



## 2020 Health Advisory #14: Updated NYC Health Department COVID-19 Recommendations

### **Discontinuation of Isolation and Monitoring for People Who Are Asymptomatic; Isolation and Transmission-Based Precautions for People with COVID-19 Including Non-Hospitalized Patients, Residents and Patients in Special Settings, and People Who Are Immunocompromised**

- **Extended duration of self-monitoring and isolation for asymptomatic people and health care workers who test positive for SARS-CoV-2 with a molecular-based diagnostic test (e.g., rRT-PCR) is 10 days**
- **Updated minimum duration of isolation for non-hospitalized people with possible or confirmed COVID-19 extended from 7 to 10 days**
- **Discontinuing isolation and transmission-based precautions for people with possible or confirmed COVID-19 in special settings or who are immunocompromised**
- **Managing non-hospitalized persons who have a subsequent positive molecular COVID-19 test following an appropriate period of isolation**

May 14, 2020

Dear Colleagues,

Please be advised of the following policy decisions and updates from the NYC Health Department regarding duration of isolation for possible or confirmed COVID-19. The policies reflect updated interim guidance from the New York State Department of Health (NYS DOH) and revised interim guidance from the Centers for Disease Control and Prevention (CDC). The CDC posted a [decision memo](#) detailing the data supporting their policy change, which states that, at this time, viable SARS-CoV-2 has not been successfully cultured from specimens collected from SARS-CoV-2 infected patients more than 9 days after onset of illness even when PCR tests have remained positive thereafter. Of note is that this is about the same time period when patients have been found to mount an immune response. In addition, following recovery from clinical illness, many patients no longer have detectable viral RNA in upper respiratory specimens. Among those who continue to have detectable RNA, concentrations of detectable RNA 3 days following recovery are generally in the range at which viable virus has not been reliably isolated by the CDC.

### **Extending duration of isolation and monitoring for asymptomatic people, including health care workers, who test positive for SARS-CoV-2 with a molecular-based diagnostic assay**

Asymptomatic people, including health care workers (HCWs), who test positive for SARS-CoV-2 with a molecular-based test should isolate themselves at home (or any other residence where they

can avoid contact with others) and monitor their health for at least 10 days, after which they can discontinue monitoring unless they have developed symptoms consistent with COVID-19. If symptoms of COVID-19 develop during the monitoring period, the person should follow the symptom-based guidance in the next section as to when isolation should be discontinued.

This applies to all people, including HCWs, and replaces the previous recommendation for 7 days of self-monitoring for asymptomatic health care workers in NYC Health Advisory #8, issued March 20, 2020. The revised recommendations are consistent with CDC's updated guidance [for HCWs](#) and for [the general public](#), both of which also include a test-based strategy as an alternative.

### **Discontinuing home isolation of non-hospitalized people with possible or confirmed COVID-19, including health care workers**

The NYC Health Department recommends adherence to CDC's updated interim symptom-based guidance on [discontinuing home isolation](#). The interim guidance released on April 30, 2020 extends the time period for discontinuing isolation for persons with possible or confirmed COVID-19. The following criteria should be used as the minimum duration of time for maintaining isolation:

- At least 10 days after symptom onset; AND
- Absence of fever for at least 3 days without antipyretics (if ever febrile); AND
- Overall illness has improved.

Per the [NYS DOH guidance](#) release April 29, 2020, if a person is an employee of a nursing home, they should adhere to the extended symptom-based strategy, detailed in the next section.

### **Discontinuing isolation and transmission-based precautions for people with possible or confirmed COVID-19 in special settings**

In addition to always meeting the above criteria regarding fever and symptom resolution, a longer isolation period is used in settings with highly vulnerable patients and residents. Providers can refer to [NYS DOH guidance](#) released on April 19, 2020, which recommends either an extended symptom-based approach of at least 14 days or a test-based strategy before discontinuing isolation and transmission-based precautions for people in certain settings, including:

- Patients who are hospitalized. Note that, per [NYS Executive Order 202.30](#), issued May 10, 2020, any patient discharged from a hospital to a nursing home must first have a negative result on a COVID-19 diagnostic test even if a symptom-based strategy was used.
- Residents and [employees](#) of long-term care facilities (e.g., nursing homes, adult care facilities)
- Residents of facilities for people with developmental disabilities

- Residents of supportive housing or shelter settings in which individuals share bathrooms, kitchens, or sleeping areas

### **Discontinuing isolation and transmission-based precautions for people with possible or confirmed COVID-19 who are immunocompromised or severely immunocompromised**

People with weakened immune systems but who are not severely immunocompromised, including those with chronic lung, heart, kidney, or liver disease; obesity; diabetes; HIV infection with CD4 count more than 200; or who are dialysis-dependent, should use the more stringent approach described in the [NYS DOH guidance](#) which recommends either an extended symptom-based approach of at least 14 days or a test-based strategy before discontinuing isolation.

This recommendation is based on the concern that persons who are more severely immunocompromised may shed viable SARS-CoV-2 for extended periods. Although this has not yet been demonstrated to occur with SARS-CoV-2, extended shedding of viable virus can occur when severely immunocompromised patients are infected with influenza or administered live vaccines.

The test-based strategy as described in the [NYS DOH guidance](#) is strongly preferred for determining when to discontinue isolation and transmission-based precautions for people diagnosed with COVID-19 who are considered severely immunocompromised. This includes people who are:

- Receiving chemotherapy for hematopoietic malignancies
- Receiving chemotherapy or radiation for solid-organ malignancies
- Immunosuppressed following solid-organ transplant, or during conditioning and 12 months following hematopoietic stem cell transplant
- Taking biologic therapy (rituximab, IL-17, IL-6, or TNF inhibitors)
- Receiving at least 20 mg or 2 mg/kg body weight of prednisone (or equivalent) per day for 14 or more days
- Immunosuppressed because of severe inherited or acquired immunodeficiencies (e.g., agammaglobulinemia or HIV infection with CD4 count less than 200)

If the person resides in or has been discharged to a setting where specimen collection or on site testing is unavailable, consult with the treating specialist for consideration of further extension of a symptom-based period of isolation (e.g., instead of 14 days, use 21 days) if arrangements cannot be made to ensure safe access to testing at an outpatient setting for the person and other patients at the testing facility who may be at risk of complications from COVID-19 and may be exposed to the person.

### **Managing non-hospitalized persons who have a subsequent positive molecular SARS-CoV-2 test following an appropriate period of isolation**

People (excluding those who are severely immunocompromised) who complete an appropriate period of symptom-based isolation (as described above), but who are re-tested and have a positive molecular SARS-CoV-2 test, do not need an additional period of isolation. This only applies to people for whom isolation was initiated following detection of SARS-CoV-2 with a molecular test. This does not apply to people who were not tested or had negative diagnostic test.

The NYC Health Department may change recommendations as the situation evolves. We are, as always, grateful for your continued partnership in the response to this unprecedented medical and public health emergency.

Sincerely,

A handwritten signature in black ink, appearing to read "Demetre C. Daskalakis", written over a light blue grid background.

Demetre C. Daskalakis, MD, MPH  
Deputy Commissioner  
Division of Disease Control