VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

Coronavirus Disease 2019 (COVID-19): Frequently Asked Questions

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COVID-19 Basics

General Questions

1. **What are coronaviruses?**
   Coronaviruses are a group of viruses that can cause illness in people and animals.The common cold is an example of a coronavirus.

2. **What is the novel coronavirus?**
   A novel coronavirus is a new coronavirus that has not been previously identified.

3. **What is SARS-CoV-2?**
   SARS-CoV-2 is the virus that causes COVID-19. “SARS” stands for severe acute respiratory syndrome, “CoV” stands for coronavirus. This virus is similar to the SARS virus that emerged in China in 2002, hence the number “2.”

4. **What is COVID-19?**
   COVID-19 (“Coronavirus Disease 2019”) is an infectious respiratory disease caused by a new (novel) coronavirus that initially emerged in Wuhan Provence, China in December 2019.

5. **What are the symptoms?**
   Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. The following symptoms of COVID-19 may appear 2-14 days after exposure to the virus:

   - Fever or chills
   - Cough
   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle or body aches
   - Headache
   - New loss of taste or smell
   - Sore throat
   - Congestion or runny nose
   - Nausea or vomiting
   - Diarrhea

   The symptoms of COVID-19 can vary a bit from person to person. Some people with COVID-19 infection have no symptoms (also known as asymptomatic). Children generally experience similar signs and symptoms of illness as adults. For additional information, see Children and COVID-19**.**

Virginians can use COVIDCheck, an online risk-assessment tool to check their symptoms and connect with appropriate health care resources, including COVID-19 testing. Visit VDH's web page for more information on what to do if you feel sick.

For more information on symptoms of COVID-19, visit the CDC's webpage: Symptoms of Coronavirus.

6. **How soon after exposure do symptoms occur?**
   Symptoms typically appear 2-14 days after exposure.

7. **How is it spread?**
   COVID-19 is spread primarily through respiratory droplets (meaning moisture that comes from coughing, sneezing, singing, or talking). These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another. Close contact includes: being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more over a 24-hour period; provided care at home to someone who is sick with COVID-19; direct physical contact with someone who has COVID-19 (touched, hugged, or kissed them); shared eating or drinking utensils with someone that has COVID-19; sneezed, coughed, or somehow got respiratory droplets on you from someone who has COVID-19.

   The virus may also spread by airborne transmission in certain circumstances. The infection may be transmitted by exposure to the virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space, and occur within enclosed spaces that have inadequate ventilation. On some occasions, the infected person may be breathing heavily, such as singing or exercising.

   Although most spread involves sick people passing infectious droplets, some people don't ever have symptoms (asymptomatic people). The virus that causes COVID-19 can spread from infected people who do not have any symptoms. Because this type of spread is possible, it is very important for everyone to follow recommendations for physical distancing, hand washing and masks, even if they do not feel sick.

   For more information about how COVID-19 spreads, click here.

8. **What do we know about aerosol transmission of the virus?**
   COVID-19 is primarily transmitted from person-to-person through respiratory droplets.These droplets (larger particles) and aerosols (smaller particles) are released when someone with COVID-19 sneezes, coughs, or talks. Current data supports the spread of SARS-CoV-2 (the virus that causes COVID-19) via airborne transmission under special circumstances. Short-range inhalation of aerosols is a possibility for COVID-19, as with many respiratory

pathogens.The virus, in small droplets and particles can spread from an infected person to others who are more than 6 feet away and even after the person has left the space. Airborne transmission is a possibility, particularly in crowded and inadequately ventilated spaces, and when the infected person is breathing heavily, such as when singing or exercising. Certain medical procedures performed in healthcare facilities can also generate fine aerosols.

For more information about how COVID-19 spreads, click here.

9. **What is known about virus transmission via contaminated surfaces?**
   The primary and most important mode of transmission for COVID-19 is through close contact from person-to-person. Respiratory secretions or droplets expelled by infected individuals can contaminate surfaces and objects. Transmission may occur when a person touches surfaces contaminated with virus from an infected person and then touches their mouth, nose, or eyes. Frequent hand washing and cleaning and disinfection of high-touch surfaces (such as door knobs) can help prevent viral transmission.

10. **Can COVID-19 be transmitted through sex?**
    The virus that causes COVID-19 has been found in semen and in feces of people who are infected with the virus. Transmission through respiratory droplets is more likely when people are in close contact with one another (within about 6 feet).

11. **Can COVID-19 be transmitted through drinking water?**
    The virus that causes COVID-19 has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

12. **Can COVID-19 be transmitted through pools, hot tubs, spas, or water play areas?**
    There is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, spas, or water play areas. Proper operation and maintenance (including disinfection with chlorine and bromine) should inactivate the virus in the water. The virus that causes COVID-19 is transmitted primarily through close contact with other people. It is important that people take steps to protect themselves from exposure to COVID-19, especially while there is on-going community transmission of the virus.

13. **Can ticks or mosquitoes transmit COVID-19?**
    There is no evidence that either ticks or mosquitoes can transmit the virus that causes COVID-19.

14. **Who is at risk for COVID-19?**
    Everyone is at risk if they are exposed to COVID-19. However, older adults and people with underlying medical conditions are at increased risk for severe illness.

It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.

15. What does close contact mean?

When assessing a person's risk of exposure to COVID-19, close contact means being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, coughed or sneezed on; shared a drinking glass or utensils; kissing) while they were contagious. For example, briefly walking by someone with COVID-19 in a store is not considered close contact.

A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before they tested positive if they never had symptoms) until they meet the criteria to discontinue isolation.

16. What is contact tracing?

Contact tracing is a method often used by public health to prevent the spread of disease. For COVID-19, contact tracing means ensuring that everyone who has been in close contact with a person diagnosed with COVID-19 is aware that they might have been exposed. The health department will check-in on the health status of people potentially exposed to the virus and provide them with information about how to prevent the spread of disease, including the importance of quarantine (which means staying at home and maintaining distance from others) and what to do if symptoms develop.

More information about contact tracing can be found here.

17. Does wearing a mask/cloth face covering impact contact tracing?

Masks do not impact VDH contact tracing efforts. We recognize that masks provide some protection, when used along with other daily protective activities such as physical distancing, hand hygiene, and cleaning and disinfecting frequently touched surfaces. However, we do not compare cloth face coverings as source control to surgical or other masks such as N95's, that are designed as Personal Protective Equipment (PPE), to protect the wearer from splashes or sprays from blood or other body fluids or breathing or coughing. If you have been in close contact with someone who tested positive for COVID-19, even while wearing a mask, you may still be contacted by VDH.

18. What are the most reliable sources of COVID-19 information?

For those with access to the internet, the best sources of up-to-date information are the Virginia Department of Health website and the Centers for Disease Control and Prevention website. You can also call 877-ASK-VDH3 for additional information.

19. Can I use ultraviolet (UV) light to disinfect my skin?

UV light or lamps should not be used to disinfect your skin. UV radiation can irritate or harm your skin and eyes. If you need to clean up, wash your hands with soap and water, use a hand sanitizer with at least 60% alcohol or take a shower and put on clean clothes.

Additional information about common COVID-19 myths can be found here.

