

**Updated Date: 12-14-20**

**Purpose:**

This document provides updated guidance to providers on when it is safe to remove people from COVID-related isolation or quarantine, across clinical settings. For workforce members, please see the *WFM Guidance for COVID-19 Self-Monitoring and Work Restrictions*.

**Definition:**

- 1) Mild disease: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging
- 2) Moderate disease: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and do not require supplemental oxygen at a rate >6 liters/minute.
- 3) Severe disease: Individuals who have respiratory failure requiring nasal cannula greater than 6L/minute, high flow nasal cannula/BiPAP/mechanical ventilation or ECMO, or lung infiltrates >50% on chest X-ray or CT scan, or other manifestations such as clotting, etc., septic shock, and/or multiple organ dysfunction.
- 4) Severely Immunocompromised: chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200/mm<sup>3</sup>, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days.
  - Other immunocompromising conditions that may be equivalent, as per the treating team.
  - Diabetes, end stage renal disease, and advanced age are not considered severely immunocompromising.
- 5) Quarantine – time after an exposure to SARS-CoV-2 in which a person must remain away from others because they may develop SARS-CoV-2 infection and spread it without their knowledge. If at any point, this person develops symptoms, they must then isolate as below.
- 6) Isolation – time in which a known SARS-CoV-2 infected person must remain away from others to prevent spread of SARS-CoV-2 infection to others. The isolation period is used for symptomatic or asymptomatic people who test positive. If an asymptomatic person develops symptoms, the duration of isolation restarts the day symptoms develop.

## Removal of COVID Patients from Isolation or Quarantine

### **Background:**

Long durations of SARS-CoV-2 PCR positivity - after clinical cure - limit the value of testing patients for clearance of the virus. While patients may be infectious 2 days prior to symptoms, modeling has shown that patients with mild to moderate disease do not shed active virus beyond 10 days from symptom onset. Some patients with severe disease and/or who are severely immunocompromised may continue to shed virus out to 20 days. Data modeling suggests that 88% of such patients will have cleared virus after 10 days of symptoms, and 95% at 15 days. These data do not correlate with their PCR positive status as patients may remain positive in excess of 12 weeks intermittently. These detections by PCR do not contain live, transmissible virus. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>). Because of these data on persistent documentation of dead virus or inactive viral particles, a test-based strategy for removal of isolation precautions is no longer recommended in most situations.

### **Isolation Protocol:**

Any patient testing positive for SARS-CoV-2 must be placed in isolation (inpatient or outpatient). COVID positive patients requiring isolation may be housed together (cohorted), depending on room availability. These patients should remain in isolation until the criteria below are met, whether symptomatic or not. Meeting criteria for discontinuation of isolation for COVID-19 disease is **NOT a prerequisite for transfer, discharge, or clinic visits.**

The following guidelines describe when it is appropriate to remove patients from isolation (“deisolation”) after which they will continue in the appropriate non-COVID-related isolation (eg, standard, droplet, contact, airborne). If on standard precautions, these patients can then be placed in rooms with other patients.

Patients may be deisolated as follows:

### **Ambulatory or Hospitalized Patients, Symptomatic**

- *Mild to Moderate disease*
  - At least 24 hours have passed with no fever (without the use of fever-reducing medications) **and** substantial improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least **10 days** have **passed since symptoms first appeared**
- Severe Disease and/or severely immunocompromised
  - At least 24 hours have passed with no fever (without the use of fever-reducing medications) **and** substantial improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least **20 days** have **passed since symptoms first appeared**
    - Some patients may require prolonged respiratory support and mechanical ventilation, consult your local IPC teams to help guide isolation in these cases.
      - Most of these patients can be deisolated

## Removal of COVID Patients from Isolation or Quarantine

- Once the conditions above have been met, the patients should continue to be cared for under standard precautions, or appropriate non-COVID-related isolation as per local IPC policies, and should not be retested.
  - If discharged and readmitted, they should not be retested on admission as the likelihood of remaining positive is high for at least 12 weeks.
  - Should they develop new symptoms suggestive of reinfection and retesting is considered, please contact your ID/COVID-ID team/IPC team for further guidance.

### Other populations

- **Asymptomatic** hospitalized or psychiatric patient, testing positive
  - For asymptomatic patients who test positive for the first time or on subsequent testing within 10 days of the first test, isolation should continue for 10 days from day of the first test.
    - If the patient develops symptoms, follow the appropriate section above
- **Asymptomatic** hospitalized patient, with a previously positive test greater than 10 days ago
  - No isolation
- Patients transferred to a rehabilitation center (e.g. Rancho Los Amigos National Rehabilitation Center) or other congregate care settings (e.g. SNFs, group homes, Correctional Facilities) with a history of a positive test or COVID-19 disease
  - Isolation should follow the above recommendations
  - Test-based strategy is no longer recommended, repeat testing should not routinely be used to clear people from isolation
  - Transferring team should clearly state at time of transfer the date of symptom onset and date of first positive test

### Quarantine Protocol

Inpatient or Psychiatric Emergency Department patients exposed to SARS-CoV-2 but not yet known to be infected with SARS-CoV-2.

- Patients can be removed from quarantine at 10 days from last exposure if they do not develop symptoms of COVID-19.
  - If clinicians determine that patient is unable to provide symptoms due to clinical status, they should remain in quarantine for 14 days after last exposure.
- Patients removed from quarantine at 10 days should be monitored for symptoms of COVID-19 until 14 days after last exposure have passed.
- If at any time during the 14-day monitoring period a patient develop symptoms, immediately test patient for SARS-CoV-2 and notify COVID-ID and/or IPC.

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- Quarantine time of 14-days is preferred because the extended quarantine period may further minimize transmission.