



## This is an official **DHEC Health Update**

Distributed via Health Alert Network  
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10461-DHU-05-11-2020-COVID-19

### **Updated guidance to end COVID-19 transmission-based precautions and healthcare worker return to work**

#### **Summary**

- Criteria on ending isolation precautions for known or suspected COVID-19 cases is updated to ten (10) days after the onset of symptoms. Other criteria remain unchanged.
- Lab confirmed COVID-19 cases with no symptoms should plan to continue isolation until ten (10) days after the date of the collection of the specimen.
- Contacts living in the same household of COVID-19 cases should plan to continue quarantine until seven (7) days after the date that the case completes their isolation requirements.
- Either the symptom-based, time-based, or testing-based criteria may be used as return-to-work criteria for health care workers.
- Other important note from DHEC:
  - When filling out lab requisition forms, ensure all patient contact information is complete and correct. Needing to follow up with ordering facilities to obtain contact information can delay the start of contact investigations.

#### **Background**

Based on new CDC guidance, this Health Alert updates interim guidance for discontinuing isolation in COVID-19 patients as previously outlined in the March 21, 2020 [HAN](#).

Because SARS-CoV-2 (the virus that causes COVID-19 disease) is an emerging pathogen, the patterns and duration of illness and infectivity have not been fully

described. However, available data indicate that shedding of SARS-CoV-2 RNA in upper respiratory specimens declines after onset of symptoms. At 10 days after illness onset, recovery of replication-competent virus in viral culture (as a proxy of the presence of infectious virus) is decreased and approaches zero.(1)

The current understanding of SARS-Cov-2 infectivity suggests that a symptom-based strategy that requires isolation with transmission-based precautions until 10 days (an increase from seven (7) days) after the onset of symptoms may be sufficient to control spread of the virus and limit the disruption of isolation requirements for individuals. Providers may choose to use a test-based strategy to discontinue isolation, particularly in circumstances where there is a low tolerance for post-recovery virus shedding. However, some patients may continue to have PCR-positive specimens for several weeks after recovery although they may no longer be infectious.

Providers should also consider conditions that could prolong the period of virus shedding and patient infectiousness including immunocompromised patients. CDC provides guidance for these circumstances.(2)

## Recommendations

### 1. Transmission-based precautions for symptomatic patients in non-healthcare settings or in healthcare settings (3) (4)

Persons with COVID-19 who have symptoms and were directed to [care for themselves at home](#) may discontinue isolation under either strategy below:

#### *Symptom-based strategy*

- 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*.

#### *Test-based strategy*

- Resolution of fever **without** the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- 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  $\geq 24$  hours apart (total of two negative specimens)\*. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

## 2. Patients with positive COVID-19 testing and no symptoms

A positive test is defined as either a PCR positive result on an [approved specimen](#) or positive serology suggestive of an acute infection (positive IgM, IgA, or total Ig if not differentiated). [\(5\)](#)

### *Time-based strategy*

- 10 days have passed since the date of their first positive COVID-19 diagnostic test, **without** the development of symptoms since their positive test. 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  $\geq 24$  hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

## 3. Healthcare worker Return to Work guidance [\(6\)](#) [\(7\)](#)

Depending on the circumstances, either the symptom-based or test-based strategy for those with symptoms or the time-based or test-based strategy for those without symptoms can be used for healthcare workers who tested positive to return-to-work. After returning to work, healthcare workers should follow [CDC guidance](#) regarding return to work practices (e.g., wearing a facemask at all times while at work) and work restrictions.

In certain circumstances healthcare workers who test positive for COVID-19 may be able to return to work prior to meeting the Return-to-Work criteria listed above. At this time, this only applies to healthcare workers who are well enough to work and are employed by a facility that is experiencing [crisis staffing](#) levels (when there are no longer enough staff to provide safe patient care). If healthcare workers who test positive for COVID-19 are allowed to return to work before meeting the Return-to-Work criteria, they should adhere to CDC guidance and follow Return-to-Work practices and work restrictions. Outside of work, these healthcare workers should continue to isolate

themselves until the criteria for the symptom-based, time-based or test-based strategy have been met.

#### 4. Household contacts of COVID-19 patients

DHEC continues to recommend that contacts living in the same household as a COVID-19 case continue [quarantine requirements](#) until seven (7) days after the date that the case meets criteria to end isolation requirements

#### Resources for Additional Information

1. The Center for Disease Control and Prevention (CDC). Symptom-based strategy to discontinue isolation for persons with COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>
2. CDC. Ending home isolation for immunocompromised persons with COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html>
3. CDC. Discontinuation of isolation for person with COVID-19 not in healthcare settings. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
5. CDC. Discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings (Interim guidance). <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
6. CDC. Criteria for return to work for healthcare personnel with suspect or confirmed COVID-19 (Interim guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
7. CDC. Strategies to mitigate healthcare personnel staffing shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

#### DHEC contact information for reportable diseases and reporting requirements

Reporting of **COVID-19 cases and deaths** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. COVID-19 is an **Urgently reportable condition (within 24 hours by phone)** (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at: <https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

## Regional Public Health Offices – 2020

Mail or call reports to the Epidemiology Office in each Public Health Region

### MAIL TO:

<p style="text-align: center;"><b>Lowcountry</b></p> <p>4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051</p>	<p style="text-align: center;"><b>Midlands</b></p> <p>2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993</p>	<p style="text-align: center;"><b>Pee Dee</b></p> <p>1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506</p>	<p style="text-align: center;"><b>Upstate</b></p> <p>200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373</p>
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### CALL TO:

<p style="text-align: center;"><b>Lowcountry</b></p> <p>Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg</p> <p>Office: (843) 441-1091 Nights/Weekends: (843) 441-1091</p>	<p style="text-align: center;"><b>Midlands</b></p> <p>Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York</p> <p>Office: (888) 801-1046 Nights/Weekends: (888) 801-1046</p>	<p style="text-align: center;"><b>Pee Dee</b></p> <p>Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg</p> <p>Office: (843) 915-8886 Nights/Weekends: (843) 915-8845</p>	<p style="text-align: center;"><b>Upstate</b></p> <p>Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union</p> <p>Office: (864) 372-3133 Nights/Weekends: (864) 423-6648</p>
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<p style="text-align: center;"><b>For information on reportable conditions, see</b> <a href="https://www.scdhec.gov/ReportableConditions">https://www.scdhec.gov/ReportableConditions</a></p>	<p><b><u>DHEC Bureau of Communicable Disease Prevention &amp; Control</u></b> <b>Division of Acute Disease Epidemiology</b> 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902</p>
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Categories of Health Alert messages:

<b>Health Alert</b>	Conveys the highest level of importance; warrants immediate action or attention.
<b>Health Advisory</b>	Provides important information for a specific incident or situation; may not require immediate action.
<b>Health Update</b>	Provides updated information regarding an incident or situation; unlikely to require immediate action.
<b>Info Service</b>	Provides general information that is not necessarily considered to be of an emergent nature.