20. **Does staying at home weaken the immune system's ability to fight COVID-19?**
    There is no evidence that staying at home more during the COVID-19 outbreak can weaken the immune system (the part of your body that fights off germs).Our immune system is built up over many years and won't suddenly stop working after a few months.Staying at home and being isolated from others can impact our health in other ways. Stress, depression, bad sleep patterns, lack of exercise, and eating unhealthy foods can all hurt the immune system.Work on healthy habits such as getting enough rest, managing stress, staying connected to friends and family, and eating a healthy diet. More information on food and COVID-19 can be found on CDC's website. Exercising is also important. Getting out into the fresh air can be good for both our bodies and our minds.

21. **Why might someone blame or avoid individuals and groups (create stigma) because of COVID-19?**
    Anyone, regardless of race or ethnicity can get COVID-19. People can fight stigma and help, not hurt, others by providing social support. Counter stigma by learning and sharing facts. Communicate the facts that viruses do not target specific racial or ethnic groups. Share the facts on how COVID-19 actually spreads to help stop stigma.

22. **What should I know about fraud and scams related to COVID-19?**
    Fraud and scams related to COVID-19 are rapidly evolving.
    The U.S. Department of Health and Human Services Office of Inspector General provides information related to COVID-19 frauds here. As one example of a fraud, scammers are offering COVID-19 tests to Medicare beneficiaries in exchange for personal details, including Medicare information. However, the services are unapproved and illegitimate.

    The Federal Trade Commission provides advice for consumers to avoid COVID-19 scams here.

23. **What should I know about myths related to COVID-19?**
    There are many myths and a great deal of misinformation on the internet about COVID-19. Make sure you get your information from a trusted public health source such as the VDH, the Centers for Disease Control and Prevention or the World Health Organization.

    For more information, click here.

24. **What should I know about myths related to the COVID-19 vaccine?**

With the first two COVID-19 vaccines being approved in the U.S., it is important to get accurate vaccine information.

The CDC provides information addressing Myths and Misconceptions about COVID-19 Vaccination.

25. Are there any other emerging or current health issues in the United States or other countries that I should be aware of?

The CDC is constantly monitoring for emerging diseases and responding to disease outbreaks across the globe. For a list of current outbreaks CDC is responding to, you can visit the CDC's outbreak website.

26. Are hospitals and emergency rooms safe to visit for health issues and emergencies?

Yes, healthcare facilities, including hospitals and emergency rooms, are still safe to visit. You should get immediate medical attention if you have any medical emergency. Hospitals and healthcare facilities continue to sanitize regularly and are prepared to treat patients for all medical conditions and emergencies.

27. What does it mean when a virus mutates?

Viruses normally enter into a cell and "hijack" some of the cell's machinery to make more virus particles. This process is called replication. Sometimes, this process does not make an exact copy of the virus and a change occurs when the virus is making a genetic copy. This change is called a mutation. Most mutations don't really cause the virus to change very much. Occasionally, mutations can lead to changes that alter a virus' ability to infect a host, survive in the environment, or affect its ability to cause a range of symptoms associated with the virus.

28. I heard in the news that SARS-CoV-2 mutated. Does that mean that it's more infectious than before?

SARS-CoV-2, like most viruses, can change or mutate during the replication process. Most mutations do not typically cause the virus to change very much. Some mutations may cause the virus to become more infectious and there are ongoing laboratory studies exploring whether certain mutations might affect the virus' ability to survive, replicate, and infect people. At this time, the CDC is monitoring a mutation that seems to make SARS-CoV-2 more contagious. Initial studies suggest that the new variant may spread more easily from person to person.This variant strain has been identified through sequencing efforts in multiple states in the U.S. The variant does not appear to cause more severe disease or death than the previous circulating strain. A new variant strain has also been detected in South Africa but is not related to the strain that emerged in the U.K. A third variant strain of the SARS-CoV-2 virus has also been identified in Nigeria.

More information on the emerging variant strains can be found on New Variant of Virus that Causes COVID-19 Detected, Emerging SARS-CoV-2 Variants and Implications of the Emerging SARS-CoV-2 Variant.

29. How might viral mutations impact vaccine development for SARS-CoV-2?

Vaccines work by exposing your body to something foreign, which causes your immune system to react and remember it. That way, the next time your immune system is exposed, it will be able to fight off that foreign body. If a vaccine uses a part of the virus that mutates or changes, your immune system may not recognize the invader, reducing the vaccine's ability to provide protection. If a vaccine can be developed that targets more stable parts of the virus that do not mutate or change as often, it may provide our body with a better chance at longer lasting immunity and protection.

By looking at mutations, we can also troubleshoot when a vaccine may stop working, and potentially make updates so that the vaccine will work better in the future. This is the process that happens every year with the flu vaccination.

30. Where can I find more information about COVID-19?

Check out the following websites:

VDH COVID-19 Website
VDH Myths about COVID-19
CDC COVID-19 Website
CDC COVID-19 FAQs
WHO COVID-19 pandemic

31. How do I learn more about COVID-19 if I speak a different language?

At the top of all VDH web pages, there is a Google Translate button that says 'Select Language.' Clicking on this button translates web page content into 100+ different languages immediately. From there, you can go to the main COVID-19 page at: https://www.vdh.virginia.gov/coronavirus/ where you can learn more about COVID-19.

32. ¿Cómo puedo obtener más información sobre COVID-19 si hablo un idioma diferente?

En la parte superior de todas las páginas web del VDH, hay un botón del Traductor de Google que dice "Seleccionar idioma". Al hacer clic en este botón, el contenido de la página web se traduce a más de 100 idiomas diferentes inmediatamente. Desde allí, puede ir a la página principal de COVID-19: https://www.vdh.virginia.gov/coronavirus/ donde puede obtener más información sobre el COVID-19.

Page last updated January 11, 2020

Virginia Questions

33. What is the current status of COVID-19 in Virginia? Where can I find statistical data on cases, hospitalizations, and deaths associated with COVID-19?

Transmission of COVID-19 is happening throughout Virginia. Check the VDH Website for daily updates of cases, hospitalizations and deaths associated with COVID-19 as well as outbreak and testing information. VDH uses standard case definitions for consistent reporting.

34. How can I find out which health district or health region my city or county is in?

VDH has a VDH Geography Locator Tool online which can help you identify your health district and health region. If you choose your city or county on the drop down menu at the top, the maps automatically update to show the health district and health region for the locality you select. You can also hover over or click on the maps to see the names of the various localities, health districts and health regions.

35. How is VDH responding to COVID-19?

The Virginia Department of Health (VDH) continues to work closely with local, state and federal government partners, community partners, first responders, healthcare providers, and emergency management partners, to respond to this public health threat.

VDH is also working with state and local health departments, health care systems, businesses, schools, colleges and universities, and the general public to reduce widespread transmission of COVID-19.

When illness is reported to VDH, our health experts investigate. VDH assists with testing for COVID-19 through our state public health lab and private laboratories. If a case of illness is identified, VDH works to identify those who have had close contact with the patient and monitor their health closely.

36. Is VDH isolating sick people or quarantining people who have come in contact with sick people?

VDH works to rapidly identify persons with COVID-19 and others who have been in close contact with that person. VDH is isolating people sick with COVID-19 and quarantining people assessed as being at high-risk of exposure to the virus that causes COVID-19. Contacts are assessed based on the types of interactions they have had with an infected person and monitored closely for symptoms of infection.

VDH is actively encouraging people with close contact with a known infected person, to stay home, monitor for symptoms and follow all recommendations (e.g., wear a mask, watch their distance, and wash hands frequently) for 14 days after their last exposure.

This is the safest option. If you are not able to stay home for 14 days and do not have symptoms, you may leave home earlier:

- Counting your date of last exposure as Day 0, after Day 10 without testing; OR
- After Day 7 with a negative PCR for antigen test performed on or after Day 5.

