



## LAC DPH COVID-19 Update: Discontinuing Isolation, Recently Recovered Patients, Universal Eye Protection



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*This message is intended for all healthcare providers in Los Angeles County.  
Please distribute as appropriate.*

### Key Messages

- The Centers for Disease Control and Prevention (CDC) have revised their recommendations for discontinuing isolation and precautions of persons with COVID-19 including updating the symptom-based strategy and no longer recommending the use of PCR to discontinue isolation, except in rare situations. See *Discontinuing Isolation and Precautions* below.
- Both the CDC and California Department of Public Health (CDPH) recommend that asymptomatic persons who have recovered from PCR-confirmed COVID-19 should not be re-tested for 3 months after the onset of the initial infection. See *Persons who have Recently Recovered from COVID-19* below.
- Eye protection, in addition to a facemask, is now recommended for any close contact with patients. See *Universal Use of PPE for Patient Care* below.

### Updates

- **Isolation and Quarantine Housing** Providers are reminded that housing is available for patients who have or who were exposed to COVID-19 and cannot safely self-isolate/quarantine. The patient must be able to perform Activities of Daily Living (ADLs) independently. The Quarantine and Isolation Intake Call Center is open 7 days a week from 8am-8pm: 833-596-1009. Please note that healthcare providers must make this referral for the patient. Self-referrals are not accepted.
- **Angelenos in Action** is a survey recently launched by LAC DPH to track symptoms of mild COVID-19 illness in the community in order to identify potential spikes in cases before patients engage with the healthcare system. Anyone who is over the age of 18, lives in LA County (including Pasadena and Long Beach), and has a cell phone with texting capabilities is eligible to participate. Please consider sharing the flyers with your patients and friends. They can click [here](#) to sign up or text @PROTECT to 35134. More information about this surveillance project can be found at [ph.lacounty.gov/AngelenosinAction](http://ph.lacounty.gov/AngelenosinAction). The survey is available in both Spanish and English.
- **Managing Mental Health, Suicide Prevention During COVID-19.** See [letter](#) with tools and resources to help address mental health concerns and suicide prevention from the California Departments of Healthcare Services, CDPH, and the Office of the California Surgeon General.
- **LAC DPH Guidance for Monitoring Healthcare Personnel** has been updated and includes the new CDC recommendations for healthcare providers returning to work after COVID-19 infection. See [guidance](#).

## Discontinuing Isolation or Precautions for Persons with COVID-19

The CDC has made the following key changes to their recommendations related to determining when a patient can be released from isolation and other precautions:

- The test-based strategy is no longer recommended to discontinue isolation or transmission-based precautions, with rare exceptions. Instead a strategy that uses time and symptoms, if present, should be used to determine when a patient can be released from isolation and other precautions.
- The symptom-based strategy has been revised by reducing the time that the patient has to be free of fever from 72 hours to 24 hours and changed from “improvement of *respiratory* symptoms” to “improvement in symptoms”.
- For patients with [severe to critical illness](#) or who are severely immunocompromised<sup>1</sup>, the CDC recommends extending the duration of isolation or precautions to 20 days from illness onset.

### ***Ending Home Isolation***

Persons with symptomatic COVID-19 can be released from isolation when the following criteria have been met:

- 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**
- Improvement in symptoms.

Asymptomatic persons with COVID-19 who never developed symptoms may be released from isolation:

- 10 days after the date of collection of their initial positive PCR test

### *Special Considerations for Ending Home Isolation*

For persons with [severe illness](#) or who are severely immunocompromised<sup>1</sup> the CDC recommends considering extending the duration of isolation to up to 20 days.

A test-based strategy for discontinuing isolation could be considered for persons who are severely immunocompromised<sup>1</sup>, however the CDC recommends this be done in consultation with infectious disease experts. See CDC's *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings* [Interim Guidance](#) for more information.

<sup>1</sup>*Severely immunocompromised*-The CDC suggests the following as conditions that may warrant extending the duration of isolation or transmission-based precautions: 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.

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 isolation and 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.

### ***Revised CDC Guidance on Return to Work for Healthcare Personnel and Discontinuation of Transmission-Based Precautions in Healthcare Settings***

The CDC has made similar revisions to the criteria for return to work for healthcare personnel (HCP) and the discontinuation of precautions in healthcare settings. In particular, for HCP or patients with [severe to critical illness](#) or who are severely immunocompromised, the recommended duration for work exclusion and transmission-based precautions was extended to 20 days after symptom onset.

See specific CDC guidance:

- Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection ([Interim Guidance](#))
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings ([Interim Guidance](#))

### ***Rationale***

The CDC cites data that persons with mild to moderate COVID-19 are no longer infectious after 10 days have passed since symptom onset and those with more severe illness or who are severely immunocompromised are no longer infectious by 15-20 days after symptom onset.

While recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months, replication-competent virus has not been reliably recovered in these individuals and studies have not found evidence that clinically recovered persons with persistence of viral RNA have transmitted SARS-CoV-2 to others. The PCR testing strategy to determine the end of isolation is no longer recommended so that persons who are, by current evidence, no longer infectious are not isolated and excluded from work or other activities unnecessarily.

A summary of current evidence and rationale for these changes is described in the [Duration of Isolation and Precautions for Adults with COVID-19](#).

### **Persons who have Recently Recovered from COVID-19**

It is not yet known if or when persons can be re-infected with SARS-CoV-2. Reinfection has not been definitively confirmed in any recovered persons since COVID-19 emerged. Based on current evidence, a positive PCR test within the first 3 months after infection most likely represents persistent shedding of viral RNA. For these reasons, the CDC and CDPH recommend against re-testing of asymptomatic patients for 3 months after recovery from their initial illness.

Persons who have recently recovered from PCR-confirmed COVID-19 *who remain asymptomatic*:

- Repeat PCR testing is not recommended for 3 months after the onset of the initial COVID-19 illness (or date of collection of first positive PCR test if they never had symptoms).

Persons who have recently recovered from PCR-confirmed COVID-19 *who develop new symptoms consistent with COVID-19 illness*:

- May warrant re-testing, especially if there is no alternative diagnosis and/or the symptoms developed within 14 day after close contact to a case.

Healthcare providers should always use their clinical judgement and consider exceptions, particularly for patients who are severely immunocompromised.

For more detailed discussion of this evidence and CDC recommendations see, [Duration of Isolation and Precautions for Adults with COVID-19](#).

### **Universal Use of PPE for Patient Care**

When there are moderate to high rates of COVID-19 in the community, HCP are more likely to encounter asymptomatic or pre-symptomatic patients with COVID-19. For this reason, CDC now recommends that HCP wear the following (in addition to standard precautions) when seeing any patient, regardless of COVID-19 status:

- Eye protection in addition to a facemask for any close contact with patients. This is particularly important if the patient cannot reliably wear a face covering throughout the visit.
- An N-95 respirator or higher instead of a facemask for any aerosol generating procedures and for surgical procedures that might pose a higher risk for SARS-CoV-2 transmission.

See CDC [Interim Infection Prevention & Control Recommendations](#) for more information.

### **Visit the LAC DPH COVID-19 Provider [website](#) for up-to-date resources and guidance**

This communication was sent by Sharon Balter, MD, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

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