

HEALTH ADVISORY: UPDATED GUIDANCE FOR COVID-19 May 6, 2020

Background

The United States and Texas are experiencing ongoing community transmission of the novel coronavirus, SARS-CoV-2, which causes the disease COVID-19. This advisory provides guidance for healthcare providers on testing criteria, discontinuation of isolation for people outside of a healthcare setting, and disease reporting.

COVID-19 Testing Criteria

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Asymptomatic infection with SARS-CoV-2, the virus that causes COVID-19, has been reported. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Clinicians are encouraged to test for other causes of respiratory illness. Guidance by the Centers for Disease Control & Prevention (CDC), "**Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)**," updated May 4, 2020, is linked [here](#).

Priorities for COVID-19 Testing (Nucleic Acid or Antigen)
<p>High Priority</p> <ul style="list-style-type: none"> • Hospitalized patients • Healthcare facility workers, workers in congregate living settings, and first responders with symptoms • Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms • Persons identified through public health cluster and selected contact investigation
<p>Priority</p> <ul style="list-style-type: none"> • Persons with symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat. • Persons without symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes-currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation). • Persons without symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.

¹Fever may be subjective or confirmed.

Discontinuation of Isolation for Persons not in Healthcare Settings

Home isolation for persons with confirmed or suspected COVID-19 can be discontinued based on a symptom-based or test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Symptom-based strategy—for people with COVID-19

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least **10** days have passed since symptoms first appeared.

Time-based strategy—for People Who have NOT had COVID-19 Symptoms but Tested Positive

At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Test-based strategy

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)
- Additionally, if symptoms were present: The person also must have resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms (e.g., cough, shortness of breath).

CDC guidance on “**Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)**,” issued May 3, 2020, is linked [here](#).

Note that CDC recommends 14 days of quarantine after exposure to COVID-19, based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected. This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. For certain populations, a longer timeframe after recovery may be desired, such as among healthcare personnel or immunocompromised persons.

Reporting of Cases:

COVID-19 is a notifiable condition under Texas statute. All suspected and confirmed cases are to be [called immediately](#) to the local health department. In addition, please submit lab results, demographics, and clinical progress notes via fax to:

San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876 (24 hours)
Fax: (210) 207-8807