Close contacts should monitor for symptoms and follow all recommendations (e.g., wear a mask, watch their distance, and wash hands frequently) for 14 days after their last exposure. If you want to be tested, please contact your healthcare provider. Your provider may collect samples to test you or help you to find sampling sites in your area. Learn more about what to do if you feel sick.

More information on isolation, quarantine and public health monitoring is available here.

37. What is COVIDWISE?

COVIDWISE is the official Virginia Exposure Notification System (ENS) app created by the Virginia Department of Health in partnership with Google and Apple. This free smartphone app is now available to all Virginians on Google Play and in the App Store. You can now use your phone in the fight against COVID-19 to be notified quickly if you've likely been exposed. Using the app is voluntary and your privacy is protected. Location is never used and the app has a new feature that can now take symptom onset date into consideration. Virginia is the first state to utilize this technology.

Information on COVIDWISE can be found here.
FAQs regarding COVIDWISE can be found here.

38. What is Sara Alert?

Sara Alert is an online tool that the health department uses to monitor the health of people who are sick with COVID-19 or may have been exposed to it. Sara Alert allows the individual to report how they are feeling daily through text, email or phone.

Information on Sara Alert can be found here.

39. What is the difference between COVIDWISE and Sara Alert?

Sara Alert is a tool used by public health professionals to monitor people who are sick with COVID-19 or may have been exposed, through daily health checks. COVIDWISE is an early notification tool that individuals can use to notify contacts, or be notified themselves of an exposure.

40. Why do the number of cases for previous days increase?

Since it takes time to conduct laboratory testing and for the laboratory or physician to report the case to VDH, there may be delays in reporting. These delays in reporting can cause the number of COVID-19 cases reported on previous days to increase..

41. There are two dates on the dashboard. One is called the "event date" and one is called the "report date." What is the difference?

The Virginia Department of Health (VDH) displays COVID-19 cases by two dates on our website as they both provide important information. Report Date (when the case was reported to VDH) and Event Date (date closest to when the case's symptoms began or lab specimen was collected for testing if symptom onset is not known).

Using June 12 as an example, a Report Date of June 12 means a case was reported to VDH on June 12. An Event Date of June 12 means that a case had symptom onset on June 12 but may have a Report Date to VDH of June 18.

42. Could you report the city that people with COVID-19 are in? This would incentivize people living in the area to take extra precautions to prevent the spread of the disease.

For the most up to date information, check the VDH website, which is updated daily with COVID-19 case information reported by, county, independent city and zip code.

The Virginia Department of Health encourages everyone in Virginia to take extra precautions to prevent the spread of infectious respiratory disease, regardless of whether or not COVID-19 has been reported in your location.

For more information about precautions, you can take to help protect against COVID-19 and other infectious respiratory illnesses, check out our Coronavirus Prevention Tips and CDC's webpage on how to protect yourself and others.

43. Can I access the data displayed on the VDH COVID-19 webpage?

The data on the VDH COVID-19 webpage are available for download. Below the data dashboard icon, you will find a heading that reads "Data Download." Clicking on this heading will reveal several links to files containing data. Read the "Instructions for COVID-19 Data Virginia Open Data Portal" at the top of the page for an explanation of how to download the files. If you have any questions about the data or would like additional information, please email **vdh_epi_comments@vdh.virginia.gov.**

44. Where can I find data about outbreaks in nursing homes?

Long-term care facilities that have experienced a COVID-19 outbreak can be found on the Virginia Long-Term Care Task Force page. The list of facilities included in the report represent nursing, assisted living, or multi-care facilities. This information is intended to provide awareness of COVID-19 outbreaks among a vulnerable population. The presence of an outbreak **does not** indicate a facility's given capacity to care for their residents.

45. Where can I find information and data about outbreaks associated with meat and poultry processing plants in Virginia?

Information regarding these outbreaks can be found here.

46. What are the results of the Virginia Serology Project?

The Virginia Serology Project was conducted in the summer of 2020. The study showed that an estimated 2.4% of adult Virginians have antibody test evidence of a prior COVID-19 infection. The presence of COVID-19 antibodies was highest in Hispanic individuals (10.2%), residents of the Northern region (4.4%), and among those uninsured or insured through Medicaid (3.8%). Statewide, Hispanic ethnicity, residence in an apartment building or other multi-family housing unit, and reported contact with a COVID-19 case significantly increased the risk of having a positive antibody test. The project's findings will help Virginia address the COVID-19 pandemic by understanding risk factors and giving the public health system and hospitals information to plan for future health care needs.

VDH partnered with a health system in each of Virginia's five health planning regions to estimate the total number of people that have been infected with the COVID-19 virus in Virginia at any time in the past. From June 1 to August 14, 2020, 4,675 adult outpatients presenting for non-COVID related health care agreed to complete a questionnaire and provide a blood sample for COVID-19 antibody testing. Enrollment was stratified to meet the age, race, and ethnic population distribution of each region. Participating health care systems across Virginia include: Inova Health System (Northern), Virginia Commonwealth University (Central), Sentara Healthcare (Eastern), Carilion Clinic (Southwest), and University of Virginia (Northwest).

47. Where can I find data about Virginia residents who have recovered from COVID-19?

Recovery information is not data that the Virginia Department of Health collects. Our data reflect a snapshot in time when the case is reported to us and we are not currently performing subsequent interviews or data collection. Most cases occur in people who do not need to be hospitalized, so it is safe to assume that many of these people recover at home. There is not a reporting structure in place to track their recovery.

48. Where can I get tested in Virginia?

You can find more information about testing sites in Virginia, including community testing events, at this website. Each facility has different policies and procedures for testing; please reach out to the individual facility for information about testing availability and procedures. VDH testing guidance can be found here.

Virginians can now use COVIDCheck, an online risk-assessment tool to check their symptoms and connect with the appropriate health care resources, including COVID-19 testing.

49. Where can I get assistance with services such as food or rent?

The Virginia Department of Social Services (VDSS) is able to assist you with services such as food, rent, and utilities. For more information visit the COVID-19 response page for VDSS.

Disease Prevention

50. How can I avoid getting COVID-19?

We recommend that everyone follow these prevention practices:

- Practice physical distancing
- Wear a mask over your mouth and nose in indoor and some outdoor public settings (see noted exceptions)
- Avoid contact with sick people
- Avoid touching your eyes, nose, or mouth with unwashed hands
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol, when soap and water are not readily available. Soap and water should be used if hands are visibly dirty
- It is especially important to clean hands after going to the bathroom; before eating; after coughing, sneezing or blowing your nose; after leaving a public place; or after handling your mask
- If you are sick, stay home and rest, even if illness is mild
- Avoid in-person gatherings of more than 10 people, under certain circumstances
- Those 65 years of age and older are encouraged to self-quarantine

With two COVID-19 vaccines now approved in the U.S., it is important to get vaccinated when vaccines are readily available for your priority group.

It is very important that people with even mild signs of illness (fever, cough, chills, shaking with chills, muscle pain, headache, sore throat) stay home to prevent spreading illness to others!

For more information read VDH's prevention tips***.***

51. I've heard some people say that masks (cloth face coverings) don't work to prevent COVID-19. What do we know about the benefits of wearing masks?

COVID-19 spreads most often when attached to respiratory droplets produced when people cough, sneeze, sing, talk (especially loud talking), or breathe.

