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MASSACHUSETTS
GENERAL HOSPITAL

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INFECTION STATUSES AND RESOLUTION

COVID-19, CoV-Presumed, CoV-Risk, CoV-Exposed, and Clearance-CoV

Summary of April 22, 2020 changes:

- Note that PHS employee resolution of infection status is not covered in this document and is addressed in the Partners Return to Work Criteria
- Addition of CoV-Presumed infection status
- Inclusion of COVID-19 resolution of infection status criteria (replaces Criteria for Resolution of COVID-19 Infection Status policy)
- Addition of time-based criteria for resolution of COVID-19 infection status for patients who were diagnosed and treated exclusively as outpatients.
- Addition of minimum time from positive test for to first test of clearance for resolution of COVID-19.

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, Presumed-CoV, 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 request to resolve the infection status can be directed to the Infection Control staff at the patient's home institution who will advise on discontinuation of isolation, as appropriate.

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.

COVID-19 Infection: COVID-19

Patient population: Individuals who have tested positive for COVID-19 by either nucleic acid amplification test (NAAT) or, when approved by local infection control and infectious diseases, on the basis of a positive IgM in the setting of negative nucleic acid amplification test.

Resolution of COVID-19 Infection Status.

Patients who were diagnosed and treated **exclusively** as outpatients. Two options are available, time-based and test-based.

1. Time-based
 - a. Resolution of fever without the use of fever-reducing medications **and**
 - b. Resolution of respiratory symptoms (e.g., cough, shortness of breath), **and**

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- c. Greater than 30 days have elapsed since the date of the positive test.
2. Test-based
 - a. Resolution of fever without the use of fever-reducing medications **and**
 - b. Resolution of respiratory symptoms (e.g., cough, shortness of breath) **and**
 - c. Passage of at least 10 days since the first positive test **and**
 - d. Two negative nasopharyngeal swabs taken ≥ 24 hours apart.
 - a. When testing for clearance of infection, await the results of the first test before sending the second test.
 - b. 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.
 - c. Clearance requires two consecutive negative tests ≥ 24 hours apart.

Patients who were diagnosed at any time during their illness required Emergency Department, inpatient, post-acute, home-based, or long-term care or are admitted/residents in a facility or congregate setting.

Non-intubated inpatients:

1. Resolution of fever without the use of fever-reducing medications **and**
2. Resolution of respiratory symptoms (e.g., cough, shortness of breath), **and**
3. Passage of at least 10 days since the first positive test, **and**
4. Two negative nasopharyngeal swabs taken ≥ 24 hours apart.
 - a. When testing for clearance of infection, await the results of the first test before sending the second test.
 - b. If the first or second nasopharyngeal swab is positive, maintain precautions and repeat a nasopharyngeal swab after 3 days for inpatient and 5 days if outpatient.
 - c. Clearance requires two consecutive negative tests ≥ 24 hours apart.
 - d. Note that if patient has a productive cough, consider obtaining an expectorated sputum for NAAT in addition to NP swabs.

Intubated patients who have improved (remain intubated 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 taken ≥ 24 hours apart, **and at least one** negative lower respiratory tract sample (endotracheal aspirate or bronchoalveolar lavage)
 - a. When testing for clearance of infection, await the results of the first test before sending the second test.
 - b. If any test result is positive, maintain precautions and repeat testing algorithm after 3-5 days.
 - c. Clearance requires two consecutive negative tests ≥ 24 hours apart.

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CoV-Presumed Infection: CoV-Presumed

Patient population: 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 and may include the results of serological assays. Patients with Presumed-CoV infection status may not be cohorted.

Resolution of CoV-Presumed Infection Status: see process for COVID-19 infection status. Additional guidance by Infectious Diseases and Infection Control per facility.

CoV-Risk Infection: CoV-Risk

Patient population: 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 or suspicion of infection persists. Note that in instances where the patient tests positive for COVID-19, the CoV-Risk infection status will auto-resolve. CoV-Risk is added at the time that the COVID-19 test is ordered for symptomatic patients, and in select asymptomatic patients with high-risk epidemiology per Partners testing criteria. It can be manually added by Infection Control or ordered as a nursing order.

Resolution of CoV-Risk Infection Status:

1. Resolution of the Infection Status requires approval from Infection Control/Biothreats.
2. In the setting of high clinical suspicion for COVID-19 despite negative test result(s), CoV-Risk will be maintained through hospitalization.
3. If clinical suspicion for COVID-19 is low, then the CoV-Risk Infection Status can be discontinued after a single negative COVID-19 test if an alternative diagnosis has been established (e.g., pulmonary embolism, bacterial pneumonia without concern for viral prodrome or co-infection)
4. Otherwise, CoV-Risk Infection Status can be discontinued in the following circumstances after review by Infection Control/Biothreats:
 - i. Two negative nasopharyngeal swabs taken >12 hours apart **or**
 - ii. One negative nasopharyngeal swab **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.
5. Without intervention, the CoV-Risk Infection Status auto-resolves after 14 days. If the patient's providers have determined that COVID is no longer on the patient's differential per above, the request to resolve the infection status can be directed to the Infection Control staff at the patient's home institution. Note that these criteria may change.

CoV-Exposed Infection: CoV-Exposed

Patient population: Asymptomatic individuals with known exposure to COVID-19 but not tested due to absence of symptoms. If the patient develops symptoms consistent with

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COVID-19, they should be tested, and then CoV-Risk will be added. In this situation, CoV-Risk and CoV-Exposed will co-exist in the chart. If CoV-Risk is ultimately resolved as per above, CoV-Exposed will remain. CoV-Exposed is manually added by Infection Control when an exposure is identified and can be ordered as a nursing order.

Resolution of CoV-Exposed Infection Status: Without intervention, CoV-Exposed infection status auto-resolves after 14 days. If a patient develops symptoms during this period, their providers are responsible for evaluation and if tested, the patient will now be CoV-Risk until results are known. The CoV-Exposed infection status cannot be resolved prior to completion of the 14 days.

Clearance-CoV Infection: Clearance-CoV

Patient population: Asymptomatic, non-high risk epidemiology, individuals who are being tested for COVID-19 per Partners [testing criteria](#). Clearance-CoV is added at the time that the COVID-19 test is ordered for asymptomatic patients without high risk epidemiology per Partners testing criteria or for patients with known COVID-19 who are undergoing test of cure. It can also be manually added by Infection Control.

Resolution of Clearance-CoV Infection Status: Without intervention, Clearance-CoV infection status auto-resolves after 3 days. If the test is negative, a request to resolve the infection status prior to 3 days can be directed to the Infection Control staff at the patient's home institution.

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