UPDATED CASE MANAGEMENT DISCHARGE CRITERIA

Rational

Current clinical guideline for COVID-19 in South Sudan recommends Laboratory based criteria for discharge of all COVID-19 patients, i.e 2 Negative PCR test before discharge of patients from Isolation. However, due to limitation on the laboratory capacity and the amount of backlog from suspected cases the laboratory-based criteria have shown limitation in providing adequate follow up. Many of COVID-19 patients have passed their 21 days waiting for repeat results before being discharged from Isolation. This situation has led to prolonged period of Isolation with subsequent impact on individual well-being, society, and access to healthcare which in turn lead to reduced trust of patients and community vis-a vis the response team.

In view of the fast-growing number of cases this situation might quickly be worsened in the near future and become out of control. Moreover, some of the COVID-19 patients are still tested positive after more than 2 months from the onset of symptoms leading to extended isolation.

Current evidences from the World Health Organization (WHO), Center of Disease control and Prevention (CDC) as well as other researchers suggest that many individual tested Positive for SARS COV-2 still present positive RT-PCR results weeks or even months after onset of symptoms without being necessarily infectious. Detection of viral RNA does not necessarily mean that a person is infectious and able to transmit the virus to another person.

According to WHO recent recommendations on discharge criteria and based on evidence showing the rarity of virus that can be cultured in respiratory samples 9 days after symptom onset, especially in patients with mild disease, usually accompanied by rising levels of neutralizing antibodies and a resolution of symptoms, it appears safe to release patients from isolation based on clinical criteria that require a minimum time in isolation of 13 days, rather than strictly on repeated PCR results. Although the risk of transmission after symptom resolution is likely to be minimal based on what is currently known, it cannot be completely ruled out. However, there is no zero-risk approach, and strict reliance on PCR confirmation of viral RNA clearance creates other risks including straining resources and limiting access to health care for new patients with acute disease[1]

[1] World Health Organization (WHO), Criteria for releasing COVID-19 patients from isolation, scientific brief, 17 June 2020

Updated discharge criteria

- For **Severe or critical COVID-19** patients who were initially managed in COVID-19 designated facilities and are clinically stable (with mild or moderate symptoms ≥ 4 days with no imminent risk of deterioration) as determined by Clinical team, will be transferred to Home-based isolation
- Patients presenting **Mild to Moderate** illness to be released from Isolation after 10 days from the onset of symptoms + 3 consecutive days with no Fever (without taking fever reducing meds) and/or respiratory symptoms (Cough, respiratory distress). However, for States, counties and facilities where testing is available, the patient should be released from Isolation after 1 Negative PCR results for SARS-COV-2 done on day 14 of Home Isolation
- Asymptomatic patients to be released from Isolation 10 days after positive test for SARS-CoV-2. However, for States, counties and facilities where testing is available, the patient should be released from Isolation after 1 Negative PCR results for SARS-COV-2 done on day 14 of Home Isolation.

Follow up of discharged patient

- Follow up of recovered severe and critical patients: Post-intensive care symptoms is expected for some patients[2] with severe and critical COVID-19, including those who were in mechanical ventilation, sedation and/or prolonged bed rest which may result in a range of impairments including (but not limited to) physical deconditioning, respiratory, swallow, cognitive and mental health impairments. It is therefore important to set up a follow of this category of patients.

  The follow up include routine assessment of mobility, functional, swallow, cognitive impairments and mental health concerns.
- Some studies report risk of reactivation or re-infection of previously recovered COVID-19 patients after a certain time. It is therefore important that the case management team educate the patient on the risk of re-infection or reactivation and the importance of continue the application of preventive measures including physical distancing of at least 2m from other people, wearing of cloth covering mouth and nose and hand washing.
- Re-integration of recovered patient to the community: It is important to continue the support to recovered patients to the community by providing Psychosocial support together with adequate risk communication to community members through community leaders.

[2] Older people and patients of all ages with chronic diseases, may be most susceptible to the impacts of post-intensive care symptoms