



Interim Guidance for CCSF Isolation and Quarantine Hotels (I&Q Hotels): Interpreting CDC Guidance on Extending Duration of Isolation for COVID-19 Patients With Severe to Critical Illness or Severe Immunocompromise

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AUDIENCE: This document was developed specifically for the City and County of San Francisco’s personnel and clinicians at Isolation and Quarantine Hotels (I&Q Hotels) who are supporting individuals with COVID-19 and making decisions about the duration of isolation and application of transmission-based precautions.

Non-SFDPH clinicians are welcome to review and utilize this guidance.

BACKGROUND: On July 20, 2020 the CDC updated guidance on the duration of isolation and use of transmission-based precautions for those with COVID-19 and recommended that “patients with severe to critical illness or who are severely immunocompromised” be isolated for “at least 10 days and up to 20 days have passed since symptoms first appeared” (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>).

On July 30, CDPH clarified that, “A very limited number of persons with severe illness or who are severely immunocompromised may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consulting with local infectious disease experts when making decisions about discontinuing isolation of persons who are likely to remain infectious longer than 10 days” (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>).

PURPOSE: To provide further clarity and support CCSF I&Q personnel and clinicians in operationalizing CDC and CDPH guidance, **this guidance relays SFDPH policy decisions on when CCSF I&Q personnel and clinicians should consider extending isolation/transmission-based precautions for beyond 10 days and up to 20 days since symptom onset.** Non-SFDPH clinicians may choose to adopt this guidance for use within their systems. This document also highlights CDC guidance that retesting individuals with confirmed COVID-19 is generally not preferred.

Definitions of Illness Severity and Severe Immunocompromise

Illness severity: (from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>; SFDPH additions and/or edits from CDC guidance are highlighted in *italics*)

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 a saturation of oxygen (SpO₂) ≥94% on room air at sea level.



Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, 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%. (*Patients should meet one of these criteria for at least 12 hours when deciding whether severe illness is present.*)

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

Conditions considered to confer severe immunocompromise: (adapted from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions>; SFDPH additions and/or edits from CDC guidance are highlighted in *italics*)

1. Receiving current chemotherapy for malignancy
2. Being within one year out from receiving a hematopoietic stem cell or solid organ transplant
3. *Having a hematologic malignancy that may be suppressing the immune system*
4. Untreated HIV infection with CD4 T lymphocyte count < 200
5. Combined primary immunodeficiency disorder
6. Receipt of prednisone (*or other steroid at an equivalent dose*) > 20mg/day for more than 14 days
7. *Current receipt of a biologic immunomodulatory agent*

Duration of Isolation Recommendations

Patients in isolation for suspected or confirmed COVID-19 should receive all appropriate health care in a timely manner while following COVID-19 transmission-based precautions, including corresponding PPE. Only non-urgent health care should be deferred until criteria to discontinue isolation are met.

Patients who have remained asymptomatic AND do not have severe immunocompromise:

- 10 days have passed since the date of the first positive viral diagnostic test

Patients who have remained asymptomatic AND have severe immunocompromise:

- At least 10 days and up to 20 days have passed since the date of the first positive viral diagnostic test

Patients with mild or moderate illness AND do not have severe immunocompromise:

1. At least 10 days have passed since symptoms first appeared AND
2. At least 24 hours have passed since last fever without use of fever reducing medications AND
3. Symptoms (e.g. cough, shortness of breath) have improved

Patients with severe or critical illness OR any severely immunocompromised patient with any severity of symptomatic disease:*

1. At least 10 days and up to 20 days have passed since symptoms first appeared AND



2. At least 24 hours have passed since last fever without use of fever reducing medications AND
3. Symptoms (e.g. cough, shortness of breath) have improved

**In a limited number of cases, live virus has been cultured from the respiratory tract between 10 – 20 days from symptom onset. However, it is unclear whether these cases might be infectious.*

Therefore, for patients who have met criteria for severe or critical illness OR severe immunocompromise (see definitions above), it may be reasonable to extend the isolation period up to 20 days if:

1. Both of the following conditions are met:

- a. The patient will be discharged to a shelter setting, or one in which close contacts are either ≥ 50 years of age or have a chronic medical condition, and would therefore be vulnerable to developing severe COVID-19 (<https://sfcdcp.org/vulnerable>), **AND**
- b. The patient continues to require supplemental O2 and/or cough/shortness of breath that is different from baseline, on or after day 10 since symptom onset.

-OR-

2. The following single condition is met:

- The patient remains hospitalized or is being discharged to a nursing home or other long-term care facility (e.g., assisted living facility)

Recommendations for Re-testing COVID-19 Patients

Re-testing for COVID-19 in people who have previously tested positive:

Many people continue to shed detectable SARS-CoV-2 RNA for weeks after recovery but are no longer infectious. To date, reinfection with SARS-CoV-2 is rare in persons who were previously infected.

Therefore,

- For those who remain asymptomatic after recovery, retesting is not recommended within 90 days after the date of symptom onset for the initial COVID-19 infection (or the date of the first positive test if asymptomatic). In addition, quarantine is not recommended in the event of close contact with an infected person.
- For persons who develop new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, if an alternative etiology cannot be identified, then retesting can be considered on a case-by-case basis.
- In the absence of a new clinical syndrome worrisome for COVID-19, re-testing within 90 days of initial symptom onset (or the date of first positive test if asymptomatic) should not be performed upon hospital readmission, prior to procedures, before discharge to congregate settings including skilled nursing facilities, or as part of surveillance activities.

Re-testing for COVID-19 to allow for earlier discontinuation of isolation:

There may be occasional circumstances when re-testing with RT-PCR is considered in patients who have had severe or critical illness to allow for earlier discontinuation of isolation. Re-testing should be done only after discussion with Infectious Diseases and/or Infection Control teams and after at least 10 days



have passed since symptoms first appeared. Two negative RT-PCR tests collected at least 24 hours apart are typically required.

Re-testing for COVID-19 after 90 days from symptom onset (or after 90 days from initial positive test if asymptomatic):

After this time has elapsed, indications for testing are the same as for people who have never been infected with SARS-CoV-2 including testing on hospital admission, testing pre-procedure, surveillance testing for selected groups, and testing because new symptoms have developed. However, even after 90 days have elapsed, some people will continue to shed non-infectious viral RNA from the initial infection. Therefore, interpreting the significance of a positive test may be challenging, and the need for isolation should be evaluated on a case-by-case basis; consultation with Infectious Diseases and/or Infection Control teams may be warranted.

Resources

Additional information on the duration of isolation can be found at

- California Department of Public Health (CDPH)
 - Guidance on Isolation and Quarantine for COVID-19 Contact Tracing
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>
- Centers for Disease Control and Prevention (CDC)
 - Duration of Isolation and Precautions for Adults with COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#recommendations>
 - Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
 - Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
 - When You Can be Around Others After You Had or Likely Had COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>