

## ***Guidelines for Discontinuation of COVID-19 Isolation and Retesting***

### **Purpose:**

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

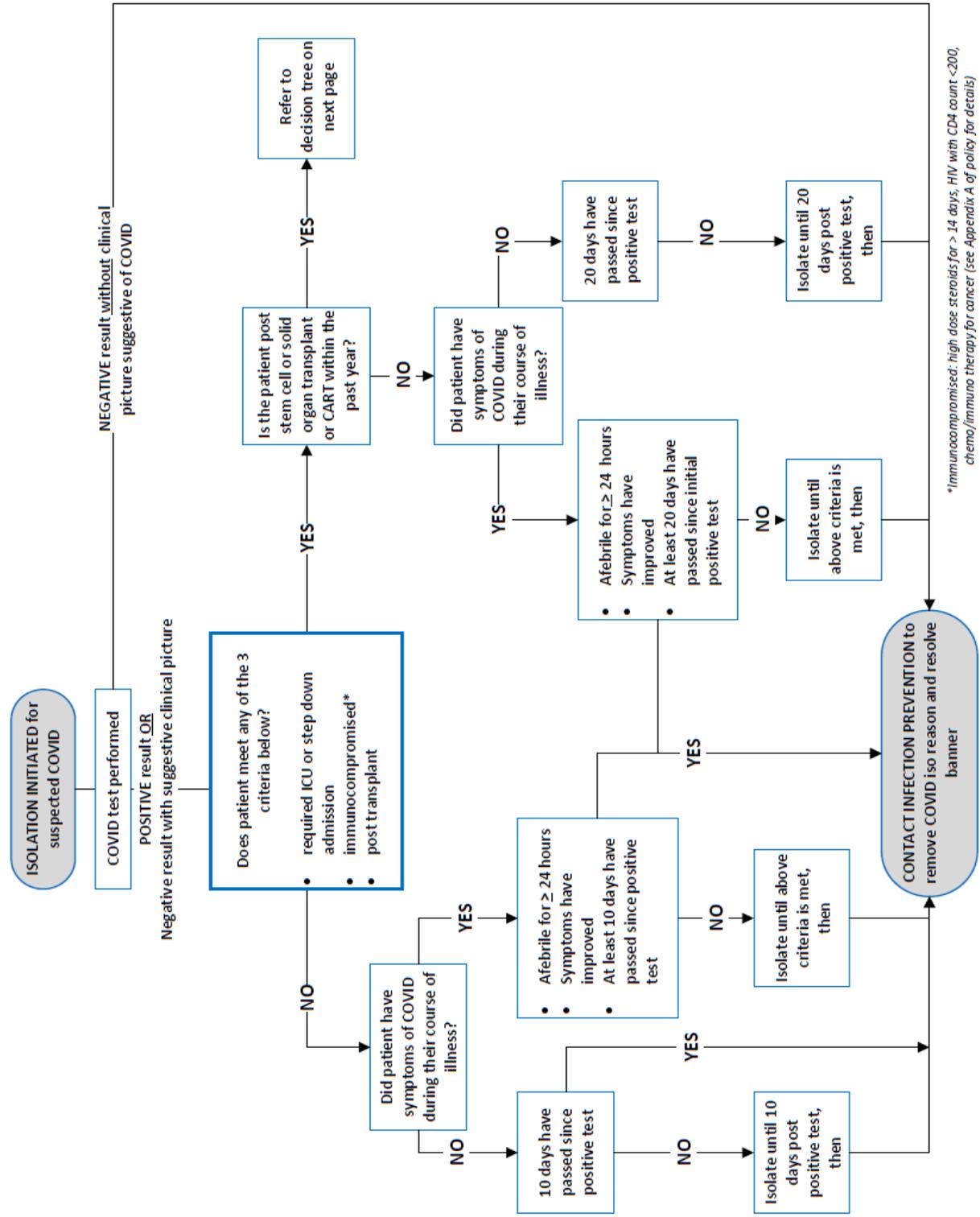
### **Background:**

- 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.
  - Detection of virus generally starts about 2 days prior to symptom onset.
  - Studies show declining viral loads after onset of symptoms.
  - 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:**