Masks act as a physical barrier to the spread of those droplets - and as a barrier to spread of COVID-19 - to uninfected people from already infected people. **NOTE**: Many infected people are unaware of their infection because they have not developed symptoms.

The masks seem to be protective in both directions. First, by reducing droplet spread, masks reduce the amount of COVID-19 virus that infected people – even those who are infected but

still without symptoms - shed into their environment. And second, when properly designed and properly worn, masks can also directly protect uninfected people by reducing the chance that they will breathe in enough virus particles shed by infected people to actually become infected themselves.

Several COVID-19 investigations recently highlighted by CDC provide convincing data adding to the evidence for the prevention effectiveness of masking for individuals with high risk exposures:

- Two symptomatically ill hairstylists who were later proven to have COVID-19 interacted for prolonged periods with dozens of customers over an eight day period. Stylists and customers all wore masks as was required locally. None (0%) of 67 customers later consenting to an interview and SARS-CoV-2 test developed infection.
- In a study of 124 Chinese households with at least one laboratory-proven COVID-19 infection, those households in which the index (first) case was using a mask before she/he developed symptoms had a 79% lower COVID-19 transmission rate to other people in their household.
- In a Thailand study of >1000 contact persons interviewed as part of COVID-19 contact tracing investigations, those contacts who reported always wearing a mask during high-risk exposures had a 70% lower COVID-19 infection rate than contact persons who did not always wear masks in those situations.
- In a very large COVID-10 outbreak on a U.S. Navy aircraft carrier, use of face coverings led to a 70% lower infection rate among those using the face coverings.
- In investigations among passengers on long international flights in which some passengers were later found to have been COVID-19-infected before boarding the flights, rigid masking policies on some flights were associated with many fewer COVID-19 infections transmitted on those flights.
- At least eight community-level analyses have found that having organizational and/or political leaders issue and promote masking directives was followed by significant decreases in new COVID-19 infections in the population(s) at risk.
- Several of these and other studies that also examined community mortality found lower COVID-19 death rates in those populations.

However, it's important to remember that the COVID-19 protection provided by masks is not absolute and that following other public health guidelines about physical distancing, minimizing time in indoor spaces, handwashing, etc. can reduce your infection risk even further.

Additional information on masks and mask use can be found here and here.

52. Does wearing a mask protect me from getting COVID-19?

According to research, masks do offer some level of protection for the wearer. The amount of protection you get from a mask probably depends in part on the kind of fabric - and its thread count - used in the mask, the number of mask layers, and how well (or tightly) the mask fits.

The dose or number of viral particles that initially infects a person is called the ***viral inoculum***. Protection for a mask wearer can come from the mask's partial filtering out of some - but not all - virus-containing droplets. Even if a mask does not totally protect the wearer and the partially-protected wearer still comes in contact with *some* COVID-19 viral particles, the mask wearer's infection would be caused by a smaller number of viral particles – a smaller **viral inoculum** - than without a mask. That smaller **inoculum** is important because studies with influenza and other viruses have suggested that coming in contact with a smaller viral inoculum leads to a milder infection.

Even if you always wear a mask, however, it's important to remember that following other public health guidelines about physical distancing, minimizing time in indoor spaces, handwashing, etc. can reduce your COVID-19 infection risk even farther.

More information on protection from COVID-19 by masks or other face coverings can be found on the VDH website and on the CDC website.

53. Are gloves helpful in protecting people from COVID-19 outside of the health care or veterinary care settings?

According to CDC's advice to the general public, wearing gloves is not necessary in most situations, such as when running errands or using an ATM. However, in these and most other situations outside of your home, frequent handwashing or use of a hand sanitizer can help protect you from COVID-19. The two exceptions are (1) when caring for someone who is sick and (2) when routinely cleaning or disinfecting your home or other space.

Disposable gloves should be worn when caring for or cleaning around any person or animal who is sick at home or in any other non-healthcare site, including when handling dirty clothes, towels, or other laundry from a sick person. The trash from a sick person or animal should be discarded in a disposable trash bag.

Disposable gloves should be worn whenever a cleaning or disinfection supply label includes glove wearing as a recommendation. Be sure to follow the glove-wearing instructions, if any, on the label of cleaning or disinfecting solution(s) and be sure to use a fan or other method of getting fresh air into the space being cleaned.

When finished with disposable gloves, remove them carefully and throw them out in a lined trash container. Be sure to wash or clean your hands after using and disposing of the gloves and after handling the trash container and trash bags.

Guidelines and recommendations for glove use in healthcare or other work settings differ from recommendations given to the general public. Gloves are considered an integral aspect of personal protective equipment (PPE) for health workers. Infection control guidelines for healthcare settings can be found on the CDC website. Joint CDC and Environmental

Protection Agency (EPA) guidelines for cleaning and disinfecting public spaces, workplaces, businesses, schools, etc., can be found here.

54. I'm aware that CDC and VDH both recommend that healthcare workers wear eye coverings as part of their personal protective equipment (PPE) when working around patients in a hospital or when other contact with potentially infected people is possible, for example when doing COVID-19 testing, or when working in any settings with moderate–to-substantial community transmission. Do those same eye covering recommendations apply to the general public?

No, they do not. Protective eyewear is not routinely recommended for COVID-19 prevention for the general public. Although SARS-CoV-2 may rarely cause an infection through the conjunctiva (the mucous membrane of the inner eyelids), and although the SARS-CoV-2 virus has been found in tears, becoming infected that way appears far less common than infection from particles breathed in by nose or mouth or from touching contaminated surfaces. Thus, maintaining physical distancing, avoidance of indoor spaces away from home, use of masks, cleaning your hands, and avoidance of touching around your eyes remain the most important COVID-19 prevention steps.

In addition, although a face shield or goggles could provide a slight extra bit of protection from COVID-19, neither one is a substitute for a mask under the Governor's Executive Order 63.

55. Is it safe to dine at indoor restaurants?

The more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread. Masks may reduce the risk of COVID-19 spread when they are consistently used by customers and employees, especially when social distancing measures are difficult to maintain. The risk of COVID-19 spread increases in a restaurant or bar setting as interactions within 6 feet of others increase, as described below. Masks may reduce the risk of COVID-19 spread when worn in any of these risk scenarios.

- Lowest Risk: Food service limited to drive-through, delivery, take-out, and curb-side pick up.
- More Risk: Drive-through, delivery, take-out, and curb-side pick up emphasized. On-site dining limited to outdoor seating. Seating capacity reduced to allow tables to be spaced at least 6 feet apart.
- Higher Risk: On-site dining with indoor seating capacity reduced to allow tables to be spaced at least 6 feet apart. And/or on-site dining with outdoor seating, but tables not spaced at least six feet apart.
- Highest Risk: On-site dining with indoor seating. Seating capacity not reduced and tables not spaced at least 6 feet apart.

For more information on this topic, please see here.

56. Does alcohol-based hand sanitizer kill the virus that causes COVID-19? How long does it take to kill the virus?

Yes, alcohol-based hand sanitizer kills the virus (known as SARS-CoV-2) that causes COVID-19. CDC recommends use of hand sanitizer that contains 60% or more alcohol. It takes at least 30 seconds for hand sanitizer to kill the virus. Pour hand sanitizer (about the size of a quarter) into one hand. Rub hands together for a minimum of 30 seconds (longer is fine) so that the gel gets all over hands, in between fingers, on fingertips, under nails, etc. Then, let hands dry on their own. Do not wipe away hand sanitizer gel.

