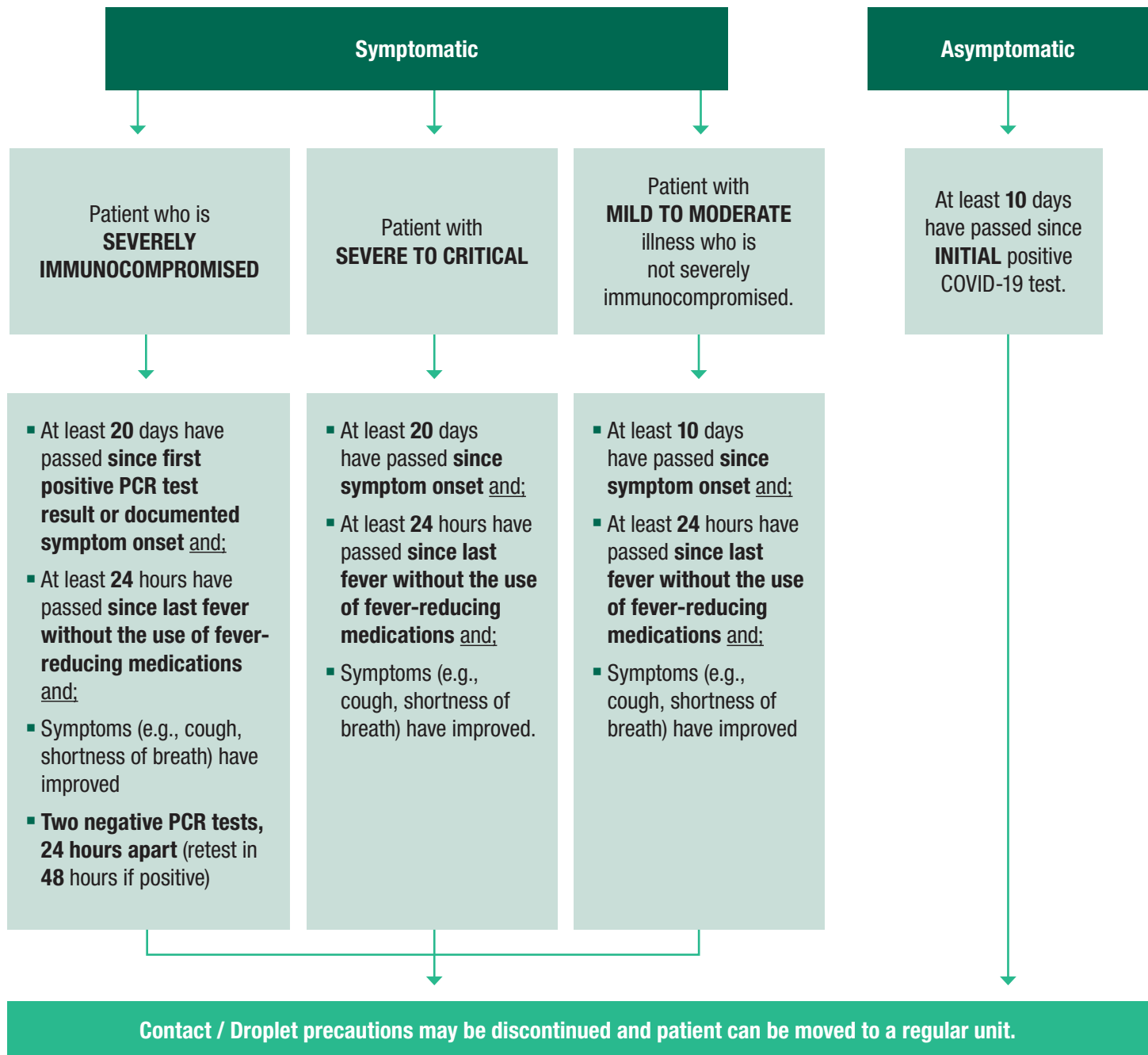


Criteria for Discontinuing COVID-19 Isolation for In-Hospital Transfer of Patients off COVID-19 Units



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DEFINITIONS:

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Receiving chemotherapy, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, receipt of prednisone >20mg/day or equivalent for more than 14 days prior to admission.

- For Post-Acute discharges, utilize the following algorithm: **Hospital to Post-acute Facility Transfer of Covid-19.**
- For Re-Admitted patients, utilize the following algorithm: **Determining Need for Isolation for COVID-19 Positive Patient Requiring Admission/Readmission.**

[CDC.gov/Coronavirus/2019-Ncov/](https://www.cdc.gov/coronavirus/2019-ncov/)