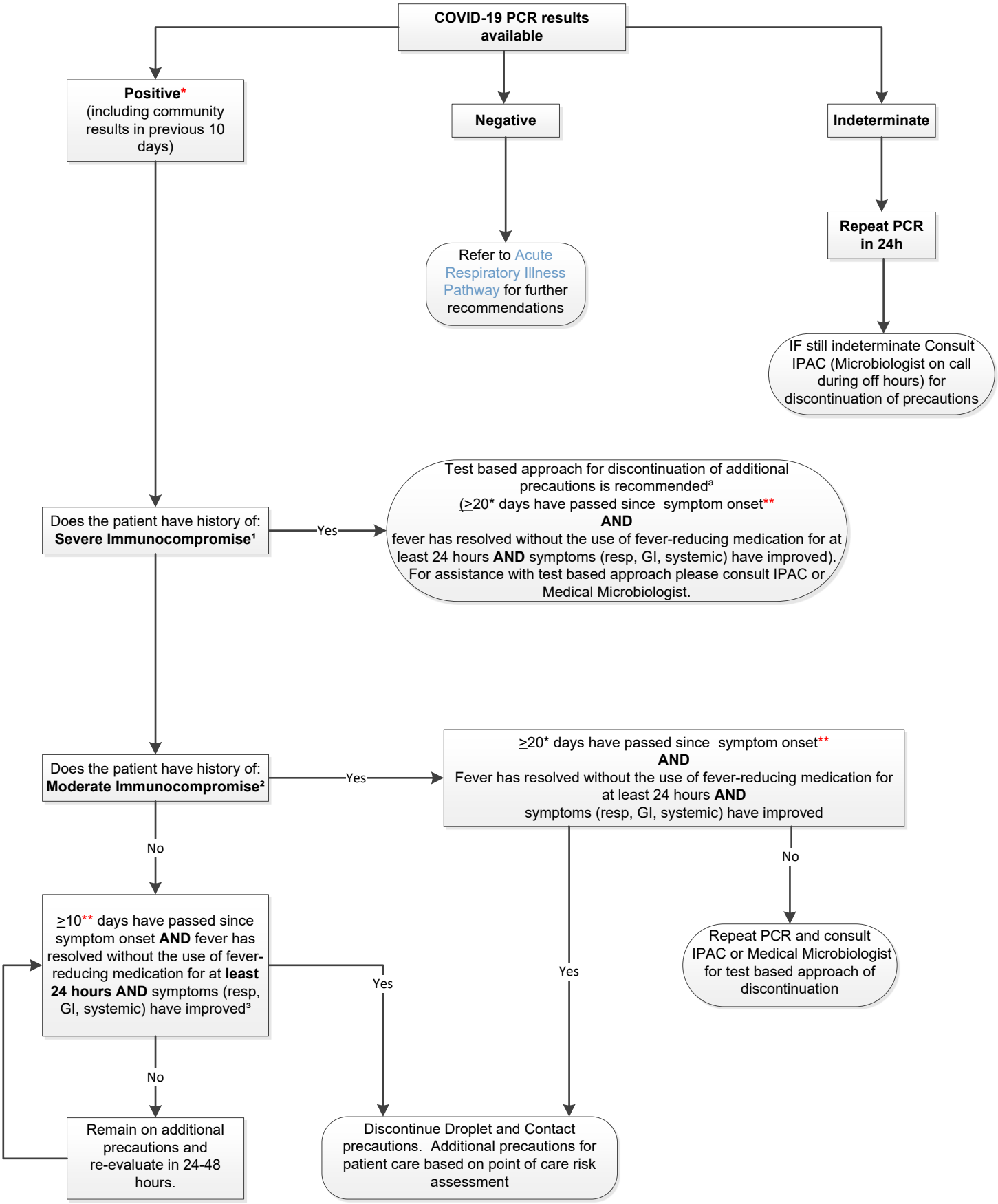
De-isolation Pathway for Adult Inpatients Under Investigation for COVID-19



For more information contact IPAC@interiorhealth.ca

If patient has history of exposure in the last 5 days, **additional precautions must remain in place for ≥ 5 days since last known exposure time.** Number of days may be modified by the Medical Microbiologist and IPAC in coordination with the MRP.

* Cases tested in community in period up to 10 days prior to admission **must** remain under additional precautions while in hospital/acute care settings and assessed with other patients as per protocol.

** The duration of additional precautions will be determined by time since symptom onset. If unable to determine date of symptom onset or if asymptomatic use collection date of the initial positive COVID-19 laboratory result as the date of symptom onset.

For cases where MRP is concerned about the need for test based approach, please contact IPAC/Medical Microbiologist if further consult is required.

[1] **Severe Immunocompomise** For example, the U.S. CDC these include "patients with chronic lymphocytic leukemia and acquired hypogammaglobulinemia, lymphoma and immunochemotherapy,hematopoietic stem-cell transplant, chimeric antigen receptor T-cell therapy or AIDS. There may be other diagnoses or a combination of diagnoses and/or medications that support considering patients as severely immune compromised. Examples include but are not limited to: HIV with a CD4 count of < 50 cells/mm, solid organ transplant, use of rituximab and primary immunodeficiencies. Clinical judgement remains important to determine if these patients should be considered as severely immune compromised for the purpose of determining their communicability period

[2] **Moderate Immunocompromise** Patients with one or more of the following: Persons on systemic chemotherapy for solid organ cancer (as determined by the MRP); Human immunodeficiency virus (HIV) with a CD4 count of 50 - 200 cells/mm3 (inclusive); Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥14 days, tacrolimus, sirolimus, mycophenolate, methotrexate or azathioprine. Based on their clinical judgement, MRPs may determine that there are other diagnoses and/or medications not listed above that support considering patients as moderately immune compromised.
PLEASE NOTE: patients with mild immune compromising conditions and/or factors such as advanced age, diabetes mellitus or end-stage renal disease are treated in the same manner as those **without** immune compromising conditions and/or factors for the purpose of discontinuing additional precautions.

[3] **Symptom improvement** does not necessarily apply to pre-existing or chronic respiratory symptoms caused by another health condition. Coughing may persist for several weeks and does not mean the patient is infectious and must remain on additional precautions, provided that the patient is afebrile and other symptoms have improved.

a) Test Based Strategy is considered in limited number of scenarios **only** (severe immunocompromised, etc.). Twenty days have passed since onset of symptoms (consider longer period based on consultation with MRP) AND at least 24 hours have passed since last fever without the use of fever-reducing medication AND symptoms (respiratory, gastrointestinal and systemic) have improved. For assistance with test based approach please consult IPAC or Medical Microbiologist.