Interim Guidance for Discontinuing Transmission-Based Precautions for Patients with Confirmed COVID-19
April 19, 2021 (Replaces July 30, 2020 Guidance)

Key Updates:

- Lower respiratory tract sampling is no longer required for discontinuation of isolation in severely immunocompromised patients with tracheostomy or endotracheal tube.
- Severely immunocompromised patients previously diagnosed with COVID-19 who have not met the test-based criteria for discontinuation of isolation should be isolated and retested at the time of hospital readmission, regardless of the amount of time that has passed since the last positive test.

The following guidelines provide information on discontinuing transmission-based precautions for patients with confirmed COVID-19 in both hospital and ambulatory settings. These guidelines are based on CDC and NYSDOH guidance, as well as published data. **ALL hospitalized cases must be discussed with IP&C (see contact information below) prior to discontinuing transmission-based precautions.** A room change and/or terminal cleaning is **not** required prior to discontinuing transmission-based precautions for inpatients with COVID-19.

<table>
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<tr>
<th>Patient Category</th>
<th>Criteria for Discontinuing Transmission-Based Precautions</th>
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| Immunocompetent with either: | - At least 10 days have passed since the date of the first positive COVID-19 diagnostic test AND, if patient was symptomatic,  
  - At least 24 hours without fever without use of antipyretics, AND  
  - Marked improvement in symptoms (e.g., cough, shortness of breath)  
  - Repeat testing is **NOT** required³  
| asymptomatic infection | | mild-moderate¹ illness |
| Immunocompetent with severe or critical² illness | - At least 20 days have passed since the date of the first positive COVID-19 diagnostic test, AND  
  - At least 24 hours without fever without use of antipyretics, AND  
  - Marked improvement in symptoms (e.g., cough, shortness of breath)  
  - Repeat testing is **NOT** required³ |
| Severely Immunocompromised⁴ with ANY severity of illness (asymptomatic to critical illness) | - At least 10 days have passed since the date of the first positive COVID-19 diagnostic test, AND  
  - At least 24 hours without fever without use of antipyretics, AND  
  - Marked improvement in symptoms (e.g., cough, shortness of breath), AND  
  - Has tested negative for SARS-CoV-2 via a molecular assay (PCR) from at least 2 consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart⁵ |

NOTE: For severely immunocompromised **NON-HOSPITALIZED** patients who have meet all clinical criteria, transmission-based precautions can be discontinued without additional testing if at least 4 weeks have passed since the initial positive COVID-19 diagnostic test. At the time of **HOSPITAL READMISSION**, severely immunocompromised patients who have not met the test-based criteria for discontinuation of isolation should be isolated and retested, regardless of the amount of time that has passed since the last positive test.

See also: [COVID-19 Recovery Calculator](#) where clinical parameters can be input to determine if a patient meets criteria to discontinue transmission-based precautions.
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1Mild-Moderate illness is defined as having COVID-19 signs/symptoms with SpO2 ≥94% on room air.
2Severe or Critical illness is defined as having COVID-19 signs/symptoms with SpO2 <94% on room air, respiratory failure, septic shock, and/or multiple organ dysfunction.
3While a test-based strategy is not the preferred approach to isolation discontinuation, a patient may also be cleared from isolation after symptom improvement and 2 negative tests, even if the indicated number of days has not elapsed.
4Severely immunocompromised is defined as: bone marrow transplant recipients, solid organ transplant recipients, patients receiving cytotoxic chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, or receipt of prednisone >20mg/day for more than 14 days.
5If testing is performed to discontinue isolation, ideally it should be performed at least 7-10 days after the first positive test, and if patient had symptoms, after resolution of fever and improvement in other symptoms. 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 who meet any of the criteria outlined above are considered “COVID-recovered” for a period of 3 months following the initial positive COVID-19 diagnostic test. Retesting for SARS-CoV-2 is not generally recommended for COVID-recovered patients EXCEPT for the following indications:

- Patients scheduled for an elective outpatient surgery or procedure who need a negative test within 5 days prior to the procedure as per New York State Department of Health guidelines.
- Patients being discharged to a nursing home without a previously documented negative test.
- Testing should be performed in COVID-recovered patients who present with NEW symptoms consistent with COVID-19 that cannot be readily explained by an alternate diagnosis.

For the 3 month period that a patient is COVID-recovered, re-isolation is not required if they subsequently test positive (“re-positive”) EXCEPT in the setting of concern for re-infection defined as onset of NEW symptoms consistent with COVID-19 that cannot be explained by an alternate diagnosis.

References: