



☐ RKA BUILDING, 10-16 GRENADA WAY ☐ 45-47 BARBADOS AVENUE ☐ 24-26 GRENADA CRESCENT ☐ 10^A CHELSEA AVENUE
KINGSTON 5, JAMAICA, W.I.
Tel: (876) 633-7400/7433/7771/8172/8174
Website: www.moh.gov.jm

DISCHARGE PROTOCOL FOR PERSONS WHO HAVE TESTED POSITIVE FOR COVID-19

VERSION 8.3 January 11, 2022

The following are the essential principles underpinning the MOHW Discharge Protocol for persons in the COVID-19 Care Pathway (Appendix 1). The discontinuation of isolation for the confirmed case of COVID-19 will occur according to the category in which they fall.

This protocol is a general guideline. Individual cases vary and the treating physician may advise additional measures.

PRINCIPLES OF COVID-19 TRANSMISSION

1. The likelihood of transmitting the virus is significantly greater in the symptomatic person but pre-symptomatic persons may be infectious especially just prior to symptom onset.^{1,4}
2. The potential for virus transmission is greatest in the earlier part of the clinical course and declines rapidly after symptom onset.^{2,3}
3. Limited published and pre-published information provides estimates on viral shedding of up to 8 days for mild patients and up to 20 days in hospitalized patients.^{4,5}
4. There are reports that patients can remain consistently polymerase chain reaction (PCR) positive for many weeks, or even test PCR positive after days/weeks of a negative test.^{4,5}
5. Positive tests may represent viral fragments incapable of infection. This is more likely to occur later in the clinical course, after symptoms have resolved.⁵

6. Active virus replication and shedding may persist in persons who are critically ill or severely immunocompromised. ⁶
7. Among other human coronaviruses, reinfection appears to occur variably over time after onset of infection. ^(19,30) However, for SARS-CoV-2, reinfection appears to be uncommon during the initial 90 days after symptom onset of the preceding infection

Patients even after discharge must continue all public health measures (universal masking, physical distancing, hand hygiene and home isolation) for COVID-19 even as they will now be released from hospital isolation.

CATEGORIES BASED ON SYMPTOMS

Category 1

Asymptomatic

Isolation will end at 10 days after the date of the retrieval of the diagnostic sample (i.e., 10 days after the first swab which tested positive). ⁷

Persons working in health care settings: The asymptomatic Health Care Worker is to do a Covid 19 Antigen test at Day 7 of Isolation. If Negative, return to work with strict observation of IPC measures is allowed. If positive, return to work after Day 10 of isolation. No test is required for release after 10 days of isolation.

Category 2

Symptomatic

For symptomatic patients the isolation period is at least ten days, providing there have been three **(3)** clear days of being **asymptomatic**.

Persons working in health care settings: The asymptomatic or mildly symptomatic Health Care Worker with improving symptoms is to do a Covid 19 Antigen test at Day 7 of Isolation. If Negative, return to work with strict observation of IPC measures is allowed. If positive, return to work after Day 10 of isolation. No test is required for release after 10 days of isolation.

Category 3

Critically Ill or Severely Immunocompromised (On chemotherapy/ Radiotherapy/Congenital or Acquired Immunodeficiency with low CD4 Count or high viral loads etc)

Release from hospital when deemed suitable for discharge by specialist managing team(s) providing the patient has had three clear days without symptoms related to COVID-19. This release from hospital will occur at earliest 14 days after the onset of symptoms.

This patient will be discharged to a step-down facility or home (if appropriate) where they will be quarantined for an additional seven (7) days.

General follow-up should be dictated by the nature of the clinical course and the comorbidities.

VISITORS AND ISOLATION

Visitors to the island who have tested positive.

Visitors to the island who are remaining in the island for the isolation period as indicated by the category in which they fall must comply with the Isolation protocols in Jamaica.

