Changes to Deisolation and Testing of Previously Positive COVID-19 Patients

Situation
• New CDC guidelines have been issued recommending changes to how we discontinue isolation on patients who have previously tested positive for COVID-19. In some cases, this will represent a significant change in our practices over the past few months.

Background:
▪ Patients often test positive for SARS-2-CoV (the virus that causes COVID-19) for a long period of time after the disease has resolved. The test that we perform is not actually detecting live virus but rather is detecting genetic fragments (PCR) or specific viral proteins (Antigens) of the virus. Science has shown that patients are rarely contagious (i.e., shedding live virus) after 10 days of illness. Severely immunocompromised and/or severely ill patients may shed the virus for a longer period of time.
• Patients who test positive for a prolonged period of time by PCR testing may experience significant delays in transition of care and in undergoing procedures.

Assessment:
• Based upon our understanding of the current science and the new CDC guidance, AAH is updating our practice for discontinuation of isolation of COVID-19 patients.

Recommendations:
• For patients who are not severely immunocompromised and not severely ill: isolation may be discontinued 10 days after symptom onset (no fever for 24 hours off antipyretics). Repeat COVID-19 testing is not recommended to discontinue isolation.
• For patients who are severely immunocompromised and/or severely ill, isolation may be discontinued 20 days after symptom onset (no fever for 24 hours off antipyretics). Repeat COVID-19 testing is generally not recommended and should be used only in consultation with infectious disease.
• For patients who are within 90 days of diagnosis (from date of onset of symptoms or date of first positive test (Antigen or PCR) for patients who never developed symptoms, have been discontinued from isolation based on above criteria, and who are asymptomatic, repeat COVID-19 testing is not recommended. This would apply to situations including hospital readmission (non-COVID related) and outpatient visits and procedures.
• For patients who are within 90 days of diagnosis (from date of onset of symptoms or date of first positive test (Antigen or PCR) for patients who never developed symptoms), who are asymptomatic and who have had close contact with a person infected with COVID-19, repeat testing and/or quarantine/isolation are not recommended.
• For patients who are within 90 days of diagnosis (from date of onset of symptoms or date of first positive test (Antigen or PCR) for patients who never developed symptoms), who are symptomatic with symptoms suggestive of COVID-19 infection and have no other diagnosis to explain the symptoms (e.g., influenza), repeat testing and isolation are recommended.
• Serologic (antibody) testing should not be used to establish the presence of an active or recent COVID-19 infection or reinfection in the setting of applying the deisolation criteria.

Created by System Infection Prevention Team Created 05.29.20 Revised: 03.09.21
**Deisolation COVID-19 Resource Guide**  
**Acute Care Settings**

Universal masking is required by **all AAH Team members**—Eye protection for **patient-facing team member** at all AAH sites

### COVID – 19 Test Results

<table>
<thead>
<tr>
<th>Test Status</th>
<th>Pending</th>
<th>Negative</th>
<th>Positive</th>
<th>Prior Positive: Now Asymptomatic</th>
<th>Prior Positive: Now Symptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Type</strong></td>
<td>Asymptomatic Inpatient</td>
<td>Symptomatic (PUI) Inpatient</td>
<td>Asymptomatic Inpatient</td>
<td>Symptomatic Inpatient</td>
<td>Assuming Not Immunocompromised or not severely ill</td>
</tr>
<tr>
<td><strong>Deisolation Strategy</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Symptom-Based Strategy 1,7</td>
<td>Symptom-Based Strategy 1,7 or Test based Strategy 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Test Positive=</td>
<td>Test Positive=</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Symptom-Based Strategy 1,7</td>
<td>Test Negative=N/A</td>
</tr>
</tbody>
</table>

1. **Symptom-Based Strategy** Criteria used to discontinue the use of isolation precautions of COVID positive patients
   - **No fever (<100.0 F/37.8 C)** for at least 24 hours without the use of fever-reducing medications AND
   - Respiratory symptoms have improved or resolved (cough, shortness of breath) AND
   - At least **10 days** have passed since onset of symptoms or positive COVID-19 test whichever is earlier. (Example: symptoms started 4/1, test positive 4/5 = begin 10-day countdown on 4/1).

2. **Immunocompromised**: includes but are not limited to patients with history of hematopoietic stem cell or solid organ transplant, cancer, inherited disorders, HIV/AIDS with CD4 < 200 and / or receiving immunosuppressive medical treatment (e.g., biologics, chemotherapy, prolonged corticosteroid use). **Persons who because they are immunocompromised may have prolonged viral shedding. Treatment decisions such as chemotherapy initiation are clinical decisions that may be chosen when weighing risks and benefits. Case by case review with infectious disease specialist, may be indicated.**

3. **Severe Illness**: Individuals with any of the following: respiratory frequency >30 breaths per minute, spO2 < 94% on room air at sea level (or for patients which chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial pressure of oxygen fraction of inspired oxygen (PaO2/FIO2) < 300 mmHg, lung infiltrates >50%, or receiving steroid therapy for COVID-19 Pneumonia.

