Interim Guidance for Discontinuing Transmission-Based Precautions for Hospitalized Patients with Confirmed COVID-19
June 11, 2020 (replaces guidance published 5/20/20)

Key changes from 5/20/20

• Patients who previously tested positive for SARS-CoV-2 and who have met criteria for discontinuation of isolation are considered “COVID-recovered” patients and:
  o Do NOT require re-testing for SARS-CoV-2 at the time of hospital readmission or prior to inpatient procedures (see text below for exceptions)
  o Do NOT require re-isolation if they subsequently test positive (“re-positive”)
    ▪ Exception: Patients with NEW symptoms consistent with COVID-19 may be placed on contact and droplet precautions while investigating alternative explanations for symptoms. Consult with IP&C regarding discontinuing isolation.

• For hospitalized patients, the recommended time for re-testing in order to discontinue isolation has been reduced from 14 days to 10 days after the initial positive SARS-CoV-2 PCR.

The following guidelines provide information on discontinuing transmission-based precautions for hospitalized patients with confirmed COVID-19. These guidelines are based on updated CDC, NYSDOH, and NYCDOHMH guidance, as well as available published data.

ALL cases must be discussed with IP&C (see contact information below) prior to discontinuing Transmission-Based Precautions. The patient must either be moved to a clean room, or the current room must undergo a terminal cleaning prior to discontinuing Transmission-Based Precautions.

<table>
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<tr>
<th>Immune Status and Symptoms at Time of Diagnosis</th>
<th>Criteria for Discontinuing Transmission-Based Precautions in the Hospital</th>
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<tbody>
<tr>
<td>• Immunocompetent</td>
<td>• At least 10 days have passed since the date of the first positive COVID-19 diagnostic test, AND</td>
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<td>• Symptomatic</td>
<td>• At least 72 hours without fever without use of antipyretics, AND</td>
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<td>• Marked improvement in symptoms (e.g., cough, shortness of breath), AND</td>
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<td>• Negative results of a molecular assay (PCR) for SARS-CoV-2 from 2 consecutive nasopharyngeal (NP) swab specimens collected &gt; 24 hours apart.</td>
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<td>• In patients with a tracheostomy or endotracheal tube and 2 negative NP swabs, at least 1 lower respiratory tract specimen (i.e., tracheal aspirate) is also required (obtain after 2 negative NP swabs)</td>
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Contact Infection Prevention & Control:

NYP-AH: 212-932-5219  NYP-CU and NYP-MSCH: 212-305-7025  NYP-WC: 212-746-1754
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Contact Infection Prevention & Control:
NYP-AH: 212-932-5219
NYP-CU and NYP-MSCH: 212-305-7025
NYP-WC: 212-746-1754
NYP-WBHC: 914-997-4377
NYP-LMH: 212-312-5976
NYP-LH: 914-787-3045
NYP-BMH: 718-780-3569
NYP-HVH: 914-734-3950
NYP-Q: 718-670-1255

• Immunocompetent
  • At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, AND
  • The patient has had no subsequent illness or symptoms of COVID-19

• Immunocompromised
  • At least 10 days have passed since the date of the first positive COVID-19 diagnostic test, AND
  • At least 72 hours without fever without use of antipyretics, AND
  • Marked improvement in symptoms (e.g., cough, shortness of breath), AND
  • Negative results of a molecular assay (PCR) for SARS-CoV-2 from at least 2 consecutive nasopharyngeal swab specimens collected > 24 hours apart.
  • In patients with a tracheostomy or endotracheal tube and 2 negative NP swabs, at least 1 lower respiratory tract specimen (i.e., tracheal aspirate) is also required (obtain after 2 negative NP swabs)

Ideally, testing for discontinuation of isolation should be performed at least 10 days after the first positive test. Samples sent before this timeframe (e.g., to facilitate discharge to a skilled nursing facility) may be considered when assessing criteria for discontinuation of isolation.

If a sample that is sent for the purpose of discontinuing isolation is positive, retesting should generally not be performed until at least 3 additional days have passed.

Patients with one negative specimen who are accepted to skilled nursing facilities should remain on isolation precautions until discharge if they do not meet the above criteria.

Management of Readmissions:
If a patient with a history of COVID-19 is readmitted prior to achieving the above criteria:
• If the initial positive SARS-CoV-2 PCR test was performed < 4 weeks prior to readmission:
  o Implement Contact Precautions and Droplet Precautions.
  o Collect a nasopharyngeal (NP) swab sample for SARS-CoV-2 PCR.
  o If the result is negative, send a second NP swab for SARS-CoV-2 PCR a minimum of 24 hours after first negative test.
  o If both tests for SARS-CoV-2 are negative, discuss case with IP&C prior to discontinuing transmission-based precautions.
• If the initial positive SARS-CoV-2 PCR test was performed ≥ 4 weeks prior to readmission the patient should be managed as “COVID-recovered” as described below.
Management of “COVID-recovered” patients:
Patients who previously tested positive for SARS-CoV-2 and who have met criteria for discontinuation of isolation are considered “COVID-recovered” patients.

- COVID-recovered patients do NOT require re-isolation if they subsequently test positive ("re-positive")
  - Exception: Patients with NEW symptoms consistent with COVID-19 may be placed on contact/droplet precautions while investigating alternative explanations for symptoms. Consult with IP&C regarding discontinuing isolation.
- Repeat NP PCR swabs and/or lower respiratory tract specimens can remain positive for >3-4 weeks after symptom onset. Data suggest that persistently positive PCR tests >10 days after symptom onset does not represent transmissible virus. In general, repeat testing is not indicated in patients who have been cleared from isolation with at least 2 negative PCRs.
- When patients who have been cleared from isolation after 2 negative PCR tests subsequently test positive by SARS-CoV-2 PCR, data suggest such patients do not pose an infectious risk. In these cases, the positive PCR test represents low levels of non-viable viral RNA. See FAQs for COVID-19 Isolation Precautions and Duration of Infectivity for additional information.
- COVID-recovered patients do NOT require re-testing by SARS-CoV-2 PCR except for the following indications:
  - Patients scheduled for an elective outpatient procedure who need a negative test within 3 days prior to the procedure as per New York State Department of Health
  - Patients with new symptoms consistent with COVID-19
  - Patients being discharged to a nursing home without a previously documented negative test.