57. What is the FDA warning regarding hand sanitizers?

FDA Warning: FDA continues to find issues with certain hand sanitizer products. FDA test results show certain hand sanitizers have concerningly low levels of ethyl alcohol or isopropyl alcohol, which are active ingredients in hand sanitizer products. The agency urges consumers not to use these subpotent products and has expanded its list to include subpotent hand sanitizers, in addition to hand sanitizers that are or may be contaminated with methanol or 1-propanol.

Is Your Hand Sanitizer on FDA's List of Products You Should Not Use?

58. Do I have to wear a mask when I go out in public or when I travel?

Executive Order 72 requires that all individuals in the Commonwealth aged five and over must cover their mouth and nose with a mask, as described and recommended by the CDC, if they are in an indoor setting shared by others. This requirement applies to state and local government settings, train stations, bus stations, and intrastate public transportation, including buses, rideshares, trains, taxis, and cars for hire, as well as any waiting or congregating areas associated with boarding public transportation. Mask must also be worn outdoors when unable to maintain at least six feet of physical distance from other individuals who you do not live with. Masks should be washed after each use. Masks should not be placed on children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.

The mask can be purchased or made at home. A video about how to make one at home can be found here. Surgical or medical-grade masks or N95 respirators should NOT be used in place of a cloth face covering--these medical supplies are greatly needed and reserved for healthcare providers.

Considerations for Wearing Masks

Using Masks to Slow the Spread of COVID-19

59.

60. Should I clean and disinfect surfaces in my home even if I am not leaving?

Yes. CDC recommends that people practice routine cleaning of frequently used surfaces with household cleaners and EPA registered disinfectants that are appropriate for the surface. Please see CDC's guidance on cleaning and disinfecting your home here.

61. Can mouthwash be used to treat or prevent COVID-19?

No, mouthwash can not be used to treat COVID-19.There have been studies which have shown in a laboratory setting, that products such as over the counter nasal rises and mouthwashes have the ability to inactivate viruses such as coronavirus. However, these study findings do not translate to being a treatment option for persons infected with SARS-COV-2, the virus that causes COVID-19. You should speak with your healthcare provider for treatment options.

Using mouthwash should not replace proven methods of preventing COVID-19. Masks, physical distancing, and hand hygiene are essential prevention tools to control the spread of COVID-19.

62. Can portable HEPA filters be used to protect my household, while I am recovering from COVID-19?

Portable air cleaners (also known as air sanitizers or purifiers) can help achieve a high clean air delivery rate (CADR) by using a high-efficiency particulate air (HEPA) filter. A HEPA filter is a type of pleated mechanical air filter that can likely remove at least 99.7% of dust, pollen, mold, bacteria, and any airborne particles with a size of 0.3 microns as the most penetrating particle size (MPPS). Particles that are larger or smaller than 0.3 microns are trapped at an even higher rate.

When used properly, portable air cleaners and HEPA filters can help reduce airborne contaminants. Portable HEPA filters may be particularly helpful when additional ventilation with outdoor air is not possible without compromising indoor comfort (temperature or humidity), or when outdoor air pollution is high. Portable air cleaners and HEPA filters can be used along with other best practices recommended by CDC and VDH, as part of a plan to protect households. But by itself, portable air cleaning or HEPA filtration is **not enough** to protect people from exposure to the virus that causes COVID-19. It is important to physical distance, wear a mask, wash hands frequently, and treat frequently touched surfaces with disinfectants.

Additional household precautions and other best practices recommended can be found here:
VDH Living with Someone with COVID-19
CDC Living in Close Quarters
CDC Caring for Someone Sick

The United States Environmental Protection Agency (EPA) provides information about Air Cleaners, HVAC Filters, and Coronavirus (COVID-19) and also provides a Guide to Air Cleaners in the Home

63. I ordered from an online store. Do I need to be worried about being exposed to COVID-19?

There is still a lot that is unknown about the newly emerged COVID-19 and how it spreads.Coronaviruses are generally thought to be spread most often by respiratory droplets.Even though the coronavirus can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. However, it may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads

64. How can I prepare my home and my family for COVID-19?

Check out the VDH Prevention Tips web page for more information.

65. How can I get a 90-day supply of medicine for myself/someone I am taking care of?

If you or someone you take care of are taking prescription drugs, talk to your doctor, pharmacist, and insurance provider about keeping an emergency supply of medications at home. Virginia Medicaid is allowing members to obtain a 90-day supply of many routine prescriptions.

Page last updated January 11, 2020

Exposure to COVID-19

66. What is the definition of a "Case" of COVID-19?

A case is an identified COVID-19 infection that has been confirmed with a positive laboratory result. If you have been diagnosed with COVID-19, you must isolate, which means separate yourself from people who are not sick to avoid spreading illness. For details see FAQ Section *Isolation / Quarantine / Movement Restrictions / Public Health Monitoring.*

67. What is the definition of a "Contact" of COVID-19?

Close contact is defined as being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, coughed or sneezed on; shared a drinking glass or utensils; kissing) while they were contagious. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick, or 2 days before they tested positive if they never had symptoms. Contacts of COVID-19 must quarantine, which means stay at home to limit community exposure to illness and to see if symptoms develop. For details see FAQ Section *Isolation / Quarantine / Movement Restrictions / Public Health Monitoring.*

68. How do I know if I was exposed to COVID-19?

COVID-19 spreads through close contact with an infected person. This can be either by being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, coughed or sneezed on; shared a drinking glass or utensils; kissing) while they were contagious. Your local health department will reach out to you with more recommendations if you are identified as a close contact during contact tracing**.** Using COVIDWISE can help keep track of exposure. COVIDWISE is an early notification tool that individuals can use to notify contacts, or be notified themselves of an exposure.

69. What should I do if I have had close contact with someone with COVID-19?

VDH recommends that you self quarantine (stay home) for 14 days after the last time you saw that person and practice physical distancing. Physical distancing means keeping a distance of at least 6 feet from others. Do not go to work or school during this time period. Avoid all public spaces, public activities, and group gatherings and do not take public transportation such as buses, trains taxis, or ride-shares during this time. If necessary, your local health department can ensure that your basic needs (for example, food and medication) are being met.

- **Monitor your health** closely during this 14-day time period. When monitoring your health, be aware of the most common signs of COVID-19 (fever, cough, shortness of breath). Other signs of COVID-19 include chills, muscle pain, headache, sore throat and a new loss of taste or smell. If you develop signs of illness, take appropriate actions. If you have only mild illness, it is important to stay home and rest to prevent spreading infection to others. Not everyone with COVID-19 will have all symptoms and fever might not be present. If you do have symptoms and want to get tested for COVID-19, please reach out to your healthcare provider. Your provider may collect samples to test you or help you to find sampling sites in your area. If you have a medical emergency, call 911 and let them know that you have had exposure to a person with COVID-19.
- **Answer the call.** Your local health department will reach out to you with more recommendations if you are identified as a close contact during contact tracing. However, if a health department is seeing a large number of COVID-19 cases, they may not have the resources to do timely contact tracing and case investigation for all reported cases of COVID-19 and will need to prioritize certain contact tracing and case investigation efforts. If you know you were a close contact to someone with COVID-19 while they were contagious, stay home and monitor your health, even if the health department does not call you.
- **Respond to notifications.** If you use the COVIDWISE app and receive an exposure notification, stay home and monitor your health after the potential exposure.
- **Get tested.** VDH recommends testing on or after day 5 from exposure. Contact your healthcare provider to ask about getting tested because of your exposure. There are many test sampling sites available throughout the state to get yourself tested. Call ahead and wear a mask when you leave home.

