SARS-COV-2 positive patients; virus persistence and infection risk

We are finding that some of our patients are testing positive for coronavirus over a period of weeks and months after they have recovered from COVID-19 and are asymptomatic. Sometimes results are changing from positive to negative and then back to positive again. This is well described in other hospitals. This does not mean that patients are being re-infected or that they are able to transmit the virus beyond the two weeks after first acquiring the infection. Exceptions to this are patients who are immunocompromised who may be infectious for a longer period.

As we are testing all patients admitted on a non-elective pathway we are now likely to admit patients who have previously had COVID-19 but have now recovered. All patients admitted to the trust will be screened on admission and then transferred to MSAW awaiting the result or directly to their specialty ward into a side room.

If the patient has:

previously tested positive for COVID-19 prior to this hospital episode

their admission swab comes back as a positive result, and

the patient has since recovered, is asymptomatic and this is after at least 14 days from the first positive result (with the exception of immunocompromised patients)

It is still safe to transfer the patient into a cold area.

The majority of these patients do not present an infection risk after two weeks - we know this from experiments on growing viruses from patient samples, epidemiological studies and antibody data. Guidance should be sought from infection team (microbiology, virology, ID and infection prevention) if you are unsure whether a patient who is swab-positive can be moved to a ‘cold’ area.

Most health care workers who have milder infections not requiring hospitalisation can safely return to work after one week of isolation if they have been well for the previous 48 hours – this is likely to apply to the majority of individuals.

Specialities who look after immunocompromised patients have developed guidance on isolation and step down of their patients based on national advice and can help if such patients are in other hospital areas. The infection team (microbiology, virology, ID and infection prevention) can also help with step down decisions for these or other complicated cases.