



COVID-19 Hospital Discharge Criteria

This guidance document has been updated to reflect the latest changes in the Centers for Disease Control and Prevention (CDC) recommendations for discontinuation of transmission-based precautions for persons with COVID-19. In addition, what CDC formerly referred to as the non-test-based strategy is now referred to as the symptom-based strategy.

For persons with COVID-19 illness, CDC now recommends that isolation be maintained for at least 10 days *after illness onset* and at least 1 day (24 hours) *after recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).

This guidance is based on data indicating that while individuals who have recovered from COVID-19 may repeatedly test PCR positive over a prolonged period of time, they are likely shedding fragments of viral RNA that is not infectious (CDC unpublished data, Young 2020). At 10 days after illness onset, recovery of replication-competent virus in culture (as a proxy of the presence of infectious virus) is decreased and approaches zero (CDC unpublished data, Wölfel 2020, Arons 2020). **As a consequence, the San Mateo County Communicable Disease Control Program (CD Control) recommends using a symptom-based strategy instead of a test-based strategy to determine when individuals with COVID-19 illness may be released from isolation.** Due to the potential for symptoms to wax and wane, **San Mateo County continues to recommend that isolation be maintained for at least 10 days *after illness onset* and at least 3 days (72 hours) *after recovery*.**

While this strategy applies to most persons with COVID-19, San Mateo County is applying a **symptom-based strategy with more stringent requirements for recovered persons for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and risk of transmitting infection** such as:

1. *Persons who are immunocompromised and may have prolonged viral shedding*
2. *Persons who could pose a risk of transmitting infection to vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection*
3. *Persons normally residing in congregate settings (e.g. retirement communities, shelters, correctional/detention facilities) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur*

WHEN CAN COVID-19 PATIENTS BE DISCHARGED FROM THE HOSPITAL?

COVID-19 patients can be discharged from the hospital when medically stable and able to recuperate outside of the hospital setting. Individuals who are medically stable may be discharged from the hospital while still infectious and requiring isolation and transmission-based precautions. Close coordination is needed to prevent inadvertent exposures during this process.

Public Health Discharge Criteria for COVID-19 Patients:

1. Treating provider has assessed the patient as being medically stable and ready for discharge; **and**
2. The patient's respiratory symptoms are improving, **and**
3. Ideally, the patient has been fever-free for at least 24 hours without the use of antipyretics (e.g., Tylenol, NSAIDs, etc.)¹ **and**
4. Appropriate housing, transportation, and wrap-around services (food, medication, basic needs such as clothing and toiletries, other necessities) are in place to maintain isolation/transmission-based precautions if still warranted.

¹ Note: careful evaluation is needed for hospitalized patients as fever-reducing medications may be administered for unrelated reasons (e.g., arthritis). Please note that immunocompromised individuals and elderly individuals with COVID-19 infection may not be able to mount a fever and respiratory signs and symptoms may be subtle. Any elevated temperature measurements or other atypical symptoms such as confusion, agitation, altered mental status/behavioral changes, lethargy, hypothermia, hypoxemia or loss of appetite is cause for concern and should be carefully evaluated.



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A. DISCHARGING HOME UNDER HOME ISOLATION

Individuals who have a positive laboratory test for COVID-19 or who have symptoms and are being evaluated for COVID-19 are considered infectious and require isolation and continuation of transmission-based precautions to prevent transmission of the infection to others. For patients well enough to be discharged to home, release from home isolation is based on when the patient is thought to be *no longer infectious*.

Home isolation for symptomatic individuals needs to be continued until:

1. 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 symptoms (e.g., cough, shortness of breath); **and**,
2. At least **10 days** have passed *since symptoms first appeared*.

Home isolation for asymptomatic individuals needs to be continued until:

1. At least **10 days** have passed *since the date of specimen collection of the first PCR-positive test*.

Note: Individuals who are asymptomatic at the time of testing and develop symptoms consistent with COVID-19 infection during the 10-day isolation period should be managed per the criteria for home isolation for symptomatic individuals.

If a patient meets criteria for discontinuation of home isolation prior to hospital discharge, then the patient may be discharged following the normal process once approved by the San Mateo County COVID-19 Discharge Planner.

If the above criteria are not met, work with the San Mateo County COVID-19 Discharge Planner to ensure that the home situation is conducive to isolation. If the home situation is not conducive to home isolation, work with the COVID-19 Discharge Planner to explore options for isolation at an alternative location.

Please note that more stringent criteria (7-day / 14-day as described below) need to be applied to patients being discharged to:

- Overcrowded housing due to the increased risk of rapid spread AND/OR
- A home setting with vulnerable individuals.

