Heads of Institutions of dedicated COVID-19 treatment facilities

**Updated discharge criteria for COVID-19 patients**

At present COVID-19 discharge criteria from hospitals requires 2 successive negative PCRs carried out 24 hours apart. Even though this approach has been successful so far, it may lead to practical difficulties with prolonged PCR positivity seen in some patients. Most individuals, despite being clinically well and asymptomatic/ mildly symptomatic, continue to have positive PCRs, resulting in prolonged hospital stay which can negatively influence the patient as well as the healthcare delivery system.

Considering the growing evidence, alternative criteria for discharge are given below.

A. **Discharge criteria for asymptomatic/mildly symptomatic patients**

- Discharge criteria for **asymptomatic/mildly symptomatic patients** (all of the following should be present):

  i. At least a period of **10 days** from onset of illness/point of positive PCR test

  ii. Afebrile AND clinical improvement of symptoms for at least **3 days**

  iii. If the patient has **2 consecutive negative PCR tests** (done 24 hours apart).

  **OR**

  PCR is positive, but if the patient has a PCR **Ct >32** (SARS-COV-2), can be discharged if the COVID-19 antibody test (IgG) is positive using ELISA / immune chemiluminescence tests standardized and locally validated for Sri Lanka (and **not rapid tests**).
• **Strict home quarantine** to be followed for **another 2 weeks** after being discharged from hospital.

• **Flowchart for discharge of asymptomatic/ mildly symptomatic COVID-19 patients based on PCR tests (done on day 10 and beyond) is given as Annexure.**

**B. Discharge criteria for patients with moderate/severe illness**

• Patients with **moderate/severe illness** will have to be considered for discharge on a case by case basis (e.g.: with room air saturation >94% for 48hrs).
  - For discharge apply points (ii) and (iii) as given above for asymptomatic/mild patients

Designated COVID-19 testing laboratories will be provided with ELISA/ immune chemiluminescence tests standardized and locally validated for Sri Lanka.

**If a patient is discharged on positive COVID-19 IgG antibody report it is important to be mentioned in the diagnosis card given to such patient.**

When a patient is discharged from hospital based on 2 negative PCR reports or positive IgG antibody report (as mentioned above) such patients require no further PCR testing even if they are hospitalized subsequently.

All heads of institutions of designated COVID-19 treatment facilities and technical heads of designated laboratories should make necessary arrangements according to this circular.

Please note that this circular may be updated according to the condition of the country and will be informed accordingly.

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**Cc:**

1. Secretary, Ministry of Health and Indigenous Medical Services
2. Additional Secretary (MS)
3. All DDGs
4. Chairman, NMRA
5. Chief Epidemiologist
6. Director, MRI
7. Relevant PDHS/RDHS
8. Relevant Directors/ Medical Superintendents
9. Technical Heads of designated laboratories
Annexure:

Flowchart for discharge of asymptomatic/mildly symptomatic COVID-19 patients

10 days from onset of illness/from diagnostic positive PCR test
AND
Afebrile for at least 3 days
AND
Clinical improvement of symptoms for at least 3 days

Do PCR

Positive

Repeat PCR on day 14 of illness/from PCR of diagnosis irrespective of the cycle threshold (Ct) Value

If positive

Assess Ct value*

If positive

Ct value < 32

Ig G test (ELISA)

If negative

Repeat PCR in 5 days

If positive

Discharge and send for home isolation for 14 days

If negative

Ct value > 32

If positive

Discharge for home isolation for 14 days

Negative

Repeat PCR after 24 hrs

If negative

Discharge and send for home isolation for 14 days

*Note on Ct value: decision can be based on local laboratory and clinical MDT discussion