- **How long do I need to stay home (quarantine)?** It can take up to 14 days after an exposure for you to develop COVID-19. It is safest to stay home for 14 days. If you are not able to stay home for 14 days after your last exposure and you do not have symptoms, you have 2 options*:
    - Counting your date of last exposure as Day 0, you may leave home after Day 10; or
    - If PCR or antigen testing is available, you can get tested. You may leave home after Day 7 if the PCR or antigen test performed on or after Day 5 is negative. If you receive a negative test result before Day 7, you should not leave home yet.

  Even if you do not stay home for the recommended 14 days, it is **very important** to continue monitoring for symptoms and follow all recommendations (e.g., wear a mask, stay at least 6 feet away from others, wash hands frequently, and avoid crowds) for the full 14 days after the last exposure.

  *These options to leave home (end quarantine) earlier than 14 days after exposure do not currently apply to healthcare workers or people in healthcare settings. People with certain jobs (e.g., critical infrastructure workers other than education sector workers) should stay home (quarantine) if they have been exposed, but they may be allowed to go to work if the business cannot operate without them. They can only go to work if they do not have any symptoms and if additional precautions are taken to protect them and the community. Learn more about VDH's recommendations for potential exposures for critical infrastructure workers.

70. If I am a close contact of a person with COVID-19, when should I get tested?

If you have had close contact with a person with COVID-19, VDH recommends that you get tested for COVID-19 **on or after day 5** since your last exposure.The day of the exposure is considered day 0.

It can take up to 14 days after an exposure for you to develop COVID-19. This is why VDH and the Centers for Disease Control and Prevention (CDC) advise people to stay home (quarantine) for 14 days after their last contact. It is safest to stay home for 14 days. If you are not able to stay home for 14 days after your last exposure and you do not have symptoms, you have 2 options*:

- Counting your date of last exposure as Day 0, you may leave home after Day 10; or
- If PCR or antigen testing is available, you can get tested. You may leave home after Day 7 if the PCR or antigen test performed on or after Day 5 is negative. If you receive a negative test result before Day 7, you should not leave home yet.

Even if you do not stay home for the recommended 14 days, it is **very important** to continue monitoring for symptoms and follow all recommendations (e.g., wear a mask, stay at least 6

feet away from others, wash hands frequently, and avoid crowds) for the full 14 days after the last exposure.

71. If I am a close contact of a person with COVID-19 and get tested after my exposure, can I return immediately to work or school if my test is negative?

It can take up to 14 days after an exposure for you to develop COVID-19. This is why VDH and the Centers for Disease Control and Prevention (CDC) advise people to stay home (quarantine) for 14 days after their last contact. It is safest to stay home for 14 days. If you are not able to stay home for 14 days after your last exposure and you do not have symptoms, you have 2 options*:

- Counting your date of last exposure as Day 0, you may leave home after Day 10; or
- If PCR or antigen testing is available, you can get tested. You may leave home **after Day 7 if the PCR or antigen test performed on or after Day 5 is negative**. If you **receive a negative test result before Day 7, you should not leave home yet**.

*These options to leave home (end quarantine) earlier than 14 days after exposure do not currently apply to healthcare workers or people in healthcare settings. People with certain jobs (e.g., critical infrastructure workers other than education sector workers) should stay home (quarantine) if they have been exposed, but they may be allowed to go to work if the business cannot operate without them. They can only go to work if they do not have any symptoms and if additional precautions are taken to protect them and the community. Learn more about VDH's recommendations for potential exposures for critical infrastructure workers.

72. What should I do if I am a contact of a contact?

If you had or continue to have close contact with a contact you must take preventative actions, by washing your hands with soap and water, covering your coughs and sneezes, and cleaning surfaces frequently. You must be alert for symptoms of COVID-19.

If you had or continue to have close contact with a contact you must take preventative actions, by washing your hands with soap and water, covering your coughs and sneezes, and cleaning surfaces frequently. You must be alert for symptoms of COVID-19.

VDH does not recommend testing for contacts of a contact. Quarantine is also not recommended.

For example, person A has been in close contact with person B. Person B has been in close contact with person C, who has tested positive for COVID-19. Person B should quarantine for 14 days and contact a healthcare provider for a clinical evaluation and testing. Person A does

not need testing or quarantine, unless they develop symptoms concerning for COVID-19. If Person B were to test positive for COVID-19, and Person A had close contact with Person B within 48 hours before diagnosis or 10 days after diagnosis, Person A would now become a contact of a case.

A person with COVID-19 is considered to be contagious starting from 2 days before they became sick, or 2 days before they tested positive if they never had symptoms. Available data indicate that persons with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. To continue safe contact with others, they should also be fever free for 24 hours with improvement of symptoms.

73. How do you determine if a person has been exposed to COVID-19?

To be considered exposed to COVID-19, you have to have had close contact with someone with COVID-19. Close contact includes:

- Living with a person who has COVID-19
- Providing care for a person who has COVID-19
- Being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period, or
- Having exposure to respiratory secretions from a person with COVID-19 (e.g., being coughed or sneezed on, sharing a drinking glass or utensils, kissing)

A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before they tested positive if they never had symptoms)until they meet the criteria to discontinue isolation.

74. Can I be in the same room with someone who has COVID-19 and not get it?

Being indoors, such as a classroom or hospital waiting room, with a sick person with COVID-19 and remaining more than 6 feet away, does not put you at a higher risk of getting sick. Additionally, briefly walking by or being briefly in the same room as a sick person with COVID-19 does not put you at a higher risk of getting sick. However, there is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. Airborne transmissions occur within enclosed spaces that have inadequate ventilation.

75. What if I test negative during quarantine, can I leave home and go back to work?

Even if you don't have symptoms, it is important to stay at home for 14 days since your last exposure. It can take up to 14 days after exposure to the virus for a person to develop COVID-

19 symptoms. By self-quarantining for 14 days, you lower the chance of possibly exposing others to COVID-19.

If you are not able to stay home for 14 days after your last exposure and you do not have symptoms, you have 2 options*:

- Counting your date of last exposure as Day 0, you may leave home after Day 10; or
- If PCR or antigen testing is available, you can get tested. You may leave home **after Day 7 if the PCR or antigen test performed on or after Day 5 is negative**. If you **receive a negative test result before Day 7, you should not leave home yet**.

*These options to leave home (end quarantine) earlier than 14 days after exposure do not currently apply to healthcare workers or people in healthcare settings. People with certain jobs (e.g., critical infrastructure workers other than education sector workers) should stay home (quarantine) if they have been exposed, but they may be allowed to go to work if the business cannot operate without them. They can only go to work if they do not have any symptoms and if additional precautions are taken to protect them and the community. Learn more about VDH's recommendations for potential exposures for critical infrastructure workers.

76. How do I monitor my health at home if I believe I have been exposed to COVID-19?

If you have been in close contact with a person with COVID-19, you should take your temperature twice daily and remain alert for signs of illness, including fever, cough, chills, muscle or body aches, headache, sore throat, new loss of taste or smell, shortness of breath or difficulty breathing,congestion or runny nose, nausea or vomiting and diarrhea. It is important to not eat, drink, or exercise for at least 30 minutes before taking your temperature. It may take up to 14 days after an exposure for you to develop COVID-19, which is why it is important to stay home during this time period. Some people with COVID-19 have no symptoms, or have very mild symptoms. These people can still spread the disease.

