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 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 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 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 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 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 COVID-19 infection or reinfection.
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>Patient Type</td>
<td>Asymptomatic Inpatient</td>
<td>Symptomatic (PUI) Inpatient</td>
<td>Asymptomatic Inpatient</td>
<td>Symptomatic Inpatient</td>
<td>Inpatient Not Immunocompromised or not severely ill</td>
</tr>
<tr>
<td>Deisolation Strategy</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Symptom-Based Strategy until alternative diagnosis determined</td>
<td>Symptom-based Strategy or Test-Based Strategy</td>
</tr>
</tbody>
</table>

1. **Symptom-Based Strategy** Criteria used to discontinue the use of isolation precautions of COVID positive patients
   - No fever (<99.0°F/37.2°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 transplantation, 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. **Symptom-Based Strategy for immunocompromised or severely ill patients** (if the test-based strategy is not feasible):
   1. No fever (<99.0°F/37.2°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 the 1st positive test

4. **Test-Based Strategy**
   1. Resolution of fever (<99.0°F/37.2°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 1st positive test AND
   4. Two negative nasopharyngeal swabs for COVID-19 on two separate days. AND
   5. If the first or second test is positive, wait two days before beginning the retesting, defined in step 4

5. **Alternative diagnosis requirements:** If the alternate diagnosis is that of a non-COVID viral respiratory illness, droplet/contact + eye protection precautions may be stopped 7 days after disease onset or if the alternate diagnosis is that of a bacterial process that does not require isolation or if there is a non-infectious cause of fever or if patient never had fever.
   Droplet/contact + eye protection precautions can be discontinued, if one of the above criteria is met. The alternate diagnosis should be clearly stated in the EMR by the provider.

6. **COVID-19 retesting in asymptomatic patients after 10 days after initial positive test,** a repeat test is not recommended.
# 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>Immunocompromised Patient</th>
<th>Deisolation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened or tested</td>
<td>Screened or Test</td>
<td>Positive</td>
<td>N/A</td>
</tr>
<tr>
<td>Negative</td>
<td>Positive</td>
<td>(Preferred) Symptom-Based or Test-Based</td>
<td>1</td>
</tr>
</tbody>
</table>

| Prior positive: now asymptomatic presenting to non-acute care setting or Pre-procedure/Perioperative Surgery | Greater than 10 days and < 90 days from symptom onset or COVID-19 test positive | >90 days from symptom onset or COVID-19 test positive |
| Symptom-Based Strategy | N/A | Symptom-Based Strategy 1,5 |

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

1. **Symptom-Based Strategy** 1 Criteria used to discontinue the use of isolation precautions of COVID patients
   - No fever (<99.0 F/37.2 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 transplantation, 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. Case by case review with infectious disease specialist, may be indicated.

3. **Test-Based Strategy**
   1. Resolution of fever (<99.0 F/37.2 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 1st positive test AND
   4. Two negative nasopharyngeal swabs for COVID-19 on two separate days. AND
   5. If the first or second test is positive, wait two days before beginning the retesting, defined in step 4

4. **Symptom-Based Strategy for immunocompromised patients**, (if the test-based strategy is not feasible):
   1. No fever (<99.0 F/37.2 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 the 1st positive test

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