

BMC OBGYN COVID DECISION MAKING 01/07/2020

On August 3, 2020, CDC released recommendations for PCR testing and isolation in patients who have recovered from COVID-19 infection. Recommendations are based on evidence of no documented viable virus after 10 days in mild/moderate COVID, and 20 days in severe COVID, as well as waning serologic response after 3 months.

Nasopharyngeal (NP) swabs are the gold standard for testing. In the event that a **patient refuses NP swab**, **anterior nares swab** may be offered in low risk, asymptomatic patients.

Definitions: Refer to [Removal of Isolation Precautions document](#)

10/1 Rule	10 days from symptom onset and at least 1 day/24hrs afebrile with no antipyretic.
20/1 Rule	20 days from symptom onset and at least 1 day/24hrs afebrile with no antipyretic
Symptom based clearance	Date at which patient can be removed from isolation precautions without retesting based on onset of symptoms. If uncertain of symptom onset use date of positive test
Test based clearance	Patients requiring retesting to be cleared from isolation precautions
Asymptomatic COVID+ clearance	Clearance 10 days after first positive test
Severe illness	COVID+ infection requiring ICU stay or biologics treatment (specifically: tocilizumab, anakinra, sarilumab, canakinumab)
Specific immunocompromised patients	Require test-based clearance. Refer to Removal of Isolation Precautions document for specific criteria for patients requiring retesting.

Refer to “[Removal of Isolation Precautions](#)” document for further guidance on patients meeting criteria for symptom-based clearance. Patients meeting criteria below are eligible for symptom-based clearance:

Mild/Moderate COVID 19	<ul style="list-style-type: none"> • 10 days from sx onset or positive test if asymptomatic • at least 24 hours afebrile without antipyretic and improving sx
Severe COVID-19 (ICU stay, received biologics)	<ul style="list-style-type: none"> • 20 days from symptom onset • at least 24 hours afebrile without antipyretic and improving sx

OUTPATIENT CLEARANCE RECOMMENDATIONS FOR COVID+ OBGYN PATIENTS/SUPPORT

Patient COVID+	<ul style="list-style-type: none"> • Mild/moderate illness: clearance by 10/1 rule from symptom onset (no test based clearance) • Asymptomatic: clearance 10 days after first positive test (no test based clearance) • For severe illness: 20/1 rule from symptom onset (no test based clearance) • Immunocompromised: test based clearance 2 tests 24hrs apart
Patient COVID+, recommendation for Labor support/household member	<ul style="list-style-type: none"> • Recommend testing at time patient is diagnosed • NEG with no symptoms: quarantine x10 days-> okay to be with patient during admission after 10 days • NEG with no symptoms: continuous contact with COVID+ individual (no quarantine)-> 20 days from COVID+ patients sx onset they can be present on L&D with patient (at this time no option for test based clearance for labor support) • POS: clearance by 10/1 rule, okay to be with patient during admission after 10/1 rule met
Labor support/household member COVID+	<ul style="list-style-type: none"> • Patient should test at time of diagnosis of labor support/household member • NEG with no symptoms: quarantine x10 days, okay to return to clinic after 10 day quarantine • NEG with no symptoms: continuous contact with COVID+ individual (no quarantine)-> 20 days from labor support/household member diagnosis patient meets clearance. Treat as a PUI until that time outpatient and inpatient • POS: clearance by 10/1 rule mild-mod illness or 20/1 severe illness, okay to return to clinic without precautions

INPATIENT CLEARANCE RECOMMENDATIONS FOR COVID+ OBGYN PATIENTS/SUPPORT PERSONS**ANTEPARTUM****COVID+
ASYMPTOMATIC**

- Asymptomatic: clearance 10 days after first positive test (no test based clearance)
- Immunocompromised: test based clearance 2 tests 24hrs apart
- No support persons until patient meets clearance
- Recommend testing and 10 days quarantine for household members/support person OR by symptm based clearance if positive

**COVID+
SYMPTOMATIC**

- Mild/moderate illness: clearance by 10/1 rule from symptom onset (no test based clearance)
- For severe illness: 20/1 rule from symptom onset (no test based clearance)
- Immunocompromised: test based clearance 2 tests 24hrs apart
- No visitors until patient meets symptom based clearance
- Recommend testing and 10 days quarantine for household members/support person OR by symptm based clearance if positive