For purposes of departure from island before the Isolation period ends: This applies to persons who are asymptomatic or who have mild symptoms (as per physicians' evaluation) that are improving.

Release from isolation before “category designated period” ends can be approved according to the rules of country of destination and the airlines, provided that the person goes straight from isolation to the flight utilizing transportation and airport protocols that are put in place to decrease risk of exposure to other passengers, staff, and the general population.

TESTING

The discharge protocol is symptom based for all categories of patients and no test for COVID-19 is required for release from isolation, except for the provisions for workers in health care settings. Additionally, if a test is required by the destination, then this requirement is to be complied with and the result known before release from isolation.

POST DISCHARGE MANAGEMENT FOR ALL CATEGORIES OF PATIENTS

Follow Up

After the period of isolation has ended, the Health Care Provider should ensure a wellness call (at the least) on **Day 7 after release from isolation** to:

1. Ascertain the person's clinical status
2. Establish that he/she is adhering to all public health measures
 - a. Appropriately wearing a mask.
 - b. Adhering to "Social Distancing" guidelines.
 - c. Employing hand and respiratory hygiene measures.
3. Conduct a mental health check. Use of **2 point depression screening tool** (Appendix 2).
4. Advise/arrange further contact with the healthcare system if appropriate.

There should be a clinical visit where possible or call on **Day 14** after the end of the isolation period to do the following:

1. Clinical checks including:
 - a. SOAP (including history, chest and CVS exam, vital signs, pulse oximetry)
*For children and adolescents, features of Multisystem Inflammatory Syndrome, must be intentionally evaluated for: fever, mucocutaneous inflammation, splenomegaly, cardiac involvement, myalgia, arthralgia.
 - b. A 12-lead ECG.
 - c. Mental health check. Use of **2 point depression screening tool** (Appendix 2).

Health Alert Card

Medical Alert Cards should be issued to individuals at the time of discontinuation of direct, close monitoring by the healthcare team. The cards should:

- Contain the Parish Health Department (hotline) telephone number.
- Urge persons to call the Health Department in the event that symptoms related to acute COVID-19 or its complications develop.
 - Fever
 - Cough
 - Shortness of breath
 - Chest pain
 - Wheezing

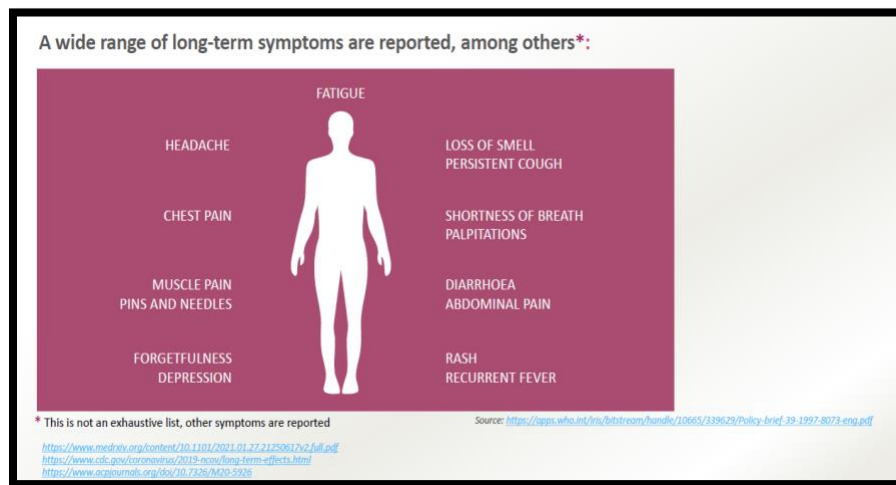
- Palpitation

Post-COVID Conditions

While most patients with COVID-19 recover and return to normal health, some can have symptoms that last for weeks or even months after recovery from acute illness. These patients are not usually infectious to others during this time.

This persistent state of ill health is known as ‘**post-COVID conditions**’.

