CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

HEALTH ADVISORY: UPDATED GUIDANCE FOR COVID-19
July 19, 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 discontinuation of isolation and disease reporting, and return-to-work criteria for healthcare workers.

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 **24 hours** has passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved, 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.

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 symptom improvement.

CDC guidance on **"Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings,"** issued July 17, 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.

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Return to Work Criteria for Healthcare Workers

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

HCP with mild to moderate illness who are not severely immunocompromised may return to work when:

- At least **24 hours** has passed since recovery, defined as resolution of fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- At least 10 days have passed since symptoms first appeared.

HCP who are not severely immunocompromised[1] and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised[1] may return to work when:

- At least 20 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
- Symptoms (e.g., cough, shortness of breath) have improved

[1] The studies used to inform this guidance did not clearly define "severely immunocompromised." Some conditions, such as being on 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, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission. Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

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