CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

This document was updated to reflect the updates in the[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings].
The changes include:

- Updated PPE recommendations
  - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
  - When the supply chain is restored, organizations with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Organizations that do not currently have a respiratory protection program, but interact with patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Updated language on collection of diagnostic respiratory specimens related to aerosol- vs. non-aerosol generating activities.
- Updated recommendations to include placing a facemask on symptomatic patients as source control.

Related Pages
CDC provides guidance on what specimens to collect when testing for COVID-19. The latest guidance is available online at [Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)].

Summary Page

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in group isolation facility.

For Hospitalized Patients, see ([Interim Guidance for Discontinuation of Transmission-Based Precautions Among Hospitalized Patients with COVID-19]).

Summary of Recent Changes

Updates as of April 4, 2020

- Revised title to include isolation in all settings other than health settings, not just home.
- Additional information for asymptomatic persons with laboratory-confirmed COVID-19 on limiting contact and wearing a face covering after isolation to prevent spread

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for persons with novel coronavirus disease (COVID-19). This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.

For Persons with COVID-19 Under Isolation:

The decision to discontinue isolation* should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) test-based strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-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 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath);**and,**
- At least 7 days have passed *since symptoms first appeared*.

Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that *only one swab is needed at every sampling*.

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 molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart*** (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)for specimen collection guidance.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Footnotes

*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. Certain employers can choose to apply more stringent criteria for certain returning workers where a higher threshold to prevent transmission is warranted. These criteria can include requiring a longer time after recovery or requiring they get tested to show they are not shedding virus. Such persons include healthcare workers in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19. It also includes persons who work in critical infrastructure or with high-value human assets (e.g., military) where introduction of COVID-19 could cause major disruptions or reduce national security. Lastly, persons who have conditions that might weaken their immune system could have prolonged viral shedding after recovery. Such persons should discuss with their healthcare provider how best to assess if they are safe to return to work; this might include getting tested again to show that they are not shedding virus.

***All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

Additional Resources

NOTE: Specific guidance for return to work for healthcare facilities for healthcare personnel can be found at: Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

- Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)
- Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19 (Interim Guidance)
- Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)
- Interim guidance for persons who may have 2019 Novel Coronavirus (2019-nCoV) to prevent spread in homes and residential communities

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