



New Jersey Department of Health
Guidance for Discontinuation of Transmission-Based Precautions and Home Isolation for
Patients Diagnosed with COVID-19
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Discontinuation of transmission-based precautions for patients with confirmed COVID-19 infection:

This guidance is provided to assist healthcare facilities, healthcare providers and local public health officials in determining when to discontinue isolation for patients with confirmed COVID-19. Confirmed cases of COVID-19 are those patients who have tested positive after undergoing appropriate testing through the NJDOH or other available means of testing. Confirmed cases who do not require a higher level of care or who are improved enough to be discharged will be asked to remain on home isolation. Guidance for discontinuation of home isolation is provided in the table below and includes new guidance from CDC on test-based and non-test-based strategies. COVID-19 patients who remain critically ill or hospitalized for an extended period may remain on inpatient isolation until deemed appropriate by their clinical team, infection preventionists and public health. The inpatient guidance provided below is meant to serve as a guide for facilities who may not have access to testing and be caring for patient with prolonged hospitalization. Please note this is a rapidly evolving situation and as more data become available this guidance may change. Facilities currently caring for patients with COVID-19 may choose to develop additional internal guidance for their staff and patients.

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 molecular assay 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 *non-test-based strategy* described above.

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

Repeated testing for discontinuation of transmission-based precautions:

The need for additional sequential testing should be made based on the needs of the facility, the acuity of the patient, availability of testing and the potential exposure to highly vulnerable populations. Current guidance maintains the need for resolution of fever and improvement of symptoms even with

negative specimens in hospitalized patients¹. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.

Examples of situations where repeated testing may be beneficial could include the following:

- A ventilated patient is returning to a ventilator-skilled nursing facility after being critically ill with COVID-19
- A patient with confirmed COVID-19 who is ill and severely immunocompromised

These situations are examples only and the decision to conduct repeat testing may be made on a case-by-case basis. This decision and capacity to conduct repeat testing should be discussed with the clinical team, infection preventionists, the patient and local public health authorities.

Guidance for discontinuation of transmission-based precautions for patients with COVID-19²:

The guidance below is intended for hospitalized patients in an acute care or residents of a LTCF who are diagnosed with COVID-19. Discontinuation of transmission-based precautions should be made using the guidance below in conjunction with clinical assessment of the patient, public health recommendations, and the need for additional isolation for other communicable diseases, including drug-resistant organisms. In addition to transmission-based precautions, healthcare workers are reminded to adhere to standard precautions for all patient care.

The guidance below describes scenarios which may or may not include repeat testing.

Clinical Scenario	Criteria for Discontinuation of COVID-19 Isolation Precautions
<p>Laboratory Confirmed Case of COVID-19 who remains in an inpatient setting (including long term care)</p>	<p>Non-test-based strategy:</p> <ul style="list-style-type: none"> • Patient should remain on home isolation at least until 7 DAYS have passed since symptoms first appeared AND <ul style="list-style-type: none"> ○ At least 3 days (72 hours) have passed since recovery defined as <ul style="list-style-type: none"> ▪ Resolution of fever, without use of antipyretic medication AND ▪ Improvement in respiratory signs and symptoms <p>Note: patients should NOT remain hospitalized for the sole purpose of isolation. If discharge is clinically indicated, refer to home isolation guidance below when providing discharge instruction. The decision to stop transmission-based precautions should consider disease severity, illness signs and symptoms, and</p>

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

² This guidance is based upon limited information and is subject to change as more information becomes available.

	<p>results of laboratory testing for COVID-19 in respiratory specimens.</p>
	<p>Testing-based strategy:</p> <ul style="list-style-type: none"> • Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swabs specimens collected ≥ 24 hours apart (total of two negative specimens) AND • Resolution of fever, without use of antipyretic medication AND • Improvement in illness signs and symptoms

Guidance for discontinuation of home isolation precautions for patients with COVID-19 who have symptoms:

Patients with a diagnosis of COVID-19 who are discharged to home from an inpatient facility prior to a 7-day period free of fever and improvement in symptoms should be advised to follow home isolation precautions. **Patients can be discharged from the facility whenever clinically indicated and should not be held only for the purposes of isolation.**

