

Inpatient Criteria for Discontinuing Isolation in Patients with COVID-19

Patients who require isolation precautions should receive all appropriate health care in a timely manner using COVID-19 isolation with corresponding PPE. Only non-urgent health care should be deferred until criteria to discontinue isolation are met.

The revised COVID-19 isolation discontinuation criteria below are based on updated [CDC recommendations](#) and apply to the inpatient SFVA healthcare setting.

	Not severely immunocompromised ¹ and did not have severe or critical COVID-19 illness ²	Severely immunocompromised ¹ and/or had severe or critical COVID-19 illness ²
INPATIENT		
Symptomatic, initial infection	<ul style="list-style-type: none"> At least 10 days have passed since symptom onset AND 24 hours since last fever (without use of fever reducing medication) AND improvement in symptoms 	<ul style="list-style-type: none"> At least 20 days have passed since symptom onset AND 24 hours since last fever (without use of fever reducing medication) AND improvement in symptoms
Asymptomatic, initial infection	<ul style="list-style-type: none"> At least 10 days have passed since first positive test collected Remains asymptomatic 	<ul style="list-style-type: none"> At least 20 days have passed since first positive test collected Remains asymptomatic
FOLLOWING RECOVERY FROM COVID-19 INFECTION		
Recovered from COVID-19 AND ≤90 days since first positive test collected	<ul style="list-style-type: none"> Patient remains asymptomatic: Do not repeat SARS-CoV-2 PCR testing ≤90 days since first positive test collected. Asymptomatic patients who are tested during this 90-day time period and found to be PCR-positive will not be placed on Novel Respiratory isolation, will not generate contact tracing, and will be allowed to return to care without Novel Respiratory isolation. Patient with new or worsening signs/symptoms concern for COVID-19: If new signs or symptoms consistent with COVID-19 develop within 90 days of first positive test collected, place the patient on Novel Respiratory Isolation, consider SARS-CoV-2 PCR testing, and contact the Inpatient COVID ID Attending (415-443-0427). If PCR positive, decisions about the need to continue isolation should be made on a case-by-case basis with input from ID and Infection Control. 	
Recovered from COVID-19 AND >90 days since first positive test collected	<ul style="list-style-type: none"> Same testing and isolation practices as for patients who have never had COVID-19 infection. Even after 90 days, some people will continue to shed non-infectious viral RNA debris from the initial infection. Consult with the Inpatient COVID ID Attending (415-443-0427) for questions about interpreting a positive COVID test. 	

¹The degree of immunocompromise for the patient is ultimately determined by the treating provider. Conditions include but are not limited to (adapted from [CDC guidance](#)):

1. Receiving current chemotherapy for malignancy
2. Having a hematologic malignancy that may be suppressing the immune system
3. Untreated HIV infection and CD4 T lymphocyte count < 200
4. Primary severe immunodeficiency disorder
5. Solid organ or hematopoietic stem cell (bone marrow) transplant recipient
6. Receipt of prednisone 20 mg/day or the equivalent for more than 14 days, or treatment with other high-risk immunosuppressive medications (see Appendix A for examples)

²Disease severity definitions (adapted from [CDC guidance](#)):

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging and who do not meet criteria for moderate, severe, or critical illness.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates on >50% of a chest radiograph. (*Patients should meet one of these criteria for at least 12 hours when deciding whether severe illness is present*).

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction

I. Re-testing for COVID-19 in persons who have previously tested positive within the preceding 90 days:

Many people continue to shed detectable SARS-CoV-2 RNA debris for weeks after recovery from COVID-19 illness but are no longer infectious.

- Do **not** re-test **asymptomatic** patients who have recovered from COVID-19 during the 90 days following the first positive test.
 - Do **not** re-test asymptomatic COVID-19-recovered patients. This includes no re-testing for routine pre-procedure or admission during the 90 days after the initial positive test.
 - Repeat SARS-CoV-2 PCR testing should **not** be used to guide the discontinuation of isolation.
- Asymptomatic patients who are tested during this 90-day time period and found to be PCR-positive will **not** be placed into Novel Respiratory Isolation, will **not** generate contact tracing, and will be allowed to return to care without Novel Respiratory isolation.
 - In the event that a COVID-19-recovered patient comes into close contact with an infected person during this 90-day time period, neither quarantine nor PCR testing is recommended unless symptoms develop.
- New symptoms: For persons who develop new symptoms concerning for COVID-19 during the 90 days after the date of initial symptom onset, retesting should be considered on a case-by-case basis.
 - Place patients with new or worsening symptoms concerning for COVID-19 infection on Novel Respiratory Isolation.
 - Consider consultation with the Inpatient COVID ID Attending (pager 415-443-0427).

II. Re-testing for COVID-19 after 90 days from initial positive test:

After 90 days have elapsed, indications for COVID-19 testing are the same as for people who have never been infected with SARS-CoV-2 including testing on hospital admission, testing pre-procedure, surveillance testing for selected groups, and testing because new symptoms have developed or an exposure has happened. However, even after 90 days, some people will continue to shed non-infectious viral RNA debris from the initial infection. Therefore, interpreting the significance of a positive test may be challenging, and the need for isolation should be evaluated on a case-by-case basis.

Adapted from UCSF/ZSFGH

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Appendix A

High Risk Immunosuppressive Medications (Examples only, *not* all-inclusive)

High Risk Immunosuppression		
Class	Generic	Trade
Steroids	Prednisone > 20 mg/day (adults) or > 1mg/kg/day (children) for >14 days or the equivalent for other steroid agents	
Purine analog	Azathioprine > 3mg/kg/day 6-Mercaptopurine > 1.5 mg/kg/day	Imuran Purinethol
	Methotrexate > 0.4 mg/kg/week	
Alkylating agents	Cyclophosphamide Chlorambucil	Cytosan
TNF inhibitor	Etanercept Infliximab Adalimumab Certolizumab pegol Golimumab	Enbrel Remicade Humira Cimzia Simponi/Simponi Aria
CTLA-4 Ig	Abatacept	Orencia
B-cell inhibitor	Rituximab Belimumab Ocrelizumab	Rituxan Benlysta Ocrevus
B- and T-cell inhibitor	Alemtuzumab	Campath
Anti-IL 12/23	Ustekinumab	Stelara
Anti-IL 17/23	Secukinumab Ixekizumab Brodalumab	Cosentyx Taltz Siliq
Anti-IL-1	Anakinra Rilonacept Canakinumab	Kineret Arcalyst Ilaris
Phosphodiesterase 4	Apremilast	Otezla
Jak/Stat inhibitors	Tofacitinib Baracitinib Ocalacitinib Ruxolitinib	Xeljanz Olumiant Apoquel Jakafi/Jakavi
Anti-IL-5	Tocilizumab Reslizumab Benralizumab	Actemra Cinquair Fasnera