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TREATMENT OF PATIENTS, CLOSE CONTACTS OF PATIENTS AND TERMINATION OF ISOLATION AND QUARANTINE

Combined revised recommendations on priorities for SARS-CoV-2 testing, contact handling, termination of isolation and quarantine/self-isolation with reference to persons who have recovered from COVID-19 or have been vaccinated

Changes from the previous version:

- The exemption from the need for testing and quarantine after recovery from the disease or vaccination has been extended from three to six months.
- The so-called British variant of SARS-CoV-2 has been removed from the list of variants for which the duration of quarantine is 14 days and which require mandatory testing upon completion of quarantine.

1. Procedure regarding close contacts of COVID-19 patients

In order to reduce the spread of infection, all close contacts of Covid-19 patients are placed under health surveillance in quarantine/self-isolation.

It is recommended that close contacts who are part of a collective in which it is important to assess the extent of infection or who work with a vulnerable population be tested by PCR test or rapid antigen test within five days of exposure. A negative test result has no effect on the duration of quarantine. A positive test result requires processing of the tested person's close contacts.

Close contacts * are subject to health surveillance in quarantine/self-isolation for 10 days from the last close contact with an infected person.

If the patient and his/her contacts live in the same household without the possibility of isolating the patient (e.g. a sick child cared for by his/her parents), home contacts are subject to quarantine for 10 days after the patient meets the criteria for coming out of isolation. If they are in continuous close contact with the patient, this entails a 20-day quarantine from the date of the patient's onset of illness (10 days of the patient's infectiousness plus 10 days of quarantine from the last day of the patient's infectiousness), provided that the patient meets the requirements for coming out of isolation after ten days and his/her contacts do not develop symptoms of the disease during this period, which should be assessed by their primary care physician.

Exceptionally, if, based on the patient's case history or the results of a screening test for new variants, it is suspected that the patient is infected with a virus variant with greater transmission potential or one that is antigenically different from the predominant variants (the so-called variants of concern), his/her contacts will have a quarantine period of 14 days from the last contact with the infected person. Close contacts of individuals for whom sequencing revealed infection with a variant of concern should be tested for SARS-CoV-2 on the last day of quarantine. Currently, this refers to the so-called Brazilian and South African variant of the virus.

Upon completion of quarantine, persons do not need to be tested if they have not developed symptoms (unless they are immunocompromised and work in health facilities and with providers of accommodation and care services for the elderly, seriously ill adults and people with disabilities, or are contacts of persons infected with the South African or Brazilian variant, for which purpose the PCR test is used).

Immunocompromised persons working in health care institutions and with providers of accommodation and care services for the elderly, seriously ill adults and people with disabilities, who did not develop any symptoms of COVID-19 during quarantine (who were asymptomatic during quarantine), may return to work and be released from quarantine after testing negative on the 10th day of quarantine. A PCR test is used for this purpose.

If persons in quarantine/self-isolation develop symptoms of a disease compatible with COVID-19, they should be **tested for SARS-CoV-2**. While test results are pending, they should be treated as COVID-19 patients. Either a rapid antigen test or PCR test may be used for this purpose.

* For the purpose of health surveillance in quarantine/self-isolation, close contact is defined as:
  - sharing the household with a patient
  - direct physical contact with a COVID-19 patient
  - unprotected direct contact with infectious secretions or excretions of a COVID-19 patient (touching used tissues with bare hands or e.g. being coughed on by a patient)
  - face-to-face contact with a COVID-19 patient at a distance of less than two metres for more than 15 minutes
  - staying indoors (e.g. in a classroom, meeting room, waiting room in a healthcare facility, etc.) with a COVID-19 patient at a distance of less than two metres for more than 15 minutes – staying indoors at a distance of more than two metres may be close contact, depending on whether the

patient has symptoms, masks were worn, the room was ventilated… each individual contact indoors should be assessed individually
- healthcare professionals or other persons providing direct care to a COVID-19 patient or laboratory staff handling samples of patients without the use of recommended personal protective equipment (PPE) or due to erroneous use of PPE
- contact in an aircraft or other means of transport being within two seats in front of, behind or beside a sick passenger; companions or caregivers during the trip; personnel serving in the part of the aircraft in which the patient is seated (if the severity of the patient's clinical picture or the patient's movement indicate the exposure of a large number of passengers, all passengers in a section or the entire aircraft may be considered closed contacts).

