

Guidelines for COVID-19 Isolation and Retesting

Purpose:

To outline the criteria for the removal of transmission-based precautions for patients with COVID-19.

Background:

- Appropriate isolation of patients with COVID-19 is critical to contain transmission of SARS-CoV-2.
- Current recommendations are based on existing data on duration of infectivity and may change as more information becomes available.

Protocol:

Initiation of Isolation

- First initial positive test for SARS-CoV-2. Includes asymptomatic and vaccinated patients.
- Signs and symptoms highly suspicious of COVID-19 despite a negative test.
- Suspected reinfection.
 - Reinfection most commonly occurs >90 days after the initial infection.
 - This does not include readmission for complications of initial infection.

Discontinuing Isolation

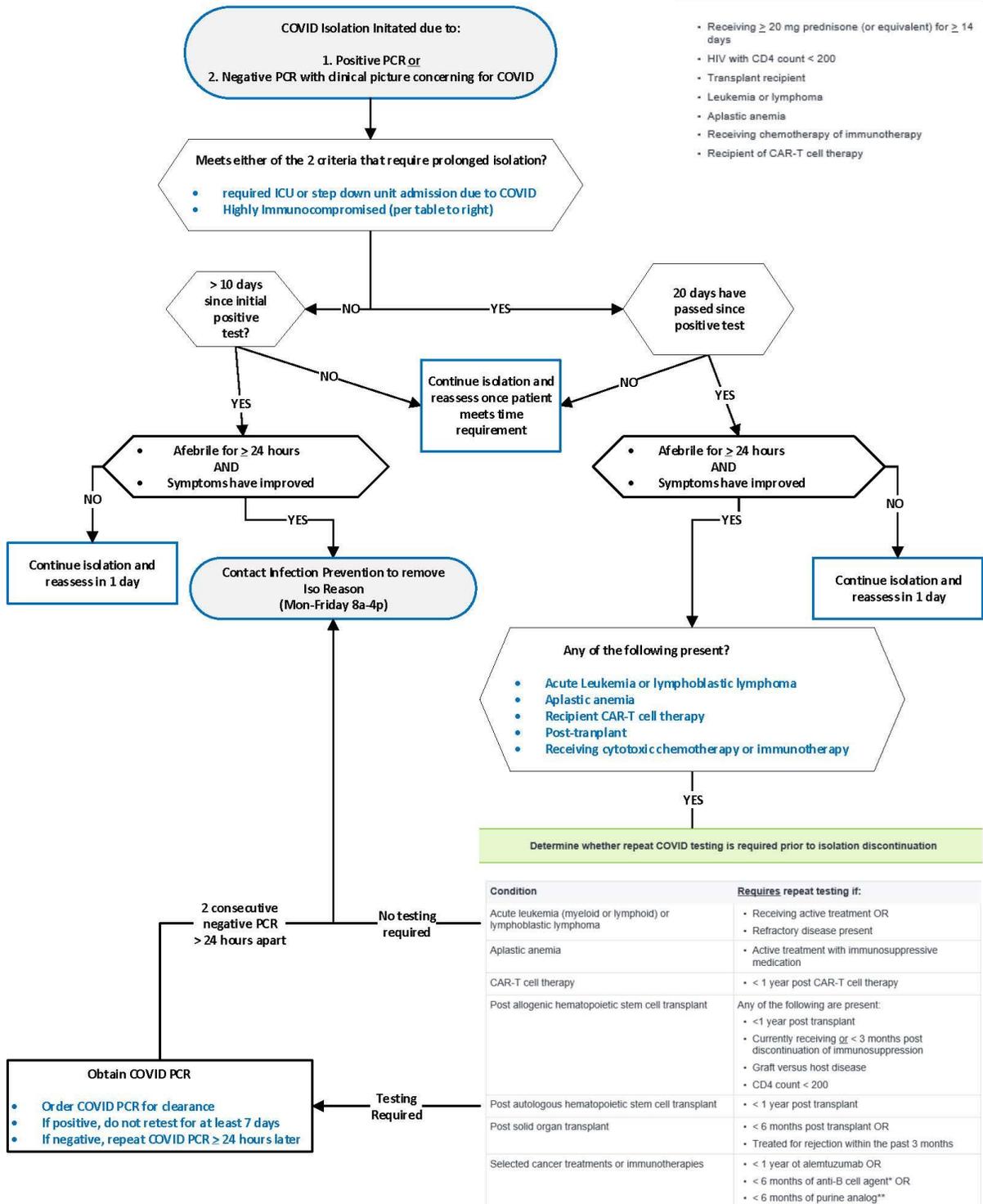
Criteria for removing isolation is based on duration of illness and resolution of symptoms in most patients. Refer to Decision Trees on next page. Isolation may be removed after:

