

# ICU inpatient clearance of COVID-19 infection

## Clinical Guidelines

For an adult or paediatric inpatient of a Queensland Public intensive care unit (ICU) to be considered cleared (no longer infectious) of COVID-19, a medical practitioner or multidisciplinary team review, working within a COVID-19 healthcare framework approved by Queensland Health, should:

1. determine the patient meets the clearance criteria for release from COVID isolation; and
2. authorise the patient's release from a COVID-19 treatment area.

### Clearance criteria

An inpatient of a Queensland public ICU may be considered cleared of COVID-19 subject to the following recommended requirements:

#### **1. ICU inpatient being treated primarily for symptoms of COVID**

If the patient is primarily admitted for treatment of severe symptoms related to COVID-19, or develops severe symptoms while admitted for another reason, they may be considered cleared subject to meeting all the conditions outlined below.

Days since positive test	Absence of fever	Negative test results
<u>Day 10</u> or more after receiving an initial positive test (RAT or PCR) for COVID-19 (for immunocompromised or immunosuppressed patients – see below).	24 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.	Negative results from at least 2 consecutive COVID-19 tests (RAT preferred) collected ≥ 24 hours apart, commencing no earlier than Day 9 since their initial positive test with a maximum of 10 days of testing (20 days total since initial positive test) – see <a href="#">Notes</a> .

#### **2. Immunocompromised ICU patients with primary or incidental COVID infection**

If the patient is admitted to ICU for any reason, and has tested positive for COVID-19 with symptoms of any severity, and is considered a severely immunocompromised person (see Notes), the patient may be considered cleared subject to meeting all the conditions outlined below.

Days since positive test	Absence of fever	Negative test results
<u>Day 14</u> or more after receiving an initial positive test (RAT or PCR) for COVID-19.	48 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.	Negative results from at least 2 consecutive COVID-19 tests (RAT preferred) collected ≥ 24 hours apart, commencing no earlier than Day 13 since their initial positive test with a maximum of 10 days of testing (24 days total since initial positive test) – see <a href="#">Notes</a> .

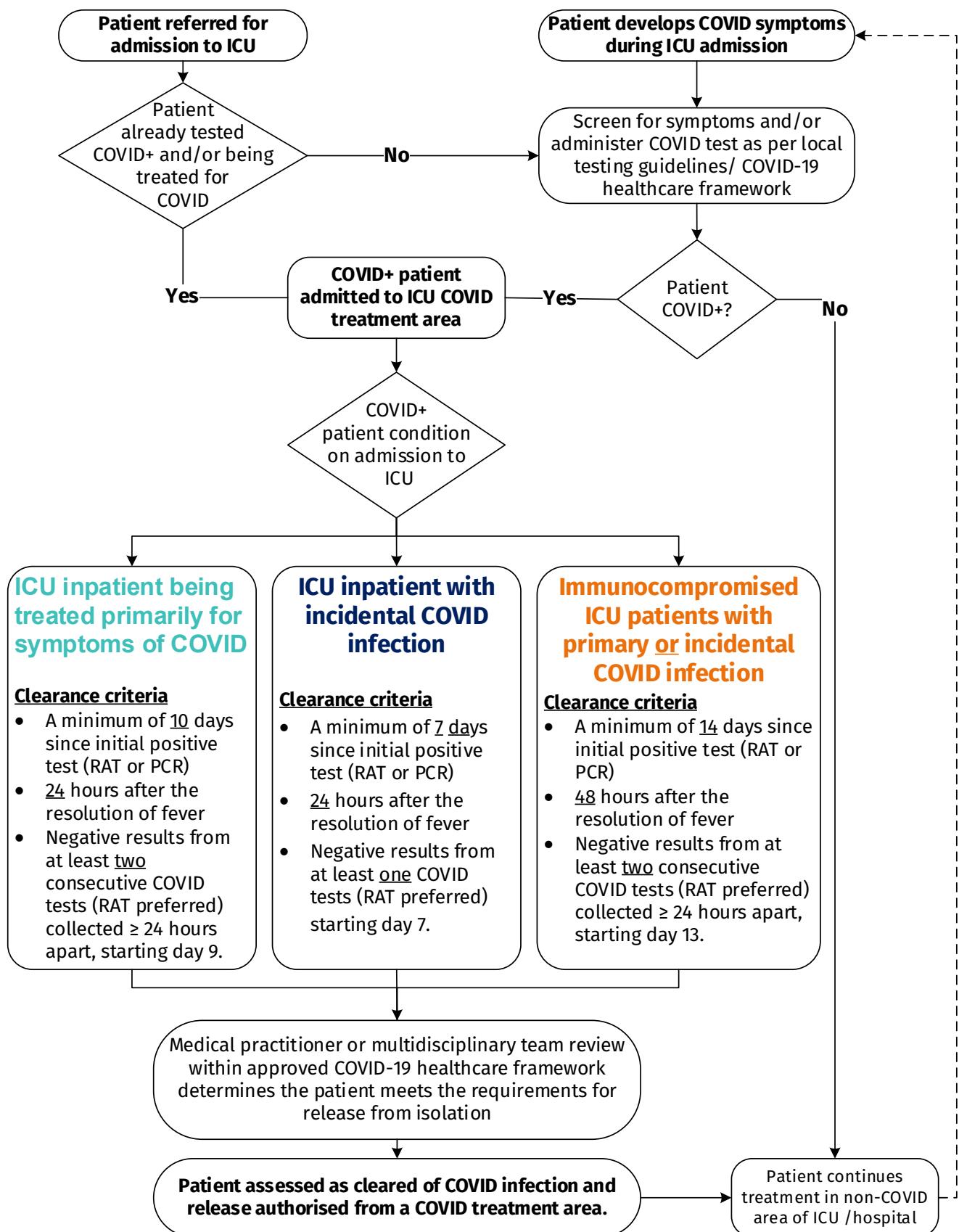
#### **3. ICU inpatient with incidental COVID-19 infection**

If the patient is admitted to ICU for another condition but has also tested positive to COVID-19 and is asymptomatic or only has no/mild/moderate symptoms, the patient may be considered cleared subject to meeting all the conditions outlined below.

