The definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines* are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining severity of illness.

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

**Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (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.

**Immunocompromised:** For the purposes of this guidance, the following definition was created by the CDC to more generally address colleague occupational exposures.

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of colleague work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.

*Retrievable at: https://www.covid19treatmentguidelines.nih.gov/whats-new/*
** A limited number of persons with severe or critical illness, or those who are immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts. Follow Local/State Specific guidance if it exceeds the minimum of 10 days.


COVID-19 Discontinuing Inpatient Isolation - Testing Method

- Effective July 17, 2020, the CDC does NOT recommend the testing method for discontinuing isolation decisions.
- Two (2) negative tests 24 hours apart needed for consideration of discontinuing precautions.
- If the first test is positive, you must wait 72 hours before starting the process again.

*** Treat patient based on clinical assessment
- DO NOT repeat test if COVID is still suspected, especially if capacity for testing is constrained at a ministry.
- Continue care and support as clinically indicated.
- A limited number of persons with severe or critical illness, or those who are immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- Once patient is stable for discharge – revisit testing with infectious disease for persons who pose a risk of transmitting infection:
  - Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection, or
  - Persons who support critical infrastructure
  - Persons normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.
  - Persons who because they are immunocompromised may have prolonged viral shedding.