Test Based Strategy No Longer Recommended for Determining Communicable Period of COVID-19

We have learned a lot about COVID-19 since the spring. We now know that individuals infected with the virus often test positive for several weeks and sometimes even for months after their infection due to shedding of remnant non-infectious genetic material. As such, recommendations for determining the infectious period/isolation period have shifted to a **Non-test-based strategy**. There are two main categories of individuals:

1. Those who are NOT severely immunocompromised [B] AND with mild to moderate symptoms that can be managed at home can be considered non-infectious once the following criteria are met:

- At least **10 days** have passed since onset of symptoms; AND
- **Fever has resolved** without use of fever-reducing medication; AND
- **Symptoms** (respiratory, gastrointestinal, and systemic) **have improved** (they do not need to be completely resolved)

2. Those with more severe illness [A] (e.g. admitted to hospital directly due to COVID-19) or who are severely immunocompromised [B] can be considered non-infectious once the following criteria are met:

- **20 days** have passed since onset of symptoms AND
- **Fever has resolved** without use of fever-reducing medication; AND
- **Symptoms** (respiratory, gastrointestinal, and systemic) **have improved**.

Moving forward, please use the above criteria and do not re-test known positive cases for the purpose of determining communicable period. It is not a useful methodology for this purpose and is an unnecessary use of testing and laboratory resources.

[A] A longer period of isolation should be considered for patients with markers of more severe illness (e.g. tachypnea, hypoxemia, reduced PaO2/FiO2, lung infiltrates > 50%, or admission to the ICU).

[B] Some conditions, such as being treated with chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone > 20 mg/day for more than 14 days, may cause a higher degree of immunocompromise. Other factors, such as advanced age, diabetes, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of isolation.

Please consult your local MHO if you have any questions or concerns around the infectious period for your patients. We are available 24-7 and happy to assist.

To review the full BCCDC guidance document please see:
http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf

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