

## Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings

This guidance outlines best practice recommendations for the discontinuation of COVID-19 transmission-based precautions for suspected and confirmed COVID-19 cases while in a healthcare setting. **Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations to mitigate the spread of COVID-19.** For guidance on discontinuation of isolation in patients in the outpatient setting, please see “*Guidance for People who Test Positive for COVID-19*” at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

### Discontinuation of transmission-based precautions<sup>1</sup>

- **DC Health recommends the symptom-based strategy** be used to discontinue transmission-based precautions for patients with COVID-19 who had symptoms. The criteria depend on the patient’s severity of illness and if the patient is severely immunocompromised<sup>2</sup>.
- **DC Health recommends the time-based strategy** be used if a patient has laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic). The length of time may vary, depending on if the patient is severely immunocompromised.
- **The test-based strategy is not recommended.** As an exception, a test-based strategy may be considered for some patients (i.e., those who are severely immunocompromised **or with critical illness<sup>3</sup>**) if concerns exist for the patient being infectious for more than 20 days. **The decision to use test-based strategy must be in consultation with an infectious disease expert and must not be used to discontinue transmission-based precautions earlier than if a symptom-based strategy was used.**
  - If the test-based strategy is used to discontinue transmission-based precautions, the specimen should be sent to a commercial laboratory (and not to the DC Department of Forensic Sciences Public Health Laboratory).
- **If a patient is on quarantine** and has a negative COVID-19 test result during their quarantine period, the patient must still complete the 14-day quarantine.
- Patients with COVID-19 may be discharged/transferred to home or a facility prior to the discontinuation of transmission-based precautions. Discharging facilities must notify the receiving facility/caregiver about whether precautions are still required.

<sup>1</sup> More information on transmission-based precautions can be found in “Required **Personal Protective Equipment (PPE) for Healthcare Facilities**” at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

<sup>2</sup> **Severely immunocompromised:** may include such conditions as being on chemotherapy for cancer, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, or taking immunosuppressive medications (e.g., mycophenolate, rituximab, prednisone >20mg/day for more than 14 days) to prevent transplant rejection or to treat autoimmune conditions. The degree of immunocompromise for a given patient should be determined by the treating provider and be tailored to each individual situation.

<sup>3</sup> **Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

## 1. Discontinuation of transmission-based precautions for symptomatic patients with Laboratory-Confirmed COVID-19

The decision to discontinue transmission-based precautions for symptomatic patients with laboratory-confirmed COVID-19 should be based upon meeting the criteria outlined below. The test-based strategy is **NOT** recommended except as indicated above (see page 1 of this guidance).

### Symptom-based strategy

- **Patients with mild<sup>4</sup> to moderate<sup>5</sup> illness who are not severely immunocompromised:**
  - 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**
  
- **Patients with severe<sup>6</sup> to critical illness or who are severely immunocompromised:**
  - At least 10 days and up to 20 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) are **improving** (It is not required that symptoms be fully resolved.)
  - **Strongly** consider consultation with infectious disease experts.

### Test-based strategy

- Resolution of fever without the use of fever-reducing medications **AND**
- Symptoms (e.g., cough, shortness of breath) have improved **AND**
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT (nucleic acid amplification test) to detect SARS-CoV-2 RNA.

## 2. Discontinuation of transmission-based precautions for asymptomatic patients with laboratory-confirmed COVID-19

The decision to discontinue transmission-based precautions for patients who tested positive for COVID-19, and who never had any symptoms, should be based upon meeting the criteria outlined below. The test-based strategy is no longer recommended, except as indicated on page 1

### Time-based strategy

<sup>4</sup>**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.

<sup>5</sup>**Moderate illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO<sub>2</sub>)  $\geq 94\%$  on room air at sea level.

<sup>6</sup>**Severe illness:** Individuals who have respiratory frequency  $>30$  breaths per minute, SpO<sub>2</sub>  $<94\%$  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 (PaO<sub>2</sub>/FiO<sub>2</sub>)  $<300$  mmHg, or lung infiltrates  $>50\%$ . **Note:** For pediatric patients, hypoxia should be the primary criterion that defines severe illness, especially in younger children.

- **For patients who are not severely immunocompromised and were asymptomatic throughout their infection:**
  - At least 10 days have passed since the date of the specimen collection of their first positive SARS-CoV-2 RNA test.
- **For severely immunocompromised patients who were asymptomatic throughout their infection:**
  - At least 10 days and up to 20 days have passed since the date of the specimen collection of their first positive test for SARS-CoV-2 RNA.
  - **Strongly** consider consultation with infectious disease experts.

#### Test-based strategy

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA.

### **3. Discontinuation of empiric transmission-based precautions for patients suspected of having COVID-19**

The decision to discontinue empiric transmission-based precautions by excluding the diagnosis of current COVID-19 infection for a patient with suspected COVID-19 can be made based on the following:

- Negative results from at least one respiratory specimen tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA; **OR**
- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining transmission-based precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 because of symptoms is never tested, the decision to discontinue transmission-based precautions can be made using the symptom-based strategy described above.
- If a patient is on quarantine and has a negative COVID-19 test result during their quarantine period, **the patient must still complete the 14-day quarantine.**
- Ultimately, clinical judgment and level of suspicion of COVID-19 infection determine whether to continue or discontinue empiric transmission-based precautions.

### **After discontinuation of transmission-based precautions**

- If a patient is discharged to a long-term care facility at a time when the patient still requires transmission-based precautions, they must be placed in a location set up to care for residents with COVID-19.
- If a patient is discharged to a long-term care facility at a time when the patient no longer requires transmission-based precautions, no further restrictions based on their history of COVID-19 are required. The receiving facility may follow standard procedure for the general facility population.
- Any resident in a long-term care setting, regardless of their COVID-19 status, should wear a mask anytime another person enters the resident's room OR when the resident leaves their room for any purpose. Exceptions include anyone who is unconscious, incapacitated or otherwise unable to remove a mask without assistance.