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INFECTION STATUSES AND RESOLUTION
COVID-19, CoV-Presumed, CoV-Risk, CoV-Exposed, and Clearance-CoV

Summary of April 29, 2020 changes:

- Addition of time-based criteria for resolution of COVID-19 and CoV-Presumed infection status for outpatients
- Updated formatting to include a table

Background
Infection statuses are maintained by infection control staff at Partners facilities. We provide guidance on the use of five infection statuses related to SARS-CoV-2: COVID-19, CoV-Presumed, CoV-Risk, CoV-Exposed, and Clearance-CoV.

Criteria for resolution of each infection status may change, and it is the responsibility of the patient's providers to implement clearance protocols as appropriate. If these have been completed, the provider must request resolution of the infection status and, when appropriate, advice from local infection control regarding discontinuation of isolation.

Note that resolution of infection status for Partners Healthcare workers is addressed in Partners Return to Work Criteria and those individuals are excluded from this guidance.

Table follows below.
This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as April 30, 2020, will be reviewed regularly, and is subject to change as the situation evolves.

### TABLE. INFECTION STATUS AND RESOLUTION CRITERIA

<table>
<thead>
<tr>
<th>Patient Type</th>
<th>Test-based Resolution Option</th>
<th>Time-based Resolution Option</th>
</tr>
</thead>
</table>
| Current outpatient | 1. Resolution of fever without the use of fever-reducing medications **and**
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline **and**
3. Passage of at least 10 days since the first positive test **and**
4. Two negative nasopharyngeal swabs by NAAT taken ≥ 24 hours apart. | 1. Resolution of fever without the use of fever-reducing medications **and**
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline, **and**
3. Greater than 30 days have elapsed since the date of the positive test for patients who never required admission to an acute care facility, or greater than 30 days have elapsed from date of discharge if patient required admission to an acute care facility. |
| Current inpatient, non-intubated | 1. Resolution of fever without the use of fever-reducing medications **and**
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline, **and**
3. Passage of at least 10 days since the first positive test, **and**
4. Two negative nasopharyngeal swabs by NAAT taken ≥ 24 hours apart. | N/A |
| Current inpatient, intubated or trached and improving respiratory status but unable to be extubated due to non-respiratory issues such as altered mental status, respiratory muscle weakness | 1. Resolution of fever without use of fever-reducing medications **and**
2. Improvement in respiratory status, as marked by weaning of ventilator settings to minimal support settings (e.g., FiO2 40% or lower, PEEP of 5) **and**
3. Passage of at least 10 days since the first positive test **and**
4. Two negative nasopharyngeal swabs by NAAT taken ≥ 24 hours apart, and at least one negative lower respiratory tract sample (endotracheal aspirate or bronchoalveolar lavage) | N/A |
CoV-Presumed: Individuals with symptoms consistent with COVID-19 without positive NAAT to confirm. This infection status is only available as a manual addition to the patient record at the discretion of Infection Control. Patients with CoV-Presumed infection status may not be cohorted.

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| Current outpatient                                | 1. Resolution of fever without the use of fever-reducing medications and  
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline and  
3. Passage of at least 10 days since the symptom onset and  
4. One negative nasopharyngeal swab by NAAT. | 1. Resolution of fever without the use of fever-reducing medications and  
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline, and  
3. Greater than 30 days have elapsed since the onset of symptoms for patients who never required admission to an acute care facility, or greater than 30 days have elapsed from date of discharge if patient required admission to an acute care facility. |
| Current inpatient, non-intubated                  | 1. Resolution of fever without the use of fever-reducing medications and  
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath) or return to previous baseline, and  
3. Passage of at least 10 days since symptom onset, and  
4. One negative nasopharyngeal swab by NAAT.                  | N/A                                                                |
| Current inpatient, intubated or trached and improving respiratory status but unable to be extubated due to non-respiratory issues such as altered mental status, respiratory muscle weakness | 1. Resolution of fever without use of fever-reducing medications and  
2. Improvement in respiratory status, as marked by weaning of ventilator settings to minimal support settings (e.g., FiO2 40% or lower, PEEP of 5) and  
3. Passage of at least 10 days since the onset of symptoms, and  
4. After 1, 2 and 3 apply, at least one additional negative nasopharyngeal swab by NAAT, and at least one negative lower respiratory tract sample (endotracheal aspirate or bronchoalveolar lavage) | N/A                                                                |

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### CoV-Risk: Individuals with symptoms consistent with COVID-19 and undergoing evaluation; some may have one or more negative test results, but interpretation of results is not complete. Patients with CoV-Risk infection status may not be cohorted.

<table>
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<tr>
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<th>Test-based Resolution Option</th>
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</thead>
<tbody>
<tr>
<td>Outpatients</td>
<td>If clinical suspicion for COVID-19 is low, then the CoV-Risk Infection Status can be discontinued after a single negative nasopharyngeal swab by NAAT if an alternative diagnosis has been established.</td>
<td>Without intervention, the CoV-Risk infection status auto-resolves after 14 days for non-admitted patients. If the patient’s providers have determined that COVID is no longer on the patient’s differential after a negative NAAT test, the request to resolve the infection status can be directed to the Infection Control staff at the patient’s home institution.</td>
</tr>
</tbody>
</table>

### Inpatients

1. If clinical suspicion for COVID-19 is low, then the CoV-Risk Infection Status can be discontinued after a single negative nasopharyngeal swab by NAAT if an alternative diagnosis has been established.
2. Otherwise, can be discontinued in the following circumstances after review by Infection Control:
   - Two negative nasopharyngeal swabs by NAAT taken >12 hours apart or
   - One negative nasopharyngeal swab by NAAT and one negative lower respiratory sample (endotracheal aspirate or bronchoalveolar lavage, or expectorated sputum in a patient with a productive cough). These do not have to be obtained 12 hours apart.

### CoV-Exposed: Asymptomatic individuals with known exposure to COVID-19. Patient may be tested for COVID-19 per Partners testing criteria such as admission test. Patients with CoV-Exposed infection status may not be cohorted.

| All | N/A | Without intervention, CoV-Exposed infection status auto-resolves after 14 days. |

### Clearance-CoV: Asymptomatic, non-high risk epidemiology, individuals who are being tested for COVID-19 per Partners testing criteria. Clearance-CoV patients are on Standard Precautions.

| All | Without intervention, Clearance-CoV infection status auto-resolves when COVID-19 test results as negative. | N/A |

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Note that resolution of Infection Statuses that are not auto-resolved are at the discretion of Infection Control.

† For Test-based clearance:

1. Await the results of the first test before sending the second test.
2. If the first or second nasopharyngeal swab is positive, maintain precautions and repeat a nasopharyngeal swab after 3 days for inpatients and 5 days if outpatient