Figure 1: Range of symptoms in post-COVID conditions



The clinical characterization of mid- and long-term effect of COVID-19 remains to be clearly described and understood.

Some of these symptoms include fatigue, breathlessness, PTSD, pain, voice change, dysphagia, anxiety, depression, problems with concentration, memory and continence, as well as muscle ache, headache

None withstanding, the recommendation is that at this time patients who have had suspected or confirmed COVID-19 (of any disease severity) who have persistent, new or changing symptoms should have access to follow up care.⁸

APPENDIX 1: THE COVID-19 CARE PATHWAY

All patients presenting to the healthcare facility must enter the COVID-19 care pathway and be screened based on a standardized case definition, including assessment of symptoms, and meets criteria for a suspect case. A COVID-19 test must be administered on admission and cases will be classified as follows:

- Suspect cases may be referred to as “persons or patients under investigation” (PUIs).
- Confirmed cases are persons with laboratory confirmation of infection with SARS-CoV-2.

All persons with suspected, probable or confirmed infection with SARS-CoV-2 must be immediately isolated to contain virus transmission. Standard precautions and Disease based transmission precautions (Contact/Droplet and Aerosol) must be in place.

Considerations for co-infections (i.e. influenza, malaria, TB) and/or chronic diseases must be made within the COVID-19 care pathway. Ensuring that these other conditions can management according to national or local protocols.

Until proven negative, all suspected cases should remain in the COVID-19 care pathway.

Screening all persons should be carried out at the first point of contact with the health system in order to identify individuals that have suspected or confirmed COVID-19.

In community settings, community health workers should continue to follow usual protocols for recognition and treatment of other common illnesses and danger signs while activating the COVID-19 care pathway (including for referral as needed) for suspect cases.

COVID-19 CARE PATHWAY

Screen for COVID-19

When a person first accesses the health care system
Ask a series of simple questions based on standard case definition. Maintain at least 1m between questioner and the patient. Offer masks to symptomatic patients.

Acuity-based triage

In the emergency unit or similar area to sort patients based on need for time-sensitive treatment.



Clinical assessment

For severity of disease, including assessment of risk factors.

Arrange for testing as soon as possible

COVID-19 Treatment

Treat and isolate in health facility, Government facility or home according to MOHW guidelines.



Release from Pathway

Discontinue transmission-based precautions. Including isolation

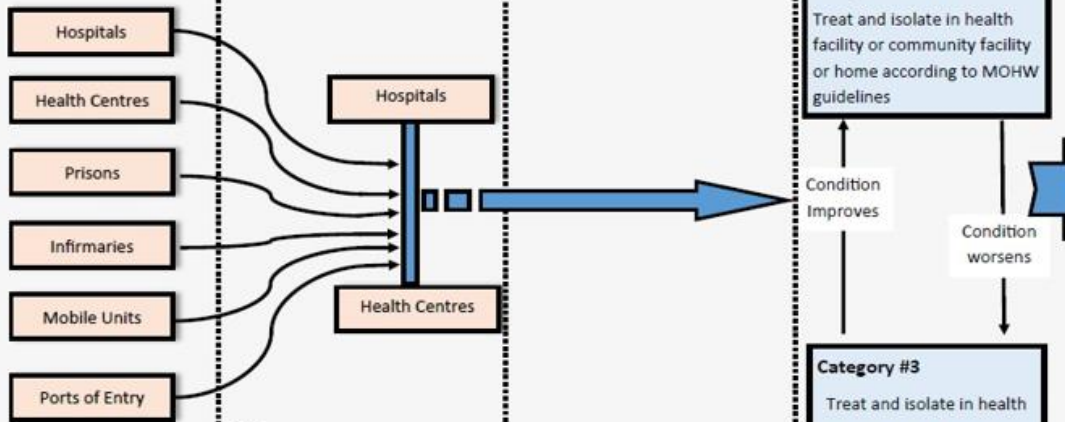
Category #1 – Asymptomatic
End isolation 10 days after date of first positive swab. HCW - test on day 7. Return to work if -ve. Return after 10 days if day 7 +ve.

