Release from isolation
Information for all clinicians
Updated 6 March 2021

Contact Public Health on **1300 316 555 (8am to 5pm, 7 days a week)** to discuss release from isolation (clearance) of all cases of COVID-19 infection or to advise public health about the discharge of a case from hospital.

A **clearance letter** will be provided to the individual by Public Health, which will confirm the date of release from isolation. Persons who have been released from isolation should adhere to hygiene and physical distancing measures, as the extent and duration of acquired immunity to COVID-19 is unknown.

People with COVID-19 may be managed in hospital or in the community, as clinically indicated. A person will be cleared for the purposes of release from isolation when certain criteria have been met, as per the **COVID-19 guidelines for public health units**.

**Historical infections for which further isolation is not required**

Some people may test PCR positive during their quarantine period, however their infection may have occurred at an earlier time and be ‘historic’ rather than acute. If a person meets all the following criteria, it can be considered that their infection is historic, and they can be released from further isolation:

1. high PCR Ct results on two specimens or with the second test negative, collected at least 24 hours apart, ideally processed via the same laboratory and platform; and
2. IgG or total antibodies detected via a validated laboratory serological test in the absence of recent vaccination; and
3. has had no new symptoms consistent with COVID-19 in the previous 14 days, or the symptoms are explained by either the detection of another respiratory pathogen or past SARS-CoV-2 infection that has met release from isolation criteria; and
4. has not had contact with a confirmed case in the 14 days prior to the first high PCR Ct result.

For persons who meet some but not all the above criteria, including when serology is not available, an expert reference panel may undertake case-by-case review to determine whether infection is historical.

**Confirmed cases known to be due to SARS-CoV-2 which is not a variant of concern and who do not meet the criteria for a historical infection**

The following information details the circumstances under which confirmed cases *not infected* with a SARS-CoV-2 variant of concern, as confirmed by whole genome sequencing, can be released from isolation. Cases can be released from isolation if they meet the appropriate criteria in any of points 1, 2, or 3 – whichever is applicable. Significantly immunocompromised cases can be released from isolation if they meet the appropriate criteria in point 1, 2, or 3 and the additional criterion in point 4.

1. **Confirmed cases who are asymptomatic**
   The case can be released from isolation if they meet all the follow criteria:
   - at least **10** days have passed since the first positive respiratory PCR specimen for SARS-CoV-2 was taken; and
   - no other symptoms have developed during this period.

2. **Confirmed cases with mild illness** (not requiring hospitalisation or admitted to hospital for reasons not related to acute COVID-19 e.g. for infection control purposes.)
The case can be released from isolation if they meet all the following criteria:

- at least 10 days have passed since the onset of symptoms; and
- there has been resolution of fever and respiratory symptoms of the acute illness for the previous 72 hours.

3. **Confirmed cases with more severe illness** (where severity would warrant hospitalisation irrespective of whether the case was hospitalised or not),
   
a. **Confirmed cases with resolution of fever and respiratory symptoms of acute illness**
   
The case can be released from isolation if they meet all the following criteria:
   
   - at least 14 days have passed since the onset of symptoms; and
   - there has been resolution of fever and respiratory symptoms of the acute illness for the previous 72 hours.

   b. **Confirmed cases without complete resolution of symptoms and acute illness**
   
The case can be released from isolation if they meet BOTH of the following criteria:
   
   - at least 20 days have passed since the onset of symptoms; and
   - the case is not significantly immunocompromised
     OR
   - At least 14 days have passed since the onset of symptoms;
   - there has been resolution of fever for the previous 72 hours;
   - there has been substantial improvement in respiratory symptoms of the acute illness; and
   - the case has had two consecutive PCR respiratory specimens negative for SARS-CoV-2, taken at least 24 hours apart, at least 11 days from symptom onset.

4. **Significantly immunocompromised persons**

   In addition to meeting the appropriate criteria described in points 1, 2, or 3a above, persons who are significantly immunocompromised and are identified as confirmed cases must meet a higher standard requiring additional assessment. They can be released from isolation when they meet the following additional criterion:
   
   - PCR negative on at least two consecutive respiratory specimens collected at least 24 hours apart at least 7 days after symptom onset.

   Routine PCR testing post-release from isolation is not recommended unless the person re-develops clinical features consistent with COVID-19. Recovered cases who have been released from isolation based on the criteria above do not require COVID-19 testing if they are hospitalised for a non-COVID-19 related condition.

**Confirmed cases who do not meet the criteria for a historical infection and are infected with a variant of concern or unknown variant**

The following information details the circumstances under which confirmed cases infected with a SARS-CoV-2 variant of concern as confirmed by whole genome sequencing, can be released from isolation.

These criteria also apply to confirmed cases who:

1. do not meet the criteria for release from isolation as a historical infection; and
2. are infected with an unknown SARS-CoV-2 variant. This includes confirmed cases where the strain identity cannot be confirmed by sequencing and who do not have a clear epidemiological link to another confirmed case infected with a strain that is not a SARS-CoV-2 variant of concern.

All cases **must** fulfil the following criteria to be considered for release from isolation:

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• at least 14 days have passed since the onset of symptoms or positive PCR if asymptomatic; and
• there has been clinical resolution of fever and respiratory symptoms of the acute illness for the previous 72 hours

In addition to the above criteria, cases must have a respiratory specimen for SARS-CoV-2 by PCR taken at day 12-13 from symptom onset, (or from the first positive PCR date for asymptomatic cases). Cases should be managed as follows:

• If the day 12-13 PCR is negative, the case may be released from isolation, regardless of serology result; or
• If the day 12-13 PCR has a high Ct and spike or neutralising antibodies are present, then the case would be considered non-infectious and can be released from isolation.
• If the day 12-13 PCR has a high Ct in consultation with the responsible supervising pathologist, and no seroconversion, or serology is not available, a repeat PCR could be performed (to ensure the result was not due to inadequate collection) and serology could be repeated, if available. In these circumstances, expert public health and laboratory review is required to determine when the case can be released from isolation.
• If the day 12-13 PCR has a low Ct in consultation with the responsible supervising pathologist, regardless of the serology result, expert public health and laboratory review is required to determine further testing and isolation.

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