77. What do I do if I get sick with a fever (100.4°F or 38°C), cough or have trouble breathing?

See **Illness from COVID-19**

78. Where can I get more information about monitoring myself after a potential COVID-19 exposure?

For more information on what you should do if you have been exposed to COVID-19 VDH Exposure to COVID-19 Website

Page last updated January 12, 2021

Illness from COVID-19

79. What are the symptoms?

People with COVID-19 have a wide range of symptoms reported ranging from mild to severe respiratory illness with symptoms of fever, cough, shortness of breath. Some people have other symptoms, including chills, muscle pain, headache, sore throat, or new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea. Not everyone with COVID-19 will have all symptoms and fever might not be present. These symptoms may appear 2-14 days after exposure. This list does not include all possible symptoms and will be updated as we learn more about COVID-19.

It is very important that people with even mild signs of illness (fever, cough, chills, shaking with chills, muscle pain, headache, sore throat) stay home to prevent spreading illness to others!

80. Is it possible to have the flu and COVID-19 at the same time?

Yes. It is possible to test positive for the flu (as well as other respiratory infections) and COVID-19 at the same time.

81. How can I tell if I have the flu vs. COVID-19?

Both influenza (flu) and COVID-19 are contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by the SARS-COV-2 virus and flu is caused by infection with influenza viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis.

Both the flu and COVID-19 can cause symptoms such as fever or feeling feverish/chills, cough, shortness of breath or difficulty breathing, fatigue (tiredness), sore throat, runny or stuffy nose, muscle pain or body aches, and headache among others. Change in or loss of taste or smell is sometimes seen in COVID-19.

If you have any of these symptoms, you should contact your Healthcare Provider for evaluation, treatment and possible testing. Since both the flu and COVID-19 are contagious and can lead to serious illness, it is important to stay home while sick and for the recommended length of time after symptoms improve.

For more information regarding similarities and differences between flu and COVID-19, click here.

82. How do the symptoms of COVID-19 compare to other common illnesses?

VDH has created a chart comparing the symptoms of seasonal allergies, the common cold, strep throat, flu, and COVID-19. Please click here.

If you have concerning symptoms, you should contact your Healthcare Provider for evaluation, treatment and possible testing.

83. What should I do if I think I might be sick with COVID-19?

It depends on the severity of your symptoms. If you have mild illness, it is important to stay home and rest. Even those with mild illness could pass the infection to others.

Virginians can use COVIDCheck, a new online risk-assessment tool to check their symptoms and connect with the appropriate health care resources, including COVID-19 testing.

Tell your close contacts that they may have been exposed to COVID-19. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive. By letting your close contacts know they may have been exposed to COVID-19, you are helping to protect everyone

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a mask before emergency medical services arrive. Emergency warning signs include (but are not limited to): trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse a person, or bluish lips or face.

If you are sick with COVID-19, or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community:

- **Stay home except to get medical care**
    - Stay home: People who are mildly ill with COVID-19 are able to isolate at home during their illness. You should restrict activities outside your home, except for getting medical care.
    - Take over- the counter medicines, such as acetaminophen, to make you feel better.
    - Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
    - Avoid public areas: Do not go to work, school, or public areas.
    - Avoid public transportation: Avoid using public transportation, ride-sharing, or taxis.
- **Separate yourself from other people and animals in your home. This is known as home isolation**
    - Stay away from others: As much as possible, you should stay in a specific “sick room” and away from other people in your home. Also, you should use a separate bathroom, if available.
    - Limit contact with pets & animals: You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around

other people. It is recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus.
    - When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a mask. See COVID-19 and Animals for more information.
- **Call ahead before visiting your doctor**
    - Call ahead: If you have a medical appointment, call the healthcare provider and tell them that you have respiratory illness and it is possible you might have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.
    - If you do not have a doctor, your local health department may be able to help connect you with a healthcare provider or free clinic in your area.
- **Wear a mask**
    - If you are sick: You should wear a mask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
    - If you are caring for others: If the person who is sick is not able to wear a mask (for example, because it causes trouble breathing), then people who live with the person who is sick should not stay in the same room with them, they should wear a mask when they enter a room with the person who is sick. Visitors, other than caregivers, are not recommended.
    - Make sure to remove your mask correctly, wash or store your mask properly and wash your hands after touching a used mask.
- **Cover your coughs and sneezes**
    - Cover: Cover your mouth and nose with a tissue when you cough or sneeze.
    - Dispose: Throw used tissues in a lined trash can.
    - Wash hands: Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Clean your hands often**
    - Wash hands: Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
    - Hand sanitizer: If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
    - Soap and water: Soap and water are the best option if hands are visibly dirty.
    - Avoid touching: Avoid touching your eyes, nose, and mouth with unwashed hands.

- **Avoid sharing personal household items**
    - Do not share: You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home.
    - Wash thoroughly after use: After using these items, they should be washed thoroughly with soap and water.
- **Clean all "high-touch" surfaces every day**
    - Clean and disinfect: Practice routine cleaning of high touch surfaces and your "sick room." Let someone else clean and disinfect common areas but not your bedroom and bathroom.
    - High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
    - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver should wear a mask and wait as long as possible after the person has used the bathroom.
    - Clean and disinfect areas with bodily fluids: Also, clean any surfaces that may have blood, stool, or body fluids on them.
    - Household cleaners and disinfectants: Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
    - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
    - Most EPA-registered household disinfectants should be effective.
- **Monitor your symptoms**
    - Call your doctor: Before going to your doctor's office or emergency room, call ahead and tell them your symptoms.
    - Wear a mask: If possible, put on a mask before you enter the building. If you cannot put on a mask, try to keep a safe distance from other people (at least 6 feet away). This will protect the people in the office or the waiting room.
    - Alert health department: Ask your healthcare provider to call the local health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.
    - If you develop **emergency warning signs** for COVID-19, get medical attention immediately. Emergency warning signs include*:
        - Difficulty breathing or shortness of breath
        - Persistent pain or pressure in the chest
        - New confusion or inability to arouse
        - Bluish lips or face

* This list is not all-inclusive. Please consult your healthcare provider for any symptoms that are severe or concerning.
    - Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a mask before emergency medical services arrive.

More great information about what to do if you are sick can be found at:
VDH Resources and Support
What to do if you are Sick

84. Who is at risk for serious illness from COVID-19?

Older people (≥65 years of age) and persons living in a nursing home or long-term care facility are at greater risk for serious illness.

People of any age with certain medical conditions the following conditions are at increased risk of severe illness from COVID-19. A list of specific medical conditions can be found here.

85. How do you test a person for COVID-19?

See Testing for COVID-19.

86. I'm sick and was instructed to isolate at home. How do I know when home isolation can be discontinued?

Most people with COVID-19 can be 'released' from isolation and can be around others after:

- At least 10 days have passed since your symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Other symptoms have improved

For more information, see:
What to do if you have confirmed or suspected coronavirus disease (COVID-19)?
CDC Interim Guidance on Home Isolation

87. Can an oxygen concentrator machine be used to treat COVID-19?

With certain diseases, including sometimes with COVID-19, the amount of oxygen in our blood can sometimes fall below normal levels. When oxygen levels are too low, we may need to take extra oxygen in a process called oxygen therapy. An oxygen concentrator is a medical oxygen therapy device that can sometimes help get extra oxygen into the body but it should only be sold and used with a doctor's prescription.

