, providers, and local public health officials in determining when to discontinue transmission-based precautions for persons with confirmed COVID-19. This document is intended to serve as a general resource. Additional information is available at CDC *Ending Isolation and Precautions for People with COVID-19: Interim Guidance* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>). For patients discharged to the community, please refer to CDC *Quarantine and Isolation* at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>.

SYMPTOM-BASED STRATEGY



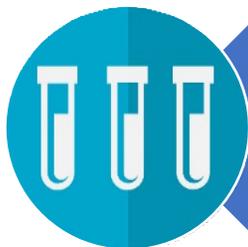
Non severely immunocompromised¹ patients with mild² to moderate³ illness should remain on isolation **≥10 DAYS** have passed since symptoms first appeared (up to 20 days for severe⁴ or critical⁵ illness or those who are severely immunocompromised) **AND** at least 24 hours have passed since resolution of fever, without use of fever-reducing medication **AND** improvement 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 (up to 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 **moderately to severely immunocompromised** in consultation with an infectious disease expert, if concerns exist for the patient being infectious for more than 20 days.

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 strategy allow. Criteria for discontinuation of transmission-based precautions are determined by illness severity (see below). For individuals with severe or critical illness or those who are moderate to severely immunocompromised, the recommended duration for isolation is at least 10 days and up to 20 days after symptom onset or date of their most recent positive viral diagnostic test (if asymptomatic). For more information regarding the latest evidence behind these recommendations, visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

Decisions to extend transmission-based precautions 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 SARS-CoV-2 could discontinue isolation earlier than a person who is quarantined because of the possibility they are infected.

Illness severity definitions

¹The degree of immunocompromise in the individual is determined by the treating provider; however, some conditions such as being on chemotherapy for cancer, being within one year out from receiving hematopoietic stem cell or solid organ transplant, 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 the 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) <300mmHg, or lung infiltrates >50%.

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

Resources

CDC Ending Isolation and Precautions for People with COVID-19: Interim Guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>