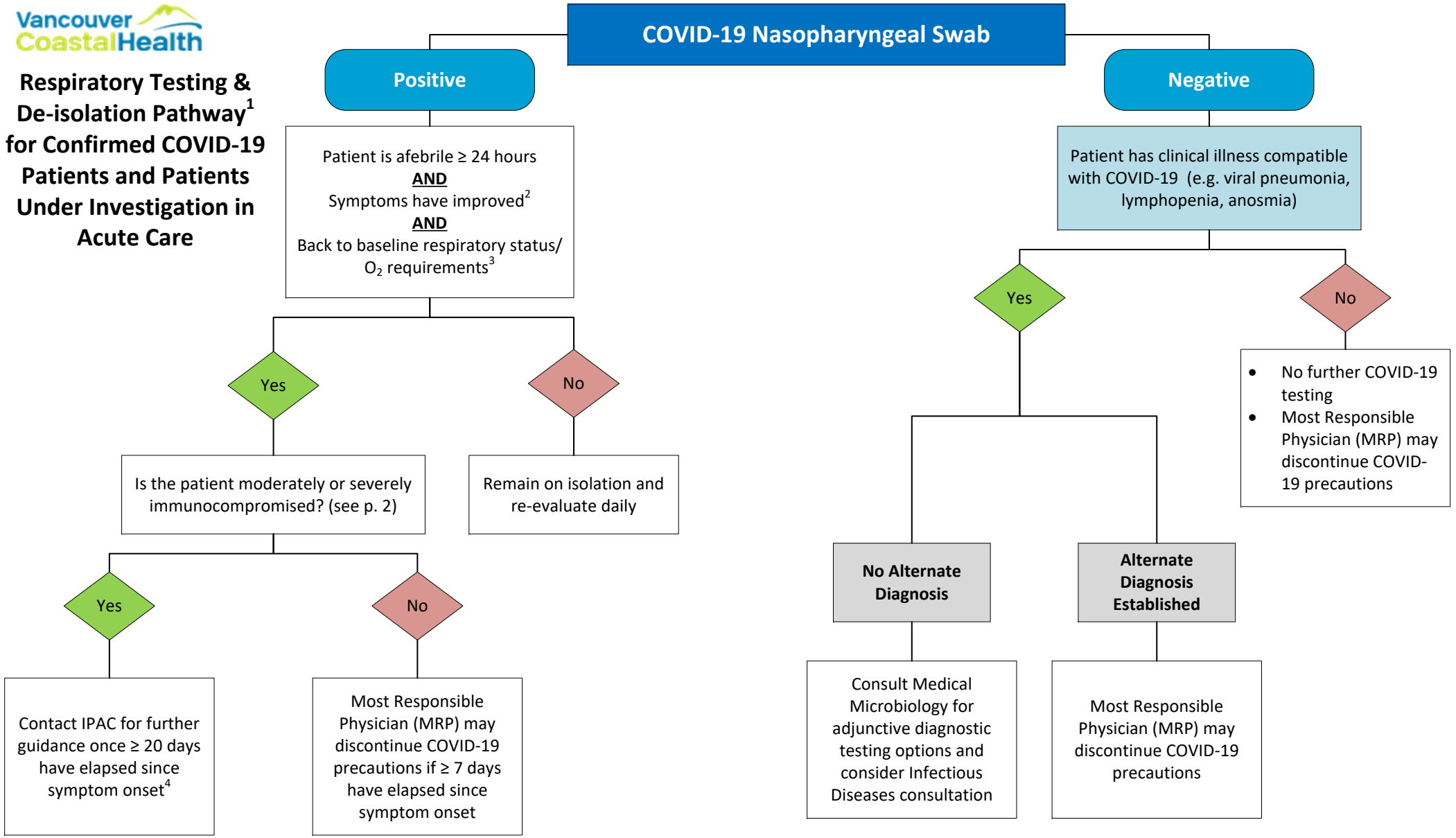
Vancouver Coastal Health

Respiratory Testing & De-isolation Pathway[1] for Confirmed COVID-19 Patients and Patients Under Investigation in Acute Care



Footnotes:

1. These policies apply to COVID-19 only. Please follow established IPAC procedures for all other conditions.
2. Cough may persist for several weeks.
3. Some patients may establish a new baseline due to underlying lung damage resulting from infection (e.g. patients on ECMO). Consult IPAC to review the appropriateness of de-isolationin these situations.
4. Test-based strategy after 20 days for severely immunocompromised patients (page 2)

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Severely immune compromised patients: • **20 day time-based de-isolation strategy PLUS** • **test-based approach**	1. SOT recipient 2. Those being actively treated for hematological malignancy 3. Those who have had bone marrow or stem cell transplant 4. Those who have taken antiCD20 agents or B cell depleting agents 5. Those w/ severe primary immune deficiencies **6. Those who have taken anti CD20 agents or B cells depleting agents for non hematological reason**
Moderately immune compromised patients: • **20 day time-based de-isolation strategy only**	1. Those additional patients who have received treatment for cancer including solid tumors: ▪ Have received or are receiving systemic therapy (including chemotherapy, molecular therapy, immunotherapy, targeted therapies including CAR-T, monoclonal antibodies other than the hematological malignancies in CEV 1, EXCEPT those receiving adjunctive hormonal therapy ONLY ii. Have received or are receiving radiation therapy for cancer 2. Those who have taken significantly immune suppressing Rx who are not already captured as CEV 1: ▪ Biologics: abatacept, adalimumab, anakinra, benralizumab, brodalumab, canakinumab, certolizumab, dupilumab, etanercept, golimumab, guselkumab, infliximab, interferon products (alpha, beta, and pegylated forms), ixekizumab, mepolizumab, natalizumab, omalizumab, resilizumab, risankizumab, sarilumab, secukinumab, tildrakizumab, tocilizumab, ustekinumab, or vedolizumab; ▪ Oral immune-suppressing drugs: azathioprine, baricitinib, cyclophosphamide, cyclosporine, leflunomide, dimethyl fumerate, everolimus, fingolimod, mycophenolate, siponimod, sirolimus, tacrolimus, tofacitinib, upadacitinib, methotrexate, or teriflunomide; ▪ Oral steroids on an ongoing basis: dexamethasone, hydrocortisone, methylprednisolone, or prednisone; vi. Immune-suppressing infusions/injections: cladribine, cyclophosphamide, glatiramer, methotrexate 3. Those with advanced untreated HIV infection or those with acquired immuno-deficiency syndrome (AIDS) defined as AIDS defining illness or CD4 count ≤ 200/mm3 or CD4 fraction ≤ 15% 4. People with moderate primary immunodeficiencies: Have a moderate to severe primary immunodeficiency which has been diagnosed by an adult or pediatric immunologist and requires ongoing immunoglobulin replacement therapy (IVIg or SCIG) or the primary immunodeficiency has a confirmed genetic cause (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome). 5. Glomerulonephritis and receiving steroid treatment

Note:

Based on their clinical judgement, MRPs may determine that there are other diagnoses and/or medications notlisted above that support considering patients as moderately or severely immune compromised. Consult an infectious disease specialist as needed.