

Update: Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19

DATE:	7/20/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	UPDATE: Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Update”, provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

The Pennsylvania Department of Health (DOH) is releasing the following updates based on guidance released by the Centers of Disease Control and Prevention (CDC) on July 17, 2020, for discontinuation of isolation for persons with COVID-19 not in healthcare settings. This update **replaces** the guidance in PA-HAN 504 released May 5, 2020.

- This guidance **replaces** the information in PA-HAN 504 from May 5, 2020.
- Symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- PA DOH recommends utilizing the symptom-based strategy for symptomatic patients wherever possible.
- PA DOH recommends utilizing the time-based strategy for asymptomatic patients wherever possible.

This guidance is based on available information about COVID-19 and subject to change as additional information becomes available. Healthcare personnel diagnosed with COVID-19 on home isolation should follow the return to work guidance as outlined in [PA-HAN 516](#).

For Persons with COVID-19 in Home Isolation:

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

1). Symptom-Based Strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- 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

2). Test-Based Strategy

A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. Because of these parameters, PA DOH recommends using a symptom-based strategy wherever possible.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications; **and**,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

For Persons Who Tested Positive but have NOT had COVID-19 Symptoms in Home Isolation:

1). Time-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If they develop symptoms, then the symptom-based or test-based strategy should be used.

Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-Based Strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

A limited number of persons with severe illness and severe immunocompromising conditions may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include 1) healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and 2) persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery. Such persons should consult with their healthcare provider; this might include additional PCR testing. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus.

If you have questions about this guidance, please call your local health department or **1-877-PA-HEALTH (1-877-724-3258)**.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

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This information is current as of July 20, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.