



COVID-19

Ending Isolation and Precautions for People with COVID-19: Interim Guidance

Updated Aug. 31, 2022

CDC's [COVID-19 Community Levels](#) recommendations do not apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use [community transmission rates](#) and continue to follow CDC's infection prevention and control recommendations for healthcare settings.

This page is intended for use by healthcare professionals who are caring for **people in the community setting** under isolation with COVID-19. For more information for the general population in the community, please see [Isolation and Precautions for People with COVID-19](#).

These recommendations do not apply to [healthcare personnel](#) in the healthcare setting, and do not supersede state, local, tribal, or territorial laws, rules, and regulations. For healthcare settings, please see [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#). For more details, including details on certain non-healthcare settings, please review [Setting-Specific Guidance](#).

Summary of Recent Changes

Updates as of August 31, 2022 ^

- Updated guidance reflects new recommendations for isolation and precautions for people with COVID-19.
- Removed Assessment for Duration of Isolation and Key Findings From Transmission Literature sections so page provides most current information.

[View Previous Updates](#)

Key Points

- People who are infected but asymptomatic or people with mild COVID-19 should isolate through at least day 5 (day 0 is the day symptoms appeared or the date the specimen was collected for the positive test for people who are asymptomatic). They should wear a mask through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- People with [moderate](#) [↗](#) or [severe](#) [↗](#) COVID-19 should isolate through at least day 10. Those with severe COVID-19 may remain infectious beyond 10 days and may need to extend isolation for up to 20 days.
- People who are [moderately or severely immunocompromised](#) should isolate through at least day 20. Use of serial testing and consultation with an infectious disease specialist is recommended in these patients prior to ending isolation.

To prevent SARS-CoV-2 transmission, see CDC's recommended [prevention strategies](#). For details on when to get tested

To prevent SARS-CoV-2 transmission, see CDC's recommended [prevention strategies](#). For details on when to get tested for COVID-19, see [Test for Current Infection](#).

Recommendation for Ending Isolation

For people who are [mildly ill](#) with SARS-CoV-2 infection and not moderately or severely immunocompromised:

- Isolation can be discontinued at least 5 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter) if fever has resolved for at least 24 hours (without taking fever-reducing medications) **and** other symptoms are improving.
- Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
- A [high-quality](#) mask should be worn around others at home and in public through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- If symptoms recur or worsen, the isolation period should restart at day 0.
- People who [cannot wear a mask](#), including children < 2 years of age and people of any age with certain disabilities, should isolate for 10 days.
- In certain high-risk congregate settings that have high risk of secondary transmission, CDC recommends a 10-day isolation period for residents.

More details: [Isolation and Precautions for People with COVID-19](#)

For people who test positive, are asymptomatic (never develop [symptoms](#)) and not moderately or severely immunocompromised:

- Isolation can be discontinued at least 5 days **after the first positive viral test** (day 0 is the date the specimen was collected for the positive test, and day 1 is the next full day thereafter).
- A [high-quality mask](#) should be worn around others at home and in public through day 10. A [test-based strategy](#) may be used to remove a mask sooner.
- If a person develops [symptoms](#) within 10 days of testing positive, their 5-day isolation period should start over (day 0 changes to the first day of symptoms).
- People who [cannot wear a mask](#), including children < 2 years of age and people of any age with certain disabilities, should isolate for 10 days.
- In certain high-risk congregate settings that have high risk of secondary transmission, CDC recommends a 10-day isolation period for residents.

More details: [Isolation and Precautions for People with COVID-19](#)

For people who are [moderately ill](#) and not moderately or severely immunocompromised:

- Isolation and precautions can be discontinued 10 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter).

For people who are [severely ill](#) and not moderately or severely immunocompromised:

- Isolation should continue for at least 10 days after symptom onset (day 0 is the day symptoms appeared, and day 1 is the next full day thereafter).
- Some people with severe illness (e.g., requiring hospitalization, intensive care, or ventilation support) may remain infectious beyond 10 days. This may warrant extending the duration of isolation and precautions for up to 20 days after symptom onset (with day 0 being the day symptoms appeared) **and** after resolution of fever for at least 24 hours (without the taking fever-reducing medications) **and** improvement of other symptoms.
- Serial testing prior to ending isolation can be considered in consultation with infectious disease experts.

