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Subject: Changes to U.S. CDC COVID-19 Guidance
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Changes to U.S. CDC COVID-19 Guidance

I. DURATION OF HOME ISOLATION AND PRECAUTIONS FOR ADULTS WITH COVID-19

Summary: Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a Symptom-Based Strategy. Except for rare situations, a **test-based strategy** is no longer recommended to determine when to discontinue isolation and precautions. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Recommendations:

1. Duration of isolation and precautions:

- a. For persons with COVID-19, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
 - A limited number of persons with severe illness 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.
- b. For persons with COVID-19 but who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

2. Role of PCR testing² to discontinue isolation or precautions:

- a. For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
- b. For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

3. Role of PCR testing² after discontinuation of isolation or precautions:

- a. For persons previously diagnosed with symptomatic COVID-19 and who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
 - b. For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
 - c. For persons who never develop symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.
4. **Role of serologic testing:** Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

II. DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS AND DISPOSITION OF PATIENTS WITH COVID-19 IN HEALTHCARE SETTINGS

Summary:

- Except for rare situations, a **test-based strategy** is no longer recommended to determine when to discontinue Transmission-Based Precautions.
- The timeframe for duration for Transmission Based Precautions in persons who are severely or critically ill or who are severely immunocompromised has been extended to 20 days after onset of symptoms or 20 days after initial positive SARS-CoV-2 test (for asymptomatic immunocompromised patients).
- The timeframe for fever resolution has been changed from “at least 72 hours” to “at least 24 hours”.
- The requirement for “improvement in respiratory symptoms” has been changed to “improvement in symptoms”.
- See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Symptom-Based Strategy (changes highlighted in red):

1. Patients with mild to moderate illness who are not severely immunocompromised:
 - a. At least 10 days have passed since symptoms first appeared **and**
 - b. At **least 24 hours** have passed since last fever without the use of fever-reducing medications **and**
 - c. **Symptoms (e.g., cough, shortness of breath) have improved**
2. For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, may discontinue precautions when at least 10 days have passed since the date of their first positive viral diagnostic test.
3. Patients with severe or critical illness or who are severely immunocompromised
 - a. **At least 20 days** have passed since symptoms first appeared **and**
 - b. **At least 24 hours** have passed since last fever without the use of fever-reducing medications **and**
 - c. **Symptoms (e.g., cough, shortness of breath) have improved**
4. For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, may discontinue precautions when **at least 20 days** have passed since the date of their first positive viral diagnostic test.

III. CRITERIA FOR RETURN TO WORK FOR HEALTHCARE PERSONNEL WITH SUSPECTED OR CONFIRMED COVID-19

Summary:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCPs to return to work.
- Extended duration timeframe for work exclusion
- Updated timeframe of fever resolution

- Expanded symptom improvement from “respiratory symptoms” to “symptoms”
- See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Symptom-based Strategy (changes highlighted in red):

1. HCP with [mild to moderate illness](#) who are not severely immunocompromised:
 - a. At least 10 days have passed *since symptoms first appeared* **and**
 - b. **At least 24 hours** have passed *since last fever* without the use of fever-reducing medications **and**
 - c. **Symptoms (e.g., cough, shortness of breath) have improved**
2. 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.
3. HCP with [severe to critical illness](#) or who are severely immunocompromised^[1]:
 - a. **At least 20 days** have passed *since symptoms first appeared*
 - b. **At least 24 hours** have passed *since last fever* without the use of fever-reducing medications **and**
 - c. **Symptoms (e.g., cough, shortness of breath) have improved**
4. HCP who are **severely immunocompromised**¹ 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.
5. For test-based strategy considerations see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

[1] Symptom onset is defined as the date on which symptoms first began, including non-respiratory symptoms.

[2] PCR testing is defined as the use of an RT-PCR assay to detect the presence of SARS-CoV-2 RNA.

IV. SUMMARY OF CURRENT EVIDENCE AND RATIONALE FOR THESE CHANGES

For additional information regarding these changes, please see: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

V. DEFINITIONS

- **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.
- **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates $>50\%$.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

More detailed definitions on the terms used in this document can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#severe-illness>