Discontinuing Isolation for Patients with COVID-19 at UCSF Health

LINK TO REQUEST ISOLATION DISCONTINUATION: UCSF Discontinuation of Isolation Qualtrics Survey for COVID-19

I. Criteria for discontinuing isolation:

The revised COVID-19 isolation discontinuation criteria below are based on updated <u>CDC</u> <u>recommendations</u> 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	Discontinue isolation on/after Day 21 IF:	Discontinue isolation on/after Day 11	
(excludes severely immunocompromised ²) AND did not have severe or critical COVID-19 infection Had severe or critical COVID-19 infection ³	 At least 20 days have passed since symptom onset If asymptomatic, since first positive test collected <u>Discontinue isolation on/after Day 21 IF:</u> At least 20 days have passed since symptom onset 	 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 negative⁴ Discontinue isolation on/after Day 11 IF: At least 10 days have passed since symptom onset AND Repeat COVID-19 test an (after Day 10 is negative⁴) 	
Select Severely		on/after Day 10 is negative ⁴ Discontinue Isolation on/after Day 21	
Immunocompromised ²	Not Applicable	 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 negative⁴ 	

¹UCSF <u>Definition of Immunocompromised</u> (adapted from <u>CDC guidance</u>):

- 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)

²Definition 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
- 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

³Disease <u>severity definitions (adapted</u> from <u>CDC guidance</u>):

- 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.

⁴COVID-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 antigenbased 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 <u>Table 1</u>) (Page1) and by completing the <u>UCSF Discontinuation of Isolation Qualtrics Survey for COVID-19</u>.

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, <u>not</u> 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	Imuran	
	6-Mercaptopurine > 1.5 mg/kg/day	Purinethol	
	Methotrexate > 0.4 mg/kg/week		
Alkylating agents	Cyclophosphamide	Cytoxan	
	Chlorambucil		
TNF inhibitor	Etanercept	Enbrel	
	Infliximab	Remicade	
	Adalimumab	Humira	
	Certolizumab pegol	Cimzia	
	Golimumab	Simponi/Simponi	
		Aria	
CTLA-4 lg	Abatacept	Orencia	
B-cell inhibitor	Rituximab	Rituxan	
	Belimumab	Benlysta	
	Ocrelizumab	Ocrevus	
B- and T-cell inhibitor	Alemtuzumab	Campath	
Anti-IL 12/23	Ustekinumab	Stelara	
Anti-IL 17/23	Secukinumab	Cosentyx	
	Ixekizumab	Taltz	
	Broadlumab	Siliq	
Anti-IL-1	Anakinra	Kineret	
	Rilonacept	Arcalyst	
	Canakinumab	Ilaris	
Phosphodiesterase 4	Apremilast	Otezla	
Jak/Stat inhibitors	Tofacitinib	Xelijanz	
	Baracitinib	Olumiant	
	Ocalacitinib	Apoquel	
	Ruxolitinib	Jakafi/Jakavi	
Anti-IL-5/-IL-6	Tocilizumab	Actemra	
	Resilizumab	Cinquair	
	Benralizumab	Fasnera	