

# New Changes to Clearance Guidance for COVID-19 Cases

## Update to York Region health care providers as of October 8, 2020

On October 1, 2020, Ontario's Ministry of Health updated the [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#), making a significant change to **clearance** for COVID-19 cases. The guidance now indicates that cases with mild to moderate illness can discontinue self isolation **10 days** from symptom onset and cases with severe illness (requiring ICU-level support) or with immune compromise (regardless of symptom presence or severity) can discontinue isolation after **20 days**. Previously, self-isolation could discontinue for all cases after 14 days.

Contacts who have had an exposure to a case must still self-isolate for 14 days from their last exposure. This is based on the incubation period which has not been changed provincially. While 10 days applies to clearance of cases, 14 days applies to contacts self-isolating after an exposure.

For all cases, isolation can cease after the duration specified from symptom onset provided that the individual is fever free (without the use of fever-reducing medications), and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.

If an individual has tested positive but has never had symptoms, isolation recommendations should be based on date of specimen collection. If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. If you have any questions or are unsure about symptom onset dates of a particular case, contact public health to discuss.

### Non-test-based clearance approach – preferred method

Mild to moderate illness AND no severe immune compromise	<p>Can discontinue isolation after <b>10 days</b> from symptom onset (or 10 days from positive test collection date if never had symptoms), provided that the individual is afebrile (without the use of fever-reducing medications) and symptoms are improving for at least 24 hours.</p> <p>Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.</p> <p>Mild to moderate illness includes the majority of cases of COVID-19, and includes all those who do not meet the definition of severe illness or severe immune compromise (below).</p>
Severe illness (requiring ICU level of care) OR severe immune compromise	Can discontinue isolation <b>20 days</b> from symptom onset (or 20 days from positive test collection date if asymptomatic and severe immune compromise), provided that the individual is afebrile (without the use of fever-reducing medications) and symptoms are improving for at least 24 hours.



	<p>Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.</p> <p>Studies informing this approach did not have a consistent definition of severe illness or severe immune compromise. For the purposes of a clearance assessment:</p> <ul style="list-style-type: none"> <li>• Severe illness is defined as requiring ICU level of care for COVID-19 illness (e.g., respiratory dysfunction, hypoxia, shock and/or multi-system organ dysfunction).</li> <li>• Examples of severe immune compromise include cancer chemotherapy, untreated HIV infection with CD4 T lymphocyte count &lt;200, combined primary immunodeficiency disorder, taking prednisone &gt;20 mg/day for more than 14 days and taking other immune suppressive medications.</li> <li>• Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immune compromise impacting non-test based clearance</li> </ul>
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### Test-based clearance approach

<p>Not routinely recommended, but <b>may</b> be used at the discretion of a hospital to discontinue precautions for admitted patients.</p> <p>Some health care workers may be directed to have test-based clearance by their employer/Occupational Health and Safety.</p>	<p>Continue isolation until 2 consecutive negative specimens tested by a nucleic acid amplification test and collected at least 24 hours apart.</p> <ul style="list-style-type: none"> <li>• Testing for clearance may begin after the individual has become afebrile and symptoms are improving for at least 24 hours.</li> <li>• Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.</li> <li>• If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart).</li> <li>• Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory.</li> <li>• Serological testing cannot be used for test-based clearance.</li> <li>• Test based clearance should not be used in an attempt to reduce the length of isolation.</li> </ul>
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Related to this update, guidance for “work self-isolation” used in exceptionally rare circumstances with health care workers has also been updated. The direction now specifies that work self-isolation means maintaining self-isolation measures outside of work for 14 days from their last exposure (for contacts with high-risk exposures); or **10 days** from symptom onset (or 10 days from positive specimen collection date if consistently asymptomatic) for cases.

### For more information

Call our dedicated health professional COVID-19 line at 1-877-464-9675 ext. 77280 (8:30 a.m. to 4:30 p.m., seven days a week, after hours call 905-953-6478) or email [CIDIntakeLine@york.ca](mailto:CIDIntakeLine@york.ca). Continue to visit [york.ca/healthprofessionals](http://york.ca/healthprofessionals), [york.ca/covid19](http://york.ca/covid19) and [Ontario.ca/covid19](http://Ontario.ca/covid19) for up to date information on COVID-19.