

RECOMMENDATIONS ON ISOLATION PERIOD – COVID-19

RAG 05/04/2023

CONTEXT

Currently, Belgium is at management level 2, with a relatively low ratio severe disease/cases. Since October 2022, the testing strategy has changed: a test is no longer mandatory for all symptomatic persons but a self-test remains highly recommended (see [RAG advice 30/09/2022](#), validated by the RMG on 06/10/2022 and by the IMC on 12/10/2022). In case of a COVID-19 positive test result, an isolation period of 7 days (+ 3 days of additional hygienic precautions) is still compulsory in Belgium.

In the context of a favorable evolution of the Belgian epidemiological situation and the consensus to consider COVID-19 as any other respiratory virus for which no specific measures are implemented, the RAG has been asked to reconsider the duration and/or the need for COVID-19 compulsory isolation for the Belgian general population. Of note, in many other European countries, recommendations are less restrictive than in Belgium.

RECOMMENDATIONS

- The RAG proposes to stop the mandatory COVID-19 isolation period for the general population¹. This proposal is based on (1) the epidemiological situation and current circulating variant(s), (2) the need for consistent measures for all respiratory viruses and (3) the strategies implemented in European neighboring countries.
- However, as for any other acute respiratory infection, increased individual responsibility is needed. It therefore remains highly recommended, when having symptoms or a positive COVID-19 self-test, to follow the below-mentioned measures to limit disease transmission especially to vulnerable people (as previously mentioned in a [RAG advice](#), 30/09/2022):
 - Wear a mask
 - Promote homeworking when possible
 - Stay home when having symptoms
 - Avoid contact with elderly or vulnerable people
 - Avoid crowded places
 - In case of severe symptoms, seek advice from a medical doctor
 - Keep good hand hygiene

¹ The isolation measures for specific groups (residents of nursing homes, hospitalized patients, immunocompromised patients) will be discussed by the Conseil Supérieur de la Santé/Hoog Gezondsheidraad.

- These measures apply to all respiratory infections
- The RAG specifies that it remains important to be able to return to a mandatory isolation measure if the situation worsens (new variant of concern, higher ratio severe disease/cases, ...)
- The advice similarly applies to residential (non-care) collectivities (such as prisons or refugee centers).

ELEMENTS OF CONSIDERATION

- After 3 years of pandemic, there is a consensus to consider SARS-CoV-2 as any other respiratory virus. All EU countries not requesting isolation, nevertheless, highly recommend basic hygienic measures as for any other respiratory viruses (e.g. stay at home and limit contacts when presenting symptoms, wash hands, wear a mask,...). Hence, it raises the need to have consistent recommendations for all those viruses.
- While the Belgian epidemiological situation is favorable in a context of highly acquired and vaccine-related immunity against SARS-CoV-2, evidence from the literature demonstrates that infectious viral loads are still detected among infected persons up to 10 days after the first onset of symptoms. Hence reducing or ending isolation measures may increase the risk of virus transmission.
- Evidence regarding differences in viral loads and shedding between symptomatic and asymptomatic COVID-19 patients are diverging. Hence, as asymptomatic people might contribute to COVID-19 transmission within the society, it seems appropriate to maintain similar measures for symptomatic patients and asymptomatic people having a COVID-19 positive test (i.e. avoid contact with vulnerable people, avoid crowded places, wear a mask).
- Most European countries ended the mandatory isolation period for mild/non-immunocompromised patients. Very few countries still require mandatory isolation which is often shorter than for Belgium (5 days vs 7 days) and some recommend having a negative test and absence of fever/improvement of symptoms to end the isolation period.
- The decision about the duration of the isolation period is a balance between the elements mentioned above: the scientific evidence on the one hand (COVID-19 infected persons are contagious and potentially contribute to viral transmission up to 10 days) and on the other hand the need to move towards an integrated approach, applicable for all respiratory viruses, based on individual responsibility/empowerment, but supported by guidance.

BACKGROUND INFORMATION

- Scientific evidence demonstrated that isolation is an essential public health strategy to protect the population and prevent further spread of SARS-CoV-2 infections once someone is detected positive (1). The duration of the isolation period has been based on the incubation and transmissibility periods and has also been stratified depending on the case severity and the presence of immunosuppression.
- Currently, the isolation period differs from one country to another and ranges from no mandatory isolation period for mild/non-immunocompromised patients up to 21 days for immunocompromised patients (Table 1).
- A study by Marquez et al. showed that, during the Omicron BA.1 period, 80,2% of symptomatic persons with COVID-19 were still positive after 5 days and 24,9% after 10 days, regardless of the vaccination status (using RAT testing) (2). Another (preprint) study corroborated those results, demonstrating that nearly half of their cohort had an infectious viral load (Ct<30) 5 days after the first detection and still an important number 10 days after the first detection (3). In addition, a study by Ke et al. on the dynamics of infectious virus during the Alpha period showed significant person-to-person variation in virus shedding (4). Finally, while clinical manifestations are an unreliable indicator of infectiousness, there are conflicting results regarding differences in viral shedding between symptomatic and asymptomatic patients; some studies demonstrate that the Ct values and RNA viral loads are similar in both symptomatic and asymptomatic patients whereas others show a lower viral load and faster clearance among asymptomatic patients (5).

