Discontinuing Isolation for Patients with COVID-19 at UCSF Health

I. Criteria for discontinuing isolation:

The revised COVID-19 isolation discontinuation criteria below are based on updated CDC recommendations and apply to all UCSF healthcare settings (i.e., inpatient, outpatient, and procedural areas).

Table 1.

Patient characteristics	**Criteria to remove a COVID Confirmed banner and Novel Respiratory Isolation** **NOTE: Date of Symptom onset = Day 0. If asymptomatic, date test collected = Day 0** All patients must be afebrile for > 24 hrs without antipyretics & have symptom improvement	
	Requirements for Time-Based Criteria	**Requirements for Test-Based Criteria**
Not immunocompromised AND did not have severe or critical COVID-19 infection	**Discontinue isolation on/after Day 11 IF:** • At least 10 days have passed since symptom onset • If asymptomatic, since first positive test collected	**Not Applicable**
Immunocompromised[1] (excludes severely immunocompromised[2]) AND did not have severe or critical COVID-19 infection	**Discontinue isolation on/after Day 21 IF:** • At least 20 days have passed since symptom onset • If asymptomatic, since first positive test collected	**Discontinue isolation on/after Day 11 IF:** • At least 10 days have passed since symptom onset • If asymptomatic, since first positive test collected AND • **Repeat COVID-19 test** on/after Day 10 is negative[4]
Had severe or critical COVID-19 infection[3]	**Discontinue isolation on/after Day 21 IF:** • At least 20 days have passed since symptom onset	**Discontinue isolation on/after Day 11 IF:** • At least 10 days have passed since symptom onset AND • **Repeat COVID-19 test** on/after Day 10 is negative[4]
Select Severely Immunocompromised[2]	**Not Applicable**	**Discontinue Isolation on/after Day 21 IF:** • At least 20 days have passed since symptom onset • If asymptomatic, 20 days since first positive test collected AND • **Repeat COVID test** on/after Day 20 is negative[4]

[1] UCSF **Definition of Immunocompromised** (adapted from CDC guidance):

1. Receiving current chemotherapy for malignancy including but not limited to chemotherapy within the last 6 months, any oral anti-cancer agent except endocrine therapy alone,immunotherapy with check point inhibitor or equivalent.
2. Hematologic malignancy
3. Untreated HIV infection and CD4 T lymphocyte count < 200
4. Primary severe immunodeficiency disorders
5. Solid organ transplant recipient
6. Hematopoietic stem cell (bone marrow) transplant recipient within the last 2 years
7. CAR-T therapy within the last 2 years
8. Receipt of prednisone of 20 mg/day (adult patients) and 1mg/kg/day (pediatric patients) or the equivalent for more than 14 days, or treatment with other high-risk immunosuppressive medications (see Appendix A for examples)

[2] **Definition of select severely immunocompromised patients.** Refer to the isolation discontinuation guidance for select severely immunocompromised patients for additional details.

All patients

1. Solid organ transplant recipient in the last year
2. Receiving rituximab or other B-cell depleting agents within the last 6 months
3. Primary immunodeficiencies - combined immunodeficiencies (e.g. Severe combined immunodeficiency (SCID)/common variable immunodeficiency (CVID)), B-cell deficiencies and/or needing immunoglobulin replacement, idiopathic CD4 lymphopenia/severe lymphopenia; but NOT chronic granulomatous disease (CGD) or most DiGeorge's syndrome

Adult services

4. Adult AML/ALL until 3 months after completion of cytotoxic chemotherapy
5. Adult CAR-T cell and allogeneic stem cell transplant within last 3 months

Pediatric services

6. Patients with AML until 3 months after completion of chemotherapy
7. Patients with infant ALL and/or ALL patients not in remission
8. Patients with CAR-T cell therapy within the last 3 months
9. All BMT patients without T cell reconstitution

[3] **Disease severity definitions** (adapted from CDC guidance):

- **Severe Illness**: Individuals who have respiratory frequency >30 breaths per minute or tachypnea based on normal age cutoffs, 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.

[4] **COVID-19 repeat testing recommendations for test based isolation clearance:**

- Re-test using nucleic acid amplification test such as PCR, Abbott ID Now rapid isothermal NAAT or two home or healthcare worker-collected COVID-19 antigen tests at least 24 hours apart with negative result or CT Value >/=35
    - Pediatric patients under 10 years of age are not eligible for home collected antigen-based test clearance

II. Discontinuing isolation for hospitalized patients who continue to require critical care:

For COVID-19 ICU patients with persistent systemic inflammatory response syndrome and/or respiratory failure for >20 days who are clinically stable and no longer suspected of having active SARS-CoV-2 infection, place a consult order to request review by HEIP: "Inpatient Consult to HEIP/IC for COVID Recovered Evaluation" after 20 days of isolation

III. Discontinuing isolation for patients with presumed Multisystem Inflammatory Syndrome (MIS) of children (MIS-C) or adults (MIS-A)

Patients with suspected or confirmed MIS-C or MIS-A may or may not have a history of prior COVID-19 infection. The need for Novel Respiratory Isolation and if indicated removal of a "COVID (Confirmed) infection flag will be considered on a case-by-case basis.

Place a consult order to request review by HEIP:

I. *Inpatients:* "Inpatient Consult to HEIP/IC for COVID Recovered Evaluation."
II. *Outpatients*: "Ambulatory Referral to HEIP for COVID Flag Removal."

IV. Criteria for discontinuing COVID-19 isolation and the 'COVID Confirmed' banner:

Any patient with confirmed COVID-19 infection and with an active 'COVID Confirmed' banner will be eligible to discontinue COVID-associated Novel Respiratory Isolation at the time when isolation discontinuation criteria are met. Expedited manual resolution of the 'COVID Confirmed' banner can be pursued by the provider if their patient meets the appropriate time or test-based criteria for COVID Recovery (see Table 1) (Page1) and by completing the UCSF Discontinuation of Isolation Qualtrics Survey for COVID-19.

As of May 14, 2024, after a patient ends COVID-19-related isolation, the 'COVID Confirmed' banner will be removed but a 'COVID Recovered' banner will not be added. After a patient ends isolation for a COVID-19 infection, there should be consideration for repeat COVID-19 testing if they develop symptoms concerning for COVID-19.

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	Cytoxan
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 Broadlumab	Cosentyx Taltz Siliq
Anti-IL-1	Anakinra Rilonacept Canakinumab	Kineret Arcalyst Ilaris
Phosphodiesterase 4	Apremilast	Otezla
Jak/Stat inhibitors	Tofacitinib Baracitinib Ocalacitinib Ruxolitinib	Xelijanz Olumiant Apoquel Jakafi/Jakavi
Anti-IL-5/-IL-6	Tocilizumab Resilizumab Benralizumab	Actemra Cinquair Fasnera