

**Interim Guidance for Discontinuing Transmission-Based Precautions
for Patients with Confirmed COVID-19
December 16, 2021 (Replaces April 19, 2021 Guidance)**

Key Update:

- In order to discontinue isolation for MODERATELY OR SEVERELY IMMUNOCOMPROMISED patients with confirmed COVID-19, TWO NEGATIVE SARS-CoV-2 tests (molecular assays, e.g. PCR) are required. This is a new change (based on changes in CDC guidance) from prior guidelines that only required repeat testing for severely (not moderately) immunocompromised patients. See TABLE FOOTNOTE 4 for a list of conditions and treatments considered to represent a moderately or severely immunocompromised state.**
- For all other patients on isolation for confirmed COVID-19, repeat SARS-CoV-2 testing continues to not be required in order to discontinue isolation (see below for time and symptom criteria).**

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.

Patient Category	Criteria for Discontinuing Transmission-Based Precautions
Immunocompetent with either: <ul style="list-style-type: none"> asymptomatic infection mild-moderate¹ illness 	<ul style="list-style-type: none"> 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
Immunocompetent with severe or critical² illness	<ul style="list-style-type: none"> 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
Moderately or severely Immunocompromised⁴ with ANY severity of illness (asymptomatic to critical illness)	<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 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 \geq 24 hours apart⁵ <p>NOTE: For moderate to severely immunocompromised NON-HOSPITALIZED patients who have met 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, moderately and 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.</p>

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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See also: [COVID-19 Recovery Calculator](#) where clinical parameters can be input to determine if a patient meets criteria to discontinue transmission-based precautions

¹**Mild-Moderate illness** is defined as having COVID-19 signs/symptoms with SpO₂ ≥94% on room air.

²**Severe 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.

⁴**Moderately or severely immunocompromised** is defined as: active treatment for solid tumor and hematologic malignancies; receipt of solid organ transplant and taking immunosuppressive therapy; receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression); moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome); advanced or untreated HIV infection (CD4 T lymphocyte count <200/mm³, history of AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV); active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

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.

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References:

Centers for Disease Prevention and Control. Ending Isolation and Precautions for People with COVID-19: Interim Guidance. Duration of Isolation and Precautions for Adults with COVID-19 (decision memo). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Centers for Disease Prevention and Control. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#fn1>.

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