

## Management of Patients with Suspected or Confirmed COVID-19 in the Outpatient Setting

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This document is intended to provide recommendations for outpatient management of patients with suspected or confirmed COVID-19 diagnosis. Patients diagnosed with COVID-19 may continue to have positive nasopharyngeal PCR results for weeks. However, PCR does not distinguish between infectious (live) virus and non-infectious (dead) virus. Current evidence suggests that patients who are immunologically normal are no longer infectious after day 10 of illness. On the other hand, severely immunocompromised patients may be infectious for a longer period of time, although data for this patient population are lacking.

### Managing Return Visits to Healthcare Settings for Persons Diagnosed with COVID-19

- **All patients** presenting to routine outpatient, ED, and inpatient settings are considered no longer infectious 28 days after illness onset.
- Outpatient appointments should be deferred for 28 days from the date of symptom onset (or first positive test for asymptomatic patients), when possible.
- Please see guidance regarding pre-procedural/operative management of patients with suspected or confirmed COVID-19 in procedural and peri-operative settings.
- Patients who need to attend an appointment or have additional testing (lab, imaging, etc.) before the 28-day period is complete **must be contacted by their provider** from the clinic they will be visiting to discuss their disease timeline beforehand and to get confirmation that they should proceed with the visit.
- Patients may be removed from COVID-19 Isolation Precautions using either the Symptom-based Strategy or the Test-based Strategy outlined below.
- Patients who do not meet the criteria below and need to be seen should be managed with Special Airborne Contact Precautions.

### Patient Populations:

#### **Immunocompromised patients:**

The population of “immunocompromised patients” includes:

- Primary immunodeficiency
- Active solid organ cancer on chemotherapy
- Hematologic malignancy
- Hematopoietic stem cell transplant recipient (Bone marrow transplant)
- Solid organ transplant recipient
- Poorly controlled HIV (CD4 < 200)
- End-stage renal disease on hemodialysis
- Taking steroids >20mg per day for >2 week
- Taking other immunosuppressive medications (i.e. rituximab, cyclosporine, adalimumab, etc.)

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Patients with severe immunocompromising conditions may attend all appointments without the need for Special Airborne Contact precautions (outside of standard and transmission-based precautions for other infectious diseases) **as soon as they meet the time-based or test-based clearance strategies:**

- **Symptom based:**
  - **Not used for this population.** Immunocompromised patients cannot be cleared using a symptom-based strategy alone due to concern for prolonged viral shedding.
- **Time-based:**
  - Patient has symptom improvement (resolution of fever without fever-reducing medications AND improvement in cough and/or shortness of breath and/or other infectious symptoms) **AND 28 days** has passed after COVID-19 was diagnosed.
- **Test-based:**
  - Patient has had 2 negative tests at least 24 hours apart any time after their COVID test.

Immunocompromised patients not meeting the time-based or test based strategies outlined above strategies must be cared for using Special Airborne Contact Precautions until one is met.

Immunocompromised patients may develop fevers for a variety of non-COVID etiologies. We anticipate that clinicians will likely perform additional COVID tests along with their work up to evaluate for other causes of fevers in known COVID positive patients in response to new or returning fevers. If these febrile patients meet the test-based clearance strategy above, they may be cared for without the need for Special Airborne Contact precautions (outside of standard and transmission-based precautions for other infectious diseases).

**Patients without severe immunocompromising conditions (“immunocompetent”):**

Patients without severe immunocompromising conditions may attend all appointments without the need for Special Airborne Contact precautions (outside of standard and transmission-based precautions for other infectious diseases) **as soon as they meet any of the following clearance strategies:**

- **Symptom-based (aka 10+3 criteria):**
  - Patient has resolution of fever without fever-reducing medications AND improvement in cough and/or shortness of breath and/or other infectious symptoms as soon as they meet the 10+3 criteria (10+3 criteria definition: minimum of 10 days since symptom onset, the last 3 days of which are fever-free).
- **Time-based:**
  - Patient was asymptomatic at the time of testing and 10 days has passed since their positive test.

Patients without severe immunocompromising conditions not meeting one of the above clearance strategies must be cared for using Special Airborne Contact Precautions until one of the criteria is met.

Patient Type	COVID-19 Test Result	Duration of Self-Isolation (Use whichever duration is longer)	Clearance to Return to Clinic Without Additional COVID-19 Precautions <sup>b</sup>
<b>Immunocompetent</b>	Negative	At least 3 days after resolution of fever without the use of fever-reducing medications and improvement in other symptoms. <sup>c</sup>	Immediately following self-isolation period
	Positive or treated as “Clinically presumptive” COVID	At least 10 days from date of symptom onset or negative test (if asymptomatic) AND at least 3 days after resolution of fever without the use of fever-reducing medications and improvement in other symptoms	Immediately following self-isolation period
<b>Immunocompromised<sup>a</sup></b>	Negative	At least 3 days after resolution of fever without the use of fever-reducing medications and improvement in other symptoms. <sup>c</sup>	Immediately following self-isolation period
	Positive or treated as “Clinically presumptive” COVID	At least 14 days from date of symptom onset AND at least 7 days after resolution of fever without the use of fever-reducing medications and improvement in other symptoms	28 days since diagnosis <b>OR</b> 2 negative tests

**a. Immunocompromised defined as:**

- Primary immunodeficiency
- Active solid organ cancer on chemotherapy
- Hematologic malignancy
- Hematopoietic stem cell transplant recipient
- Solid organ transplant recipient
- Poorly controlled HIV (CD4 < 200)
- End-stage renal disease on hemodialysis
- Steroids >20mg per day for >2 week
- Other immunosuppressive medications

**b. COVID-19 Isolation Precautions in the Outpatient Setting:**

- No Aerosol-generating procedures to be performed:
  - i. **Patient:** face mask; **Provider:** face mask, face shield, gown, gloves. If patient is unable to wear face mask, provider PPE remains the same.
- Aerosol-generating procedures to be performed or patient cannot be masked during their entire visit:
  - i. **Patient** masked pre/post-aerosol generating procedure; **Provider:** N95 or PAPR + face shield, gown, gloves

**c. If a patient has *never* received a diagnosis of COVID, each new episode of fever, infectious respiratory symptoms, or symptoms concerning for COVID should prompt the following:**

- A determination of whether or not the patient should be re-tested for COVID
- Restarting the “clock” on the self-isolation period

**References:**

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- <https://www.nebraskamed.com/sites/default/files/documents/covid-19/outpatient-management-of-patients-tested-or-suspected-of-having-covid-19.pdf?date=04172020>

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