LABOR & DELIVERY/POSTPARTUM

Patient Previously COVID+	<ul style="list-style-type: none"> • Retest if pt >90days from first positive test; do not retest if <90days from first positive test • Pt remains on enhanced precautions until symptom based clearance of 10/1 (mild-mod illness) or 20/1 (immunocompromised/severe illness)
Patient COVID+, does not meet symptom based clearance	<ul style="list-style-type: none"> • Enhanced precautions • Labor support/household member must be asymptomatic AND/OR meet symptom based clearance criteria if previously positive. <ul style="list-style-type: none"> • 10 quarantine, 10/1 mild-mod illness, 20/1 severe illness, or 20 days if continually exposed • Labor support may be another non-exposed individual • Or exposed labor support must stay with patient in room during hospital course with mask on as PUI
Patient asymptomatic COVID+ on admission to L&D	<ul style="list-style-type: none"> • Enhanced precautions, clearance after 10 days from first positive test shared decision making for newborn care • Labor support/household contacts should be directed for testing; (may stay until after birth with mask and enhanced precautions for staff). If labor support: <ul style="list-style-type: none"> • NEG OR UNKNOWN -> 10 day quarantine, masked and recommended not to leave PP room • POS -> 10d quarantine, masked and not permitted to leave PP room • Newborn/NICU/wellbaby? Newborn PUI for 10 days
Labor Support asymptomatic, Patient COVID+	<ul style="list-style-type: none"> • Recommend testing at time of patient diagnosis • Follow above recommendations for patient COVID+ if patient does not meet symptom based clearance OR if patient asymptomatic+ on admission • Mild/moderate illness: clearance by 10/1 rule from first positive test • Asymptomatic: clearance 10 days after first positive test • Severe illness: 20/1 rule from first positive test • Immunocompromised: test based clearance 2 tests 24hrs apart
Labor support previously COVID+:	<ul style="list-style-type: none"> • Patient PUI unless completed 10 days quarantine OR 20 days from labor support's dnx if continuous contact • Labor support/Household member cleared for admission with pt: <ul style="list-style-type: none"> • Mild/moderate illness: clearance by 10/1 rule from symptom onset (no test based clearance) • Asymptomatic: clearance 10 days after first positive test (no test based clearance) • Severe illness: 20/1 rule from symptom onset (no test based clearance) • Immunocompromised: test based clearance 2 tests 24hrs apart
Labor support symptomatic for COVID	<ul style="list-style-type: none"> • Recommend to ED for testing, not permitted to labor with patient • Alternative labor support should be identified for patient

Inpatient Stay >72hrs for Non-COVID+ patients needing to go to the OR (ie emergent or urgent c/s)

- Recommend retesting 72hrs after admission if concern for operative procedure
- Only recommended for patients who are COVID NEG on admission OR >90 days from first COVID+ test

To OR >72hrs from admission with NEG repeat COVID swab	To OR >72hrs from admission with NO repeat COVID	To OR >72hrs from admission with POS repeat COVID swab
<ul style="list-style-type: none"> • NO Enhanced Precautions 	<ul style="list-style-type: none"> • Treat the pt as PUI during OR procedure only (prevent risk of aeroslizing procedure) • Pt newborn do NOT need to be treated as PUI if pt asymptomatic 	<ul style="list-style-type: none"> • COVID precautions in OR • Pt and newborn to postpartum under COVID precautions

NICU VISITATION

Patient COVID+

- Patient permitted in NICU:
 - 10 days from first positive test if patient is an asymptomatic positive
 - 10 days from symptom onset and at least 1 day/24hrs afebrile with no antipyretic if symptoms improving (for mild-mod illness)
 - **20 days** from symptom onset and at least 1 day/24hrs afebrile with no antipyretic if symptoms improving (for immunocompromised/severe illness)
 - Pt declines testing. Encourage testing, or after 10 days of quarantine.

Other Parent/Support Person is COVID+

- Other parent/support person with 2nd band permitted in NICU:
 - 10 days from first positive test if patient asymptomatic positive
 - 10 days from symptom onset and at least 1 day/24hrs afebrile with no antipyretic if symptoms improving (for mild-mod illness)
 - **20 days** from symptom onset and at least 1 day/24hrs afebrile with no antipyretic if symptoms improving (for immunocompromised/severe illness)

Other Parent/Support Person (Negative or Unknown) of COVID+ Patient

- If other parent/support person with 2nd band **unable to quarantine** and is in **continuous contact** with COVID+ patient, the other parent is permitted in NICU 20 days from the patient's first positive test (this includes 10 days from the date of the patient's positive test plus another 10 days from the time that patient would be considered infectious)
- If other parent/support person with 2nd band is **able to quarantine** from the COVID+ patient, the other parent is permitted in the NICU after 10 days of quarantine (based on 10 days since last exposure to the COVID+ patient)

i. **What is the evidence to support the CDC Recommendations & this policy change?**

Evidence of clearance	<ul style="list-style-type: none"> • Many patients have persistently positive RT-PCR tests for weeks to months following symptom resolution and multiple studies now reveal that these repeated positive PCR tests don't indicate transmissible virus • SARS-CoV-2 is most infectious 48 hours before and immediately after the day of symptom onset • Infectivity declines rapidly after symptom onset to near zero between 8-10 days in mild-moderately ill patients and 15 days in critically ill or immunocompromised patients • The longest interval associated with viable virus to date has been 20 days from symptom onset (critically ill individual) • A study of 100 Taiwanese patients with COVID-19 infection showed that none of the 852 people who had contact with cases 6 or more days after symptom onset experienced a secondary
Duration of short-term immunity	<ul style="list-style-type: none"> ▪ Evidence indicates that COVID-19 infection confers at least short-term immunity in most cases, but the durability of immunity is unclear. ▪ Serial COVID-19 antibody studies have shown that IgG may wane after 2-3 months after the initial infection. It is unclear whether this signifies individuals who have lost IgG antibody become susceptible to re-infection ▪ Recent reports of reinfection do not challenge this assumption

References: [CDC July 2020](#); [Wolfel et al Nature 2020](#); [La Scola et al European journal of clin micro & ID 2020](#); [Bullard et al Clin Infect Dis 2020.](#) ; [KK et al. Clinical Infectious Diseases August 2020](#)

Duration of Isolation and Precautions for Adults with COVID-19. CDC 8/16/2020
Recommendations

1. **Duration of isolation and precautions**

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
 - A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

2. **Role of PCR testing² to discontinue isolation or precautions**

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
- For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

3. **Role of PCR testing² after discontinuation of isolation or precautions**

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

4. **Role of serologic testing**

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.