

Discontinuation of Home Isolation for Persons with COVID-19

(Interim Guidance, Version 2.0_Updated on 04-01-2020)

CDC provided [updated guidance](#) concerning home isolation for persons with COVID-19 on 3/16/2020. The updated guidance provides two options for discontinuation of home isolation: a non-test-based strategy and a test-based strategy.

The test-based strategy requires two negative swabs at least 24 hours apart, collected after resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms. Utilization of the test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. The test-based strategy is still preferred for [hospitalized](#), [immunocompromised](#), or individuals being discharged to long-term care facilities.

However, patients with covid-19 can be discharged for a healthcare facility whenever clinically indicated.

- If a patient has begun the test-based strategy and wants to switch to the non-test-based strategy, they may do so if they **are not hospitalized and are not immunocompromised**.
 - If the patient has begun the test-based-strategy, and they have received one **negative** result so far, then they can switch to the non-test-based strategy immediately.
 - If the patient has begun the test-based-strategy, and they have received one **positive** result so far, then they can discontinue home isolation if the following criteria are met:
 - 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 seven days have passed since the date of their most recent positive test.

The non-test-based strategy* can be applied to anyone who is not [hospitalized](#) and who is not [immunocompromised](#) (there is separate guidance for this group). It can be applied to both laboratory-confirmed **and** clinically diagnosed cases of COVID-19. The full name of this strategy is the “time-since-illness-onset and time-since-recovery” strategy.

- **Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home 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 seven days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”
- Therefore, anyone with COVID-19 should stay home for a minimum of seven days. They should only discontinue isolation if at least 72 hours have also passed since “recovery.”
- Asymptomatic persons with laboratory-confirmed COVID-19 may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and they have had no subsequent illness.

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Decisions to discontinue home isolation are made at the local level by local board of health with consultation with MDPH if desired by the LBOH.

Quarantine recommendations have not changed. If someone is exposed to a laboratory-confirmed case or clinically diagnosed case of COVID-19 while the case is symptomatic, they will need to be quarantined for 14 days. This quarantine period is based on the incubation period for COVID-19, which extends to 14 days after an exposure. If quarantined individuals become symptomatic during the 14-day period, then they should be referred to their healthcare provider for evaluation.

Guidance for healthcare workers returning to work: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>. Healthcare workers with questions about returning to work should contact their Occupational Health program or others within their facility. Healthcare workers can use the test-based or non-test-based strategy to discontinue home isolation, but the decision on which strategy to use ultimately lies with their occupational health program.

***This recommendation will prevent most but may not prevent all instances of secondary spread. The risk of transmission after recovery is likely very substantially less than that during illness.**