Guidance on COVID-19

Guidance for General Practitioners (GPs) Related to Self-Isolation of Patients with Respiratory Tract Infection in the Context of COVID-19

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COVID-19 is an epidemic of a viral respiratory tract infection that ranges from a mild to life-threatening illness. Identification and management of Contacts and Cases is a key part of limiting spread. The disease cannot be differentiated reliably from other viral respiratory tract infections on clinical grounds. This document provides concise guidance for GPs on some issues that may arise when advising on respiratory tract infection in the context of COVID-19.

Dealing with fever /viral respiratory tract infection in NON- COVID-19 Contacts
People who are not identified COVID-19 Contacts (NON- COVID-19 Contacts) who develop symptoms that meet the criteria for testing i.e. most of the patients GPs are currently referring for testing.

If the test for COVID-19 is reported undetected, we consider that they do not have COVID-19 (they may have Influenza B or some other respiratory virus). HPSC advice is that these people can return normal activity 48 hours after resolution of symptoms.

Scenario 1 NON COVID-19 Contact – most common scenario GP testing and advising test result COVID 19 not detected.

Mary is not a COVID-19 Contact. On March 15th she develops a fever and cough. She is advised to self-isolate at home and is referred for testing. On March 20th her test result is reported COVID-19 not detected. It is unlikely that the fever and cough are due to COVID-19. Her symptoms have resolved by March 20th. She no longer needs to self-isolate on March 22nd.

Scenario 2 NON COVID-19 Contact – most common scenario GP testing and advising test result positive.

Joan is not a COVID-19 Contact. On March 15th she develops a fever and cough. She is advised to self-isolate at home and is referred for testing. Her COVID-19 test is positive. She is advised to self-isolate at home until at least March 29th (14 days and with no fever for 5 days).

Scenario 3 NON COVID-19 Contact – most common scenario GP testing and advising test result COVID 19 delayed.

Mary is not a COVID-19 Contact. On March 15th she develops a fever and cough. She is advised to self-isolate at home and referred for testing. Her symptoms have resolved by March 20th. No result of testing for COVID-19 is available or test has not been done. Pending receipt of a result she is advised to continue to self-isolate at home pending a result. A result become available on March 23rd. She is now COVID-19 not detected and is more than 2 days asymptomatic she is advised to resume normal activity.

Dealing with fever /viral respiratory tract infection in COVID-19 Contacts

Contacts of COVID-19 are at risk of developing COVID-19 at any time up to 14 days after they were exposed. The decision to designate a person as a contact is made by Public Health or relevant Occupational Health service. If a GP is asked for advice by a person who thinks they may be a Contact but is unsure then it is safest to advise the patient to self -isolate as a Contact until the issue is clarified with Public Health or Occupational Health.

Contacts of COVID-91 are asked to self-quarantine for 14 days.

If a COVID-19 Contact develops fever or respiratory symptoms day 5 into their 14 days of self-quarantine they may have COVID-19 or they may have an unrelated infection. They should be referred for testing.

If the test for COVID-19 is reported undetected we consider that they do not have COVID-19 (they may have Influenza B or some other respiratory virus) at that point they are still at risk of developing COVID-19 at any time up to 14 days after exposure so they are still Contacts and need to follow the advice for Contacts.

In many cases, it has been necessary for contacts who are essential workers in the healthcare services to return to clinical activity during the 14 days self-isolation period. Where this has been necessary they are asked to be monitor for temperature or respiratory symptoms, be extra vigilant about infection prevention and control practice (especially hand hygiene, respiratory hygiene and cough etiquette) and to minimise the number of colleagues with whom they interact, for example avoiding group coffee breaks and observing social distancing as much a possible at work.

Scenario 4 COVID-19 Contact

John is a COVID-19 Contact exposed to COVID-19 on March 10th. He is advised to self-isolate until March 24th. On March 15th he develops a fever and cough. On March 20th his test result is reported COVID-19 not detected. It is unlikely that the fever and cough are due to COVID. His symptoms have resolved by March 20th He remains on self-quarantine until March 24[th.]

Scenario 5 COVID-19 Contact

Bill is a COVID-19 Contact exposed to COVID-19 on March 10th. He is advised to self-quarantine until March 24th. On March 15th he develops a fever and cough. On March 20th his test result is reported COVID-19 detected. He is advised to self-isolate until at least March 29th (14 days and last 5 days without symptoms).

Scenario 6

Bridget is a COVID-19 Contact exposed to COVID-19 on March 10th. She is advised to self-isolated until March 24th. On March 15th she develops a fever and cough. On March 24th her test result cannot be accessed. She is advised to continue to self-isolate until at least March 29th (14 days and last 5 days without symptoms) pending clarification of the result. On March 25th her result is retrieved and is not-detected. She can cease self-isolation.

Note on Terminology

Self-isolation refers to a situation in which a person who has an infection removes themselves from contact with other people to prevent spread of infection. Self-quarantine refers to a situation in which a person who is at specific risk of developing an infection (a Contact) removes themselves from contact with other people as a precaution in case they are infected and may spread of infection before they become ill. From the patient perspective the implications are similar therefore, the term self-isolation is used throughout this document.