

Updated Discontinuation of Isolation Criteria for patients with COVID-19 at UCSF Health

Frequently Asked Questions

Why are the isolation discontinuation criteria changing?

- The updated criteria are based on the most recent [CDC recommendations](#) and are consistent with current San Francisco Department of Public Health (SFDPH) and ZSFG guidance.

Why are we no longer requiring repeat COVID-19 PCR testing at the end of the isolation period and during the 90 days following the first positive test in the absence of new signs or symptoms suggestive of COVID-19?

- Persons who recover from COVID-19 can continue to have positive PCR results for weeks to months.
- PCRs detect SARS-CoV-2 RNA and a positive test can reflect the presence of either live, infectious virus or non-infectious viral RNA debris.
- Most studies using viral cultures and epidemiologic data show that persons who have recovered from COVID-19 can be PCR-positive but are no longer contagious.
- Because of these issues, discontinuation of isolation criteria are based on time since symptom onset and improvement of COVID-19 symptoms rather than repeat COVID-19 testing.
- Repeat positive PCR results can lead to unnecessary delays in essential medical care.

What are the updated isolation discontinuation criteria?

- Persons who are not immunocompromised and have not had severe or critical COVID-19 illness:
 - At least 10 days have passed since onset of symptoms (or if asymptomatic since the first positive test collected)
 - Example: Patient with symptom onset 12/1/20 eligible to have isolation discontinued on 12/12/20 if other criteria are met.
 - No fever for at least 24 hours (without the use of fever-reducing medication)
 - Improvement of COVID-19 symptoms
- Immunocompromised persons and/or persons with severe or critical COVID-19 illness:
 - At least 20 days have passed since onset of symptoms (or if asymptomatic since first positive test collected)
 - Example: Patient with symptom onset 12/1/20 eligible to have isolation discontinued on 12/22/20 if other criteria are met.
 - **Note:** For **specific severely immunocompromised patient populations**, a repeat PCR test will be required before the “COVID-19 (Confirmed)” infection flag is removed. For these patients, a test-based strategy that includes repeat PCR testing around 20 days after symptom onset or, if asymptomatic, 20 days after the initial positive test to determine whether the infection flag can be removed. Refer to this [guidance](#) 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. Specific patient populations include:

All (adult and pediatric) services:

- BMT
- Solid organ transplant recipients within 1 year of transplantation or on augmented immunosuppression
- Primary immunodeficiencies
- Receiving rituximab or other B-cell depleting agents within the last 6 months
- HIV with CD4 <50

Adult services:

- Hematologic malignancy, CVID

Pediatric services:

- All oncology patients, aplastic anemia

- No fever for at least 24 hours (without the use of fever-reducing medication)
- Improvement of COVID-19 symptoms

How are “immunocompromised” and “severe or critical COVID-19 illness” defined?

- See [guidance document](#) for details.

Once isolation discontinuation criteria are met, how can I remove the “COVID-19 (Confirmed)” infection flag?

- For **inpatients**,
 - Once all isolation discontinuation criteria are met, place an inpatient (IP) COVID Recovered Consult Order to request review by Hospital Epidemiology and Infection Prevention (HEIP) for removal of the “COVID-19 (Confirmed)” infection flag
 - A COVID-19 test will **not** be needed at the end of the isolation period for the majority of patients except for the exceptions noted below.
 - **Note:** For **specific severely immunocompromised patient populations**, a repeat PCR test will be required before the “COVID-19 (Confirmed)” infection flag is removed. For these patients, a test-based strategy that includes repeat PCR testing around 20 days after symptom onset or, if asymptomatic, 20 days after the initial positive test to determine whether the infection flag can be removed. Refer to this [guidance](#) 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. Specific patient populations include:
 - **All (adult and pediatric) services:**
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- **Adult services:**
-Hematologic malignancy, CVID
 - **Pediatric services:**
-All oncology patients, aplastic anemia
- When the “COVID-19 (Confirmed)” flag is removed, a “COVID-19 Recovered” banner will automatically appear on the patient’s Apex storyboard for the remainder of the 90 days following the date of the first positive test.
- Once the “COVID-19 (Confirmed)” infection flag is resolved, place an order to discontinue the Novel Respiratory Isolation.
- For **outpatients**, the “COVID-19 (Confirmed)” infection flag will automatically resolve after 20 days from the first positive test.
 - For patients who meet isolation discontinuation criteria before the end of the 20-day period, place an outpatient (OP) COVID Recovered Consult Order to request review by Hospital Epidemiology and Infection Prevention (HEIP) for removal of the “COVID-19 (Confirmed)” infection.
 - A COVID-19 test will **not** be needed at the end of the isolation period for the majority of the patients except for the exceptions noted below.
 - **Note:** For **specific severely immunocompromised patient populations**, a repeat PCR test will be required before the “COVID-19 (Confirmed)” infection flag is removed. For these patients, a test-based strategy that includes repeat PCR testing around 20 days after symptom onset or, if asymptomatic, 20 days after the initial positive test to determine whether the infection flag can be removed. Refer to this [guidance](#) 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. Specific patient populations include:
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 - **Adult services:**
-Hematologic malignancy, CVID
 - **Pediatric services:**
-All oncology patients, aplastic anemia
 - When the “COVID-19 (Confirmed)” flag is resolved, a “COVID-19 Recovered” banner will automatically appear on the patient’s Apex storyboard for the remainder of the 90 days following the date of the first positive test.

