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Updated Discontinuation of Isolation for People with COVID-19

Symptom-Based Strategy to Discontinue Isolation of People with COVID-19: Isolation Period Extended

The Centers for Disease Control and Prevention (CDC) recently changed the recommended duration of isolation for individuals (including healthcare personnel) with COVID-19 when a **symptom-based strategy** is used. Isolation should be maintained for at least **10** days after illness onset (increased from 7 days) and at least 3 days (72 hours) after recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms.

A **test-based strategy** (if feasible) or a symptom-based strategy with more stringent requirements may be used for recovered individuals for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and infectious risk because they are:

1. Individuals who could pose a risk of transmitting infection to
 - a. Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection, or
 - b. People who support critical infrastructure
2. Normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.
3. Immunocompromised and may have prolonged viral shedding.

A **test-based strategy** is to maintain home isolation until:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected =24 hours apart (total of two negative specimens)

A **time-based strategy** may be used for individuals who had laboratory confirmation of SARS-CoV-2 and who have not had any symptoms. Isolation is recommended for **10** days since the date of the first positive molecular test.

These recommendations are based on the best information available at this time regarding viral load in

upper respiratory specimens and culture of replication-competent virus, and the practical realities of an evolving pandemic. No policy decision will result in 100% certainty that all recovered individuals are no longer infectious.

For details, see

Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Ending Home Isolation for Immunocompromised Persons with COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html>