



Advice by the Estonian Society for Infectious Diseases in terminating COVID-19 isolation (as of 1 July 2022)

1. Individuals with symptoms (treated at home)

- The isolation period ends when at least **five days** have passed since the individual developed any symptoms,¹ the individual has not had a fever **within the past 24 hours** (without using antipyretics), and other symptoms are receding (the presence of a cough or changes in the sense of taste and/or smell may persist longer).

¹ If it is not known precisely when the patient developed any symptoms, isolation will end five days after sampling takes place.

2. Individuals with symptoms (treated in hospital)

- The isolation period ends when at least **ten days** have passed since the individual developed any symptoms,² the individual has not had a fever **within the past 24 hours** (without using antipyretics), and other symptoms are receding (the presence of a cough or changes in the sense of taste and/or smell may persist longer).³

² If it is not known precisely when the patient developed any symptoms, isolation will end ten days after sampling takes place.

³ If it is difficult to assess the patient's symptoms ten days after them having developed those symptoms (possibly due, for example, to the patient still being on a ventilator), an antigen test may be used to end the isolation period.

3. Asymptomatic individuals whose SARS-CoV-2 test results were positive (either an RT-PCR test or an antigen test)

- If no symptoms develop then isolation may be terminated **five days** after testing.
- If the patient develops any symptoms during the isolation period then the isolation period is restarted, as laid out in the guidelines for terminating the isolation of symptomatic individuals.

4. Individuals with or without symptoms who have immunodeficiency as a concomitant illness

(See below for specific definitions.⁴)



- The isolation period ends when **at least twenty days have passed** since the individual developed the symptoms (or twenty days after testing, in the case of asymptomatic individuals), the individual has not had a fever **within the past 24 hours** (without using antipyretics), and other symptoms are receding.
- It would be advisable to consult a specialist in communicable diseases before releasing the individual from isolation.

⁴ The definition of severe immunodeficiency:

- chemotherapy within the past six months
- combined primary immunodeficiency
- HIV: CD4 cells $<200 \times 10^6/L$
- up to one year after organ transplantation or the transplantation of haematopoietic stem cells
- immunodeficiency due to an acute or chronic leukaemia or lymphoma (including Hodgkin's lymphoma)
- chronic lymphoproliferative disorders (including malignant haematological tumours, such as indolent lymphoma, chronic lymphocytic leukaemia, myeloma, and other plasma cell dyscrasias)
- immunosuppressive biological therapy within the past twelve months
- immunosuppressive therapy within the past three months (in adults, treatment with prednisone or an equivalent thereof $>20\text{mg}$ a day for over fourteen days; methotrexate $>25\text{mg}$ a week, azathioprine $>3.0\text{mg/kg/die}$ or 6-mercaptopurine $>1.5\text{mg/kg/die}$).