



# Release from isolation

## Information for all clinicians

Updated 10 January 2022

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 CDNA National Guidelines for Public Health Units](#).

### Confirmed cases who do not meet historical infection criteria

All confirmed cases of COVID-19 are followed up by the Public Health Operations team of the Department of Health with clearance of cases from isolation requirements will determined by the Public Health team. This process may change once community transmission is established in Western Australia with further updates provided.

For details on release from isolation criteria for COVID-19 cases please see the [COVID-19 CDNA National Guidelines for Public Health Units](#). Extended isolation times are required for the Omicron variant of concern as detailed in Appendix B of the above document.

### Testing after release from isolation

Recovered cases should be tested for SARS-CoV-2 if they develop new symptoms of COVID-19 at least 1 month after release from isolation.

If at least 1 month has passed after release from isolation, and a recovered case has a re-exposure that is outside their immediate household, or there is a new case in their household (and the recovered case had previously isolated away from their household), the recovered case should be managed as a contact.

In the absence of a re-exposure, recovered cases that are asymptomatic do not need to be retested within 1 month after release from isolation.

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

Some people who are asymptomatic may test PCR positive during their quarantine period, however their infection may have occurred at an earlier time and be 'historic' rather than acute. These scenarios might be due to acute infection but could also represent previous infection (i.e. intermittent/persistent SARS-CoV-2 shedding in a historical case).

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 (or equivalent findings) 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.

**Last updated 10 January 2022 PHAB**

**This document can be made available in alternative formats on request for a person with disability.**

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