4. **Symptom-Based Strategy** for immunocompromised or severely ill patients
   1. **No fever (<100.0 F/37.8 C)** for at least 24 hours without the use of fever-reducing medications AND
   2. Resolution or significant improvement of respiratory symptoms (cough, shortness of breath) AND
   3. At least **20 days** have passed since onset of symptoms or positive COVID-19 test whichever is earlier

5. Use of test-based strategy for Transplant patients may be considered in consultation with Infectious disease clinician. Refer to COVID-19 ECMO deisolation criteria.

6. **Alternative diagnosis requirements** Determination of transmission-based isolation requirements should be based upon clinical evaluation. The alternate diagnosis should be clearly stated in the EMR by the provider.

7. **COVID-19 retesting** in asymptomatic patients after 10 days after initial positive test, a repeat test is not recommended.

---

Created by System Infection Prevention Created 05.29.20   Revised: 03.09.21
## Deisolation COVID-19 Resource Guide

### Non-Acute Care Settings

Universal masking is required by **all AAH Team members** – Eye protection for **patient-facing team member** at all AAH sites

### COVID – 19 Test Results

<table>
<thead>
<tr>
<th>Test Status</th>
<th>Patient Type</th>
<th>Screened or tested Negative</th>
<th>Screened or Test Positive</th>
<th>Immunocompromised Patient Positive</th>
<th>Prior positive: now asymptomatic presenting to non-acute care setting or Pre-procedure/Perioperative Surgery</th>
<th>Prior positive: now symptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Greater than 10 days and ≤ 90 days from symptom onset or COVID-19 test positive</td>
<td>&gt;90 days from symptom onset or COVID-19 test positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Deisolation = Patient meets criteria for team member to wear universal mask and eye protection following standard precautions

1. **Symptom-Based Strategy**, Criteria used to discontinue the use of isolation precautions of COVID patients
   - No fever (<100.0°F/37.8°C) for at least 24 hours without the use of fever-reducing medications AND
   - Respiratory symptoms have improved or resolved (cough, shortness of breath) AND
   - At least 10 days have passed since onset of symptoms or positive COVID-19 test whichever is earlier. (Example: symptoms started 4/1, test positive 4/5 = begin 10-day countdown on 4/1).

2. **Immunocompromised**: includes but are not limited to patients with history of hematopoietic stem cell or solid organ transplant, cancer, inherited disorders, HIV/AIDS with CD4 < 200 and / or receiving immunosuppressive medical treatment (e.g., biologics, chemotherapy, prolonged corticosteroid use). **Persons who are immunocompromised may have prolonged viral shedding. Treatment decisions such as chemotherapy initiation are clinical decisions that may be chosen when weighing risks and benefits.**

3. **Symptom-Based Strategy for immunocompromised patients**
   1. No fever (<100.0°F/37.8°C) for at least 24 hours without the use of fever-reducing medications AND
   2. Resolution or significant improvement of symptoms (cough, shortness of breath) AND
   3. At least 20 days have passed since onset of symptoms or positive COVID-19 test whichever is earlier

4. Use of test-based strategy for Transplant patients may be considered in consultation with Infectious disease clinician

5. **COVID-19 retesting** in asymptomatic patients after 10 days after initial positive test, a repeat test is not recommended.
Resources

For guidance on Personal Protective Equipment, see PPE Resource Guide

References:

- CDC Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19, July 17, 2020
  info/_assets/documents/ppe-resource-guide.pdf
- AAH Aerosol Generating Procedure (AGP) Document https://www.advocatehealth.com/covid-19-
  info/_assets/documents/aerosol-generating-procedures.pdf
- PPE signage: Droplet/Contact Precautions (ED/Hospital) https://www.advocatehealth.com/covid-19-
- PPE signage: Airborne/Contact Precautions (ED/Hospital) https://www.advocatehealth.com/covid-19-
- PPE signage: Droplet/Contact Precautions (Ambulatory/Physician). https://www.advocatehealth.com/covid-19-
  info/_assets/documents/ambulatory_droplet-and-contact-precautions_ppe_sign_outpatient_v3.pdf
- Interim Infection Prevention and Control recommendations for patients with suspected or confirmed Coronavirus
  ncov/hcp/infection-control-recommendations.html
- DHS memo dated March 19, 2020; Updated guidance for local health departments and government partners
  about home isolation and quarantine for COVID-19; https://www.dhs.wisconsin.gov/dph/memos/communicable-
  diseases/2020-12.pdf