Days since positive test	Absence of fever	Negative test results
<u>Day 7</u> or more after receiving an initial positive test (RAT or PCR) for COVID-19.	24 hours after the resolution of fever attributed to COVID-19 without the use of fever-reducing medications dispensed primarily for this purpose.	Negative results from at least one COVID-19 test (RAT preferred), collected no earlier than Day 7 since their initial positive test with a maximum of 10 days of testing (17 days total since initial positive test) – see <a href="#">Notes</a> .



# ICU inpatient clearance of COVID-19 infection - flowchart



## Notes

- a. In all cases clinical judgment and discretion should be utilised, and these clinical guidelines considered in conjunction with local policies and procedures.
- b. The [Coronavirus \(COVID-19\) – CDNA National Guidelines for Public Health Units](#) recommends that people who need to be considered for treatment, including those at high-risk of severe disease; People who require hospital level care for their symptoms; and People in circumstances when additional control measures may be required such as those at risk of exposing people at high-risk of severe disease including those who live or work in a high-risk setting be considered for screening testing.  
ICUs should follow their local COVID-19 healthcare framework and testing guidelines for consideration of symptom screening and testing prior to admission.
- c. All patients should continue to be screened for COVID-19 symptoms as part of their admission and tested as required.
- d. An ICU inpatient considered cleared of infection may still exhibit ongoing symptoms of COVID-19 relating to their prior infection, and be released from a COVID-19 treatment area to receive ongoing treatment (including ventilation, ECMO, and/or dialysis) in a non-COVID-19 pod/ward/HDU at the discretion of the treating team.
- e. Patients may continue to shed viral fragments for many weeks following infection detectable by PCR tests for COVID-19, but have a substantially reduced chance of passing on their infection. As such, PCR testing for patient clearance is not recommended, with RAT the preferred option.  
Discretion on testing following infection – especially if using PCR tests for clearance - may be used in seeking consecutive negative results, with a suggested upper limit of an additional 10 days from when testing commences (ie: 20 days from initial test results for patients with severe symptoms, 24 days for immunocompromised patients, 17 days for incidental infections). Once this upper limit is reached, discuss with an infectious disease specialist if the patient should continue to be considered infectious. See CDC Guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
- f. The TGA have advised that RAT tests available in Australia should detect emerging SARS-CoV-2 genetic variants and remain accurate – see <https://www.tga.gov.au/products/covid-19/covid-19-tests/ability-covid-19-tests-detect-emerging-genetic-variants-sars-cov-2>
- g. Generally, patients are unlikely to get COVID-19 again within 28 days of completing isolation from an earlier COVID-19 infection. Immunocompromised patients have a greater chance of COVID-19 reinfection following initial infection, including within this 28-day period. Clinical discretion should be exercised in COVID-19 testing within this period for asymptomatic patients.
- h. Severely immunocompromised patients - for the purposes of this guidance, the Communicable Diseases Network of Australia (CDNA) [Guidelines for Public Health Units](#) and [Australian Technical Advisory Group on Immunisation](#) (ATAGI) combined definition of a severely immunocompromised person may include, but are not limited to, patients that:
  - have had an organ transplant and are on immune suppressive therapy
  - have had a haematopoietic stem cell transplant in the past 2 years
  - are on immune suppressive therapy for graft versus host disease
  - have had an active haematological malignancy
  - are being treated with biological therapies and most disease modifying anti rheumatic drugs (DMARDs), including 6 Mercaptopurine > 1.5 mg/kg/day; Methotrexate 10 mg/day; any dose of Tacrolimus, Cyclosporine, Cyclophosphamide, Mycophenolate or any dose combination of multiple DMARD
  - Primary immunodeficiency including combined immunodeficiency and syndromes, major antibody deficiency (e.g. common variable immune deficiency (CVID) or

agammaglobulinemia), defects of innate immunity (including phagocytic cells), defects of immune regulation, complement deficiencies and phenocopies of primary immunodeficiencies

- have human immunodeficiency virus infection with CD4 T-lymphocyte count below 200 cells/per mm
- are receiving dialysis
- have other immunosuppressing conditions specifically noted by the treating medical practitioner.

## References:

Queensland no longer has any Public Health Directions in effect. This document is informed by the best practice standards of:

- Queensland Health [Infection prevention and control guidelines for the management of COVID-19 in healthcare settings Version 4.0 22 June 2022](#)
- The Communicable Diseases Network of Australia (CDNA) [Guidelines for Public Health Units](#)
- National Clinical Evidence Taskforce – COVID 19 guidelines - <https://clinicalevidence.net.au/covid-19/#living-guidelines>
- NSW Clinical Excellence Commission [COVID-19 and other acute respiratory Infection Prevention and Control Manual](#) for acute and non-acute healthcare settings -- as at November 2023
- US Centre for Disease Control [Ending Isolation and Precautions for People with COVID-19: Interim Guidance](#)
- UK Health Security Agency [COVID-19: information and advice for health and care professionals](#)

## Version History

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Clinical Excellence Queensland			
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