



**DATE:** May 3, 2021  
**TO:** Hospitals, Nursing Homes, Adult Care Facilities, and Other Congregate Settings Where Populations Vulnerable to COVID-19 Reside  
**FROM:** New York State Department of Health (NYSDOH)

**Health Advisory: \*\*\* Revised \*\*\* Discontinuation of Transmission-Based Precautions for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Facilities, or Other Congregate Settings with Vulnerable Residents**

**Please distribute immediately to:**  
Administrators, Infection Preventionists, Medical Directors, and Nursing Directors

This document supersedes the NYSDOH Health Advisory dated April 21, 2020: *Discontinuation of Isolation for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents.*

Hospitals, nursing homes, adult care facilities, and certain other congregate living facilities are settings with highly vulnerable patients and residents. For persons who are admitted to or remain in these settings, NYSDOH recommends discontinuation of transmission-based precautions for persons with COVID-19 as outlined in this advisory.

Symptom-based strategy for **asymptomatic persons** or persons with **mild-to-moderate illness**<sup>1</sup>, who are **NOT severely immunocompromised**<sup>2</sup>:

- At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
- Symptoms (if present) have improved; **AND**
- At least **10 days** have passed since symptoms attributed to COVID-19 first appeared.
  - For persons who were asymptomatic at the time of their first positive test and who remained asymptomatic throughout their infection, at least 10 days have passed since the date of collection of the first positive test.
  - For persons who were asymptomatic at the time of their first positive test and subsequently developed symptoms attributed to COVID-19, at least 10 days have passed since the date of symptom onset in addition to the clinical criteria above.

Symptom-based strategy for persons with **severe-to-critical illness**<sup>1</sup> who are **NOT severely immunocompromised**:

- At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
- Symptoms have improved; **AND**
- At least **10 days and up to 20 days** have passed since symptoms attributed to COVID-19 first appeared.
- Consider consultation with infection control or infectious disease experts, especially if fewer than 15 days have passed since symptom onset.

Symptom-based strategy for persons who are **severely immunocompromised**<sup>2</sup>:

- Persons who are severely immunocompromised can remain SARS-CoV-2 culture-positive more than 20 days after symptom onset or first positive test. **Consultation with infectious diseases specialists is recommended**; use of a test-based strategy (defined below) for determining when to discontinue transmission-based precautions should be considered.
- At a minimum, when the symptom-based strategy is determined to be appropriate after specialist consultation, persons who are severely immunocompromised should remain on transmission-based precautions until:
  - At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
  - Symptoms (if present) have improved; **AND**
  - At least **10 days and up to 20 days** have passed since symptoms attributed to COVID-19 first appeared.
    - For severely immunocompromised persons who were asymptomatic at the time of their first positive test and who remain asymptomatic, at least 10 days and up to 20 days have passed since the date of collection of their first positive test.
    - For severely immunocompromised patients who were asymptomatic at the time of their first positive test and subsequently developed symptoms attributed to COVID-19, at least 10 days and up to 20 days have passed since symptom onset in addition to the clinical criteria above.

Test-based strategy:

- The test-based strategy is not recommended except:
  - for severely immunocompromised individuals if concern exists that they might remain infectious more than 20 days.
  - in other circumstances when the symptom-based strategy might lead to clinically inappropriate use of transmission-based precautions; however, due to the frequency of prolonged test positivity, the utility of this approach is limited.
- All of the following are required to discontinue transmission-based precautions using the test-based strategy:
  - At least 24 hours have passed since last fever, without fever-reducing medications; **AND**
  - Symptoms (if present) have improved; **AND**
  - Results are negative from **at least two consecutive respiratory specimens** collected greater than or equal to 24 hours apart and tested using an FDA-authorized molecular viral assay for detection of SARS-CoV-2 RNA. Antigen tests are not molecular viral assays and should not be used for this purpose.

Discontinuation of transmission-based precautions for persons with suspected COVID-19:

- The decision to exclude the diagnosis of COVID-19 and discontinue transmission-based precautions for COVID-19 can be made when a negative result from at least one respiratory specimen using an FDA-authorized molecular viral assay for detection of SARS-CoV-2 is obtained. A second consecutive negative test collected greater than or equal to 24 hours apart should be obtained when there is a higher level of suspicion for COVID-19. Antigen tests are not molecular viral assays and should not be used for this purpose.
- For persons suspected of having COVID-19 infection but are never tested, the decision to discontinue COVID-19 transmission-based precautions can be made using the symptom-based strategy described above.
- Clinical judgement and suspicion of SARS-CoV-2 infection should ultimately determine whether to continue or discontinue empiric transmission-based precautions.

Discontinuation of transmission-based precautions for persons exposed to COVID-19:

- Persons who are exposed to COVID-19 and require quarantine according to current applicable guidance for an individual in the community should be cared for in healthcare settings using

transmission-based precautions for 14 days from the date of last exposure, regardless of whether negative SARS-CoV-2 test results are obtained during the quarantine period.

- If discharged to the community during this time, then the requirements currently applicable for quarantine in the community apply. The local health department must be informed of the discharge.

## Footnotes

<sup>1</sup>CDC has recommended the use of the National Institutes of Health (NIH) guidelines as one option for defining severity of illness categories. They define mild, moderate, severe, and critical illness as below. Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>.

**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<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <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 (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

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

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

<sup>2</sup>CDC defines “severely immunocompromised” as below but notes that the degree of immunocompromise is ultimately determined by the treating provider. Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>.

- Being on chemotherapy for cancer,
- Being within one year out from receiving a hematopoietic stem cell or solid organ transplant,
- Untreated HIV infection with CD4 T-lymphocyte count < 200,
- Combined primary immunodeficiency disorder, or
- Receipt of prednisone >20 mg/day for > 14 days.

For more information see:

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

General questions or comments about this advisory can be sent to:

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