



COVID-19 and Hearing Implants

Guidelines – Returning to Practice

Status Report
(Sep 15 – Dec 11, 2020)

Yi Ge, MD.

Table of Contents

Guidelines / Guidance – returning to practice	3
--	----------

Guidelines / Guidance – returning to practice

Four relevant guidance were released or with essential updates during the reporting period:

1. [ASA and APSF joint statement on elective surgery and anesthesia for patients after COVID-19 infection](#) (Dec 8)

The timing of elective surgery after recovery from COVID-19 utilizes both symptom- and severity-based categories. Suggested wait times from the date of COVID-19 diagnosis to surgery are as follows:

- Four weeks for an asymptomatic patient or recovery from only mild, non-respiratory symptoms.
- Six weeks for a symptomatic patient (e.g., cough, dyspnea) who did not require hospitalization.
- Eight to 10 weeks for a symptomatic patient who is diabetic, immunocompromised, or hospitalized.
- Twelve weeks for a patient who was admitted to an intensive care unit due to COVID-19 infection.

2. [CDC announced Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) (Dec 2)

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
 - **With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.**
- When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
 - **With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.**

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text.

3. French Society of Audiology (SFA) and the French Society of Otorhinolaryngology-Head and Neck Surgery (SFORL) published [best practice recommendations on telemedicine in audiology](#) (Oct 21)

4. [A surgery working group in Greece](#) (Sep 19) published opinion on pediatric surgery management during the COVID-19 pandemic. Practical suggestions on workflow, staffing, PPE, patient transportation, establishing SOP etc.. are presented.