Category #2 - Symptomatic
End isolation after 10 days (3 clear days of being asymptomatic). HCW - HCW - test on day 7. Return to work if -ve. Return after 10 days if day 7 +ve.

Category #3 - Critically Ill /Severe immunocompromise
Release from hospital, when deemed suitable for discharge by specialist managing team(s) (3 clear asymptomatic days). Earliest release 14 days after onset of symptoms. Discharge to a step-down facility or home where they will be quarantined for seven (7) days.

Category #4 – Visitors testing positive
Manage according to category #1-3. Departure before isolation ends may apply to those with mild, improving symptoms. Early release can be approved according to rules of destination country with utilization of special transportation/airport protocols.

Appropriate Infection Prevention and Control measures, including isolation and personal protective equipment



Non-COVID-19 Care Pathway per local protocol

Not a suspect COVID-19 case

Negative test

Appendix 2 – 2 Point Depression Screening Tool

Case Finding Instrument for Major Depressive Disorder

Two Point Depression Screening Tool

1. During the past month, have you often been bothered by feeling down, depressed or hopeless?

Yes No

2. During the last month, have you often had little interest or pleasure in doing things?

Yes No

If “no” to both, patient is unlikely to have Major Depressive Disorder.
 If “yes” to either, proceed with the follow-up clinical interview.

Follow-up Clinical Interview

The diagnosis of major depressive disorder requires five or more of the following nine symptoms, including depressed mood or anhedonia, during the same two-week period, causing clinically significant distress or impairment in social, occupational or other important areas of functioning.

Symptom	DSM-IV Diagnostic Criteria for Major Depressive Disorder
• Depressed mood	Depressed mood most of the day
• Anhedonia	Marked diminished interest or pleasure in almost all activities
• Weight Change	Substantial unintentional weight loss or gain
• Sleep Disturbance	Insomnia or hypersomnia nearly every day
• Psychomotor Problems	Psychomotor agitation or retardation nearly every day (Increased activity or slowed activity)
• Lack of Energy	Fatigue or loss of energy nearly every day
• Excessive Guilt	Feelings of worthlessness or excessive guilt nearly every day
• Poor Concentration	Diminished ability to think or concentrate nearly every day
• Suicide Ideation	Recurrent thoughts of death or suicide

Ministry of Health
 Prepared by: Mental Health Unit
 September 26, 2005

Reference:

1. Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 - Singapore, January 23-March 16, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(14):411-5. Epub 2020/04/10.
2. Bullard J, Dust K, Strong J, et al. Predicting infectious SARS-CoV-2 from diagnostic samples. Clinical Infectious Disease ciaa638, <https://doi.org/10.1093/cid/ciaa638>. 22 May 2020
3. Meyerowitz E, Richterman A. Viral Shedding and COVID-19 Superspreading Events. Medscape, <https://www.statnews.com/2020/06/08/viral-shedding-covid19-pcr-montreal-baby/.June> 08 2020
4. World Health Organization. Clinical Management of COVID-19. Interim Guidance. 27 May 2020
5. Korean Centre for Disease Control. Findings from investigation and analysis of re-positive cases. 19 May 2020
6. Center for Disease Control and Prevention. Prolonged Persistence of SARS-CoV-2 RNA in Body Fluids. Dispatch Vol 26, Number 8. 2020
7. WHO. Criteria for releasing COVID -19 patients from isolation. Scientific brief. Geneva. World Health Organisation; (2020). 25 January 2021
8. World Health Organisation. COVID-19 Clinical Management. Living Guidance. Chapter 24. 25 January 2021
9. Center for Disease Control ad Prevention. CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population. <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html> December 31 ,2021