



Release of cases from isolation

Information for clinicians Updated 14 July 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 (**7 x 24 hours**), from the date the positive test was taken. For example, if the case took the test at 10am on 7 July, their isolation period finishes at 10 am on 14 July.

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

Minimum release from isolation criteria

Cases can be released from isolation 7 days after their positive test if they meet the following criteria:

- substantial resolution of their acute respiratory symptoms, and
- no fever for 24 hours without the use of fever reducing medications.

Cases who do not meet the above criteria after 7 days should remain isolated until these criteria are met.

Guidance on assessing 'acute respiratory symptoms'

- 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.

Additional guidance for significantly immunocompromised patients

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 mm³;
- receiving dialysis.

Release from isolation criteria for renal dialysis patients is outlined in the [COVID-19 Guidelines for Renal Dialysis](#).

For other significantly immunocompromised patients the requirement for further testing may be determined by the treating clinician, in liaison with a clinical microbiologist as needed.

After release from isolation

- All recovered cases should continue following recommendations or directions in place for hand hygiene, physical distancing and mask wearing.
- Recovered cases who develop new symptoms within 4 weeks of release from isolation should:
 - stay home until symptoms resolve
 - be tested for respiratory viruses, including SARS-CoV-2, in situations where a diagnosis will inform clinical or public health management.
- A person who develops COVID-19 compatible symptoms within 4 weeks of release from isolation, and who has had a symptom free interval since recovery from COVID-19, may be considered to have a COVID-19 reinfection if they return a positive RAT. It is recommended that such a person be advised to stay at home for 7 days.

Hospital inpatients

Some hospitals may have local guidelines for release from isolation for hospital inpatients. Further advice can be sought from infection prevention and control units or infectious disease/clinical microbiology services responsible for infection control within the facility.

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