

usual by the PHU and in accordance with the Ontario Public Health Standards. PHUs are still expected to investigate and manage reports of gastrointestinal outbreaks in institutions as per usual.

4 Public Health Advice for Symptomatic and COVID-19 Positive Individuals

4.1 Testing Recommendations

Accessing laboratory-based or rapid molecular testing:

- Individuals with [COVID-19 symptoms](#) should seek molecular testing (laboratory-based or rapid) if eligible. See the [COVID-19 Provincial Testing Guidance](#) for information on eligibility.
 - Where there is a high index of suspicion that an individual may be a COVID-19 case with a possible false-negative laboratory-based or rapid molecular test result, re-testing is advised and initiation of case isolation/outbreak management may be appropriate based on the PHU's risk assessment.

Use of rapid antigen tests:

- Individuals with COVID-19 symptoms who use rapid antigen tests should be aware that they may produce false negative results, particularly early in COVID-19 infection. Repeat testing at least 24 hours after an initial negative test improves confidence in a negative test result. See the [COVID-19 Provincial Testing Guidance](#) for information about rapid antigen tests.
 - Individuals who may be [eligible for treatment](#) and have an initial negative rapid antigen test result are **strongly recommended** to seek laboratory-based or rapid molecular testing as soon as possible given the time frame for receiving therapeutics. At this time, a positive rapid antigen test result is sufficient to initiate COVID-19 treatment, for those who are eligible, and does not need to be confirmed.

Testing for clearance is not recommended:

- There is no provincial public health requirement for workers who are test-positive cases or isolated due to COVID-19 symptoms to provide proof of a negative test result or a positive serological test result to their employers in order to return to work. It is expected that workers who have tested positive or who

have symptoms of COVID-19 follow public health isolation recommendations as outlined in **Table 1** below, as well as occupational health recommendations where applicable, for when they would be considered cleared to return to work.

4.2 Isolation Guidelines for Individuals with COVID-19 Symptoms and/or with a Positive COVID-19 Test

- [Self-isolation](#) means:
 - The case is to stay home and not attend work, school, child care, or other public places.
 - The case should only leave home if there is a medical emergency or if they need to get a [clinical assessment](#) or test. See the [COVID-19 Clinical Assessments and Testing page](#) for more information.
 - If the case must leave the home, they should travel in a private vehicle if possible. If this is not possible, the case should wear a medical mask, keep distance from others in the vehicle (e.g., sit in the backseat), and if possible and weather permitting, open the windows to increase air exchange in the vehicle.
 - At home, the case should stay in a separate room away from other people in the home and use a separate bathroom as much as possible. If in the same room, they should wear a well-fitting mask (medical mask if available) for source control and improve ventilation (e.g., windows should be open if possible). Household members should also wear a mask when in the same room if possible. Household caregivers should refer to PHO's fact sheet on [Guide for caregivers, family members and close contacts](#). Anyone who is at higher risk of severe complications from COVID-19 (e.g., immunocompromised and/or elderly) should avoid caring for or coming in close contact with a case.
 - The case may leave their home for independent outdoor exercise (or with a caregiver, as appropriate), but should maintain physical distance of at least 2 metres (6 feet) from others at all times. The case should not go to outdoor fitness classes or personal training sessions and should wear a mask in building common areas when leaving the property if self-isolating in an apartment, condo, or hotel.

- The duration of self-isolation after the date of specimen collection or symptom onset (whichever is earlier/applicable) depends on relevant clinical factors such as setting, severity of infection, and immune status (see **Table 1**).

4.3 Isolation Guidelines for Individuals with COVID-19 Symptoms Following Antiviral Treatment

- There have been reports of “COVID-19 rebound” in some individuals who have received Paxlovid for their COVID-19 illness. This refers to recurrence of COVID-19 symptoms in individuals 2-8 days following completion of treatment.
 - Given the limited evidence on this phenomenon thus far, it is recommended that these individuals be re-isolated using the date of rebound symptom onset. This is a precautionary measure under the presumption that the rebound in symptoms is associated with a rebound in infectiousness.

Table 1: Isolation Period for Test-Positive Cases and Individuals with COVID-19 symptoms

Population	Isolation Period	Additional Precautions after Self-Isolation Period
Individuals with severe illness ¹ (requiring ICU level of care)	<ul style="list-style-type: none">• At least 20 days (or at discretion of hospital IPAC) after the date of specimen collection or symptom onset (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.	<ul style="list-style-type: none">• N/A

¹ Severe illness is defined as requiring ICU level of care for COVID-19 illness (e.g., respiratory dysfunction, hypoxia, shock and/or multi-system organ dysfunction).

Population	Isolation Period	Additional Precautions after Self-Isolation Period
Individuals who: <ul style="list-style-type: none"> • residing in a highest risk setting² • hospitalized for COVID-19 related illness (not requiring ICU level of care) • immunocompromised³ 	<ul style="list-style-type: none"> • At least 10 days after the date of specimen collection or symptom onset (whichever is earlier/ applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present. • Duration of isolation may be modified based on hospital IPAC direction (for inpatients) or health care provider direction (for individuals with immune compromise). • Setting-specific guidance prevails for case isolation in highest risk settings. 	<ul style="list-style-type: none"> • N/A

² Isolation is recommended from others to prevent transmission within the highest risk setting. However, individuals may follow routine guidance on isolation duration when they are in the community.

³ Examples of **immune compromise** include cancer chemotherapy, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, taking prednisone >20 mg/day (or equivalent) for more than 14 days, and taking other immune suppressive medications. Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immune compromise impacting non-test based clearance.

Population	Isolation Period	Additional Precautions after Self-Isolation Period
<p>All other individuals not listed above who have COVID-19 symptoms OR a positive COVID-19 test (PCR, rapid molecular or rapid antigen test)</p>	<ul style="list-style-type: none"> • Until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present. • Asymptomatic individuals with a positive test result do not need to self-isolate unless symptoms develop. If symptoms develop, they should self-isolate immediately 	<ul style="list-style-type: none"> • For a total of 10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable), individuals should: <ul style="list-style-type: none"> ○ Continue to wear a well-fitted mask in all public settings (including schools and childcare, unless under 2 years old) and avoid non-essential activities where mask removal is necessary (e.g., dining out, playing a wind instrument, high contact sports where masks cannot be safely worn) ⁴ ○ Not visit anyone who is immunocompromised or at higher risk of illness (e.g., seniors) ○ Avoid non-essential visits to highest risk settings such as hospitals and long-term care homes