It should be emphasized that each specific situation requires an individual epidemiological risk assessment and that treatment may differ from the recommendations if there is medical justification.

A person is not subject to health surveillance in quarantine/self-isolation if:

- he/she had laboratory-confirmed COVID-19 (PCR test or antigen test) in the previous six months and the conditions for release from isolation were met
- the person was classified as a probable case of COVID-19 based on a clear epidemiological history and clinical picture (e.g. a person living with a laboratory-confirmed patient who developed characteristic symptoms of the disease during quarantine) in the previous six months and the conditions for release from isolation were met.
- the person received the second dose of the COVID-19 vaccine more than 14 days and less than six months previously. As vaccination does not completely prevent the possibility of asymptomatic infection and transmission by vaccinated individuals, vaccinated individuals who have been in close contact with a patient must strictly follow the measures that reduce the transmission of droplet infections for the following two weeks after such contact and be alert for possible symptoms compatible with COVID-19 that would require PCR testing. Especially if they are employed in a health facility or nursing home, vaccinated contacts must consistently and without exception wear a FFP2 mask without valve, maintain physical distance as much as possible and take care of strict hand hygiene to prevent possible transmission of infection to patients, users of long-term care facilities and colleagues. Vaccinated close contacts of infected persons must not participate in joint activities in which masks are removed for two weeks after contact. If symptoms occur during this period, the person must be isolated and assessed for COVID-19, which includes referral to SARS-CoV-2 testing. Exceptions are close contacts of persons who are, based on their epidemiological history or a screening test for SARS-CoV-2 variants, suspected of being infected with a virus variant against which the existing vaccines are significantly less effective. Currently, it is the so-called South African variant.

2. Priority groups for testing are:

2.1. All symptomatic individuals with a clinical suspicion of COVID-19

When there is sufficient testing capacity, all symptomatic individuals will be sent for testing. Persons with symptoms indicated for testing for COVID-19 must be placed in isolation until the test results arrive. Close contacts of such persons must also remain in quarantine until the test results arrive, especially family

contacts and contacts from work, if they are health professionals and long-term care facility staff. In case of a positive test result, the infected person will remain in isolation until the criteria for release from isolation are met (see point 3) and his/her close contacts will be quarantined (see point 1).

2.2. Asymptomatic persons:

When testing asymptomatic persons, preference should be given to persons working in the health care system, especially in hospitals and to those working for providers of accommodation and care services for the elderly, seriously ill adults and people with disabilities, according to epidemiological indications.

a) Employees of health care institutions and employees of providers of accommodation and care services for the elderly, seriously ill adults and people with disabilities before returning to work, and based on triage (e.g. anamnestic data regarding the presence of symptoms compatible with COVID-19, stay in a country/area with high disease incidence, participation in large gatherings where measures to prevent the transmission of droplet infections were not followed; all the above for the previous 14 days).
Measures relating to long-term care facility staff are elaborated in more detail in the COVID-19 Epidemic Prevention and Suppression Guidelines for Social Service Providers in the Social Welfare System. The same conditions apply to pupils and students doing their practical training in these institutions.

b) Patients planned to be hospitalized as well as patients planned to undergo diagnostic and therapeutic procedures that generate aerosol in specialized consultative or hospital health care. Additionally, other patients requiring medical attention, but only if a high risk of exposure to infection is assessed in triage. As it is not possible to do PCR diagnostics for all patients within the given deadlines, health care institutions cannot condition the admission of patients on a negative PCR test not older than 48 hours, especially if the diagnostic or therapeutic procedure is urgent or a delay may cause deterioration of the patient's condition (such hospital requirements are particularly problematic after weekends, holidays, etc.). If a healthcare facility has SARS-CoV-2 PCR diagnostics, it should be ensured that such patients are tested in their facility, to avoid overloading the system based on referrals by primary care physicians.

c) Close contacts of persons infected with COVID-19 as an anti-epidemic measure during epidemiological treatment, especially children living in pupil dormitories, those attending kindergarten or school, as well as students living in student dormitories when the treatment of the whole group depends on the outcome (see above).

d) Immunocompromised persons working in health care institutions and with providers of accommodation and care services for the elderly, seriously ill adults and people with disabilities, at the end of quarantine, and before returning to work.

