



INTERIM STRATEGIES FOR DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS: COVID-19 POSITIVE PATIENTS

The decision to discontinue transmission-based precautions (TBP) must be made after discussion with treating physicians and in consultation with Infection Prevention.

SYMPTOM-BASED STRATEGY: This strategy is the preferred method and applies to most recovering patients and is based upon severity of illness and immune system status.

- A. Consider discontinuing TBP in patients with ***mild to moderate illness* who are NOT severely immune compromised*** ^:
 - At least 10 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since last fever[#] without use of fever-reducing medications **AND**
 - Symptoms (e.g. cough, shortness of breath) have improved
- B. Consider discontinuing TBP in patients who were ***ASYMPTOMATIC throughout their infection and who are NOT severely immune compromised:***
 - At least 10 days have passed since the date of their first positive viral diagnostic test
- C. Consider discontinuing TBP in patients with ***severe to critical illness or who ARE severely immune compromised:***
 - At least 20 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since last fever without use of fever-reducing medications **AND**
 - Symptoms (e.g. cough, shortness of breath) have improved
- D. Consider discontinuing TBP in patients who were ***ASYMPTOMATIC throughout their infection but who ARE severely immune compromised:***
 - At least 20 days have passed since the date of their first positive viral diagnostic test

TEST-BASED STRATEGY: Symptom-based strategy is preferred. Test-based strategy applies to rare situations when there is consideration for discontinuing TBP earlier than if the symptom-based strategy were used. Could be considered for some patients (e.g. severely immunocompromised) in consultation with Infectious Disease if concerns exist for prolonged shedding beyond 20 days.

Criteria for test-based strategy:

- A. **Patients who are symptomatic:**
 - Resolution of fever without the use of fever-reducing medications **AND**
 - Symptoms (e.g. cough, shortness of breath) have improved **AND**
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)
- B. **Patients who are not symptomatic:**
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)



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Reference Definitions:

#**Fever:** $<100.0^{\circ}\text{F}/37.7^{\circ}\text{C}$

^**Immune compromise:** HIV/AIDS; leukemia; neutropenia; solid organ transplantation; solid organ or hematologic tumor; those involving chemotherapy administration; those involving tumor necrosis factor (TNF) inhibitors administration; those involving high dose steroid therapy ($\geq 20\text{mg}$ prednisone or equivalent) (*list is not all-inclusive*).

***Illness in COVID-19:**

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO_2) $\geq 94\%$ on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, $\text{SpO}_2 < 94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen ($\text{PaO}_2/\text{FiO}_2$) < 300 mmHg, or lung infiltrates $>50\%$.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.