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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION



## National Public Health Emergency Operating Center COVID-19 Emergency Preparedness and Response

Discharge criteria for COVID-19 patients with prolonged viral  
shedding and RT-PCR positive test



## Background:

COVID-19 pandemic is caused by a novel SARS-COV-2 virus with limited knowledge and evidence about its characteristics. One of the grey areas is the duration of viral shedding in asymptomatic/mild COVID-19 patients. This has an impact on the time of discharge and further follows up of these patients. Infectivity risk for the family members and the community in one side and progressive severe disease to the patients after discharge in the other side are the main factors to be considered before discharge.

A real -time RT -PCR method is recommended for molecular testing of SARS-COV-2. A major advantage of real -time RT -PCR assays is that amplification and analysis are done simultaneously in a closed system to minimize false -positive results associated with amplification product contamination.

Viral culture or viral load may be used as a test of infectivity or cure.

In Ethiopia we have started to face such patients with positive RT-PCR test result from Oropharyngeal and Nasopharyngeal sample positive for more than three weeks but without any symptom or sign of the disease.

Hence it is a high time to develop a discharge guidance protocol for this group of patients.

## Operational definition

### 1. Prolonged viral shedding for asymptomatic or mild cases:

Twenty one days from the time of first positive test for SARS-COV-2.

### 2. Prolonged viral shedding for those who are recovering from the disease:

Forty two days from the time of first positive test for SARS-COV-2.

### 3. Capacity for home isolation:

Patients are considered capable for home isolation if:

- a. The size of the family members is five or less
- b. They have isolated well ventilated room and utilities for personal use
- c. They are willing to give consent for discharge
- d. There is no disagreement with the family members
- e. There is no evidence of active disease



## Discharge criteria

Considering:

1. The possible infectivity of the cases
2. Progression of disease condition
3. Psychosocial impact of prolonged mandatory isolation to the patients
4. Impact to the health service providers
5. Safety of the family members and the community

Provided that they will be tested on weekly basis at home until they qualify for test-based criteria,

the following time-based discharge criteria use is recommended for those with positive RT-PCR test result.

1. Discharge criteria for asymptomatic cases from the outset:
  - a. Completed twenty one days (from the time of first positive test result) of mandatory isolation at dedicated center
  - b. Chest CT with no COVID-19 related abnormality
  - c. Capable of home isolation
2. Discharge criteria for recovering COVID-19 patients:
  - a. Completed forty two days (from the time of first positive test result) of mandatory isolation
  - b. No symptom or sign of active disease and significant chest CT improvement
  - c. Capable of home isolation
3. Discharge criteria for COVID-19 asymptomatic or recovering patients with no capacity for home isolation:
  - a. Discharge will be when they qualify the test based criteria as per the existing protocol

## Re-enforcement methods:

The following re-enforcement methods are suggested for further follow up after discharge:

1. Strict adherence to the existing discharge follow up protocol by the RRT
2. Taking consent during discharge after proper counselling
3. Use of GPS for monitoring of their movement and tracing





**Consent form** for COVID-19 asymptomatic or recovering patients with prolonged viral  
shedding to be taken during discharge

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address Region \_\_\_\_\_ Zone/Sub-city \_\_\_\_\_ Woreda \_\_\_\_\_ House no. \_\_\_\_\_

Telephone number \_\_\_\_\_

I, the above mentioned COVID-19 asymptomatic/recovering patient who completed the mandatory isolation time and still with positive result for the SARS-COV-2 RT-PCR test taken from oropharyngeal and nasopharyngeal sample, here by give my consent to:

1. Give oropharyngeal and nasopharyngeal samples for test after discharge at home on weekly basis until I am told not to do so by the RRT from EPHI.
2. Report by phone to the RRT if I develop any symptom of illness after discharge.
3. Keep my households and the community from transmitting the infection by strict adherence to IPC at home by wearing masks, practicing proper hand hygiene, staying isolated (keeping social and physical distancing) at home, using private utilities without sharing to others and proper disposition of used items.

I gave this consent without any form of coercion and after being well informed:

1. What is known about the natural course of COVID-19,
2. The psychosocial benefit of being discharged to home,
3. The infectivity and progression of disease risks of being discharged to home,
4. The alternative management is to stay at the mandatory isolation site until test turns negative, and
5. Psychosocial impact of staying at the site for longer time.

Name \_\_\_\_\_ Sig. \_\_\_\_\_ Date \_\_\_\_\_

Consent taken by: Name \_\_\_\_\_ Sig \_\_\_\_\_ Date \_\_\_\_\_

