

Coronavirus Disease 2019 (COVID-19)



On February 11, 2020 the World Health Organization **announced** an official name for the disease that is causing the current outbreak of coronavirus disease, COVID-19. CDC will be updating our website and other CDC materials to reflect the updated name.

Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

Summary Page

Who this is for: Healthcare providers and public health officials managing patients with coronavirus disease (COVID-19).

What this is for: To help prevent the spread of COVID-19 in healthcare facilities.

How to use: Reference to guide healthcare staff and public health officials regarding discontinuing transmission-based precautions and discharging hospitalized patients with COVID-19.

Summary of Recent Changes

Revisions were made on February 11, 2020, to use of laboratory testing results:

- Negative rRT-PCR results from 2 sets of nasopharyngeal and throat swabs collected at least 24 hours apart from patient with COVID-19 are needed before discontinuing Transmission-Based Precautions is considered. A total of four negative specimens are needed to meet this requirement.

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for patients with COVID-19. Interim guidance for discontinuation of Transmission-Based Precautions and disposition of hospitalized patients has been developed based on available information about COVID-19 and what is known about similar diseases caused by related coronaviruses ([MERS-CoV](#) and [SARS-CoV](#)). This guidance is subject to change as additional information becomes available.

For non-hospitalized patients, see ([Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#))

For Hospitalized Patients with COVID-19 Under Transmission-Based Precautions:

- Currently, hospitalized patients with COVID-19 should be cared for in an Airborne Infection Isolation Room (AIIR) using [Standard, Contact, and Airborne Precautions with eye protection](#).
- If an AIIR is not immediately available, consideration should be given to transferring the patient to a facility that has an available AIIR. If transfer is impractical or not medically appropriate, the patient should be cared for in a single-person room and the door should be kept closed. The room should ideally not have exhaust that is recirculated within the building without high-efficiency particulate air (HEPA) filtration. Healthcare personnel should still use gloves, a gown, respiratory and eye protection and follow all other [recommended infection prevention and control practices](#) when caring for these patients.
- If there are not enough AIIRs to care for patients with COVID-19, existing AIIRs should be prioritized for the care of patients who are symptomatic with severe illness (e.g., those requiring ventilator support).
- The decision to discontinue [Transmission-Based Precautions](#) for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. Guidance for discontinuation of in-home isolation precautions is the same as that to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19. Considerations to discontinue Transmission-Based Precautions include all of the following:
 - Resolution of fever, without use of antipyretic medication
 - Improvement in illness signs and symptoms
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart* (total of four negative specimens—two nasopharyngeal and two throat). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

Footnote

*Initial guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.

Disposition of Hospitalized Patients with COVID-19:

- Patients can be discharged from the healthcare facility whenever clinically indicated.
- Isolation should be maintained at home if the patient returns home before the decision is made to discontinue Transmission-Based Precautions. The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments and should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations, and potential risk of secondary transmission to household members with immunocompromising conditions. See CDC [Interim Guidance for Home Care](#) of patients with confirmed COVID-19 and persons under investigation for COVID-19, [Interim Guidance for Preventing 2019-nCoV from Spreading to Others in Homes and Communities](#) and [Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#).

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