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Date: October 16, 2020  
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 Residents**

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The purpose of this communication is to provide 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 3 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 6 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 PCR test from a laboratory that can provide cycle threshold (Ct) values; this information may be useful if the test result is positive.

At this time, reinfection with SARS-CoV2 appears to be a rare event, but DPH recommends a cautious approach, in consideration of the safety and well-being of residents. Please recognize that many aspects of COVID reinfection are not well understood and the subject of ongoing scientific study. The table on the following page summarizes several considerations which may be helpful.

Selected references:

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
<b>If SARS-CoV2 PCR-positive</b>	<p><b>Residents can be managed with Standard Precautions (mask only)</b></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><b>Healthcare personnel caring for residents should use full PPE including an N95 respirator (or mask if no respirator available), gown, gloves and eye protection, if the resident is:</b></p> <ol style="list-style-type: none"> <li>1. Symptomatic, <b>OR</b></li> <li>2. Asymptomatic and severely immunocompromised, <b>OR</b></li> <li>3. Asymptomatic and not immunocompromised, but with PCR Ct values &lt;33 (or unknown), <b>OR</b></li> <li>4. Under quarantine following exposure to a confirmed case</li> </ol> <p><b>Residents can be managed with Standard Precautions (mask only) if the following criteria are met:</b></p> <ol style="list-style-type: none"> <li>1. Resident is asymptomatic, <b>AND</b></li> <li>2. Not severely immunocompromised, <b>AND</b></li> <li>3. No evidence of viral pneumonia on chest radiograph (x-ray) or computerized tomography (CT), if performed <b>AND</b></li> <li>4. PCR Ct value is <math>\geq 33</math> (on any assay) <b>AND</b></li> <li>5. They are <b>not</b> under quarantine following exposure to a confirmed case</li> </ol>	

	Time since initial symptom onset (or test date, if asymptomatic)		
	< 3 Months	3-6 Months	> 6 Months
<b>If exposed to a confirmed case</b>	No quarantine or testing indicated	14-day quarantine recommended and <b>test only if symptoms develop</b> . 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.	14-day quarantine recommended and testing (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.
<b>If admitted (or re-admitted) to a LTC facility-</b> (including after any overnight stay in another healthcare facility)	No quarantine or admission testing indicated	No quarantine or admission testing indicated	14-day quarantine indicated and test if symptoms develop
<b>General PPE Use</b>	Standard precautions; Mask only	Standard precautions; Mask only	PPE used should be the same as for previously negative residents, including a mask plus eye protection.  If there are cases in the last 14 days in the facility, gown and gloves are also recommended for any high contact patient care.

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