Clinical Scenario	Criteria for Discontinuation of COVID-19 Home Isolation
<p>Laboratory Confirmed Case of COVID-19 who are recovering at home or who were never hospitalized</p>	<p>Non-test-based strategy:</p> <ul style="list-style-type: none"> • Patient should remain on home isolation at least until 7 DAYS have passed since symptoms first appeared AND <ul style="list-style-type: none"> ○ At least 3 days (72 hours) have passed since recovery defined as <ul style="list-style-type: none"> ▪ Resolution of fever, without use of antipyretic medication AND ▪ Improvement in respiratory signs and symptoms

	<p>Test-based strategy³:</p> <ul style="list-style-type: none"> • 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) AND • Resolution of fever, without use of antipyretic medication AND • Improvement in illness signs and symptoms
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Guidance for discontinuation of home isolation precautions for non-hospitalized persons awaiting test results:

Some patients with suspect COVID-19 infection can be appropriately tested and managed in the outpatient setting and do not require a higher level of care. Patients who meet COVID-19 testing criteria are considered persons under investigation (PUIs). **PUIs who are discharged from an outpatient setting should be advised to follow home isolation guidance until their test results are available.** At that time, additional guidance can be given to PUIs based on these results. PUIs who test positive for COVID-19 should be instructed to follow guidance given to those on home isolation. See the first table above. PUIs who test negative for the virus that causes COVID-19 should be advised that they may have another respiratory virus or contagious illness and follow the guidance below.

Clinical Scenario	Criteria for Discontinuation of Home Isolation
Non-Hospitalized PUI Awaiting Test Results	PUIs who are awaiting test results but NOT hospitalized should adhere to home isolation guidance until results return.
	IF POSITIVE for COVID-19 follow the criteria outlined just above for confirmed cases on home isolation
	IF NEGATIVE for COVID-19 patients should stay home and practice social distancing until 72 hours after resolution of fever and symptom improvement. At that time, they may resume regular activities.

³ For immunocompromised persons with COVID-19, CDC recommends using a testing-based strategy prior to discontinuing isolation precautions, however if testing is not feasible or desired, CDC recommends following the non-testing-based strategy outlined in the guidance for discontinuation of home isolation.

Guidance for discontinuation of home isolation or transmission-based precautions for persons with confirmed COVID-19 who have not had any symptoms:

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home 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.

Guidance for discontinuation of home isolation or transmission-based precautions for persons who may have symptoms of COVID-19 but who were not tested:

Symptomatic persons who do not meet criteria for testing but consider themselves at high risk for COVID-19 infection may be advised to stay on home isolation or transmission-based precautions and follow the same guidance as those who tested positive. This advice should be given based on epidemiologic and clinical risk factors and in consultation with the healthcare provider and public health personnel.

Guidance for discontinuation of home isolation or transmission-based precautions for individuals who are close contacts of persons with confirmed or suspected COVID-19 (symptoms consistent with COVID-19 but not tested):

Individuals who may have been close contacts of persons who are confirmed or suspected cases of COVID-19 should remain isolated at home and monitor themselves for symptoms for 14 days since their last close contact with that person. If the contact shares a household with the person who is a confirmed or suspected case, and strict isolation from each other cannot be maintained, then household contacts should remain on home isolation for 14 days after the confirmed or suspect case is released from their isolation. For additional guidance see the NJDOH document “Frequently Asked Questions: Close Contacts to Confirmed COVID-19 Cases”

Guidance for return to work for healthcare workers who test positive for COVID-19:

Healthcare workers who test positive for COVID-19 should follow the return to work guidance provided to them by their occupational health team and their employer. Per CDC, HCWs may be cleared to return to work using the same criteria as stated above under “*Guidance for discontinuation of home isolation precautions for patients with COVID-19 who have symptoms*” or “*Guidance for discontinuation of home isolation for persons who test positive for COVID-19 but were never symptomatic*”. However, HCW should adhere to the additional recommendations outlined below:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms of COVID-19 reoccur or worsen

Additional resources for isolation and transmission-based precautions:

- CDC: Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>
- CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC: Protect Yourself and Your Family: <https://www.cdc.gov/coronavirus/2019-ncov/protect/index.html>
- CDC: Resources for Healthcare Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- NJDOH: COVID-19 Information Page: <https://www.nj.gov/health/cd/topics/ncov.shtml>