



Technical Bulletin



Date: November 19, 2020
Topic: Guidance for Discontinuation of COVID-19 Isolation
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To: All Health Care Providers, Employers, Businesses, and Public Health Officials

This bulletin describes the Centers for Disease Control and Prevention (CDC) guidance for discontinuation of self-isolation for those that have been able to care for themselves at home. It is intended for employers and businesses; health care providers; and public health officials managing persons with COVID-19 (cases that received a positive PCR test for COVID-19) and under isolation who are not in health care settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

The most recent CDC recommendations, published on July 17, 2020, no longer supports the test-based strategy for self-isolated cases. According to CDC, in most cases the test-based strategy is no longer the method of choice for the discontinuation of home isolation, so it should not be used as a requirement for recovered individuals to return to the workplace, unless it has been found by a health care provider to be clinically necessary.

A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances. A test-based strategy may result in prolonged isolation of patients who may continue to shed detectable viral RNA fragments that are no longer infectious.

Symptom-based strategy for patients with mild to moderate* illness who are not severely immunocompromised or persons with COVID-19 who have symptoms and were able to care for themselves at home may discontinue isolation under the following conditions:

- 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
- Symptoms (e.g., cough, shortness of breath) have improved

For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, self-isolation and transmission-based precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

***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.

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.

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%.

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

In **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.

Please Review the CDC Website for Additional Information

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775) 400-0333.



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