



# Clinician alert #33 – all clinicians

Effective from 14 October 2020

## New information

- Release from isolation guidance only applies to confirmed cases, not probable cases.
- New guidance has been included in the [CDNA National Guidelines](#) for management of recovered cases, including if re-exposed to a confirmed COVID-19 case.

## Release from isolation

Release from isolation guidance now only applies to confirmed cases, not probable cases. If a case is identified retrospectively through serology, public health will determine requirements for isolation. Refer to the [Release from isolation factsheet](#) for complete criteria on release from isolation. Contact PHEOC on **1300 316 555** (8am to 5pm, 7 days a week) to discuss release from isolation of a case, or discharge of a case from hospital.

## Advice for recovered cases including if re-exposed to COVID-19

- Recovered cases should follow community recommendations regarding physical distancing, hand hygiene and masks where indicated.
- Healthcare workers should continue to use PPE as recommended when caring for COVID-19 patients or in settings of potential exposure.

### *Management of re-exposed recovered cases*

- Re-exposed recovered cases should self-monitor for symptoms of COVID-19 for 14 days after the last contact with a confirmed case. If symptoms reappear they should immediately isolate and be retested for SARS-CoV-2.
- An individual without significant immunocompromise, who has recovered from COVID-19, does **not** need to quarantine if they become a close contact of a confirmed case and the exposure was less than 8 weeks since the recovered case's symptom onset (or first positive PCR test if recovered case was asymptomatic).
- Recovered cases, unless immunocompromised, can continue to attend high-risk settings and **do not** need to be furloughed from work if re-exposure occurred within 8 weeks since the recovered case's symptom onset (or first positive PCR test if case was asymptomatic).
- Recovered cases exposed to COVID-19 eight weeks after symptom onset (or first positive PCR if recovered case was asymptomatic) and immunocompromised recovered cases exposed any time after release from isolation, can be considered for serology testing in consultation with PHEOC AND a microbiologist or virologist when making decisions regarding quarantine and exclusions from high-risk settings.

## Contact tracing updates

The [CDNA National Guidelines](#) have expanded advice regarding exposures in healthcare settings, which will be taken into consideration by public health during contact tracing.

## COVID-19 testing information

Refer to '[Testing for SARS-CoV-2 in Western Australia #15](#)' for further information regarding testing criteria in WA.

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