



## Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 to Long-Term Care or Assisted Living Facilities

Centers for Disease Control and Prevention Adapted Guidelines  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

*Note: This document was updated on July 21, 2020 to reflect [recently updated guidance](#) from the Centers for Disease Control and Prevention (CDC)*

### Discontinuation of transmission-based precautions for patients with COVID-19:

The decision to discontinue [Transmission-Based Precautions](#) should be made using a symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). A test-based strategy is no longer recommended for most cases 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. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

#### 1. Symptom-based strategy

- 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, Transmission-Based Precautions 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, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.*

Facilities should consider extending the period of isolation beyond the symptom-based-strategy duration for discontinuation of Transmission-Based Precautions, on a case by case basis in consultation with the facility or private physician or state public health authorities.

For the purposes of this guidance, the following definition applies for “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 Transmission-Based Precautions.
- 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 decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

## 2. *Test-based strategy*

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

**In the context of community transmission, continued testing is impractical. Current available evidence suggests relying on a symptom-based strategy to establish the end of isolation.**

### **Discontinuation of empiric transmission-based precautions for patients suspected of having COVID-19:**

The decision to discontinue empiric [Transmission-Based Precautions](#) by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 reverse transcription-polymerase chain reaction assay (RT-PCR) for detection of SARS-CoV-2.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2.



- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric Transmission-Based Precautions.

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#### **Disposition of Patients with COVID-19:**

If discharged to a long-term care or assisted living facility, AND

- Transmission-Based Precautions *are still required*: the patient should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.
- Transmission-Based Precautions *have been discontinued* but the patient has persistent symptoms from COVID-19 (e.g., persistent cough): the patient should be placed in a single room, be restricted to their room and wear a face mask during care activities until all symptoms are completely resolved or until 10 days after illness onset (20 days, if patient had severe illness or is immunocompromised), whichever is longer.
- Transmission-Based Precautions *have been discontinued* and the patient's symptoms have resolved: the patient do not require further restrictions, based upon their history of COVID-19.
- Are known to be infected and/or recovered: the patient DOES NOT have the 14-day readmission quarantine applied to them and can be placed in locations appropriate to their transmission-based precautions needs.