Discontinuation of Transmission-Based Precautions for Hospitalized Patients with Previous Diagnosis of COVID-19

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Owner: UW Medicine Infection Prevention & Control and Employee Health

Statement of Purpose: Provide patients with COVID-19 the best care possible while also ensuring the safety of other patients and healthcare providers.

Definitions

Transmission-Based Precautions: For COVID-19 this refers to special droplet/contact or airborne/contact/droplet for aerosol generating procedures

AGPs: Aerosol generating procedures

Asymptomatic Illness: Individuals who have no symptoms compatible with COVID-19, but were tested for other reasons (e.g. pre-procedure) and remain without symptoms. (Patients that were tested when asymptomatic, but who later developed some COVID-19 symptoms should be characterized as below.)

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.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and an oxygen saturation (SpO2) ≥94% on room air.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air (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 >50%.

Critical Illness: Individuals who are admitted to the ICU, with respiratory failure, shock, and/or multiple organ dysfunction.

Immunocompromised:

A. Moderately immunocompromised: Individuals receiving chemotherapy for solid tumors, solid organ transplant recipients, HIV patients with CD4 counts <200, patients with acquired or genetic immunodeiciencies, patients on prolonged or high-level immunosuppression (e.g. cyclophosphamide, MMF) and those receiving prednisone > 20 mg/day for more than 14 days.

B. Highly Immunocompromised: Individuals who are receiving treatment for a hematologic malignancy (e.g. leukemia, lymphoma, multiple myeloma), all hematopoietic cell transplant, and those receiving CAR-T cell therapy.
Policy

Rationale: Per CDC guidance (last update 8/10/20), a time and symptom-based strategy for discontinuation of transmission-based precautions is preferred over a test-based strategy. While some patients may continue to test positive by SARS-CoV-2 PCR for weeks to months after an initial diagnosis, data support that these patients do not transmit the virus to other people. Repeat testing for these patients who are not thought to be at risk for person-to-person transmission leads to inefficiencies in testing, unnecessary use of PPE, and may result in delays in patient care.

The duration of transmission-based precautions is determined by a patient’s severity of illness and level of underlying immunosuppression, based on reports that critically ill or those who are highly immunocompromised may shed viable virus longer than those with milder disease.

For questions regarding return to ambulatory care and discontinuation of self-isolation, please see Return to care as an outpatient after a positive or inconclusive COVID-19 test

<table>
<thead>
<tr>
<th>Illness Severity and Patient Characteristics</th>
<th>Criteria for Discontinuation of Transmission-Based Precautions</th>
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<tbody>
<tr>
<td>Patients who are asymptomatic and not immunocompromised</td>
<td>At least 10 days have passed since the date of first positive viral diagnostic test</td>
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<tr>
<td>Patients with mild/moderate illness who are not immunocompromised</td>
<td>At least 10 days have passed since symptoms first appeared **† AND At least 24 hours have passed since last fever without the use of fever-reducing medications AND Other COVID-19 symptoms (e.g., cough, shortness of breath) have improved</td>
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<tr>
<td>Patients with severe/critical illness OR Moderately Immunocompromised</td>
<td>At least 20 days have passed since symptoms first appeared**† AND At least 24 hours have passed since last fever without the use of fever-reducing medications AND Other COVID-19 symptoms (e.g., cough, shortness of breath, hypoxemia) have improved</td>
</tr>
<tr>
<td>Highly Immunocompromised</td>
<td>Use Test-Based Strategy At least 20 days have passed since symptoms first appeared**† AND</td>
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At least 24 hours have passed since last fever without the use of fever-reducing medications

AND
Other COVID-19 symptoms (e.g., cough, shortness of breath) have improved

AND
One negative COVID-19 PCR test

Do not obtain follow-up tests earlier than 20 days

*Ongoing concerns for infectivity: call local Infection Prevention & Control Team
†If start of symptoms is difficult to assess, use date of first positive test

Patients undergoing AGPs
Patients who meet the 20 days and above symptom or test-based criteria (only for highly immunosuppressed patients) for discontinuation of precautions have been deemed non-infectious and can safely undergo AGPs without use of airborne precautions (unless they have another indication for airborne isolation). If the patient is < 20 days since symptom onset or does not have improvement of their symptoms, perform the AGP in airborne/contact precautions. No additional peri-procedural testing is recommended as it is common for these patients to have persistently positive tests which reflect non-viable virus.

