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**Health Advisory: Updated Guidance Regarding Discontinuation of Transmission-Based Precautions of Patients with COVID-19 in Healthcare Settings AND Criteria for Return to Work for Healthcare Personnel with COVID-19 – 22 July 2020**

**Actions Requested:**

- Adopt new CDC guidance for the discontinuation of Transmission-Based Precautions (TBP) for patients diagnosed with COVID-19.
- Adopt new CDC guidance for allowing Healthcare Personnel (HCP) to Return to Work (RTW) following COVID-19 infection.

**Summary of CDC guidance: Discontinue the use of “test-based” strategies for the discontinuation of TBP for patients infected with COVID-19**

**A test-based strategy is no longer recommended (except as noted below\*) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

**Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.**

*Patients with [mild to moderate illness](#) who are not [severely immunocompromised](#):*

- 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

Note: For patients who are not [severely immunocompromised](#) and who were asymptomatic throughout their infection, TBP may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

*Patients with [severe to critical illness](#) or who are [severely immunocompromised](#):*

- At least **20 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

Note: For [severely immunocompromised](#) patients who were asymptomatic throughout their infection, TBP may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

\*In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are [severely immunocompromised](#)) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

**Summary of CDC guidance: Discontinue the use of “Test-Based” strategies for the criteria for HCP to RTW after COVID-19 infection.**

**A test-based strategy is no longer recommended (except as noted below\*) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

**Return to Work Criteria for HCP with SARS-CoV-2 Infection: Symptom-based strategy for determining when HCP can return to work.**

HCP with [mild to moderate illness](#) who are not [severely immunocompromised](#):

- 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

Note: HCP who are not [severely immunocompromised](#) and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with [severe to critical illness](#) or who are [severely immunocompromised](#):

- At least **20 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

Note: HCP who are [severely immunocompromised](#) but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

\*In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are [severely immunocompromised](#)) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

## **Background**

Available evidence indicates that concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens decline after onset of symptoms. Along with decreasing RNA concentrations, the likelihood of recovering replication-competent virus also declines after onset of symptoms. For patients with mild to moderate COVID-19, replication-competent virus has not been recovered after 10 days following symptom onset. Some persons with severe COVID-19 have had recovery of replication-competent virus between 10 and 20 days after symptom onset; this accounts for the longer timeframe for these individuals in the new recommendation. Further, a large contact tracing study demonstrated that high-risk household and hospital contacts did not develop infection if their exposure to a case patient started 6 days or more after the case patient’s illness onset.

Despite the inability to isolate replication-competent virus 3 weeks after symptom onset, recovered patients can continue to have SARS-CoV-2 RNA detected in their upper respiratory specimens for up to 12 weeks. An additional study did not detect replication-competent virus specimens from patients who recovered from an initial COVID-19 illness and subsequently developed new symptoms and retested positive by RT-PCR. Finally, 6 months after the emergence of SARS-CoV-2, there have been no confirmed cases of SARS-CoV-2 reinfection. Adapting the new CDC guidance will **limit unnecessary prolonged isolation and unnecessary use of laboratory testing resources.**

## **Resources**

- CDC 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>
- CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>  
CDC Decision Memo: Duration of Isolation and Precautions for Adults with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>