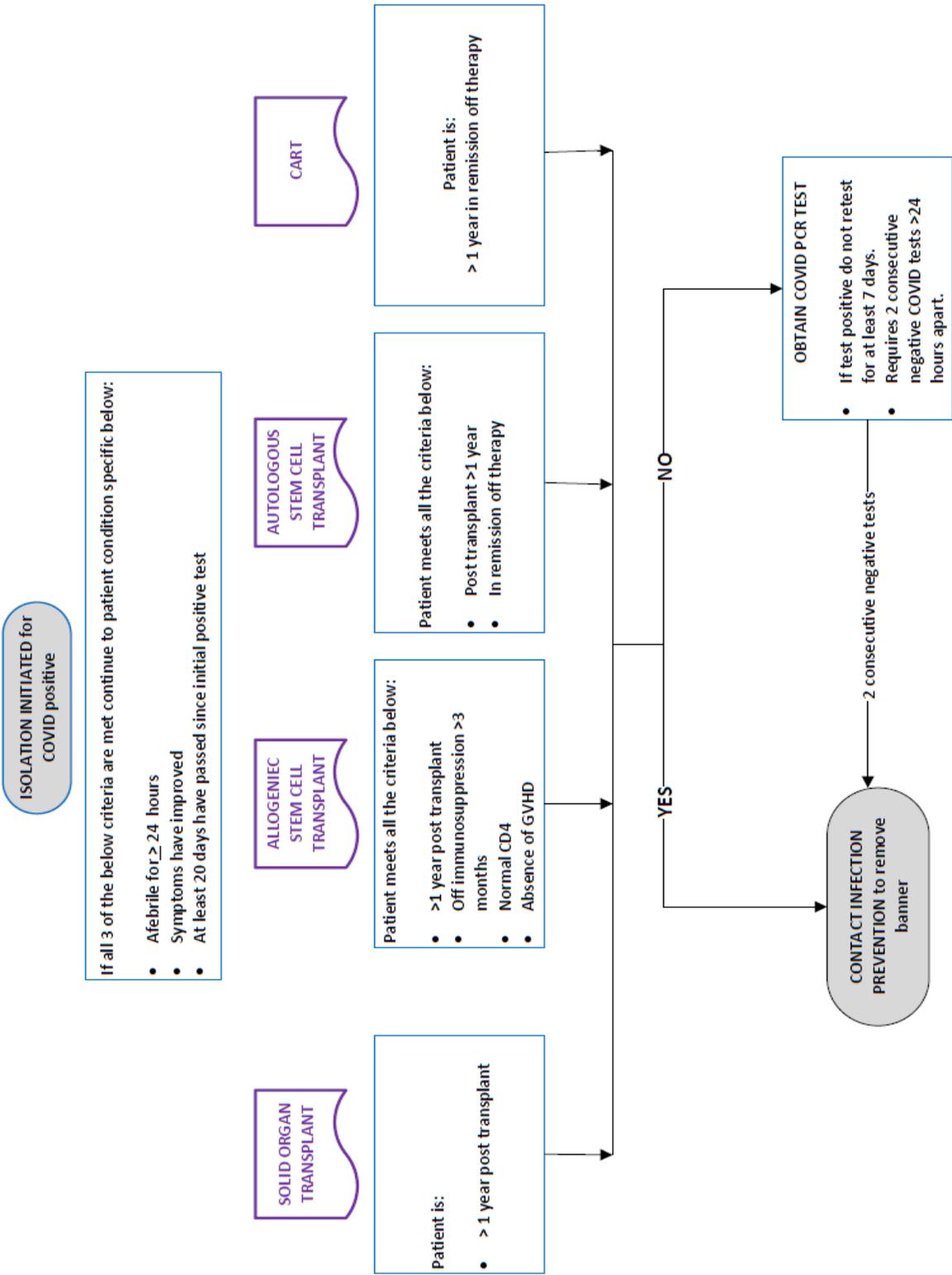
- Criteria for removing isolation is based on duration of illness and resolution of symptoms in most patients. **Testing for removal of isolation is NOT indicated** (exceptions below) as the PCR identifies viral RNA, which does not necessarily represent viable virus.
  - For most patients, isolation can be discontinued 10 days after onset of symptoms and at least 24 hours of clinical improvement and without fever off anti-pyretics.
  - 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:
  - 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 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



\*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



## Appendix A

### High Risk Immunocompromised Conditions

Medical Condition	Time and symptom based (20 days)	Requires testing for removal
High Dose Steroids	20 mg Prednisone (or equivalent) for > 14 days	No
HIV	CD4 T lymphocyte count <200	No
Cancer treatments	Active treatment with Cytotoxic Chemotherapy or Immunotherapy	No
CAR-T	> 1 year post CAR-T cell therapy	< 1 year post CAR-T cell therapy
Post allogeneic hematopoietic stem cell transplant	Must meet all of the following: <ul style="list-style-type: none"> <li>• &gt; 1 year post transplant</li> <li>• Off immunosuppression &gt; 3 months</li> <li>• CD4 T lymphocyte count &gt; 200</li> <li>• Absence of GVHD</li> </ul>	If any of these present: <ul style="list-style-type: none"> <li>• &lt; 1 year post transplant</li> <li>• Receiving immunosuppression or within 3 months of discontinuation</li> <li>• GVHD</li> <li>• CD4 count &lt; 200</li> </ul>
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:

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>

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

Bachanova1 et al. The CAR T-cell Consortium (2020). Chimeric Antigen Receptor T Cell Therapy During the COVID-19 Pandemic. Biol Blood Marrow Transplant 000 (2020) 1\_8

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>