



# Release of cases from isolation

## Information for clinicians

Updated 1 April 2022

Clinicians may see patients presenting with COVID-19 symptoms that persist beyond the 7-day isolation period, or who are significantly immunocompromised and may require longer isolation periods and further testing. This factsheet provides guidance on assessing those patients for release from isolation.

### Guidance for release from isolation

A person who has tested positive for COVID-19 by polymerase chain reaction (PCR) or rapid antigen test (RAT) must isolate at home for a full seven (7) days, from the date the positive test was taken. Day 0 is the date of the positive test; Day 1 is the first full day after the positive test was taken. For example, if the case took the test at 10am on 7 February, their isolation period finishes at 10 am on 14 February.

Following a positive COVID-19 test, further testing during the 7-day isolation period or to guide exit from isolation is not routinely recommended.

### Asymptomatic cases

- If a person with COVID-19 has no symptoms after completing 7 days of isolation, they may leave isolation.

### Symptomatic cases

- If a person with COVID-19 continues to have symptoms, but the acute respiratory symptoms have resolved by the end of the 7-day isolation period, they may leave isolation.
- If a person with COVID-19 continues to have acute respiratory symptoms after completing 7 days of isolation, the person should remain in isolation until their acute respiratory symptoms have resolved.

### Guidance on assessing 'acute respiratory symptoms'

The below guidance applies to patients with COVID-19 who continue to experience acute respiratory symptoms after having completed 7 days of isolation.

- Acute respiratory symptoms refer to symptoms which can reasonably be attributed to COVID-19 and in most individuals would not be expected to persist beyond the acute phase. For this purpose, acute respiratory symptoms include:
  - frequent coughing
  - sore throat
  - shortness of breath
  - runny nose
  - acute blocked nose (congestion)
- If the cause of ongoing symptoms is due to a chronic underlying condition, such as allergic rhinitis or asthma, the person may leave isolation if the chronic symptoms have returned to their usual baseline or can be attributed to the chronic condition.

- If another cause for the symptoms is suspected, this should be confirmed on laboratory testing where possible.
- Patients with persisting symptoms that are not acute respiratory symptoms (e.g. infrequent or transient cough, loss of sense of taste and/or smell, tiredness, muscle/joint pain) do not need to isolate for a longer period of time on the basis of those symptoms alone.
- The treating clinician should assess whether the respiratory signs and symptoms of acute COVID-19 have resolved. For these cases, clinicians can provide a certificate to state that a person has recovered from COVID-19 within the meaning of the [COVID-19 CDNA National Guidelines for Public Health Units](#) according to their assessment.

### Additional guidance for significantly immunocompromised patients

In some high-risk clinical settings, confirmed cases who are **significantly** immunocompromised **may** be requested to meet the below additional criteria.

The definition of 'significantly immunocompromised' includes the following:

- previous organ transplant and on immune suppressive therapy;
- hematopoietic stem cell transplant in past 2 years;
- on immunosuppressive therapy for graft versus host disease;
- an active hematological malignancy;
- HIV with CD4 T-lymphocyte count <200 cells/per mm<sup>3</sup>;
- receiving dialysis.

The requirement for further testing may be determined by the treating clinician, in liaison with a clinical microbiologist as needed. Recommended testing regimes for clearance are as follows:

- Negative PCR on at least two consecutive respiratory specimens collected at least 24 hours apart, after 7 days have passed since the first positive test: OR
- Negative RAT on at least two consecutive respiratory specimens collected at least 24 hours apart, after 14 days have passed since the first positive test.

### After release from isolation

- Those returning to a high-risk setting, such as an aged care facility, residential care facility, health care setting or correctional facility, do not require additional assessment before going into any high-risk setting.
- All recovered cases should continue following recommendations or directions in place for hand hygiene, physical distancing and mask wearing.
- Recovered cases do not need to be retested within 12 weeks after release from isolation, regardless of symptoms. If at least 12 weeks have passed after release from isolation, recovered cases should be tested for SARS-CoV-2 if they develop new symptoms of COVID-19. Re-infection requires confirmatory PCR testing.

Last updated 1 April 2022 SHICC PHAB

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