This document has been archived. Please refer to PA-HAN-517 for updated information on this topic.

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 502 – 05-01-ADV
ADVISORY: Discontinuation of Transmission-Based Precautions for Patients with COVID-19

pennsylvania DEPARTMENT OF HEALTH

DATE:	5/1/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**ADVISORY: Discontinuation of Transmission-Based Precautions for Patients with COVID-19**
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This transmission is a Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either:
  - test-based strategy or
  - symptom-based strategy or
  - time-based strategy (for persons without symptoms)
- Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.
  - Patients should be discharged from the healthcare facility whenever clinically indicated.
  - Isolation should be maintained at home or in the receiving healthcare facility until criteria are met.
- Determining when to discontinue "exposed" or "affected" status for a unit or facility can assist with understanding the proper implementation of infection prevention and control measures as described in PA-HAN-492 and PA-HAN-496.

Transmission-based precautions are used by healthcare facilities to care for patients with confirmed or probable COVID-19, or in response to known or suspected exposure to COVID-19 according to PA-HAN-497 and CDC guidelines. These guidelines apply to healthcare facilities where transmission-based precautions are used. For persons with COVID-19 that are undergoing home-based isolation, please refer to CDC Guidance. If you have questions about this guidance, please contact DOH at **1-877-PA-HEALTH (1-877-724-3258)** or your local health department.

All guidelines for discontinuing transmission-based precautions in this HAN are in reference to COVID-19 transmission-based precautions. Continue the use of standard precautions for all

residents. Continue the use of transmission-based precautions for other conditions as per facility policy (e.g. for *C. difficile* or drug-resistant organisms).

The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.**

Symptomatic patients with COVID-19 should remain in Transmission-Based Precautions until **either**:

- *Test-based strategy*
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
- *Symptom-based strategy*
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*

Patients with laboratory-confirmed COVID-19 who have <u>not</u> had any symptoms should remain in Transmission-Based Precautions until **either**:

- *Test-based strategy*
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
  - Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
- *Time-based strategy*
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
  - Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for severely immunocompromised patients who might remain infectious longer than 10 days (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV).

Discontinuation of empiric Transmission-Based Precautions for patients suspected of having COVID-19:

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Discharge of Patients with COVID-19 from a healthcare facility:
Patients should be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before discontinuation of Transmission-Based Precautions.
- The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments. It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations.
- Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.

If discharged to a skilled nursing facility or other long-term care facility (e.g., personal care home, assisted living facility), AND

- **Transmission-Based Precautions *are still required***, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.
- **Transmission-Based Precautions *have been discontinued*,** but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room ideally with a dedicated bathroom, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline. Note that these restrictions may already be in place for the entire facility; however, as the COVID-19 response in the Commonwealth evolves, this may not be the case. In that event, these restrictions would apply as described here for the individual resident.
- **Transmission-Based Precautions *have been discontinued*** and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

For skilled nursing facilities and other long-term care facilities: Discontinuing "exposed" or "affected" status for a unit or facility

Note that calling a unit or facility exposed or affected by COVID-19 is not an official designation by the DOH; however, these terms can assist facilities with understanding the proper implementation of infection prevention and control measures as described in PA-HAN-492 and PA-HAN-496.

To declare a unit or facility that has housed COVID-19-positive residents unaffected by COVID-19, **all** of the following conditions must apply:

- All residents on the unit who were confirmed or probable cases of COVID-19 must have met the criteria for discontinuation of transmission-based precautions
- A minimum of 14 days have passed since the date of symptom onset for the last clinical case
- A minimum of 14 days have passed since the implementation of transmission-based precautions for COVID-19 and other infection prevention and control interventions for COVID-19
- All residents who were not confirmed or probable cases of COVID-19 remain asymptomatic
- All staff remain asymptomatic or have met return-to-work criteria described in PA-HAN-501
- No additional or ongoing exposures have occurred (e.g. through exposure infectious healthcare workers)

The 14-day minimum listed above assumes infection prevention and control (IPC) measures have been successfully implemented. Concerns about poor IPC practices, critical PPE shortages, and other challenges affecting implementation should extend the use of transmission-based precautions.

In the context of the ongoing COVID-19 pandemic, continue to follow infection prevention and control practices described in other DOH, CDC, and CMS guidance for all long-term care facilities. At the time of this HAN's publication, these include but are not limited to:

- Universal masking for staff
- Facemasks for residents who must leave their room
- Symptom screening of all persons entering the facility, including staff
- Exclude symptomatic staff
- Visitor restriction
- Limit building access points
- Monitoring of residents for symptoms of COVID-19, including temperature, at least daily
- No communal dining or group activities
- Restrict residents (to the extent possible) to their rooms except for medically necessary purposes

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 1, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.