

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 immunocompromised¹ with mild² to moderate³ illness should remain in isolation until **10 DAYS** have passed since symptoms first appeared (for severe⁴ to critical⁵ 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



Moderate to severely immunocompromised patients/residents should use a test-based strategy and (if available) consult with an infectious disease specialist to **determine discontinuation of transmission-based precautions** with negative results from at least two consecutive specimens collected 48 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 discontinuing transmission-based precautions are determined by the patient's immunocompromised status 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 on transmission-based precautions for the period described for individuals with severe to critical illness. Patients with severe to critical illness who are not moderate to severely immunocompromised may use a test-based strategy (as described for moderate to severely immunocompromised patients) to inform the duration of isolation. The decision 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. In general, patients/residents should continue to wear source control until symptoms resolve, or for those who never developed symptoms until they meet the 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 to which an individual is immunocompromised. For this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the [Interim Clinical Considerations for Use of COVID-19 Vaccines](#).

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>