CCRC
OSLER COVID CLINICAL RESPONSE COMMITTEE

Defining COVID-19 Viral Clearance and Case Definition for Data Management **30 June 2020**

The COVID Clinical Response Committee (CCRC) has been asked to provide guidance on the clearance of the COVID-19 virus and case definition within the hospital.

A. Defining viral clearance

1. In general, a non-test based approach is recommended.
2. Non-test-based approach
   The declaration of viral clearance can be considered when the following criteria are met:
   a. 14 days have passed since the onset of symptoms in symptomatic patients or the first positive test in asymptomatic patients AND
   b. afebrile for at least 72 hours AND
   c. symptoms are improving for at least 72 hours.

   Note: the absence of a cough is not required.
3. A test-based approach is recommended in the following patients:
   a. Inpatients who required critical care admission.
   b. Patients receiving systemic immunosuppressive therapy, including active chemotherapy and transplant-related immunosuppression.
   c. High-risk patient populations at the discretion of IPAC
4. Test-based approach
   a. Criteria for the non-test-based approach are met.
   b. For non-intubated patients, two negative nasopharyngeal swabs, 24 hours apart.
   c. For intubated patients or those with a tracheostomy, two negative endotracheal aspirates, 24 hours apart.
   d. If clearance swabs are positive, re-test again in approximately 3-4 days.
   e. In those who are persistently positive using this strategy, an expert based strategy involving the microbiologist and infection prevention and control physician will be utilized. This will require documentation in each case.
5. In outpatient settings, a clearance swab is not recommended unless other indications exist (e.g. planned chemotherapy). A non-test-based approach should be utilized.

B. COVID Case definition for data management

1. We recommend two categories of patients with COVID Related Illness for data management:
    a. COVID-19 positive patients who have not met criteria for viral clearance
    b. Patients who had COVID-19 infection who have met criteria for viral clearance (part A)
2. We recommend only an Infection Prevention and Control practitioner be permitted to designate a patient as having achieved viral clearance.
3. We do not recommend labelling viral clearance patients as "resolved" as this misrepresents the true burden of COVID within the hospital system.
4. Ministry of Health reporting of overall hospital COVID cases includes only active cases. Patients who have passed test-based or non-test based clearance are no longer included in COVID census.
5. Critical Care Services Ontario (CCSO) reporting includes active COVID cases who have not met clearance criteria and the second category of COVID related critical illness (CRCI) which includes all patients initially admitted to hospital due to COVID.
6. "Resolved" may be an appropriate term for patients in the outpatient setting.

C. Repeat COVID Testing

1. Repeat COVID testing will be permitted for the following populations:
    a. For viral clearance:
        i. Inpatients who required critical care admission.
        ii. Patients receiving systemic immunosuppressive therapy, including active chemotherapy and transplant-related immunosuppression.
        iii. High-risk patient populations at the discretion of IPAC or ID
    b. For suspected recurrent infection, a repeat NPS can be ordered a minimum of 90 days from the original positive COVID swab.

This decision will be revisited as new evidence or guidelines become available or as requested.

Rationale

1. Viral clearance recommendations are based on the Ministry of Health recommendations and Ontario Public Health practice.
2. We are using a slightly more conservative approach in the test-based clearance group by recommending 14-days after symptom onset AND symptom improving for 72 hours as we are only using test-based clearance in high-risk inpatients.
3. The test-based approach for ventilated patients in critical care is used to guide timing around tracheostomy. This process is recommended to improve staff safety around the tracheostomy procedure and post-tracheostomy open tracheal suctioning. Both of these procedures are aerosol-generating medical procedures.
4. The test-based approach in immunocompromised patients is recommended based on the high probability of delayed viral clearance in this patient population.
5. Case definition should reflect both active COVID cases who have not met viral clearance AND COVID cases who have met criteria for viral clearance to accurately track the hospital system burden of COVID.
6. Active COVID cases will reflect more recent infections and likely recent admissions. This will provide information on current COVID activity and the need for isolation.
7. Viral clearance COVID cases will reflect the prolonged hospitalization required for many COVID patients and therefore provide a view of total hospital beds occupied by patients admitted due to COVID. Most viral clearance patients would not have been hospitalized if they were not infected with COVID.