

Quick Reference: Discontinuation of Transmission-Based Precautions for Persons 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 in healthcare settings. This document is intended to serve as a general resource. Additional information is available at CDC *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>). For patients discharged to the community, please refer to CDC *Ending Isolation and Precautions for People with COVID-19: Interim Guidance* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>).

SYMPTOM-BASED STRATEGY



Patients/residents who are *not* moderately to severely immunocompromised with mild to moderate illness should remain in isolation until **10 DAYS** have passed since symptoms first appeared (for severe to critical illness, a minimum of 10 days, up to 20) **AND** at least 24 hours have passed since the resolution of fever without the use of fever-reducing medication **AND** improvement in symptoms.

TIME-BASED STRATEGY



Asymptomatic patients/residents who are *not* moderately to severely immunocompromised should remain on isolation until **10 DAYS** have passed since the date of first positive SARS-CoV-2 viral diagnostic test **AND** have **remained asymptomatic** (if symptoms appear during this time refer to above).

TEST-BASED STRATEGY



Moderately to severely immunocompromised patients/residents should use a test-based strategy and (if available) consultation with an infectious disease specialist to **determine discontinuation of transmission-based precautions** with negative results from at least two consecutive specimens collected ≥ 24 hours apart using a viral test. When symptoms are present, there should be resolution of fever and improvement of symptoms as described in the symptom-based strategy above.

Criteria for discontinuation of transmission-based precautions are determined by the level of immunocompromise (i.e., test-based strategy) and illness severity. The highest level of illness severity experienced by the patient/resident at any point in their clinical course should be used when determining the duration of transmission-based precautions. Clinical judgment regarding the contribution of SARS-CoV-2 to clinical severity might also be necessary when applying these criteria to inform infection control decisions. In general, patients/residents hospitalized for SARS-CoV-2 infection should be maintained in transmission-based precautions for the time period described for individuals with severe to critical illness. 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. In general, patients/residents should continue to wear source control until symptoms resolve, or for those who never developed symptoms, until they meet criteria to end isolation. Then they should revert to the standard facility source control policy for patients/residents.

Illness severity definitions

¹The treating provider determines the degree of immunocompromise in the individual; 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 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>