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To: Massachusetts Long-term Care Facilities, EHS Congregate Care Facilities, Non-Acute Hospitals, Public Health Hospitals and Department of Mental Health Hospitals

From: Larry Madoff, MD, Medical Director

RE: **Considerations for Caring for COVID-19 Recovered Individuals**

The purpose of this communication is to provide updated clinical guidance regarding management of COVID-19 recovered individuals in long-term care (LTC) facilities, non-acute hospitals and other congregate facilities who test positive again more than three months after their original symptom onset or original positive test. Recovered individuals are those who have met the Centers for Disease Control and Prevention's (CDC) criteria for discontinuation of transmission-based precautions. The Massachusetts Department of Public Health (DPH) currently does not recommend testing of asymptomatic, recovered individuals within three months of diagnosis. If a recovered individual develops symptoms consistent with COVID-19 and an alternative diagnosis is not present, then testing for SARS-CoV2, the virus that causes COVID-19, should be considered. When testing is performed in this scenario, it is recommended that the provider order a NAAT (i.e., PCR) test from a laboratory that can provide cycle threshold (Ct) values; this information may be useful if the test result is positive.

Reinfection with SARS-CoV2 is a rare event, even with the introduction of variants into the environment, but DPH continues to recommend that facilities remain vigilant in consideration of the safety and well-being of residents. The table on the following page summarizes several considerations which may be helpful.

Selected references:

[Abu-Raddad LJ, Chemaitelly H, Coyle P, et al. SARS-CoV-2 reinfection in a cohort of 43,000 antibody-positive individuals followed for up to 35 weeks. Preprint. bioRxiv. 2021;2021.01.15.21249731. Published 2021 January 15. doi:10.1101/2021.01.15.21249731](#)

[Abu-Raddad LJ, Chemaitelly H, Malek JA, et al. Assessment of the risk of SARS-CoV-2 reinfection in an intense re-exposure setting \[published online ahead of print, 2020 Dec 14\]. Clin Infect Dis. 2020;ciaa1846. doi:10.1093/cid/ciaa1846](#)

To KK, Hung IF, Ip JD, et al. COVID-19 re-infection by a phylogenetically distinct SARS-coronavirus-2 strain confirmed by whole genome sequencing, Clinical Infectious Diseases, Aug 25, 2020. <https://doi.org/10.1093/cid/ciaa1275>

Gudbjartsson DF, Norddahl GL, Melsted P, et al. Humoral immune response to SARS-CoV-2 in Iceland. N Engl J Med. Sep 1, 2020. DOI: 10.1056/NEJMoa2026116. <https://www.nejm.org/doi/full/10.1056/NEJMoa2026116>

CDC Korea. Findings from investigation and analysis of re-positive cases. May 19, 2020. <https://www.cdc.go.kr/board/board.es?mid=a30402000000&bid=0030#>

CDC: Duration of Isolation Precautions for Adults with COVID-19. Accessed Sept. 17, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Considerations for Caring COVID-19 Recovered Residents in Non-acute Hospitals, Long-term Care and Congregate Facilities

	Time since initial symptom onset (or test date, if asymptomatic)		
	< 3 Months	3-6 Months	> 6 Months
If SARS-CoV2 PCR-positive	<p>If asymptomatic, residents can be managed with Standard Precautions (mask only)</p> <p>Testing not generally recommended in first three months following infection. For persons recovered from SARS-CoV-2 infection, a positive PCR during the 90 days after illness onset more likely represents persistent shedding of viral RNA than reinfection. *</p> <p>If symptomatic and SARS-CoV-2 positive, patient should be managed with expert consultation</p>	<p>Healthcare personnel caring for residents should use full PPE including an N95 respirator, gown, gloves and eye protection, if the resident is:</p> <ol style="list-style-type: none"> 1. Symptomatic, OR 2. Asymptomatic and severely immunocompromised, OR 3. Asymptomatic and not immunocompromised, but with PCR Ct values <33 (or unknown and not fully vaccinated), OR 4. Asymptomatic but has been exposed to a confirmed case AND not fully vaccinated <p>Residents can be managed with Standard Precautions (mask only) if the following criteria are met:</p> <ol style="list-style-type: none"> 1. Resident is asymptomatic, AND 2. Not severely immunocompromised, AND 3. No evidence of viral pneumonia on chest radiograph (x-ray) or computerized tomography (CT), if performed AND 4. PCR Ct value is ≥ 33 (or unknown and they are also fully vaccinated) AND 5. They are <i>not</i> under quarantine following exposure to a confirmed case 	

	Time since initial symptom onset (or test date, if asymptomatic)		
	< 3 Months	3-6 Months	> 6 Months
If exposed to a confirmed case	No quarantine or testing indicated	Quarantine recommended only if not fully vaccinated. Testing should be performed (even in the absence of symptoms). It may be most appropriate to allow these individuals to “quarantine in place” i.e., stay in their current room rather than being moved from their room to a separate quarantine unit in the facility. NOTE: A test-abbreviated strict quarantine following current DPH guidance is acceptable: Information and Guidance for Persons in Quarantine due to COVID-19 Mass.gov	
If admitted (or re-admitted) to a LTC facility when there are moderate to substantial levels of community transmission- (including after any overnight stay in another healthcare facility)	No quarantine or admission testing indicated	No quarantine or admission testing indicated	Quarantine indicated and test if symptoms develop only if not fully vaccinated and there are moderate to substantial levels of community transmission present. NOTE: A test-abbreviated strict quarantine following current DPH guidance is acceptable: Information and Guidance for Persons in Quarantine due to COVID-19 Mass.gov
General PPE Use	Standard precautions; Mask only	Standard precautions; Mask only	PPE used should be the same as for previously negative residents, including a mask. If there are cases in the last 14 days in the facility, in addition to a mask and eye protection, gown and gloves are also recommended for any high contact patient care.

* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>