



**Chester County Health Department**  
COVID-19 Response for Chester County and Delaware County

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Guidance for Duration of Isolation for COVID-19  
July 21, 2020

Recently, the Centers for Disease Control and Prevention (CDC) updated guidance on the duration of isolation for those with COVID-19 (suspected or confirmed). The Pennsylvania Department of Health (DOH) followed shortly afterwards. The following is a summary of updated guidance for different populations. Further details are available in PA health alerts 516, 517, and 518 (<https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx>).

Key Points:

- A test-based strategy is no longer recommended except in rare circumstances. Detecting viral RNA using molecular testing does not necessarily mean that infectious virus is present.
- For symptom-based strategy, criteria now include 24 hours fever free without the use of fever reducing medicines (previously 72 hours), all symptoms improving (previously specified respiratory symptoms), and 10 days since symptom onset (unchanged).
- For those with severe to critical illness, or those who are severely immunocompromised, recommended duration of isolation is 20 days. These individuals may have higher viral loads, shed virus for longer, and might be contagious for longer than the 10 days recommended for others.
- The length of quarantine for those who have been exposed or who travel to areas with travel restrictions is still 14 days. This is based on the incubation period, which is the time it takes to become infected after you have been exposed. That means some people with COVID-19 will be isolated for a shorter time than people who were exposed but do not get COVID-19. A negative PCR test during quarantine does NOT end quarantine early.
- Recovered individuals should continue to follow all public health policies as before, such as wearing appropriate personal protective equipment (PPE) at work, physical distancing, masking orders, etc. We do not know whether people who have recovered have full immunity, for how long they may have immunity, and whether they can spread infection to others even if they are immune.

The following chart summarizes the symptom-based and time-based options. A test-based strategy is not recommended. A test-based strategy may be considered under certain circumstances; see PA HAN link above for details.

Population	If they have symptoms	If they have no symptoms
People with COVID-19 at home, who are not severely immunocompromised	They may stop isolation when: <ol style="list-style-type: none"> <li>1. At least 24 hours have passed since last fever, without using fever-reducing medicines AND</li> <li>2. All symptoms are improved, such as cough and shortness of breath AND</li> <li>3. At least 10 days have passed since symptoms first started</li> </ol>	They may stop isolation when at least 10 days have passed since the test was collected, not the date of the results  If symptoms start during that time, follow the guidance under "If they have symptoms"
People with COVID-19 in healthcare facilities, who have mild to moderate illness and are not severely immunocompromised	They may stop isolation/transmission-based precautions when: <ol style="list-style-type: none"> <li>1. At least 24 hours have passed since last fever, without using fever-reducing medicines AND</li> <li>2. All symptoms are improved, such as cough and shortness of breath AND</li> <li>3. At least 10 days have passed since symptoms first started</li> </ol>	They may stop isolation/transmission-based precautions when at least 10 days have passed since the test was collected, not the date of the results  If symptoms start during that time, follow the guidance under "If they have symptoms"
People with COVID-19 who are severely immunocompromised or who have severe to critical illness (any location/occupation)	They may stop isolation/return to work when: <ol style="list-style-type: none"> <li>1. At least 24 hours have passed since last fever, without using fever-reducing medicines AND</li> <li>2. All symptoms are improved, such as cough and shortness of breath AND</li> <li>3. At least 20 days have passed since symptoms first started</li> </ol>	They may stop isolation/return to work when at least 20 days have passed since the test was collected, not the date of the results  If symptoms start during that time, follow the guidance under "If they have symptoms"
Healthcare Personnel (HCP) who have mild to moderate illness and are not severely immunocompromised	They may return to work when: <ol style="list-style-type: none"> <li>1. At least 24 hours have passed since last fever, without using fever-reducing medicines AND</li> <li>2. All symptoms are improved, such as cough and shortness of breath AND</li> <li>3. At least 10 days have passed since symptoms first started</li> </ol>	They may return to work when at least 10 days have passed since the test was collected, not the date of the results  If symptoms start during that time, follow the guidance under "If they have symptoms"
	After returning to work, HCP should: <ul style="list-style-type: none"> <li>• Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.               <ul style="list-style-type: none"> <li>○ A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility.</li> <li>○ A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.</li> <li>○ Of note, N95 or other respirators with an exhaust valve might not provide source control.</li> </ul> </li> <li>• Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen</li> </ul>	

## Notes:

- Patients should be discharged from a healthcare facility when clinically indicated. Meeting criteria for discontinuing isolation/transmission-based precautions is not needed for discharge. If a patient is discharged to home before the above criteria are met, isolation should continue at home until criteria are met. If a patient is discharged to another facility before the above criteria are met, isolation and transmission-based precautions should continue until criteria are met. Once they meet criteria, the patient should continue all infection control practices which are universal in the facility, and any specific to this patient (for example, if they have *C. difficile*).
- Healthcare personnel includes all those involved in direct patient care, and all those who are not directly involved in patient care but who could be exposed to infection in a healthcare setting (e.g. clerical, dietary, environmental services, laundry, security, engineering, facilities, and administrative staff).
- There may still be staffing shortages at healthcare facilities and first responder agencies. If excluding workers for this duration impacts your ability to provide safe care, please visit <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html> for information about staffing strategies.
- Determining whether someone should have precautions extended depends on clinical judgment of the likelihood they may still be contagious. Considerations for defining severe disease include respiratory rate >30 breaths per minute; SpO<sub>2</sub> <94% on room air at sea level, or decrease in baseline SpO<sub>2</sub> more than 3%; PaO<sub>2</sub>/FiO<sub>2</sub> <300 mmHg; or lung infiltrates >50%. Critical disease may be considered those with respiratory failure, septic shock, or multiple organ dysfunction. Severely immunocompromised may refer to those on chemotherapy; HIV infection with CD4 count <200; primary immunodeficiency disorders; or use of prednisone >20 mg/day or equivalent for more than 14 days. Consultation with a patient's treating provider, or with an infectious diseases specialist, may be advised for unclear cases.