CDC Updates Transmission Based Precautions, Duration of Isolation, and Return to Work Criteria
On July 17, the CDC posted substantial changes to the transmission-based precautions. The CDC updated the discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings. The guidance removes the test-based strategy and replaces it with a time-based strategy. Guidance that has been updated specific for healthcare settings includes:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions for individuals who had tested positive for COVID-19
- For patients with severe to critical illness or who are severely immunocompromised, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive COVID-19 diagnostic test).
- Other 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 during the time-based time window.
    - ❖ Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19
- A summary of current evidence and rationale for these changes is described in a decision memo.

The CDC also revised Duration of Isolation and Precautions for Adults with COVID-19. Now the current recommendations include:

- For patients with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR tests for COVID-19 RNA.

CDC provided recommendations for PCR testing to discontinue isolation precautions when time-based strategy is not used:

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious disease experts.
- For all others, a test-based strategy is no longer recommended except if providers want to discontinue isolation or precautions earlier than would occur under the time-based strategy outlined in in the duration of isolation precautions outlined above in consultation with infectious disease experts.

The CDC provided recommendations for the role of the PCR testing after a person's COVID case has resolved and the discontinuation of isolation or precautions:

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or

infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person or based on other infectious agents causing the person's symptoms.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

The CDC outlined the role of serologic testing:
- Serologic testing should not be used to establish the presence or absence of COVID-19 infection or reinfection.

The CDC revised the Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection (Interim Guidance). The new criteria mirror those for residents and include:
- Except in rare situations, test-based strategy is no longer recommended to determine when to allow healthcare personnel (HCP) to return to work.
- For HCP with severe to critical illness or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or for asymptomatic severely immunocompromised HCP, 20 days after their initial positive COVID-19 diagnostic test).
- Other 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
- A summary of current evidence and rationale for these changes is described in a decision memo.
- For HCP with mild to moderate illness who are not severely immunocompromised:
  - ❖ At least 10 days have passed since symptoms first appeared **and**
  - ❖ At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
  - ❖ Symptoms (e.g., cough, shortness of breath) have improved

Updates to the COVID-19 Module for LTCFs

The CDC's National Healthcare Safety Network (NHSN) announced the following updates to the COVID-19 Module for Long-Term Care Facilities (LTCF):

1. A **COVID-19 Module Dashboard for LTCFs** is now available for participating groups **and** facilities. The dashboard provides a summary of data entered in the COVID-19 Module and includes an interactive chart display where a user may customize data views. This first edition of the dashboard is concentrated on the *Resident Impact and Facility Capacity* pathway. Guidance documents for groups and facilities to assist with navigating and understanding the features are available on the NHSN LTCF COVID-19 Web-page.

2. The CDC recognize that many SNFs are setting up COVID-19 units to receive transfers from other LTCFs, such as Assisted Living Residences. These transfers result in increased demand on the receiving LTCFs. Therefore, the count for "*Admissions*" has been revised to include admissions and readmissions of residents who were previously diagnosed with COVID-19 from another facility. For additional

information, please review the revised data collection form and accompanying instructions for the *Resident Impact and Facility Capacity* pathway. Please n**ote:** LTCFs may update previously entered "*Admissions*" counts, but this is not a requirement.

3. Users will notice Pop-up alerts as a reminder of potential data entry errors. For example, if a user attempts to enter more *COVID-19 Deaths* than *Total Deaths*, a pop-up alert will appear to remind user of the definitions. As a reminder, "*COVID-19 Deaths"* counts must be included in the *Total Deaths* count since *Total Deaths* is defined as the number of residents who died **for any reason** in the LTCF or another location since the last time "*Total Deaths"* counts were collected for reporting in the NHSN COVID-19 Module. For both counts, only include the **NEW** deaths since the last time the counts were collected for reporting in the Module, as the intent is to capture incidence.

4. **Non-modifiable** fields have been added to each of the four pathway screens. Users will notice that each pathway now has three additional pieces of information displayed at the top of each pathway: *Date Created*, *Facility CCN*, and *Facility Type*.

The purpose of *Date Created* is to display the first date and time of data entry (manual or CSV file upload) for a selected calendar date and pathway. The date and time will automatically save and **cannot** be modified by the user.

The *Facility CCN* and *Facility Type* will also populate for each facility, allowing users to quickly verify the information associated with the data being submitted to CMS. These two variables may be edited by a facility user with NHSN Administrative rights; however, edits must be done outside of the COVID-19 Module by accessing *Facility Info* on the left navigation panel. Guidance documents are attached to this e-mail, as well as available under Facility Resources on the NHSN LTCF COVID-19 Web-page, which can be accessed here. If you have questions, please send them to nhsn@cdc.gov and include LTCF in the subject line.

CDC Strategies to Optimize the Supply of PPE during Shortages

CDC developed a quick reference table which summarizes CDC's strategies to optimize personal protective equipment(PPE) supplies in healthcare settings and provides links to CDC's full guidance documents on optimizing supplies. These strategies offer a continuum of options using the framework of surge capacity when PPE supplies are stressed, running low, or absent.

CDC Health Advisory Notice 434 - 07.05.2020

Please click here to read the CDC Health Advisory - *Serious Adverse Health Events Associated with Methanol-based Hand Sanitizer.*

COVID-19 Prevention Training

CDC has launched a Long-Term Care Frontline Staff Training Webinar Series for staff who care for vulnerable residents of SNFs and ALFs. Please click here to view the flyer for these trainings. These five short webinars review basic infection prevention steps essential for preventing the spread of COVID-19:

- Sparkling Surfaces (7 mins)
- Clean Hands (7 mins)
- Closely Monitor Residents (7 mins)
- Keep COVID out (6 mins)

- PPE Lessons (12 mins)