Criteria for releasing COVID-19 patients from isolation

CORONAVIRUS (COVID-19) UPDATE NO. 32
26 June 2020
Current global situation

- More than 9.25 million COVID-19 cases globally
- More than 475,000 deaths

Top ten countries with the highest number of new cases over the past 24 hours:
- Brazil – 39,436
- USA – 34,191
- India – 16,922
- Russian Federation – 7,113
- Mexico – 6,288
- South Africa – 5,688
- Pakistan – 4,044
- Chile – 3,649
- Bangladesh – 3,462
- Peru – 3,363

Data as of 06h00 25.06.20
Current global situation

Number of new deaths of COVID-19 per day, by WHO Region

New daily deaths

AFRO  AMRO  EMRO  EURO  SEARO  WPRO

Current situation 2/2
Updated recommendations on the criteria for discharging patients from isolation

The updated recommendations are part of the Clinical Management of COVID-19 interim guidance published on 27 May 2020

The updated recommendations are further explained in a Scientific Brief published 17 June 2020
Previous recommendation (published 12 January):

• Patients must be clinically recovered (symptom free) and have two negative RT-PCR results on sequential samples taken at least 24 hours apart.
Updated recommendation (published 27 May):

- For **symptomatic patients**: 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms). *Date of symptom onset is day 1.*

  **Example 1.** Symptoms resolve on day 6. Minimum isolation for symptomatic cases is 13 days and they can be released on day 14.

  **Example 2.** Symptoms resolve on day 17. Minimum isolation for this patient is 20 days and they can be released on day 21.

- For **asymptomatic cases**: 10 days after positive test for SARS-CoV-2

  *Date of testing is day 1. Minimum isolation for asymptomatic cases is 10 days and they can be released on day 11.*

*Countries may choose to continue to use testing as part of the release criteria. If so, the initial recommendation of two negative PCR tests at least 24 hours apart can be used.*
Reasons for an updated recommendation

The updated recommendation balances the understanding of infectious risk and the practicality/feasibility of requiring repeated negative PCR testing.

1. Understanding of infectious risk

- Infection with SARS-CoV-2 is confirmed by RT-PCR testing to detect viral RNA
- Presence of RNA does not always mean that a person is still infectious/able to transmit the virus to others (the person is most likely still infected that is why you detect RNA, but not necessarily infectious to others e.g. the virus produced is bound to neutralizing antibodies)
- Factors that determine transmission risk include behavior, environment, and whether somebody is shedding infectious virus.
- Replication competent virus is rare in respiratory samples taken 9 days or more after symptom onset, especially in patients with mild disease. In mild cases, by this time symptoms have usually also resolved.

Evidence shows that the combination of time after onset of symptoms and the clearance of symptoms seems to be safe criteria for discharge from isolation
Reasons for an updated recommendation

2. Practicality and feasibility of 2 negative PCR tests:

- Insufficient testing capacity in many settings
- Some people have detectable viral RNA for a long period after symptoms resolve
- Some patients have a negative test followed by a positive test result*, which may lead to confusion and harm trust in the system
- Prolonged isolation affects well-being, society and access to healthcare

*Due to prolonged viral shedding around the limit of detection
Upcoming events

Pre-conference of the 1st WHO infodemiology conference.