IMMUNOCOMPROMISED PATIENTS AND DIALYSIS PATIENTS

Severely immunocompromised patients (i.e., those treated with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) and dialysis patients may be infectious longer than other patients and require isolation and continuation of transmission-based precautions for a longer period of time to prevent transmission of the infection to others.

For symptomatic patients in this group, **isolation and transmission-based precautions** should be maintained until:

1. At least **7 days** have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**
2. At least **14 days** have passed *since symptoms first appeared*.



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For **asymptomatic** patients in this group, **isolation and transmission-based precautions** should be maintained until:

1. **At least 14 days** have passed *since the date of specimen collection of the first PCR-positive test.*

Note: Individuals who are asymptomatic at the time of testing and who develop symptoms consistent with COVID-19 infection during the 14-day isolation period should be managed per the criteria for home isolation for **symptomatic** individuals.

If a patient meets criteria for discontinuation of isolation and transmission-based precautions prior to hospital discharge, then the patient may be discharged following the normal process and can return to normal activities (e.g., regular dialysis center, chemotherapy, etc.) once approved by the San Mateo County COVID-19 Discharge Planner.

If the above criteria are *not met*, work with the San Mateo County COVID-19 Discharge Planner to ensure that suitable arrangements are made to maintain isolation and transmission-based precautions at home and during necessary treatments (e.g., dialysis, chemotherapy, etc.).

Please note that some dialysis centers, infusion centers, and other healthcare providers may choose to apply even more stringent criteria prior to allowing patients back into their facilities and/or may treat their COVID-19 positive patients in separate facilities.

B. DISCHARGING TO A CONGREGATE SETTING

Congregate settings (e.g., retirement communities, shelters, correctional/detention facilities) have a higher than average risk population and/or increased risk of rapid spread and it is therefore reasonable to apply criteria similar to those used for immunocompromised COVID-19 patients.

For **symptomatic** patients in this group, **isolation and transmission-based precautions** should be maintained until:

1. **At least 7 days** have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**
2. **At least 14 days** have passed *since symptoms first appeared.*

For **asymptomatic** patients in this group, **isolation and transmission-based precautions** should be maintained until:

1. **At least 14 days** have passed *since the date of specimen collection of the first PCR-positive test.*

Note: Individuals who are asymptomatic at the time of testing and who develop symptoms consistent with COVID-19 infection during the 14-day isolation period should be managed per the criteria for isolation for symptomatic individuals.

- **If transmission-based precautions are still required upon discharge to the congregate setting:**
 1. Patients should go to a facility with adequate personal protective equipment (PPE) and the ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients.
 2. **Ideally, patients will be placed in a facility that has a specific designated unit to care for COVID-19 patients and staff dedicated to care of COVID-19 patients.**



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- **If transmission-based precautions have been discontinued BUT patients have persistent symptoms from COVID-19 (i.e., persistent cough)** patients can be discharged to any type of long-term care facility as long as the following can be guaranteed:
 1. Patients can be placed in a single room AND
 2. Patients can be restricted to their room until resolution of their symptoms.
- **If transmission-based precautions have been discontinued AND the patient's symptoms have resolved:**
 1. Patients can be discharged to any facility, regardless of its PPE supply and ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients.
 2. No restrictions are placed on the returning residents.

CAN MEDICAL PROVIDERS AND FACILITIES CHOOSE TO FOLLOW MORE STRINGENT CLEARANCE CRITERIA?

The San Mateo County Communicable Disease Control Program recommends using the criteria outlined above. Facilities and medical providers choosing to utilize more stringent or different criteria such as a test-based strategy as opposed to a symptom-based strategy are responsible for making arrangements for clearance testing and appropriate isolation and support during the extended clearance process. Clearance testing is not available through the San Mateo County Public Health Laboratory.

HOW DO I CONTACT THE SAN MATEO COUNTY COVID-19 DISCHARGE PLANNER?

Call 650-573-2346 to submit a COVID-19 discharge request. The San Mateo County COVID-19 Discharge Planner will call you back. Please be prepared to share the patient's demographic information, ideal timeline for discharge, and contact information for the treating medical provider and hospital discharge planner (if available). The San Mateo County COVID-19 Discharge Planners are processing requests **7 days a week between 8:00am and 6:30pm**.

Please note that the 650-573-2346 "warm line" may be routed to different places at different times. During normal business hours, calls are routed to the Communicable Disease Control Program. Please leave a detailed message if the call is not immediately answered. Between 5:00pm-6:30pm on week days and between 8:00am-6:30pm on weekends and holidays, please press zero to be transferred to Dispatch and ask to speak to the on-call staff.

If discharge planning requests arise between 6:30pm-8:00am, please hold/board the patient overnight and call to submit the discharge request the next morning.

Alternative housing options may be available for individuals with suspected or confirmed COVID-19 or who have been exposed to COVID-19 and are unable to appropriately isolate or quarantine in their normal residence.