

**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:**
 - **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)**
 - **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.

Immune Status and Symptoms at Time of Diagnosis	Criteria for Discontinuing Transmission-Based Precautions in the Hospital
<ul style="list-style-type: none"> • Immunocompetent • Symptomatic 	<ul style="list-style-type: none"> • 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 2 consecutive nasopharyngeal (NP) swab specimens collected \geq 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)

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

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<ul style="list-style-type: none"> • Immunocompetent • Asymptomatic 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Immunocompromised • Asymptomatic or Symptomatic 	<ul style="list-style-type: none"> • 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 \geq 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:
 - Implement Contact Precautions and Droplet Precautions.
 - Collect a nasopharyngeal (NP) swab sample for SARS-CoV-2 PCR.
 - If the result is negative, send a second NP swab for SARS-CoV-2 PCR a minimum of 24 hours after first negative test.
 - 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 **\geq 4 weeks** prior to readmission the patient should be managed as “COVID-recovered” as described below.

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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.

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