MAY 5, 2020 | # HEALTH ADVISORY

Discontinuation of Isolation for COVID-19

Based on the evolving information about COVID-19 infectiousness, the North Dakota Department of Health (NDDoH) is updating guidance on discontinuation of isolation across healthcare and non-healthcare settings. It is thought that the ability to culture virus is the most direct measure of contagiousness. A symptom-based strategy is now considered acceptable based on growing evidence that, even in the presence of ongoing detection of viral RNA in molecular assays, recovery of virus by culture has not been found after 9-10 days from symptom onset.

Symptom-based strategy:
- At least 10 days have passed since symptoms first appeared, **AND**
- At least 3 days (72 hours) have passed since recovery, defined as:
    - Resolution of fever, without the use of fever-reducing medications, **AND**
    - Progressive improvement or resolution of respiratory symptoms (e.g., cough, shortness of breath)

Test-based Strategy:
- Resolution of fever without the use of fever-reducing medications, **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected at least 24 hours apart (total of two negative specimens).

Considerations:
- For patients with laboratory-confirmed COVID-19 who have not had any symptoms, health care providers might use either:
    - **Time-based Strategy:** At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.
    - **Test-based Strategy:** Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. Follow the Test-based Strategy above with the modification that initiation of testing can begin immediately.
- Health care providers might consider the Test-based Strategy for immunocompromised persons when there is a concern of continued shedding of virus after recovery or for

populations of individuals where there might be increased risk of transmission and/or morbidity and mortality from infection.

CDC Guidance on Discontinuation of Isolation:
[Symptom-based Strategy to Discontinue Isolation Decision Memo](#)
[Healthcare Provider Return-to-Work Criteria](#)
[Discharging Hospitalized Patients](#)
[Ending Home Isolation](#)
[Ending Home Isolation for Immunocompromised Patients](#)

COVID-19 Diagnostic Testing Guidance

The NDDoH continues to recommend that clinicians use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Health care providers should not turn patients away for COVID-19 testing who have upper or lower respiratory illness. **COVID-19 testing is critical in order to identify cases and prevent further spread through case investigation and contact tracing. Health care providers are asked to have a high suspicion for COVID-19 and test accordingly.**

Clinicians should consider testing any patient with **one (1)** of the following signs/symptoms with new or worsening onset:
- cough
- shortness of breath
- difficulty breathing

OR

Two (2) of the following signs/symptoms with new or worsening onset:
- fever (measured or subjective)
- runny nose
- sore throat
- chills
- myalgia
- fatigue
- headache
- loss of taste and/or smell

Priorities for Testing:

High Priority:
- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings (long term care, correctional facilities, group homes, homeless shelters, etc.), and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings **with** symptoms
- Persons identified through public health cluster and selected contact investigations

o   Symptomatic close contacts

Priority:
- Persons **with** symptoms of potential COVID-19 infection
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.
  - o   Asymptomatic health care workers and first responders may be tested after an exposure to COVID-19. Testing should occur 5 to 7 days after exposure. A negative PCR test result does not mean that the person won't go on to develop COID-19 in the 14 days after exposure. If exposed, these individuals should be quarantined for 14 days, even with a negative test result.

The NDDoH Division of Microbiology cannot support preoperative testing for COVID-19. Additionally, patients would need to be tested multiple days prior to surgery. The patient could develop COVID-19 after the specimen is collected and before or at the time of surgery. Health care providers should assume that all patients have COVID-19 and wear appropriate personal protective equipment. If preoperative patients have symptoms of COVID-19, they may be tested.

Collection kits are available for order from the [NDDoH Division of Microbiology](#).

Health care providers should not refer patients to the NDDoH for medical consultation or screening to determine the need for testing. Health care providers should not diagnose a patient with COVID-19 without testing and/or reporting to the NDDoH.

For questions related to COVID-19, health care providers can call the NDDoH Division of Disease Control at COVID-19 hotline at 888-391-3430 Sunday through Saturday, 24/7.

COVID-19 is a Mandatory Reportable Condition

North Dakota Administrative Rules 33-06-01 requires the reporting of novel severe acute respiratory illness, which includes COVID-19. North Dakota health care providers are required to report all individuals who tested positive or negative for COVID-19 to the NDDoH.

Categories of Health Alert Network messages:
Health Alert   Requires immediate action or attention; highest level of importance
Health Advisory   May not require immediate action; provides important information for a specific incident or situation
Health Update   Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information