

This document addresses the duration of isolation and how to manage return to healthcare in patients who have been tested for COVID-19 or based on symptoms are presumed to have COVID-19. It also addresses duration of quarantine after exposure to someone with COVID-19.

### **Outpatients**

Isolation duration in outpatients should be based on symptoms and immune status. All those with laboratory confirmed or clinically presumed COVID-19 infection should isolate at home based on the guidance below. Persons diagnosed with COVID-19 who are immunologically normal appear to cease shedding transmissible virus by day 10 of illness, but the duration of shedding of transmissible virus in immunocompromised persons may be longer. Subsidence of symptoms is defined as: fever resolved without fever-reducing medications and improvement in respiratory symptoms such as cough and/or shortness of breath.

#### Immunologically Normal:

- Positive test – self-isolate for at least 10 days after symptom onset AND at least three days after symptoms subside. The CDC notes persons whose illness has resolved/improved can exit at five days with an additional five days of strict mask wearing
- Negative test – self-isolate for at least three days after symptoms subside unless another etiology defined (influenza, etc.). If another etiology defined follow protocol for that pathogen
- Unable to test – Treat as if had positive test unless another etiology defined.

Immunosuppressed: Bone marrow transplant, organ transplant, poorly controlled HIV, steroids >20mg per day for >two weeks, other severe forms of immunosuppression.

- Positive test – self-isolate for at least 21 days after symptom onset
- Negative test – self-isolate for at least three days after symptoms subside unless another etiology defined (influenza, etc.). If another etiology defined follow protocol for that pathogen
- Unable to test – Treat as if had positive test unless another etiology defined

Asymptomatic Patients: Patients who test positive for SARS-CoV-2 who do not have symptoms should be monitored for the development of symptoms. If no symptoms develop, they can leave home isolation per the above guidelines for duration of home isolation (10 days immunocompetent, 21 days immunocompromised). If symptoms develop, management should be based on meeting the time after symptom onset as described above.

Health care workers: All return-to-work decision must be made in consultation with employee health (402-552-3563).

Patient Return Visits to Health care Settings after COVID-19 Diagnosis: Health care settings (hospitals, clinics, long-term care facilities, etc.) are sites where those who have been diagnosed with COVID-19 may encounter older or immunocompromised individuals. The need for safety must be balanced by the provision of medically necessary care.

- Immunologically normal patients testing positive for COVID-19 who have exited home isolation based on the above criteria can visit healthcare settings without the need for COVID-19 precautions. Follow current universal guidance on mask use
- Immunocompromised patients with COVID-19 should maintain extra caution when entering healthcare settings for the 21 days after symptom onset

- Generally, avoid healthcare settings and defer appointments for 21 days after symptom onset if medically possible
- Patients who must attend an appointment or have additional testing (lab, imaging, etc.) or procedures before completing COVID isolation, must contact the location they will be visiting and discuss beforehand.
  - They will be cared for using COVID-19 precautions and PPE
  - This means entering via a separate entrance and clinic staff utilizing N95 respirators, gowns, gloves, eye protection
  - Inpatients will be readmitted to the COVID unit until meeting inpatient criteria for exiting isolation
  - The exception to this rule is those who have had 2 negative tests documenting clearance of viral shedding and that they are non-infectious. Those who have documented viral clearance by testing can visit healthcare setting and should follow current guidance on mask use for non-COVID-19 patients
- All patients (both immunologically normal and impaired) who have tested positive should avoid aerosol generating procedures (bronchoscopy, etc.) if at all possible, for 21 days after symptom onset. If these must be performed within 21 days of diagnosis, they should be done using COVID precautions unless they can be tested and proven negative
- Please see Ambulatory Isolation Guidance Algorithm for flow chart of recommendations. (<https://www.nebraskamed.com/sites/default/files/documents/covid-19/isolation-guidance-algorithm.pdf>)

### **Inpatients**

Duration of isolation depends on both the severity of illness and immune status of the patient. Questions regarding the need for continued isolation can be directed to the COVID ID team. Duration of isolation measurement will use date of test positive to measure time needed in isolation.

**Asymptomatic/Mild/Minimal Illness and Immunocompetent** (no symptoms or mild upper respiratory symptoms only)

- Patients exit isolation at 10 days
- Can test prior to day 10 (typically day six/seven) and, if negative, can exit isolation
- If test is positive, exit isolation at day 10, no repeat testing needed; may exit earlier if cleared by COVID ID.

