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PARTNERS GUIDANCE ON INFECTION STATUSES AND RESOLUTION COVID-19, CoV-Risk, AND CoV-Exposed

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

COVID-19
Patient population. Individuals who have tested positive for COVID-19.

Resolution of COVID-19 Infection Status. In order to determine that a patient no longer has COVID-19, the patient will be required to be screened and cleared per Partners Guidance. Note that these criteria may change, and that it is the responsibility of the patient’s providers to implement clearance protocols. 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.

CoV-Risk
Patient population. Individuals with symptoms consistent with COVID-19, undergoing evaluation; some may have a negative test resulted, but interpretation of results is not complete. Note that in instances where the patient test results as positive for COVID-19, the CoV-Risk infection status may co-exist at the same time as COVID-19.

Resolution of CoV-Risk Infection Status. In order to determine that a patient no longer suspected of having COVID-19, the following criteria must be met.
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, non-infectious diagnosis has been established. (e.g., pulmonary embolism, bacterial pneumonia without concern for viral prodrome or superinfection)
4. Otherwise, CoV-Risk Infection Status can be discontinued in the following circumstances:
   i. Two negative nasopharyngeal swabs taken >24 hours apart (sensitivity of single negative NP = 70%), or
   ii. One negative nasopharyngeal swab and one negative lower respiratory sample (endotracheal aspirate or bronchoalveolar lavage). These may be drawn within a 24-hour period. Note that an expectorated sputum sample does NOT count.
5. Without intervention, the CoV-Risk Infection Status auto-resolves after 14 days (or can be resolved manually by Infection Control under specific circumstances). 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**

**Patient population.** Asymptomatic individuals with known exposure to COVID-19 without test due to lack of symptoms. If the patient develops symptoms consistent with COVID-19 they should be tested, and then will convert to CoV-Risk.

**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. This infection status cannot be resolved prior to completion of the 14 days.