When to retest after discontinuation of transmission-based precautions
Patients who meet the above criteria for discontinuation of transmission-based precautions should NOT be re-tested for at least 90 days after onset of infection because positive PCR during this time likely represents persistent shedding of non-viable viral RNA rather than reinfection. If such a person remains asymptomatic during this 90-day period, then any re-testing is unlikely to yield useful information, even if the person had close contact with an infected person. Repeat testing should be guided by clinical symptoms compatible with COVID. For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease and/or infection control experts is recommended.

What is the role of serologic testing in determining precautions?
Serologic testing should not be used to establish the presence or absence of acute SARS-CoV-2 infection or reinfection.

References
FAQ related to Discontinuation of Transmission-Based Precautions for Hospitalized Patients with Previous Diagnosis of COVID-19
9/18/2020

1. My acute care patient had COVID-19 precautions cleared 10 days after symptom onset (and resolution of fever, improvement in symptoms). Now, **15 days** from initial symptom onset, they will undergo surgery requiring intubation. Use the following precautions for transportation and surgery:
   - Transport the patient in standard precautions (or other identified precautions if relevant e.g. MRSA)
   - Perform intubation/extubation in special airborne/ respirator/contact precautions for COVID-19
   - Recover the patient (after extubation) and transport back to the unit in standard precautions

1a. The patient above is unable to be extubated after their surgery. Use the following precautions:
   - Maintain special airborne/respirator/contact precautions for COVID-19 until the patient meets clearance criteria for critically ill patients or is able to be extubated

2) My acute care patient had COVID-19 precautions cleared 10 days after symptom onset (and resolution of fever, improvement in symptoms). Now, **20 days** from initial symptom onset, they will undergo surgery requiring intubation. What precautions should be used for transportation and surgery? Do I need to re-test for COVID-19?
   - No COVID-19 testing is needed
   - Transport the patient in their standard precautions
   - Perform intubation and extubation in their standard precautions
   - Recover the patient and transport back in their unit in standard precautions

3) I am admitting a patient who was diagnosed with COVID-19 15 days ago. The patient is afebrile in the ED and coughing. I cannot get much more history. What precautions should I use?
   - Place in special droplet/contact precautions until further information can be obtained (best to err on the side of caution) and a clearance decision can be made. Contact local Infection Prevention and Control during daytime hours to assist with the assessment
   - No need to retest for COVID-19

4) My patient had COVID-19 **two months ago** with resolution of symptoms, but now has a new cough, shortness of breath, and a runny nose. No recent known COVID-19 exposures. Should I test for COVID-19? What precautions should I use?
   - Place in droplet/contact precautions for a viral respiratory illness
• Reinfection with COVID-19 is thought to be very RARE
• Patients can remain positive by PCR for weeks to several months after their initial infection and it is very common for COVID-19 PCRs to fluctuate between positive and negative while a patient is recovering.
• Additionally, there are many respiratory viruses in circulation, many of which we are unable to test for at this time
• Retesting for COVID-19 within 90 days should ONLY be performed in exceptional cases when 1) There is a high clinical suspicion 2) Other etiologies have been adequately excluded and 3) There is a compelling clinical or public health rationale for obtaining this test.
• The majority of positive tests obtained during this timeframe are challenging to interpret and may lead to confusion by the care team and patient.

5) My patient had COVID-19 two months ago with resolution of symptoms, but now has a new cough, shortness of breath, and a runny nose. Spent the weekend with a friend who just tested positive for COVID-19. Should I test this patient for COVID-19? What precautions should I use?
• As above, reinfection is rare though not impossible. Patients with a compelling history, particularly after a high-risk exposure, should be placed in special droplet/contact precautions and discussed with local Infection Prevention and Control (during daytime hours).

6) My patient’s COVID-19 precautions were cleared by our institutional guidelines but now the SNF they are discharging to wants a COVID-19 test. What should I do?
• Engage your local discharge coordinators to discuss our clearance process with the SNF
• If the test is still required, please send it
• Warn nursing and your local Infection Prevention & Control Team that this test will be sent (and may remain positive)
• If the test is positive there is no need to re-instate transmission-based precautions