Deisolation COVID-19 Inpatients

S **Situation**	**Updated CDC guidelines have been issued recommending changes to how we discontinue isolation on inpatients. In some cases, this will represent changes in our current practices.**
B **Background**	Patients with uncomplicated COVID-19 infection (e.g., not immunocompromised, not severely ill), reliably do not shed virus and are therefore very unlikely to be contagious after 10 days of illness. Patients with complicated COVID-19 infection (e.g., moderately to severely immunocompromised, severely ill [especially requiring prolonged steroids]) may shed virus for a longer period of time and therefore potentially remain contagious.
A **Assessment**	Based on our understanding of the current science and updated CDC guidance, AAH is updating our practices for discontinuation of isolation of COVID-19 inpatients.
R **Recommendations**	• Standards for discontinuation of isolation of COVID-19 inpatients differ based on degree of immunosuppression and severity of illness. • Please refer to the accompanying grid for detailed description.

Deisolation COVID-19 Inpatient Resource Guide

Immune status	Severity of Illness				
		Asymptomatic	**Mild** <Click for definition>	**Moderate** <Click for definition>	**Severe** <Click for definition>
	Not immunocompromised	10 days*	Symptom-based after 10 days	Symptom-based after 10 days	Symptom-based after 20 days or Test-based after 20 days
	Moderately-Severely Immunocompromised <Click for definition>	Test-based after 20 days*	Test-based after 20 days	Test-based after 20 days	Test-based after 20 days

***after first viral positive test**

Definitions:

- Asymptomatic
  - COVID-19 isolation may be discontinued following the asymptomatic criteria outlined above.

- Symptom-based after 10 days
  - COVID-19 isolation may be discontinued 10 days after symptom onset (no fever for 24 hours off antipyretics), and symptoms have improved. Repeat testing is not necessary to discontinue isolation.
- Symptom-based after 20 days
  - COVID-19 isolation may be discontinued 20 days after symptom onset (no fever for 24 hours off antipyretics), and symptoms have improved. Repeat testing is not necessary to discontinue isolation.
- Test-based after 20 days
  - Repeat testing should begin at least 20 days after symptom onset. There should be resolution of fever for at least 24 hours (without the use of antipyretics) prior to initiating repeat testing.
  - If test results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an antigen test or nucleic acid amplification test, COVID-19 isolation may be discontinued.

Consultation with an Infectious disease physician may be consider based on case complexity

For guidance on Personal Protective Equipment, see Transmission-Based Isolation Reference Grid

CDC Recommendations for ending isolation, January 14, 2022, Ending Isolation and Precautions for People with COVID-19: Interim Guidance (cdc.gov)

Feb 2, 2022, https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html