**CORONAVIRUS DISEASE 2019 (COVID-19)**

**Instructions for Patients following Confirmed COVID-19 including return to work**

**Audience:** Providers Caring for Patients with COVID19

**Revision Date:** 3/22/2020

**Version:** Version #2

**IMPORTANT:** CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances. This Guide is therefore applying CDC recommendations for return to work for healthcare personnel to patients who have COVID19 who have been tested positive but not needing hospitalization, e.g. stable to be on home isolation. For inpatients the decision for discharge and discontinuation of isolation is made by the patient's care team in consultation with infectious disease, infection prevention and control and public health.

**Who this is for:** Providers instructing patients on when they can discontinue home isolation following confirmation of COVID-19. PUIs will need results of testing on which to base timing of discontinuing home isolation. This also can be used as a guide for providers on fulfilling requests from patients for letter to support their return to work.

Decisions about discontinuing home isolation for individuals with confirmed COVID-19 should be made in the context of local circumstances and if there is uncertainty to contact appropriate public health agency for input and recommendations.

The options below include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

**Use one of the below strategies to determine when individuals may discontinue home isolation and return to normal activities including return to work:**

1. **Test-based strategy.** Stay home until:
   - 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 molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

2. **Non-test-based strategy.** Stay home and do not leave until:
   - 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 7 days have passed since symptoms first appeared

**NOTE:** If individuals were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), can resume normal activity once they feel better. For confirmed influenza, stay home until the patient no longer has a fever for 24 hours without use of fever-reducing medication.
Guidance on Providers on Requests from Patients on Clearance to Return to Work:

1. Assure the patient meets one of the two criteria above
2. Apply the decision grid below to the example scenarios and provide clearance for those that meet the conditions outlined.

<table>
<thead>
<tr>
<th>Scenario for Patient Request</th>
<th>Provide letter supporting return to work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No known exposure or symptoms of COVID-19 but patient worried about risk – employer prompting patient to ask provider for letter approving return to work (RTW).</td>
<td>No</td>
</tr>
<tr>
<td>2. Patient had some respiratory symptoms which have resolved but not seen by provider nor evaluated as patient did not notify provider of illness. Now request letter approving them to RTW.</td>
<td>Yes, however letter will only state patient stated they were ill and that the employer and patient need to apply CDC criteria 1 or 2 above.</td>
</tr>
<tr>
<td>3. Patient with confirmed COVID-19 but no symptoms and requesting letter approving RTW.</td>
<td>Yes, but reference CDC recommendations that patient remain on home isolation from date of their onset of symptoms through the point at which they meet criteria 1 or 2 above. If the patient had no symptoms prior to or after testing positive they can return to work and normal activities 7 days after the date their test specimen was collected. Other members of the patient's household should monitor for any symptoms of COVID-19. Those that do develop infection should remain in isolation until meeting one of the two criteria above. Otherwise household members remain in quarantine for 14 days after patient meets criteria 1 or 2.</td>
</tr>
<tr>
<td>4. Patient with COVID-19 and symptomatic</td>
<td>Yes, but letter will reinforce CDC recommendation; no return until meeting one of two criteria above. Other household members remain in quarantine for 14 days after the patient meets either criteria 1 or 2 above.</td>
</tr>
<tr>
<td>5. A patient with any respiratory symptoms who has not been tested for COVID-19 and has no definite other diagnosis (such like RSV or flu-A)</td>
<td>Yes, letter will state that patient may RTW and normal activity once they have no fever for 72 without use of fever reducing medication</td>
</tr>
</tbody>
</table>

Activities once home isolation can be discontinued:

If the patient meets one of the two criteria above:

- Wear a facemask if leaving their home if still experiencing symptoms, e.g. cough, until day 14 after illness onset.
- Avoid direct contact with others in the household or elsewhere who are severely immunocompromised (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
• Self-monitor for symptoms, and seek re-evaluation from the Provider if respiratory symptoms recur or worsen

Footnotes

¹All test results should be final before isolation is ended. Testing 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) specimens.