



Self-isolation among discharged emergency department patients with suspected COVID-19

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Dear Editor,

The COVID-19 pandemic has dealt a significant blow to the health and economic well-being of the global community. Pandemic control relies heavily on self-isolation for those with confirmed or suspected illness. Modelling in Australia showed that 70% adherence to isolation in positive cases reduces and delays the epidemic peak [1]. However, studies in other countries have shown that adherence to self-isolation is suboptimal [2, 3].

This survey study aimed to assess self-isolation adherence in discharged emergency department (ED) patients with confirmed or suspected COVID-19, surveying individuals discharged from three EDs in Vancouver, British Columbia (BC) from May to June of 2020. We excluded individuals who were (a) institutional residents, (b) without stable housing, (c) unable to communicate in English,

(d) non-residents of BC, and (e) undergoing asymptomatic COVID-19 screening.

Automated reports identified 342 patients with confirmed or suspected COVID-19 during the study period. We reached 138 individuals who met criteria and offered them survey participation, 65 (47%) of which completed the survey.

Participants were 52% female, 75% under the age of 60, and 21% healthcare workers; 8% of participants tested positive for COVID-19. Half (56%) reported adherence to self-isolation guidelines. The top reasons given for non-adherence were access to food, medication, and fresh air. The majority (65%) shared their home with others, 69% of which were unable to avoid shared areas, with the challenge of limited space most often cited as the reason for non-adherence. Participants were asked seven questions to test their understanding of self-isolation rules, scoring a mean of 80%.

Self-isolation is a public health requirement for those who test positive or are under investigation for COVID-19. Our results demonstrate that despite fair understanding of self-isolation rules, adherence for symptomatic individuals is partial, with almost half unable to adhere to self-isolation guidelines. This agrees with other studies conducted in the UK and Israel on self-isolation of symptomatic individuals, which show adherences of 25% and 57% respectively [2, 3]. In agreement with previously studied responses to quarantine measures, our results demonstrate lack of access to essential supplies can lead to decreased adherence [4].

Our results raise concerns about the ability and willingness of symptomatic ED patients to adhere to self-isolation guidelines. Current public health efforts and future pandemic planning should focus on sustainable methods to support those in self-isolation with basic necessities and emphasize messaging to reduce in-home transmission and to raise overall adherence to self-isolation.

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Code availability Not applicable.

Declarations

Conflict of interest There are no conflicts of interests associated with this work.

Ethics approval This study was approved by the Research Ethics Board at the University of British Columbia, certificate number H20-01456.

Consent to participant Verbal informed consent was obtained from all participants, and electronic consent forms were documented and are available upon request.

Consent to publication All authors consent to the publication of this manuscript.

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