Table 1. International recommendations on duration of the COVID-19 isolation period

Countries	Isolation (mild/non-immunocompromised)	Isolation (severely immunocompromised) ²
Belgium	- 7 days	- 21 days
France	- None BUT hygiene recommendations advised, as for other respiratory viruses	- None BUT hygiene recommendations advised, as for other respiratory viruses
UK	- None BUT high recommendation to stay home for 5 days and avoid meeting vulnerable people for 10 days	- Call NHS to seek treatment and try to stay home
Ireland	- 7 days + 3 days of extra care	NA
Netherlands	- None BUT guidelines for all respiratory viruses (e.g. stay home when sick, avoid meeting vulnerable people,...)	- None BUT hygiene recommendations advised, as for other respiratory viruses

² Definition see Table page 2, file:///C:/Users/TiLe226/Downloads/WHO-2019-nCoV-Vaccination-SAGE-recommendationImmunocompromised-persons-2021.1-eng.pdf

<u>Germany</u>	<ul style="list-style-type: none"> - 5 days (recommendation to have a negative self-test at D5) - Recent news: Some states abolished the compulsory isolation period³. 	NA
<u>Sweden</u>	<ul style="list-style-type: none"> - 5 days (until feeling better and fever-free for at least 48 hours). 	NA
<u>Norway</u>	<ul style="list-style-type: none"> - None BUT recommendation to stay home when sick/symptoms, as for other respiratory viruses 	NA
<u>Italy</u>	<ul style="list-style-type: none"> - 5 days for asymptomatic persons or without symptoms for at least the last 2 days - <5 days if never developed symptoms, and a negative test to end earlier 	<ul style="list-style-type: none"> - 5 days minimum with a negative test to end the isolation period
<u>Spain</u>	<ul style="list-style-type: none"> - 5 days if fever-free for last 24h and no/improvement of symptoms. Otherwise, continue isolation until those conditions apply. 	NA
<u>Portugal</u>	<ul style="list-style-type: none"> - None BUT hygiene measures (e.g. mask wearing, washing hands, physical distancing) 	NA
<u>Lichtenstein</u>	<ul style="list-style-type: none"> - None BUT recommendation to stay home when sick 	NA
<u>Estonia</u>	<ul style="list-style-type: none"> - None BUT recommendations to stay home when sick/symptoms 	NA
<u>Slovakia</u>	<ul style="list-style-type: none"> - None 	NA
<u>Romania</u>	<ul style="list-style-type: none"> - None BUT self-isolation (5-7 days) remains highly recommended 	
<u>ECDC</u>	<p>The patient can end isolation when the following criteria are fulfilled:</p> <ul style="list-style-type: none"> - <u>Mild/moderate COVID-19 infection</u>: >24h without fever (if present) and clinical improvement AND (a) 2 negative RAT/PCR at 24h interval OR (b) 10 days after onset of symptoms if not fully vaccinated and 6 days if fully vaccinated (neg. test at D6). - <u>Severe COVID-19 infection</u>: >24h without fever (if present) and clinical improvement AND (a) 2 negative RAT/PCR at 24h interval OR (b) 14 to 20 days after onset of symptoms 	<p>The patient can end isolation when the following criteria are fulfilled:</p> <ul style="list-style-type: none"> - >24h without fever and clinical improvement AND (a) 2 negative RAT/PCR at 24h interval OR (b) 20 days after onset of symptoms

³ <https://www.deutschland.de/en/news/coronavirus-in-germany-information>, [COVID-19 Update: Elimination of Mandatory Isolation in Some Federal States in Germany Poses New Challenges for Employers - Ogletree Deakins](#)

CDC	<ul style="list-style-type: none"> - Asymptomatic: 5 days - Symptomatic: 5 days (if no fever for the last 24h) OR until fever-free for >24h - Symptomatic + moderate illness: 10 days 	<ul style="list-style-type: none"> - 10 to 20 days
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The following persons participated to this advice:

Leïla Belkhir (UC Louvain), Caroline Boulouffe (AViQ), Steven Callens (UZ Gent), Eddie De Block (Cohezio), Steven De Keukeleire (RZ Tienen), Géraldine De Muylder (Sciensano), Olivier Denis (UC Louvain), Nicolas Franco (UNamur), Naima Hammami (Zorg en Gezondheid), Niel Hens (UHasselt-UAntwerpen), Bart Hoorelbeke (FOD Volksgezondheid), Vicky Jaspers (KCE), Quentin Mary (SSMG), Pierrette Melin (CHU Liège), Geert Molenberghs (UHasselt-KULeuven), Reinout Naessens (ZNA), Jasper Sans (COCOM), Jorgen Stassijns (Sciensano), Giulietta Stefani (Sciensano), Stefan Teughels (Domus Medica), Stefaan Van der Borght (FOD Volksgezondheid), Steven Van Gucht (Sciensano), Katrien Van Crombrugge (IDEWE), Pierre Van Damme (UAntwerp), Erika Vlieghe (UAntwerp).

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