

## BILH Guidance for Discontinuation of COVID-19 Isolation: Patients with COVID-19 who are IMMUNE COMPROMISED

This document provides guidance on management of immunocompromised patients with COVID-19 in both the inpatient and outpatient setting. Patients with certain immunocompromising conditions or taking immunosuppressive medications may be at increased risk for severe COVID-19 illness and prolonged viral shedding. Recommendations for use of time-based and test-based strategies will depend on the patient's [immunosuppression category](#), disease severity, and provider discretion.

For guidance on immunocompetent patients, please see [BILH Guidance for Discontinuation of COVID-19 Isolation: Patients with COVID-19 who are Immune Competent](#).

Immunosuppression Category	Criteria for Discontinuation of COVID-19 Isolation <sup>3</sup>
Severe	<ul style="list-style-type: none"> <li>• Hematologic malignancy meeting the following criteria:               <ul style="list-style-type: none"> <li>○ Chimeric antigen receptor T cell (CAR-T) recipients (any history)</li> <li>○ History of hematopoietic cell transplant within 1 year</li> <li>○ Patients with hematologic malignancies who are on active therapy</li> <li>○ Patients receiving Bruton tyrosine kinase inhibitors (e.g., ibrutinib, acalabrutinib)</li> <li>○ Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications</li> </ul> </li> <li>• Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)</li> <li>• Patients with severe combined immunodeficiencies (SCID)</li> <li>• Patients with untreated HIV who have a CD4 T lymphocyte cell count &lt;50 cells/mm<sup>3</sup></li> <li>• Solid organ transplantation meeting the following criteria:               <ul style="list-style-type: none"> <li>○ History of lung transplant at any time</li> <li>○ Patients with a history of solid organ transplant within 1 year</li> <li>○ Treatment for acute rejection with T or B cell depleting agents within 6 months</li> </ul> </li> </ul>
Moderate	<p>Active systemic treatment with any of the following:</p> <ul style="list-style-type: none"> <li>○ Alkylating agents (e.g., cyclophosphamide)</li> <li>○ Antimetabolites (e.g., azathioprine, methotrexate)</li> <li>○ JAK inhibitors (e.g., tofacitinib, baricitinib)</li> <li>○ Medium to high-dose corticosteroids (&gt;=20mg prednisone or equivalent daily for greater than 2 consecutive weeks)</li> <li>○ TNF blockers (e.g. etanercept, adalimumab, infliximab)</li> <li>○ Transplant-related immunosuppressive drugs (e.g., cyclosporine, tacrolimus, azathioprine, mycophenolate)</li> </ul> <ul style="list-style-type: none"> <li>• Advanced (CD4 51-200 or presence of AIDS-defining illness) or untreated HIV infection</li> <li>• History of hematologic cell transplant &gt;1 year prior and not requiring any immunosuppressive therapies</li> <li>• History of solid organ transplant &gt; 1 year prior (excluding lung) and patient is taking immunosuppressive therapy</li> <li>• Moderate or severe primary immunodeficiencies (e.g. DiGeorge syndrome, Wiskott-Aldrich, Common Variable Immunodeficiency or hypogammaglobulinemia requiring immunoglobulin therapy)</li> <li>• Solid tumor with last treatment within 3 months or remission has not been achieved</li> </ul>
Mild	<ul style="list-style-type: none"> <li>• All other immunosuppressive medications not classified as moderate or severe including interleukin inhibitors (IL12, 17, 23 etc.</li> <li>• Asplenia or functional asplenia</li> <li>• Persons living with HIV without CD4&lt;200</li> <li>• Primary immunodeficiency not listed above</li> </ul>

<sup>1</sup>Where Day 0 (zero) is the date of test or date of symptom onset (whichever comes first).

<sup>2</sup>Home antigen test meeting acceptability criteria may be considered in the ambulatory setting at clinician discretion.

<sup>3</sup>If a patient experiences [rebound of COVID-19](#) symptoms after improvement (generally 2-8 days after initial recovery, with or without antiviral treatment), place the patient back on isolation and return to [COVID-19 Positive status](#). The start date for isolation should be reset to that of new symptom onset.