

## Discontinuing Isolation for Patients with COVID-19 at UCSF Health

Patients who are diagnosed with COVID-19 and require Novel Respiratory Isolation should receive time-sensitive health care using appropriate PPE and workflows. Only non-urgent medical care should be deferred until criteria to discontinue isolation are met.

### 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), including encounters where an aerosol generating procedure will be performed. For more information refer to this [FAQ](#).

	Not severely immunocompromised <sup>1</sup> and did not have severe or critical COVID-19 illness <sup>2</sup>	Severely immunocompromised <sup>1</sup> and/or had severe or critical COVID-19 illness <sup>2</sup>
<b>INPATIENT</b>		
Symptomatic, initial infection	<ul style="list-style-type: none"> <li>At least 10 days have passed since symptom onset AND</li> <li>24 hours since last fever (without use of fever reducing medication) AND</li> <li>improvement in symptoms</li> </ul> <p>Contact Hospital Epidemiology and Infection Prevention (HEIP) for discontinuation of isolation/removal of “COVID-19 (Confirmed)” flag once all criteria are met</p>	<ul style="list-style-type: none"> <li>At least 20 days have passed since symptom onset<sup>3</sup> AND</li> <li>24 hours since last fever (without use of fever reducing medication) AND</li> <li>improvement in symptoms</li> </ul> <p>Contact HEIP for discontinuation of isolation/removal of “COVID-19 (Confirmed)” flag once all criteria are met</p>
Asymptomatic, initial infection	<ul style="list-style-type: none"> <li>At least 10 days have passed since first positive test collected</li> </ul> <p>Contact HEIP for discontinuation of isolation/removal of “COVID-19 (Confirmed)” flag once all criteria are met</p>	<ul style="list-style-type: none"> <li>At least 20 days have passed since first positive test collected<sup>3</sup></li> </ul> <p>Contact HEIP for discontinuation of isolation/removal of “COVID-19 (Confirmed)” flag once all criteria are met</p>

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<p><b>OUTPATIENT</b></p>		
<p>Symptomatic, initial infection</p>	<ul style="list-style-type: none"> <li>• At least 10 days have passed since symptom onset AND</li> <li>• 24 hours since last fever (without use of fever reducing medication) AND</li> <li>• improvement in symptoms</li> </ul> <p>Contact HEIP for discontinuation of isolation/removal of “COVID-19 (Confirmed)” flag once all criteria are met.</p> <p>If not manually resolved earlier by HEIP, the “COVID-19 (Confirmed)” flag will automatically resolve at 20 days after the first positive test.</p>	<ul style="list-style-type: none"> <li>• At least 20 days have passed since symptom onset<sup>3</sup> AND</li> <li>• 24 hours since last fever (without use of fever reducing medication) AND</li> <li>• improvement in symptoms</li> </ul> <p>“COVID-19 (Confirmed)” flag will automatically resolve at 20 days<sup>3</sup> after the first positive test.</p>
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	automatically resolve at 20 days after the first positive test.	
<b>FOLLOWING RECOVERY FROM COVID-19 INFECTION</b>		
Recovered from COVID-19 AND ≤90 days since first positive test collected	<ul style="list-style-type: none"> <li>• <b>Patient remains asymptomatic:</b> Do <b>not</b> 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 <b>not</b> be placed on Novel Respiratory isolation, will <b>not</b> generate contact tracing, and will be allowed to return to care without Novel Respiratory isolation.</li> <li>• <b>Patient with new or worsening signs/symptoms concern for COVID-19:</b> 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 COVID ID Attending (adults: pager 415-443-0190) or Pediatric ID Consult service (pager 415-443-2384). If PCR positive, decisions about the need to continue isolation should be made on a case-by-case basis with input from ID and HEIP.</li> </ul>	
Recovered from COVID-19 AND >90 days since first positive test collected	<ul style="list-style-type: none"> <li>• 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 COVID ID Attending (adults: pager 415-443-0190) or Pediatric ID Consult service (pager 415-443-2384) for questions about interpreting a positive COVID test.</li> </ul>	

<sup>1</sup>The 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)

<sup>2</sup>Disease 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 (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <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 (PaO<sub>2</sub>/FiO<sub>2</sub>) <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.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

<sup>3</sup> For specific severely immunocompromised patient populations (i.e., pediatric oncology and BMT and aplastic anemia patients, adult hematologic malignancy and BMT patients), a repeat PCR testing will be required before the “COVID-19 (Confirmed)” infection flag is removed. For these patients, a repeat PCR should be done around 20 days after symptom onset or, if asymptomatic, 20 days after the initial positive test. Refer to these [guidelines](#) for details. Any patient with a COVID-19 Confirmed infection flag will require Novel Respiratory Isolation during any encounter including those in the outpatient, procedural, or inpatient areas.

## II. **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.
  - Once the “COVID-19 (Confirmed)” Apex infection flag is resolved, a “COVID Recovered” banner will display. A Best Practice Alert (BPA) will appear when a provider attempts to place an order for COVID-19 PCR testing during the 90-day period following the patient’s initial 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.

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- 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 COVID-19 PCR testing (indicate in the order “symptomatic” as the reason for testing)
  - Consider consultation with the COVID ID Attending (adults: pager 415-443-0190) or Pediatric ID Consult service (pager 415-443-2384)

**III. 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. The BPA will no longer appear when ordering a COVID-19 test. 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.

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

<b>High Risk Immunosuppression</b>		
<b>Class</b>	<b>Generic</b>	<b>Trade</b>
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 Brodlumab	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/-IL-6	Tocilizumab Reslizumab Benralizumab	Actemra Cinquair Fasnera

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