If the person has had laboratory-confirmed COVID-19 within the previous six months; or if the person has received the second dose of the COVID-19 vaccine within the previous six months but more than 14 days

(in case of the J&J vaccine, one dose is sufficient); testing according to the above indications is not necessary if the person has no clear symptoms of the disease.

Referrals for PCR testing of pupils and students in practical training in health care institutions and social care facilities are issued by the school physician in charge, those for pupils and students living in pupil/student dormitories are issued by the school physician in charge or their primary care physician and those for pupils and students with other indications are issued by the school physician in charge (for example in case of group infection in a school/institution) or their primary care physician.

It should be emphasized that each specific situation requires an individual epidemiological assessment and that treatment may differ from the recommendations if there is medical justification.

3. Criteria for releasing covid-19 patients from isolation

These recommendations are based on the existing knowledge about the duration of infectiousness of individuals infected with the SARSCoV-21 virus and are subject to change. The data for making decisions about release from isolation are the date of onset of the first symptoms and signs of the disease and their duration, i.e. the date of testing (sample taking) for SARSCoV-2, depending on whether the SARS-CoV-2 virus infection is symptomatic or asymptomatic.

Release from isolation is primarily based on the clinical picture and time elapsed from onset of the disease, and exceptionally on test results.

I. Asymptomatic COVID-19 patients

For **asymptomatic** cases of COVID-19, it is recommended that patients be released from isolation 10 days after the first positive test result/sample taking for SARS-CoV-2, provided that no symptoms of the disease have developed during this period. In case symptoms develop, the criteria for symptomatic patients are used, with the reference point being the date of onset of symptoms.

II. Symptomatic COVID-19 patients with mild or moderate clinical picture, not immunocompromised

It is recommended that **symptomatic** patients with a mild or moderate clinical picture of COVID-19, who are not immunocompromised, be released from isolation if the following criteria are met:

- the patient has been afebrile without the use of antipyretics for at least three consecutive days and showed significant improvement (reduction) of other COVID-19 symptoms[2]

- **and** at least 10 days have passed since the first day of illness

III. Symptomatic COVID-19 patients with a severe clinical picture who are not immunocompromised

It is recommended that symptomatic COVID-19 patients with a severe clinical picture requiring intensive care be released from isolation if the following criteria are met:

- the patient has been afebrile without the use of antipyretics for at least three consecutive days and showed significant improvement (reduction) of other COVID-19 symptoms[2]
- **and** at least 20 days have passed since the first day of illness

IV. **Severely immunocompromised patients** (e.g. cancer patients on chemotherapy, persons that have been receiving high doses of corticosteroids for a longer period (e.g. prednisone > 20 mg/day for more than 14 days)/immunosuppressants due to their basic diagnosis, organ/tissue transplant recipients, persons with HIV infection and low CD4 lymphocyte counts (<200) or other forms of immunodeficiency). **It is recommended that they be released from isolation if the following criteria are met:**

- the patient has been afebrile without the use of antipyretics for at least three consecutive days
- significant improvement (reduction) of other COVID-19 symptoms[2]

and at least 20 days have passed since the onset of the symptoms of the disease

OR

the person has had two consecutive negative RT-PCR test results for SARS-CoV-2 within at least 24 hours, with the first swab taken at least ten days after onset of the disease and after the patient has been afebrile for three consecutive days.

4. The COVID-19 Epidemic Prevention and Suppression Guidelines for Providers of Accommodation and Care Services for the Elderly, Seriously Ill Adults and People with Disabilities in the Social Welfare System apply to **users of long-term care facilities for the elderly, seriously ill adults and persons with disabilities**.

[1] According to them, people infected with the SARS-CoV-2 virus are most contagious a day or two before the onset of symptoms and in the first days of illness, with most secondary cases becoming infected in contact with the primary cases within the first five days from the onset of symptoms. To date, no viable virus has been successfully isolated from upper airway samples after the second week of illness, despite positive PCR test results. The molecular PCR method detects viral nucleic acid that does not always correlate with the presence of viable virus in the body.

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[1] Certain symptoms such as cough and anosmia can last for weeks after the patient has stopped being infectious to others.