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All Provincial and Regional Directors of Health
Heads of All treatment Institutions

Updated discharge criteria from treatment facilities for COVID-19 patients (10th August 2021)

Discharge criteria of COVID-19 patients from all treatment facilities (Intermediate Care Center - ICC/secondary and tertiary levels of care) have been updated based on growing evidence on SARS-CoV-2 infection. Factors such as the laboratory diagnostic needs and the current epidemiological situation based risk have been important considerations for these changes.

Time period used for isolation depends on the patient's symptoms, severity of illness and whether they are immunocompromised or not. Patients with severe illness can be infectious beyond 14 days. Further, exceptions for severely immunocompromised patients to be noted are given below.

Patients who were asymptomatic throughout their infection:

- At least 10 days have passed since the date of their first positive viral diagnostic test (RT-PCR*/Ag-RDT).
- *If COVID-19 diagnostic PCR Ct value is >30 patient can be discharged. No further isolation is necessary in such a patient.
- Individuals with diagnostic Ag-RDT positive must self-isolate at home or sent to the nearest ICC. Those who remain asymptomatic can be released at day 10 after the diagnostic Ag-RDT test date without further testing.

Patients with mild to moderate illness:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Exertion oxygen saturation test (Modified Exertion Desaturation Test – MEDT**) should not show significant desaturation.

****MEDT technique:**

Step 1 -use finger pulse oximeter to record baseline (resting) oxygen saturation - SpO₂
Step 2 - stand and sit 8 – 10 times (ask to stand and sit for 30 seconds)
Step 3 – Observe pulse oximeter for at least 90 seconds AFTER stopping the exercise (SpO₂ readings could begin to fall only after initial lag period of 20-30 seconds).

MEDT is positive if SpO₂ drops below 96%. Very significant below 94%

Contraindications for MEDT: resting SpO₂ is 95% or below, chest pain, SOB, Physical ailment, Non-compliance.

Patients with severe to critical illness:

- At least 10 days and up to 20 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Exertion oxygen saturation (MEDT) should not show significant desaturation
- If the patient is clinically fit to be discharged, can be discharged after 14 days from the onset of symptoms. No further testing/isolation is necessary.

Patients who are severely immunocompromised:

- COVID-19 RT-PCR on Day 14 is negative or two PCR done 24 hours apart after day 14 having Ct values > 30
- If the day 14 PCR is still positive with Ct value ≤ 30 ; Continue isolation and consider two Ag-RDT tests 24 hours apart after day 21 and if both RATs are negative consider discharge or transfer after a risk assessment with Microbiologist/Virologist.
- If Ag-RDT is still positive after day 21, continue isolation and discuss further management with a multidisciplinary expert team.

Definitions:

Mild Illness: Individuals who have any of the signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and asaturation of oxygen (SpO₂) $\leq 94\%$ on room air.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute with excessive use of accessory muscles, and thoracoabdominal dis-synchrony, SpO₂ <94% on Oxygen (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely immunocompromised:

- Organ transplant recipients on immunosuppressive therapy
- Bone marrow transplant recipients (if performed within the past 2 years)
- Cancer patients undergoing treatment (active malignancies)
- Those on long-term immunosuppressants/corticosteroids for any cause
- HIV-infected patients with CD4 T lymphocyte count below 200 cells/mm³
- Patients with primary immune deficiency
- Any other condition as decided by the treating consultant

Patients who are **severely immunocompromised** may produce infectious virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection after positive viral test result. Therefore, in such patients a negative PCR test based decision is recommended for discharge as given above. In such patients sending respiratory sample to a dedicated reference laboratory for genetic sequencing is important.

In general, COVID-19 Antibody testing (IgG) is NOT indicated for discharge of patients. However, it may be indicated by infection control specialist/clinical team for critically ill patients on a case-by-case basis according to the context. In a patient with a positive COVID-19 RT-PCR Ct value of >30 expecting routine care, antibodies (IgG) for COVID-19 may be tested. If COVID-19 antibodies (IgG) are positive, patient can be discharged for normal care pathway with no further isolation necessary. However, COVID-19 Antibody testing is not recommended for severely immunocompromised patients as the detection rate of antibody in them may be low despite recovery.

All COVID-19 RT-PCR testing laboratories (state and private sector) are expected to issue the Ct values of viral targets for smooth implementation of this circular instructions.

Summary table for discharge of COVID-19 patients is given as Annexure.

Once discharged, COVID-19 positive patients should not be subjected to further PCR testing or rapid Ag testing (RAT) even when hospitalized for any condition subsequently (PCR positivity or RAT positivity at this point is due to the presence of viral particles and does not mean that the individual is infectious). This recommendation is applicable for a period of 3 months after initial diagnosis.

Upon discharge COVID-19 patients who have been advised home isolation should contact the MOH/PHI of the area for them to be informed of the status of patient during that period.

All heads of institutions of treatment facilities and technical heads of designated laboratories should make necessary arrangements according to this circular.

Please note that this circular may be updated according to the condition of the country and technical evidence and will be informed accordingly.


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2. Secretary, Ministry of Health
3. Additional Secretaries (MS) & (PHS)
4. All DDGs
5. Chairman, NMRA
6. Chief Epidemiologist
7. Directors MSD, MRI, Private Health Sector
8. Director (MTS), Coordinating In-charge – COVID 19 Operations
9. All PDHS/RDHS
10. Medical Directors of Tri Forces and Police
11. Technical heads of designated laboratories

Annexure: Summary of Discharge criteria for COVID-19 infected individuals

Category		Steps to be taken prior to discharge	Isolation and Testing	Total days of isolation
A	Asymptomatic patients	Initial PCR test Ct value >30	May consider IgG Antibody test for standard of care (Optional) Notify area MOH for contact tracing	Can discharge immediately. No further testing required.
		Initial PCR test Ct value <30	Isolation – until day 10 from PCR test date.	No further testing required.
		Initial PCR test Ct value not available	Isolation – until day 10 from PCR test date.	No further testing required.
		Initial Ag-RDT test Positive	Isolation – until day 10 from Ag-RDT date.	No further testing required.
B	I. Mild / moderate illness	If clinically fit - afebrile>24 hours with improved symptoms and MEDT is negative – Can be discharged 10 days after the onset of symptoms	No further testing required.	10 days
	II. Severe/critical illness	If clinically fit - afebrile>24 hours with improved symptoms and MEDT is negative Can be discharged after 14 days from the onset of symptoms	No further testing required.	After 14 days
C	Severely Immunosuppressed (asymptomatic/symptomatic patients)	If clinically fit, can be discharged 14 days after the onset of symptoms with COVID-19 RT-PCR on Day 14 is negative OR Two PCR done 24 hours apart after day 14 having Ct values > 30	Day 14 PCR is still positive with Ct value ≤ 30; Continue isolation and consider two Ag-RDT tests 24 hours apart after day 21	After 14 days