**Moderate Illness and Immunocompetent** (significant fevers >38C, new or increased O2 need)

- Isolate at least 10 days
- If significantly improved symptoms (fever free at least three days, significant improvement in respiratory symptoms and O2 need) can exit isolation at 10 days
- If continued significant symptoms (fevers, etc.) or continued significant O2 requirement
  - Continue isolation to 21 days although, if patient improves and is fever free for three days, can test between day 10 and 21
  - If test negative can exit isolation
  - If positive discuss results of testing with COVID ID as may be able to exit early if CT value high

**Immunocompromised or Severe/Critical illness** (>10L O2 NC or greater respiratory support)

- Isolate 21 days
- Can be tested to exit isolation earlier than 21 days (after at least 10 days) if improving (fever free at least three days, significant improvement in respiratory symptoms and O2 need)
  - If test is negative from most pertinent specimen (NP, tracheal aspirate), can exit isolation
  - If positive, discuss results of testing with COVID ID as may be able to exit early if CT value high
- Patients with refractory/persistently severe symptoms or severe immunocompromise who reach 21 days should be evaluated on a case-by-case basis by the primary team and COVID ID physician

Aerosol generating procedures done within 21 days of COVID diagnosis should be performed using COVID level PPE even if patients have exited isolation. The exception to this is if COVID ID service has specifically cleared a patient from the need for COVID level PPE.

Significant Improvement in O2 need (does not apply to critically ill): Off O2 or minimal O2 need (1-2L) or if was previously on O2 return to near baseline O2 need

Immunosuppressed: Bone marrow transplant, organ transplant, poorly controlled HIV, steroids >20mg per day for >2 weeks, other severe forms of immunosuppression

Some facilities may require negative testing before discharge (long term care facilities, homeless shelters, etc.). This testing can be obtained, but even if positive, does not mean the patient should return to the COVID unit if isolation has been discontinued. Discuss with COVID ID if any questions arise on this topic.

Cohorting of Inpatients with COVID-19: Generally, patients with active symptomatic COVID-19 infection can be cohorted if they meet the following criteria:

- Symptomatic infection with symptom onset in last 14 days
- Rule out other respiratory viruses with Respiratory Pathogen Panel
- Active early infection as defined by cycle threshold  $\leq 30$

Asymptomatic patients should not be cohorted although exceptions could be made based on individual case review by COVID ID. COVID rule out patients should not be cohorted with any other patients.

### **Patients with a High-Risk Exposure to SARS-CoV-2**

Those with a high-risk exposure to SARS-CoV-2 are at increased risk of developing infection. We define high-risk exposure as the following:

- Non-health care workers spending >15 minutes within 6 feet of a person with known COVID-19 (quality of mask and fit can be considered in evaluating exposure)
- Health care workers spending >15 minutes within 6 feet of a person with known COVID-19 while not wearing a procedure or N-95 mask (or higher level of protection)
- Participation in an aerosol generating procedure (any duration) while not wearing appropriate PPE (N-95 or PPAR)
- Anyone identified by public health as having a high-risk exposure

Anyone with an exposure to SARS-CoV-2 should do the following:

- Monitor for symptoms for 10 days and if any symptoms develop isolate self and get tested immediately
- Even if no symptoms develop everyone should be tested at least five days after being exposed.
- Healthcare workers with exposures must report these to employee health to determine next steps
- Duration of home quarantine depends on vaccine status as below

Up-to-date (Vaccinated and Boosted individuals): Applies only to those who are up-to-date on vaccination per CDC criteria (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>) Those who are not up to date should be managed as inadequately vaccinated (see below). Patients with high-risk exposures who are up to date should follow the following guidance:

- There is no need to stay home unless symptoms develop, but wear a well-fitting mask when around others or in public for the next 10 days
- Get tested five days after exposure
- Generally, defer health care visits for 10 days but if essential can attend with notification of site
- If no symptoms develop by 10 days can resume normal activities

NOT up-to-date: Those who have had a high-risk exposure to someone infected with SARS-CoV-2 should isolate at home. Home quarantine is intended to reduce the risk that infected persons might unknowingly transmit infection to others. They should not attend healthcare appointments and procedures until their home quarantine has ended (10 days).

- Stay home for five days
- Get tested five days after exposure
- After five days if no symptoms occur can leave home but must wear a well-fitting mask around others or in public
- Defer health care visits until 10 days have elapsed
- If no symptoms develop by 10 days can resume normal activities

Inpatients: In the event, a person currently on home quarantine is admitted or if an inpatient is identified as having a high-risk exposure where they would typically be placed on home quarantine they will be managed in the following way:

- Placed on Droplet-Contact isolation for 10 days from exposure
- Close monitoring for symptom onset with testing if any symptoms develop
- Testing for SARS-CoV-2 at five days post-exposure is required
- Those who remain asymptomatic at day 10 can exit isolation

### **Patients with Influenza**

- Immunocompetent patients can exit isolation at seven days as long as symptoms are improving (i.e. resolution of fever, improved cough, etc.)
- Immunocompromised patients require a test be negative for influenza before exiting isolation. Testing should not occur until the following criteria are met:
  - Seven days after positive test
  - Resolution of fever and significant improvement in symptoms (cough, muscle pains, etc.)
- Use a respirator such as an N95 any for aerosol generating procedures while isolated for influenza
- Outpatients should remain at home until their fever has resolved for at least 24 hours without fever reducing medication and their symptoms are improving