

This is an official
CDC Health Update

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**Updated Interim Guidance on Ending Isolation for COVID-19 Infection and
Healthcare Worker Return to Work**

Summary

- The test-based strategy is no longer recommended to determine when to end transmission-based precautions (isolation) after COVID-19 infection or to allow healthcare providers to return to work, except for rare situations.
- Changes to the criteria to end isolation for symptom-based criteria include:
 - 24 hours must have passed since last fever without the use of anti-pyretic medications (reduced from 72 hours).
 - Symptoms must have improved (no longer states just “respiratory symptoms”).
 - 10 days must have passed since symptoms first started for persons with mild to moderate illness and who are not immunocompromised.
 - For persons with severe to critical illness or who are severely immunocompromised, the recommended time to remain in isolation has been extended to 20 days since symptoms first started.
 - Definitions for mild, moderate, and severe illness are provided in a link in the resources below.
- Other notes:
 - Quarantine period for those who live in households with a COVID-19 case is now 14 days after the date the case meets criteria to end isolation.
 - Symptomatic cases of COVID-19 that are confirmed by PCR testing and have completed the recommended isolation period do not need to quarantine for any close contact exposures to a COVID-19 case that occurs in the three (3) months after the onset of symptoms. They should quarantine according to current guidelines for any exposure occurring after that three (3) month period.

Background

On July 17, 2020, CDC updated their guidance for discontinuing transmission-based precautions (isolation) for those with known or suspected COVID-19 infection for [healthcare settings](#), [non-healthcare settings](#), and allowing [healthcare workers to return to work](#). The guidance provided here updates previous guidance provided through the [SC Health Alert Network](#).

In general, the test-based strategy is not recommended to determine when to end isolation precautions. Many patients continue to shed detectable viral RNA for weeks to months after infection with no indication they continue to be infectious (see [CDC decision memo](#)). An estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patients had replication-competent virus more than 20 days after onset of symptoms.

The updated CDC criteria recommends a symptom-based strategy with a time component based on the severity of the patient's illness or if they are severely immunocompromised. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) if concerns exist for the patient being infectious for more than 20 days. This recommendation applies also to the decision to allow healthcare workers to return to work.

Recommendations

Symptom based strategy requires that patient meet the following criteria:

- 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 **and**
- The time frame that must have passed since symptoms first appeared is:
 - 10 days for [mild to moderate](#) illness and not [severely immunocompromised](#)
 - 20 days for [severe or critical illness](#) and/or [severely immunocompromised](#)

Asymptomatic cases that never develop symptoms should isolate until 10 days after the specimen collection for their first positive test. For [severely immunocompromised](#) patients who are asymptomatic, discontinue isolation when at least 20 days have passed since the date after the specimen collection for their first positive test.

A test-based strategy is no longer recommended except for certain circumstances because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious (see [CDC decision memo](#)). Providers should use clinical judgment if they believe that the patient's illness severity and immunocompromised status may put them at risk for viral shedding beyond 20 days. Criteria for using the test-based strategy is unchanged when it is applied.

Suspect cases of COVID-19 should follow isolation precautions until test results are available. If index of suspicion is high for COVID-19 despite a negative test, consider recommending using the symptom-based strategy described above to discontinue isolation. Those never tested should also use this approach.

Healthcare workers who return to work after completing the symptom-based criteria should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Crisis-standards of care for patient care in hospitals: Because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under crisis standards of care might choose to discontinue Transmission-Based Precautions at 10 to 15 days, instead of 20 days, in order to maximize resources (e.g. PPE) for those earlier in their clinical course who are at highest risk for being a source of transmission.

Quarantine for household contacts to a COVID-19 case: Individuals living in a household with a person infectious with SARS-CoV-2 should quarantine throughout their housemate's isolation period and an additional fourteen (14) days (Scenario 4 in the CDC guidance). Previous DHEC guidance stated an additional seven (7) days, but the timeframe was extended to be consistent with CDC guidelines.

Quarantine after recovery: Confirmed cases (PCR positive) that become symptomatic and have recovered will not be required to quarantine for any cases living in the same household or new exposures outside the household for the three (3) months after their symptom onset. If they are a close contact to a case after this three (3) month period, they will be required to quarantine according to current guidelines.

Resources

CDC Discontinuation of Transmission-Based Precaution and Disposition of Patients with COVID-19 in the Healthcare Setting (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

CDC Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

CDC Duration of Isolation and Precautions for Adults with COVID-19 (Decision Memo): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

CDC Clinical Questions about COVID-19: Questions and Answers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

CDC COVID-19 Illness Severity Criteria: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>

CDC Criteria for Severely Immunocompromised: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#fn1>

CDC Quarantine Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 cases or deaths** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

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Lowcountry Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Midlands Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Pee Dee Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	Upstate Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		DHEC Bureau of Communicable Disease Prevention & Control Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

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