

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

Outpatients

Isolation duration in outpatients should be based on symptoms. All those with laboratory confirmed or clinically presumed COVID-19 infection isolate at home for at least 10 days after symptom onset AND at least 3 days after symptoms subside (whichever is longer). Subsidence of symptoms defined as: fever resolved without fever-reducing medications and improvement in respiratory symptoms such as cough and/or shortness of breath. Those who are immunocompromised should isolate for 14 days after symptom onset and for at least 7 days after symptoms subside.

Immunologically Normal:

- Positive test – self-isolate for at least 10 days after symptom onset AND at least 3 days after symptoms subside
- Negative test – self-isolate for at least 3 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 >2 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 3 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 COVID-19 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.

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

Patient Return Visits to Healthcare Settings after COVID-19 Diagnosis: Healthcare setting (hospitals, clinics, long-term care facilities, etc.) are sites where those who diagnosed with COVID-19 may encounter older or immunocompromised individuals. Persons diagnosed with COVID-19 who are immunologically normal appear to cease shedding transmissible virus by day 10 of illness, but information is limited and the duration of shedding in immunocompromised persons may be longer.

- **We consider all outpatients to no longer be infectious 21 days after illness onset and they should be cared for as any other patient**
- Outpatients who meet the criteria for exiting home isolation as noted above can do so before 21 days
- In the event of an emergency they should not hesitate to seek care, but should notify those who will be caring for them of their recent COVID-19 diagnosis
- All patients 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, they should be done using COVID precautions unless they can be tested and proven negative

- Immunologically normal patients 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 (see guidance below)
 - Generally, avoid healthcare settings and defer appointments for 21 days after symptom onset if medically possible
 - Patients who need to attend an appointment or have additional testing (lab, imaging, etc.) or procedures before the 21-day period is complete, must contact the location they will be visiting and discuss beforehand.
 - They will be cared for using typical COVID-19 precautions and PPE until they reach 21 days post COVID-19 symptom onset.
 - 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.

Inpatients

Inpatients diagnosed with COVID-19 will remain in isolation for 21 days after their first positive test unless they meet test-based criteria for exiting isolation. After 21 days, we do not consider them infectious. The exception to this are patients who test positive for SARS-CoV-2 but are asymptomatic. Immunologically normal persons who remain asymptomatic can exit isolation 10 days after their positive test. Those who are immunocompromised should remain in isolation for 21 days unless they meet test-based criteria for exiting isolation.

Test-based Criteria for exiting isolation: Symptomatic inpatients may exit isolation earlier than 21 days if they have 2 negative tests for SARS-CoV-2 spaced approximately 24 hours apart. Testing should not be performed until the following criteria are met:

- Resolution of fever without fever suppressing medication
- Significant improvement in respiratory symptoms (cough, SOB, etc.)

Inpatients who reach 21 days from their first positive test can exit isolation even if they have had recent or subsequent positive tests nor do their respiratory symptoms have to have completely resolved. For patients who have not improved and remain critically ill may exit isolation, but discontinuation of isolation should be evaluated on a case-by-case basis by the primary team and COVID ID physician.

Patients who reach the 21-day milestone should not have any further SARS-CoV-2 testing to document clearance and routine pre-procedural and admission screening should be stopped for 3 months. Patients with prior COVID-19 who have recovered completely and present within 3 months of diagnosis with findings suggestive of COVID-19 may be retested but the decisions to test should be made after consultation with the COVID ID MD. See procedural guidance documents addressing these issues.

- <https://www.nebraskamed.com/sites/default/files/documents/covid-19/pre-procedural-testing-algorithm-for-covid-positive-patients.pdf?date=06022020>
- <https://www.nebraskamed.com/sites/default/files/documents/covid-19/guidance-on-repeat-testing-for-invasive-procedures.pdf>

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.

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 ≤ 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-healthcare 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)
- Healthcare 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

Non-vaccinated Individuals: 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. All those in home quarantine should monitor symptoms and if ANY symptoms suggestive of COVID-19 develop, they should be tested rapidly. They should not attend healthcare appointments and procedures until their home quarantine has ended. A 14-day home quarantine is currently recommended by the CDC as the most effective way to prevent SARS-CoV-2 transmission, but other options are available. Duration of quarantine should be discussed with a clinician.

- No symptoms for 14 days and no test
- No symptoms for 10 days and a negative test at day 10 – continue to monitor symptoms to day 14
- No symptoms for 7 days and negative test at 7 days – reserve for essential workers only, continue to monitor symptoms to day 14

Vaccinated individuals: Applies only to those 2 weeks post completion of a COVID vaccine series. Those who have started but not completed the vaccine series should be managed as if they were not vaccinated. Patients with high-risk exposures who have completed their vaccination series should follow the following guidance:

- Get tested for COVID at 5-7 days post exposure
- Individuals who are asymptomatic do not need to quarantine but should wear a mask for 14 days post-exposure even if you test negative and monitor for symptoms and if any develop get tested immediately

Asymptomatic vaccinated persons can visit healthcare settings for appointments while maintaining standard precautions (mask wearing). Aerosol generating procedures should be delayed until the period of quarantine ends as described in the criteria above.

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 14 days from exposure
- Close monitoring for symptom onset with testing if any symptoms develop
- Testing for SARS-CoV-2 at 5-7 and 12-14 days post-exposure is recommended to evaluate for pre-symptomatic viral shedding
- Those who remain asymptomatic at day 14 can exit isolation

Patients with Influenza

- Immunocompetent patients can exit isolation at 7 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:
 - 7 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