For patients who have met isolation discontinuation criteria, no longer have a “COVID-19 (Confirmed)” flag, but now have a “COVID-19 Recovered” banner displaying, what happens with their isolation during the remainder of the 90 days following infection?

- Once the “COVID-19 (Confirmed)” flag is resolved, these patients will require only Standard Precautions (in addition to any other isolation precautions needed for other infectious conditions).
- The “COVID-19 (Confirmed)” flag will be replaced by a “COVID-19 Recovered” banner during the remainder of the 90-day period.
- Asymptomatic patients who are tested during this 90-day time period and found to be COVID-19 PCR positive should **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.

How does being in the 90-day period following the first positive test affect ordering of subsequent COVID-19 PCR tests?

- When ordering a COVID-19 PCR test, a BPA will appear that strongly recommends against testing **asymptomatic** patients with recent COVID-19 during the 90 days following the first positive test. Specifically,
 - Do **not** re-test asymptomatic COVID-recovered patients as part of routine pre-procedure or admission testing during the 90 days after the initial positive test.
 - Repeat COVID-19 PCR testing should no longer be used to determine discontinuation of isolation except for the exceptions noted below.
 - A COVID-19 test will not be needed at the end of the isolation period for the majority of the patients.
 - **Note:** For **specific severely immunocompromised patient populations**, a repeat PCR test will be required before the “COVID-19 (Confirmed)” infection flag is removed. For these patients, a test-based strategy that includes repeat PCR testing around 20 days after symptom onset or, if asymptomatic, 20 days after the initial positive test to determine whether the infection flag can be removed. Refer to this [guidance](#) 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. Specific patient populations include:
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When should repeat COVID-19 PCR testing be considered during the 90-day period following infection?

- If new symptoms consistent with COVID-19 develop within 90 days, re-testing can be considered on a case-by-case basis because new or recurrent infection, while extremely rare, can occur.
 - ⇒ Place patients with new symptoms concerning for COVID-19 back onto Novel Respiratory Isolation
 - ⇒ Order a COVID-19 PCR test and choose “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).
- In general, asymptomatic patients within the 90-day period who have had their “COVID-19 Confirmed” infection flags resolved should **NOT** be retested, including severely immunocompromised patients (e.g. pediatric and adult BMT patients); however, there may be rare situations when this is needed. ID approval will be required for asymptomatic patient testing. Some examples where asymptomatic testing may be needed include:
 - Repeat testing prior to transfer to congregate living settings including skilled nursing facilities is strongly discouraged by SFDPH but may be required by some facilities.
 - Repeat testing may be required prior to procedures/treatments as part of specific clinical research protocols.

What happens after 90 days?

- After 90 days from the date of the first positive test have elapsed, indications for 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. This is based on the possibility that after 90 days, the risk that someone who has recovered from COVID-19 can develop a new, repeat infection may increase over time as their immunity wanes.
 - After 90 days, the BPA will no longer appear when ordering a COVID-19 PCR test.
 - After 90 days, the “COVID-19 Recovered” banner will no longer be visible.
- Even after 90 days, some people will continue to shed non-infectious viral RNA debris from the initial infection and interpreting the significance of a positive test may be challenging.
 - After placing the patient on Novel Respiratory Isolation, consider evaluating the need for isolation on a case-by-case basis in consultation with the COVID ID Attending (adults: pager 415-443-0190) or Pediatric ID service (pager 415-443-2384).