

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 any healthcare setting (including intermediate care facilities and community residence facilities). **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 for the public, please see “*Guidance for Isolation: People who Test Positive for COVID-19 and Their Household Members*” at coronavirus.dc.gov/healthguidance.

Discontinuation of transmission-based precautions¹

- **DC Health recommends the symptom-based strategy** be used to discontinue transmission-based precautions for patients with COVID-19 who had symptoms and are **not** moderately to severely immunocompromised².
- **DC Health recommends the time-based strategy** be used for patients who have laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic), and who are **not** moderately to severely immunocompromised.
- **A test-based strategy** should be used for patients who are moderately to severely immunocompromised and may be considered for patients with severe³ or critical illness⁴. The 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 processed in a private laboratory (and not to the DC Department of Forensic Sciences Public Health Laboratory).
- **If a patient is on quarantine⁵** and has a negative COVID-19 test result during their quarantine period, the patient must still complete their full quarantine period as outlined in DC Health guidance.
- 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

¹ More information on transmission-based precautions can be found in *Required Personal Protective Equipment (PPE) for Healthcare Facilities* at coronavirus.dc.gov/healthguidance.

² **Moderate and severe immunocompromising conditions include:** active treatment for cancer, receipt of solid organ transplant and taking immunosuppressive therapy, receipt of a CAR-T cell therapy or hematopoietic cell transplant (HCT) within 2 years or taking immunosuppressive therapy, moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome), advanced or untreated HIV infection, active treatment with high-dose corticosteroids (i.e., prednisone ≥ 20 mg/day for more than 14 days), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer therapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

³ **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 $>50\%$. **Note:** For pediatric patients, hypoxia should be the primary criterion that defines severe illness, especially in younger children.

⁴ **Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

⁵ More information on quarantine in healthcare settings can be found in *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.

receiving facility/caregiver about whether precautions are still required.

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.

Symptom-based strategy⁶

- **Patients with mild⁷ to moderate⁸ illness who are not moderately to 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**⁹

- **Patients with severe to critical illness or who are not moderately to 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 **IMPROVED** (It is not required that symptoms be fully resolved.)
 - Strongly consider consultation with infectious disease experts.

Test-based strategy for patients who are moderately to severely immunocompromised¹⁰

- At least 10 days and up to 20 days have passed since symptoms first appeared
AND
- 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 ≥24 hours apart (total of two negative specimens) tested using a SARS-CoV-2 antigen test or NAAT (nucleic acid amplification test)

⁶ For isolation calculation purposes the **date symptoms first started is considered Day 0**. The first full day after symptom onset is **Day 1**.

⁷**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.

⁸**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.

⁹ Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep people in isolation.

¹⁰ Test-based strategy may also be considered for patients with severe to critical illness.

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.

Time-based strategy¹¹

- **For patients who are not moderately to 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 viral test.

Test-based strategy

- **Patients who are moderately to severely immunocompromised:**
 - 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.
 - AND**
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using a SARS-CoV-2 antigen test or NAAT (nucleic acid amplification test)
 - Strongly consider consultation with infectious disease experts.

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 (≥ 24 hours later) for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 because of symptoms is never tested, the patient should be presumed positive and 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 their full quarantine period as outlined in DC Health guidance.**
- 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

¹¹ For isolation calculation purposes the **date the positive specimen was collected is Day 0**. The first full day after the positive specimen was collected is **Day 1**.

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.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.