

# COVID-19 ISOLATION EDUCATION

**Statement of Purpose:** The decision to discontinue isolation precautions is primarily based on a symptom-based strategy. A testing-based strategy is no longer universally recommended (see specific notes below). Guidelines for discontinuation of isolation are below. Definitions and rationale support begins on page 2.

Illness Severity and Patient Characteristics	Criteria for Discontinuation of Transmission-Based Precautions
Patients who are <b>asymptomatic</b> and not immunocompromised	10 days have passed since the date of first positive viral diagnostic test
Patients with mild/moderate illness who are not immunocompromised	<p>10 days have passed since the date of first positive viral diagnostic test</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications</p> <p>AND</p> <p>Other COVID-19 symptoms (e.g., cough, shortness of breath) have improved</p>
Patients with severe/critical illness OR Moderately Immunocompromised	<p>20 days have passed since the date of first positive viral diagnostic test</p> <p>AND</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications</p> <p>AND</p> <p>Other COVID-19 symptoms (e.g., cough, shortness of breath, hypoxemia) have improved</p>
Highly Immunocompromised	<p><b>Use Test-Based Strategy</b></p> <p>20 days have passed since date of first positive viral diagnostic test</p> <p>AND</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications</p> <p>AND</p> <p>Other COVID-19 symptoms (e.g., cough, shortness of breath) have improved</p> <p>AND</p> <p>Two negative COVID-19 PCR tests collected at least 24 hrs apart</p> <p><b>Do not obtain follow-up test prior to 20 days</b></p>

\* Questions related to this document, contact local infection preventionist

† Day 0 is date of first positive result.

NOTE: Patients who meet the above criteria for discontinuation of transmission-based precautions should NOT be re-tested for at least 90 days after first positive diagnostic test.

**\*\*Patients with COVID-19 can be discharged from a healthcare facility whenever clinically indicated. Meeting criteria for discontinuation of isolation precautions is not a pre-requisite for discharge\*\*** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

## Definitions

**AGPs:** [Aerosol Generating Procedure list](#)

**Asymptomatic Illness:** Individuals who have no signs or symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) but were tested for other reasons (e.g. pre-procedure) and remain without symptoms. (Patients who were tested when asymptomatic, but who later developed some COVID-19 symptoms should be characterized as below.)

**Mild/ Moderate Illness:** Symptomatic individuals who meet criteria below:

- an oxygen saturation (SpO<sub>2</sub>) ≥94% with/without supplemental oxygen
- no ICU stay
- not immunocompromised.

**Severe/Critical Illness:** Symptomatic Individuals who meet criteria below.

- an oxygen saturation (SpO<sub>2</sub>) < 94% with/without supplemental oxygen
- ICU stay
- immunocompromised

**COVID Resolved:** The patient is no longer considered infectious and does NOT require isolation. Resolved status remains on the EPIC storyboard for 90 days after the date of their first positive COVID-19 test result.

**Immunocompromised:**

**A. Moderately Immunocompromised:**

Individuals receiving chemotherapy for solid tumors, solid organ transplant recipients > 3 months, HIV patients with CD4 counts <200, patients with acquired or genetic immunodeficiencies, patients on prolonged or high-level immunosuppression and those receiving prednisone > 20 mg/day for more than 14 days.

**B. Highly Immunocompromised:**

Individuals who have undergone a hematopoietic cell transplant, less than 3 months post solid organ transplant, those receiving rituximab, fludarabine, ocrelizumab treatment, or patients on other immunosuppressive biologic agents.

**Rationale:** Per [CDC guidance](#) (last update 2/16/2021), a time- and symptom-based strategy for discontinuation of transmission-based precautions is preferred over a test-based strategy in the care of most patients. While some patients may continue to test positive by SARS-CoV-2 PCR for weeks to months after an initial diagnosis, data supports that these patients do not transmit the virus to other people unless those patients are highly immunocompromised. Repeat testing for these patients who are not thought to be at risk for prolonged person-to-person transmission leads to inefficiencies in testing, unnecessary use of PPE, and may result in delays in patient care.

The duration of transmission-based precautions is determined by a patient's severity of illness and level of underlying immunosuppression, based on reports that those who are critically ill or those who are highly immunocompromised may shed viable virus longer than those with milder disease. As described in the [CDC Decision Memo](#), an estimated 95% of severely or critically ill patients, including those in a moderately or highly immunocompromised state, no longer had replication-competent virus 15 days after onset of symptoms. No patients had replication-competent virus more than 20 days after onset of symptoms.

## Patients undergoing AGPs

Patients who meet criteria for discontinuation of droplet/contact plus eyewear precautions for COVID-19 and who have been deemed non-infectious can safely undergo AGPs without use of an N95 respirator. No additional peri-procedural testing is recommended, as it is common for these patients to have persistently positive tests that reflect non-viable virus.

## When to retest after discontinuation of transmission-based precautions

Patients who meet the above criteria for discontinuation of transmission-based precautions should NOT be re-tested for at least 90 days after onset of infection because positive PCR during this time likely represents persistent shedding of non-viable viral RNA rather than reinfection.

If such a person remains asymptomatic during this 90-day period, then retest is unlikely to yield useful information, even if the person had close contact with an infected person.

Repeat testing should be guided by clinical symptoms compatible with COVID-19. For those who develop new symptoms consistent with COVID-19 during the three months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting. Consultation with infectious disease experts is recommended.

## What is the role of serologic testing in determining precautions?

Serologic testing should not be used to establish the presence or absence of acute SARS-CoV-2 infection or reinfection.

### Supporting Information:

van Kampen J, van de Vijver D, Fraaij P, Haagmans B, Lamers M, Okba N, et al. Shedding of infectious virus in hospitalized patients with coronavirus disease-2019 (COVID-19): duration and key determinants. (Preprint) *Medrxiv*. 2020. Available at:

<https://doi.org/10.1101/2020.06.08.20125310>