Mildly ill patients should be encouraged to stay home (self-isolate) and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

ODH, in collaboration with community partners, has developed a tier-based testing strategy for individuals with suspected COVID-19:

<table>
<thead>
<tr>
<th>Testing Tier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Inpatients at hospitals and other healthcare facilities, including long-term care, with symptoms suggestive of COVID-19</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Healthcare workers at Tier 1 institutions with symptoms and all individuals in public safety occupations</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Individuals with mild-to-moderate symptoms who are high risk — elderly, and those with serious medical problems</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Individuals with mild/moderate symptoms and without risk factors for adverse outcomes — testing not currently recommended</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Asymptomatic individuals — testing not currently recommended</td>
</tr>
</tbody>
</table>

At the present time, ODH advises that only individuals in Tiers 1, 2, and 3 be tested for COVID-19. Based upon availability of testing materials, these recommendations will be modified.

Specimens should either be processed in hospitals with internal testing capacity or at another laboratory that has an acceptable turn-around time. Select specimens may be sent to ODHL (criteria below). Persons requesting testing at ODHL should contact their local health department to coordinate with the ODH Bureau of Infectious Diseases.

For testing at ODHL, the patient must meet one of the following criteria:

- Patient has fever and signs/symptoms of lower respiratory illness, (e.g., cough or shortness of breath) AND is either a healthcare worker with direct patient care or in a public safety occupation (e.g., law enforcement, fire fighter, EMS) AND has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
- Patient has fever and signs/symptoms of lower respiratory illness, (e.g., cough or shortness of breath) AND is a resident of long-term care facility (LTCF) AND is hospitalized.
- Patient has fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS as evidenced by imaging) AND is hospitalized AND the healthcare provider has a high clinical suspicion of COVID-19 after thorough evaluation (i.e., no alternative plausible diagnosis).
- Other special circumstances where there is a requirement for prompt receipt of results such as patients involved in an illness cluster in a facility or group (e.g., healthcare, corrections).
Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance)

For Persons with COVID-19 Under Home Isolation:

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) a test-based strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 7 days have passed since symptoms first appeared.

Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Footnote

*This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.

**All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.
Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

For Hospitalized Patients with COVID-19 Under Transmission-Based Precautions:

- The decision to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. Guidance for discontinuation of in-home isolation precautions is the same as that to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19. Considerations to discontinue Transmission-Based Precautions include all of the following:
  - Resolution of fever, without use of antipyretic medication
  - Improvement in illness signs and symptoms
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥24 hours apart (total of four negative specimens—two nasopharyngeal and two throat). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.

Footnote

*Initial guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.

Disposition of Hospitalized Patients with COVID-19:

- Patients can be discharged from the healthcare facility whenever clinically indicated.
- Isolation should be maintained at home if the patient returns home before the decision is made to discontinue Transmission-Based Precautions. The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments and should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations, and potential risk of secondary transmission to household members with immunocompromising conditions. See CDC Interim Guidance for Home Care of patients with confirmed COVID-19 and persons under investigation for COVID-19, Interim Guidance for Preventing 2019-nCoV from Spreading to Others in Homes and Communities and Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19.