For people who are [moderately or severely immunocompromised](#) (regardless of COVID-19 symptoms or severity):

- [Moderately or severely immunocompromised](#) patients may remain infectious beyond 20 days. For these people, CDC recommends an isolation period of at least 20 days, and ending isolation in conjunction with serial testing and consultation with an infectious disease specialist to determine the appropriate duration of isolation and precautions.
- The criteria for serial testing to end isolation are:
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or nucleic acid amplification test.
 - Also, if a moderately or severely immunocompromised patient with COVID-19 was symptomatic, there should be resolution of fever for at least 24 hours (without the taking fever-reducing medication) and improvement of other symptoms. Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
 - Re-testing for SARS-CoV-2 infection is suggested if symptoms worsen or return after ending isolation and precautions.
- If a patient has persistently positive nucleic acid amplification tests beyond 30 days, additional testing could include molecular studies (e.g., [genomic sequencing](#)) or viral culture, in consultation with an infectious disease specialist.
- For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the interim clinical considerations for people with [moderate to severe immunocompromise](#) due to a medical condition or receipt of immunosuppressive medications or treatments.
 - Other factors, such as end-stage renal disease, likely pose a lower degree of immunocompromise, and there might not be a need to follow the recommendations for those with moderate to severe immunocompromise.
 - Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions should be tailored to each patient and situation.

More details: [Isolation and Precautions for People with COVID-19](#)

Previous Updates

Updates from Previous Content: Ending Isolation and Precautions Webpage 

As of January 14, 2022

- Updated guidance to reflect new recommendations for isolation for people with COVID-19.
- Added new recommendations for duration of isolation for people with COVID-19 who are moderately or severely immunocompromised.

As of September 14, 2021

- Combined guidance on ending isolation and precautions for adults with COVID-19 and ending home isolation webpages.
- Included evidence for expanding recommendations to include children.
- Edited to improve readability

As of February 18, 2021

- Some severely immunocompromised persons with COVID-19 may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing and consultation with infectious diseases specialists and infection control experts.

As of February 13, 2021

- Added new evidence and recommendations for duration of isolation and precautions for severely immunocompromised adults.
- Added information on recent reports in adults of reinfection with SARS-CoV-2 variant viruses.



As of February 18, 2021

- Some severely immunocompromised persons with COVID-19 may remain infectious beyond 20 days after their symptoms began and require additional SARS-CoV-2 testing and consultation with infectious diseases specialists and infection control experts.

Updates as of July 20, 2020

- A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances.
- Symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- For patients with severe illness, duration of isolation for up to 20 days after symptom onset may be warranted. Consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Updates as of July 17, 2020

- Symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19

Updates as of May 29, 2020

Added information around the management of persons who may have prolonged viral shedding after recovery.

Updates as of May 3, 2020

- Changed the name of the ‘non-test-based strategy’ to the ‘symptom-based strategy’ for those with symptoms. Added a ‘time-based strategy’ and named the ‘test-based strategy’ for asymptomatic persons with laboratory-confirmed COVID-19. Extended the home isolation period from 7 to 10 days *since symptoms first appeared* for the symptom-based strategy in persons with COVID-19 who have symptoms and from 7 to 10 days after the date of their first positive test for the time-based strategy in asymptomatic persons with laboratory-confirmed COVID-19. This update was made based on evidence suggesting a longer duration of viral shedding and will be revised as additional evidence becomes available. This time period will capture a greater proportion of contagious patients; however, it will not capture everyone.
- Removed specifying use of nasopharyngeal swab collection for the test-based strategy and linked to the [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for Coronavirus Disease 2019 \(COVID-19\)](#), so that the most current specimen collection strategies are recommended.

Updates as of April 4, 2020

- Revised title to include isolation in all settings other than health settings, not just home.