- 10 days after onset of symptoms for most patients. Plus, at least 24 hours of clinical improvement and without fever off anti-pyretics
- 20 days after onset of symptoms for those patients with severe disease (requiring an admission to step down or ICU due to severity of COVID-19 disease) or with a selected high risk immunocompromised condition or therapies. Plus, at least 24 hours of clinical improvement and without fever off anti-pyretics.
 - Some conditions/therapies will require testing for removal of isolation. See appendix A.
- A hospitalized patient is required to be transferred to a clean room and into a clean bed before isolation can be discontinued as the isolation room's environment may be contaminated. Transferring the patient in their bed should be avoided.

Retesting or testing for admission and pre-procedure clearance testing should not be performed within 90 days of a positive test. Some exceptions include:

- Selected high risk immunocompromised conditions (Appendix A) for discontinuation of isolation.
- Pre-procedure for patients undergoing a solid organ or stem cell transplant.
- Discharge dependent ONLY if required by the receiving facility's institutional policy.
- Patient presents with new COVID-19 like symptoms suggestive of a new reinfection.
- Cycle threshold values may be used to determine the need for continued isolation on a case-by-case basis in consultation with the Delivery Network's Medical/Associate Medical Director of Infection Prevention.

Discontinuation of COVID Isolation



Appendix A

High Risk Immunocompromised Conditions

Medical Condition	Time and Symptom based (20 days)	Requires testing
Acute leukemia (myeloid or lymphoid) and lymphoblastic lymphoma	No active treatment or refractory disease	Active treatment or refractory disease
Aplastic anemia	No active treatment with immunosuppressive medication	Active treatment with immunosuppressive medication
CAR-T	> 1 year post CAR-T cell therapy	< 1 year post CAR-T cell therapy
High Dose Steroids	20 mg Prednisone (or equivalent) for > 14 days	-----
HIV	CD4 T lymphocyte count <200	-----
Immunotherapies	N/A	< 1 year of alemtuzumab < 6 months of anti-B cell agents* < 6 months purine analogs**
Chemotherapies	Any other chemotherapy that is not listed in "Requires testing" column (to right)	
Post allogeneic hematopoietic stem cell transplant	Must meet all of the following: <ul style="list-style-type: none"> • > 1 year post transplant • Off immunosuppression > 3 months • CD4 T lymphocyte count > 200 • Absence of GVHD 	If any of these present: <ul style="list-style-type: none"> • < 1 year post transplant • Receiving immunosuppression or within 3 months of discontinuation • GVHD • CD4 count < 200
Post autologous hematopoietic stem cell transplant	> 1 year post transplant	< 1 year post transplant
Post Solid organ transplant	> 6 months post-transplant	< 6 months post-transplant or within 3 months of treatment for rejection

* rituximab, ofatumumab, obinutuzumab, ocrelizumab, blinatumomab

** cladribine, clofarabine, nelarabine, fludarabine, pentostatin, mercaptopurine

References:

Centers for Disease Control and Prevention, Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

CDC also has an updated statement with evidence up to date as of Feb 13 2021

https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html

American Society for Transplantation and Cellular Therapy (2020). Interim guidelines for COVID-19 management in hematopoietic cell transplant and cellular therapy patients. Version 1.3. April 16, 2020

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