

## **Communicable Diseases Network Australia (CDNA) and Public Health Laboratory Network (PHLN) joint statement**

### **Revised Australian criteria for the release of persons recovered from COVID-19 from isolation**

CDNA and PHLN have revised their advice on the release from isolation of persons who have had COVID-19. This includes people who live or are returning to work in settings considered high-risk for outbreaks. These settings include hospitals, aged care facilities, remote mining sites, and other residential communities.

Prior to 4 June 2020, the *Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units (SoNG)* recommended that a person who had COVID-19 needed to:

- be free of COVID-19 symptoms; and
- have two negative PCR<sup>a</sup> results collected 24 hours apart

before they could go into a high-risk setting, for example, persons going into a residential aged care facility, or healthcare workers returning to work.

This was a precautionary approach to minimise the risk of an outbreak in a high-risk setting, where the consequences could be catastrophic.

After assessing international evidence, and Australian public health experience, CDNA and PHLN have agreed to revised criteria. People who are eligible for release from isolation, based on the clinical criteria, do not pose a risk of onward infection. People who have recovered from COVID-19 are no longer required to meet additional laboratory testing criteria prior to going into high-risk settings.

CDNA and PHLN considered more conservative approaches. This included extending the period from onset of symptoms to release from isolation beyond the currently advised 10 days, or reverting to negative PCR tests for persons to be released from isolation. However, current evidence is that people are no longer infectious after approximately 10 days since becoming ill with COVID-19 and more conservative approaches are not warranted.

The evidence indicates:

- the critical time for viral transmission is early in the illness, and

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<sup>a</sup> PCR – refers to Polymerase Chain Reaction tests, which in this instance detects parts of the SARS-CoV-2 ribonucleic acid—genetic viral material.

- the risk of transmissibility decreases over the ensuing week, becoming negligible by day 10.

While cases may test PCR positive for weeks following onset of symptoms, they are considered not to be infectious. There is evidence that being able to detect SARS-CoV-2 using PCR-based tests does not mean a person is infectious. A recent Korean CDC study<sup>1</sup> of cases where PCR for SARS-CoV-2 reverted from negative to positive supports this.

Based on this, CDNA and PHLN consider that:

- a 10-day period from onset of symptoms in mild cases, and
- 72 hours after resolution of the acute illness,

whichever is the later, is sufficient to indicate that transmission will not occur from a recovered case. This applies regardless of the setting the recovered case may be returning to.

A precautionary approach was maintained for cases with more severe illness who are hospitalised. This is due to the risk of a protracted infectious period accompanying prolonged or severe symptoms. The criteria required for release from isolation for these people are:

- 10 days from hospital discharge, and
- complete symptoms resolution for 72 hours

whichever is the later.

Cases who remain in hospital and are to be discharged from isolation to another ward need to meet clinical criteria (at least 10 days after onset of symptoms and resolution of acute symptoms for at least 72 hours) and have two negative SARS-CoV-2 PCR respiratory specimens.

CDNA and PHLN agree that, for significantly immunocompromised people, negative PCR tests are required following COVID-19 illness, before they are released from isolation. This is because prolonged shedding of viable virus with other viral infections is frequently seen in immunocompromised people. To release significantly immunocompromised people from isolation, they must:

- meet the clinical criteria, and
- test PCR negative for SARS-CoV-2 on at least two consecutive respiratory specimens collected at least 24 hours apart, at least 7 days after symptom onset.

The CDNA and PHLN advice is consistent with conclusions of other international institutions on release from isolation for COVID-19 cases. This includes the Academy

of Medicine, Singapore<sup>2</sup>, and the United States CDC<sup>3</sup>. Summaries of the relevant evidence are available through both sources.

For specific details of the release from isolation requirements, see the *CDNA COVID-19 National Guidelines for Public Health Units*:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

## References

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<sup>1</sup> Division of risk assessment and international cooperation. Findings from investigation and analysis of re-positive cases. Korea Centers for Disease Control and Prevention.

[https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030&act=view&list\\_no=367267&nPage=1](https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030&act=view&list_no=367267&nPage=1)

<sup>2</sup> Position Statement from the National Centre for Infectious Diseases and the Chapter of Infectious Disease Physicians, Academy of Medicine, Singapore – Period of Infectivity to Inform Strategies for De-isolation for COVID-19 Patients. Singapore: Academy of Medicine, Singapore; 2020. [https://www.ams.edu.sg/view-pdf.aspx?file=media%5c5558\\_fi\\_168.pdf&ofile=Period+of+Infectivity+Position+Statement+\(final\)+23-5-20.pdf](https://www.ams.edu.sg/view-pdf.aspx?file=media%5c5558_fi_168.pdf&ofile=Period+of+Infectivity+Position+Statement+(final)+23-5-20.pdf)

<sup>3</sup> US Centers for Disease Control and Prevention. Symptom-based strategy to discontinue isolation for persons with COVID-19. US Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>