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Washington DC VAMC

**DISCONTINUATION OF TRANSMISSION BASED PRECAUTIONS FOR PATIENTS WITH COVID-19**

Concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens decline after onset of symptoms (CDC, unpublished data, 2020; Midgley et al., 2020; Young et al., 2020; Zou et al., 2020; Wölfel et al., 2020; van Kampen et al., 2020). The likelihood of recovering replication-competent virus also declines after onset of symptoms. For patients with mild to moderate COVID-19, replication-competent virus has not been recovered after 10 days following symptom onset (CDC, unpublished data, 2020; Wölfel et al., 2020; Arons et al., 2020; Bullard et al., 2020; Lu et al., 2020; personal communication with Young et al., 2020; Korea CDC, 2020). Recovery of replication-competent virus between 10 and 20 days after symptom onset has been documented in some persons with severe COVID-19 that, in some cases, was complicated by immunocompromised state (van Kampen et al., 2020). However, in this series of patients, it was estimated that 88% and 95% of their specimens no longer yielded replication-competent virus after 10 and 15 days, respectively, following symptom onset. Although replication-competent virus was not isolated 3 weeks after symptom onset, recovered patients can continue to have SARS-CoV-2 RNA detected in their upper respiratory specimens for up to 12 weeks (Korea CDC, 2020; Li et al., 2020; Xiao et al, 2020). Investigation of 285 “persistently positive” persons, which included 126 persons who had developed recurrent symptoms, found no secondary infections among 790 contacts attributable to contact with these case patients. Efforts to isolate replication-competent virus from 108 of these case patients were unsuccessful (Korea CDC, 2020).

Based on current CDC recommendations as well as available literature, we recommend the following.

**DEFINITIONS:**

Recovered COVID-19 infection- persons with COVID-19 are no longer considered infectious once they meet the definition of recovered below:

1. Afebrile for at least 24 hours without use of antipyretics **AND**
2. Improving symptoms (they do not need to be fully resolved) **AND**
3. At least 10 days have passed since symptom onset for those with mild1-moderate2 disease **or**, for asymptomatic persons, at least 10 days since first positive SARS-CoV-2 PCR **or** at least 20 days since symptom onset for those with severe3-critical disease4 or those who are severely immunocompromised5

**OR**

1. Afebrile for at least 24 hours without use of antipyretics **AND**
2. Improving symptoms (they do not need to be fully resolved) **AND**
3. At least 10 days have passed since symptom onset **AND**
4. Two consecutive SARS-CoV-2 nasopharyngeal PCR assays collected at least 24 hours apart are negative

1Mild COVID-19 disease- fever, cough, sore throat, malaise, headache, and/or muscle pain without shortness of breath, dyspnea, or abnormal chest imaging

2Moderate COVID-19 disease- evidence of lower respiratory tract disease by clinical assessment or imaging and an oxygen saturation$ \geq $94% on room air

3Severe COVID-19 disease- respiratory rate > 30 breaths per minute, oxygen saturation < 94% on room air, or lung infiltrates >50%

4Critical COVID-19 disease- respiratory failure, septic shock, and/or multiorgan dysfunction

5Severely immunocompromised- including, but not limited to, the following conditions: active chemotherapy for cancer, being less than one year out from hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4<200, combined primary immunodeficiency disorder, receipt of prednisone > 20mg/day for more than 14 days

**Discontinuation of Isolation Precautions for Patients Admitted with COVID-19**

Isolation precautions do not need to be discontinued for a patient to be discharged. On a case-by-case basis, inpatients can be considered for removal from COVID-19 precautions based on:

1. Meeting the definition of recovered COVID-19 infection (above) **AND**
2. Infection Control or Infectious Diseases approval.

If a patient is asymptomatic from a COVID-19 standpoint and was admitted for something unrelated to COVID-19 but was found to have a positive COVID-19 PCR on admission, they may be considered for discontinuation of isolation precautions once at least 10 days have passed from their first positive COVID-19 test, assuming they haven’t developed any symptoms attributable to COVID-19.

For other unique situations, Infection Control will provide case-by-case guidance about when transmission-based precautions can be discontinued.

**Discontinuation of Isolation Precautions for Patients with a History of COVID-19 Admitted for Another Indication**

For persons previously diagnosed with COVID-19 who remain asymptomatic after recovering from infection, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection (or initial positive PCR for asymptomatic persons). For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then an Infectious Diseases consultation should be requested.

Patients with a history of COVID-19 infection within the past 20 days should be admitted on Enhanced Droplet Precautions or Special Respiratory Precautions, as indicated. Removal from precautions requires:

1. Meeting the definition of recovered COVID-19 infection (above) **AND**
2. Infection Control or Infectious Diseases approval.

If a patient is admitted more than 20 days after COVID-19 symptom onset (or positive PCR) and has an alternative reason for admission (not COVID-19 related) and COVID-related symptoms are improving, they do not need to be placed on COVID-19 precautions and repeat testing should not be performed within 3 months after the date of symptom onset for the initial COVID-19 infection (or initial positive PCR).

If a patient is admitted at any time after COVID-19 infection and has signs/symptoms consistent with COVID-19, they should be placed on Enhanced Droplet or Special Respiratory Precautions until fully evaluated.

**Discontinuation of Isolation Precautions for Patients with a History of COVID-19 Seen in the Outpatient Setting**

Patients with COVID-19 returning to the medical center or CBOCs should be instructed to wear a mask. If possible, elective visits or procedures should be conducted over the telephone or via video conferencing until the patient has met the definition of recovered COVID-19 infection. If in-person visits cannot be delayed, the patient should wear a mask and stay 6 feet away from other persons to the extent possible. Employees with close contact with the patient should wear:

1. If patient has met the definition of recovered COVID-19 infection: eye protection and hospital-issued face mask in addition to following standard precautions.
2. If patient has not met the definition of recovered COVID-19 infection: eye protection, fitted N95 or PAPR, gown, and gloves. Providers who are not fit tested or trained on PAPR use should not see patients with active COVID-19 until they meet the definition of recovered COVID-19 infection.

**Surgical or Aerosolizing Procedures in Patients with a History of COVID-19 Infection**

If possible, procedures should be postponed until patients meet the definition of recovered COVID-19 infection. If surgery or aerosolizing procedures need to be done before patients meet this definition, then employees should wear eye protection, N95 or PAPR, gown, and gloves and guidelines for COVID-19-infected patients should be followed (including using a negative pressure room for the procedure, see SOP on Aerosol Generating Procedures During COVID-19). Surgeries or aerosolizing procedures performed on patients who meet the definition of recovered COVID-19 infection do not need to be performed according to the guidelines for COVID-19-infected patients. If surgery or aerosolizing procedures are done after the patient meets the definition of recovered COVID-19 infection and the person remains without new symptoms consistent with COVID-19, repeat COVID-19 testing is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection (or date of first positive SARS-CoV-2 PCR).