Guidelines for Discontinuation of COVID-19 Isolation and Retesting

Purpose:
To outline the criteria for the removal of transmission based precautions for COVID-19.

Background:
• Appropriate isolation of patients with COVID-19 is critical to contain transmission of the SARS-CoV-2 virus.
• Current recommendations are based on existing data on duration of infectivity and may change as more information becomes available.
  o Detection of virus generally starts about 2 days prior to symptom onset.
  o Studies show declining viral loads after onset of symptoms.
  o The likelihood of recovering replication-competent virus also declines with time after onset of symptoms.
    ▪ For patients with mild-moderate COVID-19, infectious virus has not been recovered after 10 day following onset of symptoms.
    ▪ Recovery of infectious virus has between 10-20 days after onset of symptoms has been documented in some persons with severe COVID-19, particularly when complicated by an immunocompromised state.

Protocol:
• Criteria for removing isolation is based on duration of illness and resolution of symptoms in most patients. Testing for removal of isolation is NOT indicated (exceptions below) as the PCR identifies viral RNA, which does not necessarily represent viable virus.
  o For most patients, isolation can be discontinued 10 days after onset of symptoms and at least 24 hours of clinical improvement and without fever off anti-pyretics.
  o For patients with more severe disease (required ICU or stepdown admission) or who are immunocompromised (Appendix A), isolation can be discontinued after 20 days since onset of symptoms and with at least 24 hours of clinical improvement and without fever off anti-pyretics. Select immunocompromising conditions will require testing for removal from COVID isolation (Appendix A).

• Retesting or testing for admission or pre-procedure clearance should not be performed within 90 days of the first positive test. Some exceptions include:
  o Selected high risk immunocompromised conditions (Appendix A) for discontinuation of isolation.
  o Pre-procedure for patients undergoing a solid organ or stem cell transplant.
  o Discharge dependent ONLY if required by the receiving facility’s institutional policy.
  o Patient presents with new COVID like symptoms suggestive of reinfection.

• Consultation with Infection Prevention is required prior to removing COVID isolation. If the patient meets the below criteria, contact Infection Prevention prior to discontinuation of isolation and to remove the COVID isolation reason in Epic.

• Inpatients being removed from COVID isolation are 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.
Discontinuation of COVID Isolation

- Isolation initiated for suspected COVID
- COVID test performed
  - Positive result or negative result with suggestive clinical picture
- Does patient meet any of the 3 criteria below?
  - Required ICU or step down admission
  - Immunocompromised
  - Post transplant
- Did patient have symptoms of COVID during their course of illness?
- 10 days have passed since positive test
  - Yes
    - Afebrile for ≥24 hours
    - Symptoms have improved
    - At least 10 days have passed since positive test
  - No
    - Isolate until 10 days post positive test, then
- No
  - Isolate until above criteria is met, then
- Isolate until above criteria is met, then
- Contact infection prevention to remove COVID iso reason and resolve banner

- Negative result without clinical picture suggestive of COVID
- Is the patient post stem cell or solid organ transplant or CART within the past year?
- Yes
  - Refer to decision tree on next page
- No
  - Did patient have symptoms of COVID during their course of illness?
  - Yes
    - Afebrile for ≥24 hours
    - Symptoms have improved
    - At least 20 days have passed since initial positive test
  - No
    - Isolate until 20 days post positive test, then
- No
  - Isolate until 20 days post positive test, then

*Immunocompromised: high dose steroids for >14 days, HIV with CD4 count <200, chemo/immuno therapy for cancer (see Appendix A of policy for details)
Discontinuation of COVID Isolation
Transplant and Oncology

If all 3 of the below criteria are met continue to patient condition specific below:
- Afebrile for ≥ 24 hours
- Symptoms have improved
- At least 20 days have passed since initial positive test

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SOLID ORGAN TRANSPLANT
- Patient is:
  - > 1 year post transplant

ALLOGENEIC STEM CELL TRANSPLANT
- Patient meets all the criteria below:
  - >1 year post transplant
  - Off immunosuppression ≥ 3 months
  - Normal CD4
  - Absence of GVHD

AUTOLOGOUS STEM CELL TRANSPLANT
- Patient meets all the criteria below:
  - Post transplant ≥ 1 year
  - In remission off therapy

CART
- Patient is:
  - > 1 year in remission off therapy

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CONTACT INFECTION PREVENTION to remove banner
- 2 consecutive negative tests

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OBTAIN COVID PCR TEST
- If test positive do not retest for at least 7 days.
- Requires 2 consecutive negative COVID tests > 24 hours apart.
## Appendix A

### High Risk Immunocompromised Conditions

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Time and symptom based (20 days)</th>
<th>Requires testing for removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Dose Steroids</td>
<td>20 mg Prednisone (or equivalent) for &gt; 14 days</td>
<td>No</td>
</tr>
<tr>
<td>HIV</td>
<td>CD4 T lymphocyte count &lt;200</td>
<td>No</td>
</tr>
<tr>
<td>Cancer treatments</td>
<td>Active treatment with Cytotoxic Chemotherapy or Immunotherapy</td>
<td>No</td>
</tr>
<tr>
<td>CAR-T</td>
<td>&gt; 1 year post CAR-T cell therapy</td>
<td>&lt; 1 year post CAR-T cell therapy</td>
</tr>
</tbody>
</table>
| **Post allogeneic hematopoietic stem cell transplant** | Must meet all of the following:  
• > 1 year post transplant  
• Off immunosuppression > 3 months  
• CD4 T lymphocyte count > 200  
• Absence of GVHD | If any of these present:  
• < 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** | > 1 year post transplant | < 1 year post transplant |

**Related Guidelines:**
YNHHS/YM Recommendations for Discontinuation of Self-Isolation in the Ambulatory Setting after COVID Diagnosis

**References:**


Ljungman et al. for the European Society for Blood and Marrow Transplantation. (2020) The challenge of COVID-19 and hematopoietic cell transplantation; EBMT recommendations for management of hematopoietic cell transplant recipients, their donors, and patients undergoing CAR T-cell therapy. Bone Marrow Transplantation. [https://doi.org/10.1038/s41409-020-0919-0](https://doi.org/10.1038/s41409-020-0919-0)