S: Patients may test positive for COVID by SARS-CoV-2 PCR for weeks, though infectious period is likely not more than 10 days.

B: Testing for COVID by SARS-CoV-2 PCR assay is considered highly sensitive and specific. Persons with COVID-19, even in the absence of symptoms, may continue to test positive by PCR for many weeks. A person who tests positive by PCR can be contagious early in their illness, though the duration of infectious viral shedding appears to be limited.

A: To date, published studies have shown that the presence of viable SARS-CoV-2 virus in respiratory secretions appears to be limited to a period of less than 10 days after the onset of symptoms. While PCR testing may be positive for weeks after the onset of illness, this is not necessarily thought to reflect active viral shedding or the patient’s being contagious. To date, limited information exists for immunocompromised patients.

R:
1. For patients with a laboratory diagnosis of COVID, retesting for SARS-CoV-2/COVID by PCR for clearance for a procedure is not recommended for a period of 6 weeks after their diagnosis of COVID.

2. Use of a time and symptom based strategy is preferred to guide use of COVID Isolation. After 14 days and with at least 3 days of clinical improvement, these patients should be treated as COVID negative for a procedure (i.e., do not require respirator and eye protection unless aerosol generating procedure) and admission to the hospital and not be retested until greater than 6 weeks has lapsed. If tested and positive within this 6 week window, they should not be considered contagious if they are beyond 14 days from symptom onset and with at least 3 days of clinical improvement.

3. Retesting within the 6 week window may be considered for a select group of patients, including certain immunocompromised patients such as those undergoing solid organ transplant or those who are donating an organ, stem cell transplantation or other scenarios including high dose immunosuppression (ie. High dose corticosteroids, rituximab). Of note, routine retesting after infection is not recommended in most individuals on immunosuppression.

4. Using a time and symptom based strategy is also preferred to guide patient disposition. Retesting may be requested based on specific local and institutional policies (e.g., placement in congregant settings).