

Scientific Committee on Emerging and Zoonotic Diseases

Consensus Recommendations on COVID-19 and SARS-CoV-2 made during the meeting held on May 6, 2020

In the meeting convened on May 6, 2020, the Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) under the Centre for Health Protection of the Department of Health has reviewed the latest scientific data on COVID-19 and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

- 2. Published studies in general showed that viral load of SARS-CoV-2 from respiratory specimens collected from COVID-19 patients peaked early around the time of onset of illness, was relatively higher in the first week of illness, and then gradually decreased over time. Available scientific evidence also revealed that some patients might have prolonged viral ribonucleic acid (RNA) shedding. However, viable SARS-CoV-2 was not detected by viral culture after 10 days in spite of persistent positive reverse transcription polymerase chain reaction (RT-PCR).
- 3. The SCEZD reached a consensus on the following recommendations based on the prevailing scientific evidence on COVID-19 and SARS-CoV-2.
- 4. Confirmed patients of COVID-19 can be released from isolation if:
- (i) Ten days have passed since the onset of illness (or collection of the first positive sample for those who did not have any symptoms all along); and



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- (i) Their clinical conditions improve and they are afebrile; and
- (ii) Either:
 - With two clinical specimens of the same type (i.e. respiratory or stool) tested negative for RT-PCR for SARS-CoV-2 taken at least 24 hours apart. For patients ever with stool specimen(s) tested positive, they should have two negative stool specimens collected 24 hours apart before release from isolation; or
 - Tested positive for SARS-CoV-2 antibody.
- 5. For recovered patients of COVID-19 who are discharged, although some of them may have prolonged viral RNA shedding, the SCEZD agreed that current evidence does not support correlation of prolonged viral RNA shedding with infectivity.

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