NORTH MEMORIAL HEALTH

Clinical Pathway—Discontinuation of Precautions for Positive/Highly-Suspect Cases

August 2022—Version 8.0

The following is our recommendation for an approach to discontinuation precautions for positive and PUI suspect cases

Known COVID + OR High Clinical Suspicion with Negative Test	Symptom and Time-Based Criteria for Discontinuation of Precautions
Asymptomatic +*	At least **10** days have passed since positive test (note: day of test is considered day 0). **NO RE-TESTING NECESSARY**
Mild, Moderate, or Severe Illness **AND** Immunocompetent	At least **10** days have passed since symptom onset (if symptom onset not known/well-understood, use date of positive test) and up to **20** days if continuing to require ventilation/CPAP/BiPAP/HFNC for O2 needs. (Note: Day of test or symptom onset is considered day 0) **AND** At least 24 hours since last fever w/o fever-reducing meds. If fever is present, it must be attributed to another infection to consider discontinuation of isolation. **AND** Symptoms have improved (e.g. cough, SOB). If patient has required supplemental oxygen, oxygen needs have been stable or improving for at least 48 hours. **NO RE-TESTING NECESSARY**
Severely immunocompromised E.g., Chemotherapy, recent stem cell/solid organ transplant, untreated HIV (CD4 T lymphocyte <200), primary immunodeficiency disorder, prednisone>20mg/day for more than 14 days)	At least **20** days have passed since symptom onset and patient meets discontinuation criteria listed above. **However**, severely immunocompromised patients may produce replication-competent virus beyond 20 days. Assess on a case-by-case basis with Infectious Disease and Infection Prevention.
Re-testing to demonstrate negativity is not recommended because, in the majority of cases, results in prolonged isolation of patients who shed detectable SARS-CoV-2 RNA but are no longer infectious.	

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Rationale:

Duration of infectiousness and shedding of SarsCoV -2 viral particles varies widely based upon specific host factors related to immune function as well as the severity of illness. With critical bed shortages in our hospitals it becomes important to discontinue isolation restrictions on those patients who no longer are likely to transmit their SarsCoV-2 infection to others. Those who are less immune compromised and have mild COVID illness reliably shed virus and are infectious for shorter, well defined time periods. Those more severely affected, or who are severely immunocompromised may shed low levels of replication competent virus, but have not been documented to transmit virus to others after 20 days.

References:

1. Ending Isolation and Precautions for People with COVID-19 (Interim Guidance) Ending Isolation and Precautions for People with COVID-19: Interim Guidance (cdc.gov) 9/10/21
2. Clinical Spectrum of SARS-CoV-2 Infection Clinical Spectrum | COVID-19 Treatment Guidelines (nih.gov)
3. MDH, Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuiing Transmission-Based Precautions Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions (state.mn.us) 6/4/21

Infection Prevention Task Force

This team represents expertise in infection prevention and operations.. If you would like further information on infection prevention components of this pathway, please contact Infection Prevention (Robbinsdale) at Main line: (763) 581-4660 Mon-Fri: 8am-4:30pm, Rounder on-call M-F: (612) 580-0218 or (Maple Grove) at (763) 581-1234

MEMBERS:

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Changes Since Last Version

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
8	Combined severe illness with mild/moderate Added clarifications re: 02 needs and how they impact timing	IP Task Force	8/11/22