COVID-19 Retesting Criteria – 7.30.2020 1400

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On July 17, 2020 the CDC released guidelines specific to retesting and the discontinuation of isolation for a COVID positive patient. The CDC states that “Recovered persons can continue to shed detectable SARS-CoV-2 RNA in upper respiratory specimens for up to 3 months after illness onset, albeit at concentrations considerably lower than during illness, in ranges where replication-competent virus has not been reliably recovered and infectiousness is unlikely." Due to these findings, we will be adopting the following guidelines, **beginning Monday, August 3**. Supporting EPIC BPA builds are in progress. **Please refer to the *Provider Guidelines for Discontinuation of Severe Respiratory Precautions* & *COVID-19 Testing Isolation Algorithm* for additional details.**

COVID test POSITIVE	**<= 90 days since initial + test**	**> 90 days since initial + test**
COVID positive during current inpatient encounter (within an SH facility), currently asymptomatic	Follow isolation discontinuation guidelines. No retesting	
COVID positive during current inpatient encounter(within an SH facility), currently symptomatic after recovery from the initial illness	Reinitiate isolation and consult ID for retesting guidance. Consider ordering a respiratory film array to test for other viruses/alternate diagnoses	
COVID positive outpatient (or different encounter), currently asymptomatic	Follow isolation discontinuation guidelines. No retesting	Follow standard precautions and consider consulting ID for retesting guidance
COVID positive outpatient (or different encounter), currently symptomatic after recovery from the initial illness	Reinitiate isolation, consider ordering a respiratory film array to test for other viruses/alternate diagnoses, and re-test for COVID if appropriate	

COVID test NEGATIVE	**<= 96 hours since last negative test**	**> 96 hours since last negative test**
COVID negative during current inpatient encounter, currently asymptomatic	Follow standard precautions. No retesting	
COVID negative during current inpatient encounter, new or worsening symptoms consistent with COVID 19	Initiate isolation, consider ordering a respiratory film array to test for other viruses/alternate diagnoses, and re-test for COVID if appropriate	

COVID negative outpatient (or different encounter), currently asymptomatic	Follow standard precautions. No retesting	Follow standard precautions. Retest as indicated per protocol (e.g. cohorting, pre-procedure, L&D, or admission)
COVID negative outpatient (or different encounter), new or worsening symptoms	Initiate isolation, consider ordering a respiratory film array to test for other viruses/alternate diagnoses, and re-test for COVID if appropriate	

Clinical Guidance: Patients admitted with respiratory symptoms + concern for COVID-19 disease **BUT** COVID-19 **AND** other viral testing is negative: Consider the following information if maintaining a high clinical suspicion of COVID-19.

SYMPTOMS		
Common Symptoms (>75% prevalence)	**Intermediate Symptoms** (15-40% prevalence)	**Uncommon Symptoms** (<5% prevalence)
• Fever (> or = to 38 degrees) present at any point during the admission • Cough	• Myalgias • Fatigue • Sputum production • Shortness of breath on admission • Septic Shock	Uncommon Symptoms (<5% prevalence) • Nausea and Vomiting • Diarrhea • Hemoptysis • Nasal Congestion

LABORATORY FINDINGS	**IMAGING FINDINGS**
• ***Absolute lymphopenia <1500 per mm3*** *(>80% prevalence)* • Elevated LDH (40% prevalence) • Elevated CRP (severe disease) • Elevated D-dimer (severe disease) • NORMAL WBC count + Procalcitonin	• **Chest CT:** Approximately 85% of all patients with COVID19 have abnormal Chest CT scan, findings include local or bilateral patchy shadowing, ground glass opacities • **CXR:** Abnormal in of patients with non-severe disease. In this patient population with negative testing, non-severe disease, and equivocal or negative chest XR, non-contrast CT chest should be considered. • ***Uncommon***: Pleural effusions and hilar adenopathy

CLINICAL GUIDANCE:
For patients with fever + cough + one or more of the above laboratory or imaging findings, maintain high suspicion of COVID-19. Keep patient in severe respiratory isolation and treat accordingly. Utilize positive or presumed positive COVID-19 discharge instructions upon discharge.