

HEALTH ADVISORY: UPDATED GUIDANCE FOR COVID-19 July 26, 2020

Background

The United States and Texas are experiencing ongoing community transmission of the novel coronavirus, SARS-CoV-2, which causes the disease COVID-19. This advisory provides guidance for healthcare providers on discontinuation of isolation and disease reporting.

Discontinuation of Isolation for Persons not in Healthcare Settings

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. Specifically, researchers have reported that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Therefore, the Centers for Disease Control & Prevention (CDC) has updated recommendations for discontinuing home isolation as follows:

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 symptom onset and
- At least **24 hours** have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See "Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)," linked [here](#).

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

CDC guidance on "**Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings,**" updated July 20, 2020, is linked [here](#).

RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised¹, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

Note that recommendations for discontinuing isolation in persons known to be infected with SARS-CoV-2 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been **exposed** to SARS-CoV-2. 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.



These recommendations will prevent most, but cannot prevent all, instances of secondary spread. The best available evidence suggests that recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely. Studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others.

¹ The studies used to inform this guidance did not clearly define “severely immunocompromised.” Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T-lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of isolation. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect and not clearly affect decisions about duration of isolation. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Reporting of Cases:

COVID-19 is a notifiable condition under Texas statute. All suspected and confirmed cases are to be [called immediately](#) to the local health department. In addition, please submit lab results, demographics, and clinical progress notes via fax to:

San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876 (24 hours)
Fax: (210) 207-8807