

Symptom Based Strategy for Discontinuing Additional Precautions in the Patient with COVID-19

Discontinuation of Additional Precautions:

- The decision to discontinue Additional Precautions will be made in consultation with Infection Prevention and Control (IPAC)/Infectious Diseases (ID).
- The decision to discontinue precautions for patients with confirmed COVID-19 infection should be made using a symptom-based strategy as described below.
- A test-based strategy is not recommended because, in the majority of cases, it results in prolonged and unnecessary isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.
- Meeting the criteria for discontinuation of precautions is not a prerequisite for discharge from an acute care facility.
- When determining the date to discontinue precautions, Day 0 is the date of onset of symptoms or the date of positive test.

	Symptomatic, Moderate to Severely Immunocompromised*	<u>Critical COVID-19 Disease</u> (e.g. ICU Care)	Symptomatic, (includes <u>Non-Severe Illness and Moderate to Severe Illness</u>)	Asymptomatic
Minimum number of days since symptom onset (or positive lab result if asymptomatic)	20 days	10 - 20 days	7 days	7 days
Absence of fever without antipyretics	> 24 hours	> 24 hours	> 24 hours	N/A
Symptoms	Improvement	Improvement	Improvement	N/A
Re-testing	Consider PCR test on day 20 in consultation with IPAC/ID on a case-by-case basis	None	None	None

***Moderately or Severely Immunocompromised**

For the purposes of this guidance, the [Nova Scotia Government’s definition of immunocompromised](#) is used:

- Immunocompromised due to solid tumour or hematologic malignancies or treatments for these conditions
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Immunocompromise due to chimeric antigen receptor (CAR) T cell therapy targeting lymphocytes
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/uL or CD4% <15%, or without HIV viral suppression
- Recent (within the last 12 months) treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive. A list of eligible treatments can be found [here](#).
- Chronic kidney disease on dialysis
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation. See primary immunodeficiency page [here](#).

Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.