Because there are risks involved in both getting too much oxygen and not enough oxygen, using an oxygen concentrator to get extra oxygen without talking with

a doctor first can do more harm than good. On one hand, getting oxygen concentrations that are too high can damage your lungs. On the other hand, if you really do have COVID-19, using an oxygen concentrator on your own can lead to a delay in receiving the best available treatment.

Sometimes oxygen concentrators are sold online but buying or using any of these without a prescription is not approved by the FDA. Using an oxygen concentrator on your own should not replace staying alert for early COVID-19 symptoms such as fever and cough or seeking medical help when you need it.

The FDA provides information here.

88. Can a pulse oximeter be used to screen for COVID-19?

A pulse oximeter is a device used by healthcare professionals to measure the oxygen level (oxygen saturation) of the blood. Low blood oxygen levels can be a sign of COVID-19, but it is only one of many signs and symptoms that may be present during illness. Use of a pulse oximeter should only be used under the direction and supervision of a physician. A pulse oximeter should not replace being alert for early COVID-19 symptoms such as fever and cough.

89. Am I required to disclose my COVID-19 status?

A person who does not have symptoms of COVID-19 and does not have a positive laboratory test for the virus has no responsibility to share information about this virus with others. It should be shared only at the discretion of the individual and with healthcare providers who need the information to provide necessary medical care services. A person suspected or confirmed to be ill with COVID-19, or confirmed by laboratory test to be infected with the virus should notify contacts who have been exposed so that the contacts can quarantine themselves for 14 days.

COVID-19 is a reportable condition. If you have a confirmed positive lab result, both the lab and your healthcare provider are required to report your status to the local health department and someone from the health department will get in touch with you.

90. What is reinfection from COVID-19?

Reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Cases of reinfection with COVID-19 have been reported, but remain rare. Based on what we know from similar viruses, some reinfections are expected. We are still learning more about COVID-19. At this time, whether you have had COVID-19 or not, the best way to prevent infection is to take steps to protect yourself:

- Wear a mask in public places.

- Stay at least 6 feet away from other people.
- Wash your hands with soap and water.
- Avoid crowds and confined spaces.

For more information on reinfection, click here.

91. Where can I find more information about symptoms and illness associated with COVID-19?

Check out the following website(s):
VDH What to do if you have confirmed or suspected coronavirus disease (COVID-19)?
CDC COVID-19 Symptoms Website

Page last updated January 12, 2021

Testing for COVID-19

92. Where can I get tested for COVID-19?

Contact your doctor if you have symptoms, had an exposure, or have taken part in activities that put you at higher risk for COVID-19 and want to be tested for COVID-19.
Testing may be available at your doctor's office, urgent care center, pharmacy, or other healthcare clinic. Some testing sites in Virginia are offering community testing events, such as drive-thru testing.

To find testing sites in your area, visit the website Virginia COVID-19 Testing Sites. This site is updated frequently. Each site has different policies and procedures for testing and billing. Please reach out to the individual site for information about testing availability.

Testing capacity at commercial, private, and hospital laboratories performing SARS-CoV-2 testing continues to increase in Virginia.

93. What are the tests available for COVID-19?

There are two different types of tests available: viral tests (diagnostic) and antibody tests.

1. A viral (diagnostic) test tells you if you have a current infection. There are currently two types of viral tests that detect the virus that causes COVID-19: molecular tests (e.g., RT-PCR tests) that look for the virus's genetic material and antigen tests that look for a specific protein on the surface of the virus. Antigen tests can be easy to run and affordable but are not always as accurate as molecular tests.
2. An antibody test might tell you if you had a past infection. An antibody test might not show if you have a current infection because it can take 1–3 weeks after infection for your body to make antibodies. Having antibodies to the virus that causes COVID-19 might provide protection from getting infected with the virus again. If it does, we do not

know how much protection the antibodies might provide or how long this protection might last.

For more information about differences between the different types of tests, please visit VDH's Testing Webpage.

94. Should I get tested for COVID-19?

If you have symptoms, plan to travel, or had an exposure and want to get tested for COVID-19, please contact your healthcare provider. Testing should also be considered if you have taken part in activities that put you at higher risk for COVID-19 because you could not physically distance as needed, such as attending large social or mass gatherings, or being in crowded indoor settings. Your provider may collect samples to test you or help you to find sampling sites in your area. For additional information on testing sites in your area, visit VDH COVID-19 Testing Sites.

Even if you test negative during your quarantine period from an exposure, VDH still recommends that you complete a full 14-day quarantine before going back to work or being around others. Count your date of last exposure as Day 0. If you are not able to stay home for 14 days after your exposure and you do not have symptoms, you may leave home after Day 7 with a negative PCR or antigen test performed on or after Day 5.

95. How long does it take to receive results?

Results from point-of-care tests may be available at the testing site in less than an hour. Other viral tests must be sent to a laboratory for analysis, a process that can take a few days. Some jurisdictions are experiencing a high demand for testing, which may cause a delay in processing tests and providing results.

96. Are there over- the-counter COVID-19 tests available for use at home ?

FDA recently provided emergency use authorization for the first over-the-counter fully at-home diagnostic antigen test for COVID-19. The Ellume COVID-19 Home Test detects fragments of proteins of the SARS-CoV-2 virus from a nasal swab sample. This test can be used in persons 2 years of age or older. Results can be provided in as little as 20 minutes.

Similar to other antigen tests, a small percentage of false positive and negative results from this test may occur. Therefore, for people without symptoms, positive results should be treated as presumptively positive until confirmed by another test as soon as possible.

Individuals with positive results should isolate and seek additional care from their health care provider. Individuals who test negative and experience COVID-like symptoms should follow up with their health care provider as negative results do not rule out COVID-19.

The Ellume COVID-19 Home Test uses a mid-turbinate nasal swab (sample is collected further back than the usual nasal swab), but not as far back as nasopharyngeal swabs.

The Ellume COVID-19 Home Test correctly identified 96% of positive samples and 100% of negative samples in individuals with symptoms. In people without symptoms, the test correctly identified 91% of positive samples and 96% of negative samples.

Information on at home testing is available from the CDC here.

97. Why is retesting for COVID-19 within 90 days not recommended, if you have already tested positive?

PCR testing for COVID-19 is very sensitive. CDC and other scientists have found that PCR tests can remain persistently positive for many weeks after infection. Despite these persistently positive test results, scientists have not been able to culture live virus from these samples. So, it appears that the PCR tests that are performed within 90 days of infection and that are positive are really picking up dead viral fragments. In addition, there have been very few cases of documented COVID-19 reinfection. The data so far indicate that reinfection within 90 days does not occur. For these reasons, retesting of asymptomatic people within 90 days of their initial infection is not generally advised.

VDH recommends the following:
For persons previously diagnosed with COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 90 days after the date of symptom onset for the initial COVID-19 infection, even if the person had close contact with an infected person. Quarantine is not recommended even if the person had close contact with an infected person as long as the person has recovered, already met requirements for release from isolation, and has remained asymptomatic since the new exposure; the person should continue to take all recommended measures to prevent SARS-CoV-2 transmission (i.e., wear a mask, stay 6 feet away from others, avoid crowded settings, and wash hands often).
For persons who develop new symptoms consistent with COVID-19 within 90 days after the date of initial symptom onset and there is no alternative etiology (e.g., influenza) to explain the symptoms, the person may warrant COVID-19 retesting. Consultation with infectious disease or infection control experts is recommended, especially if the symptomatic person had close contact with an infected individual in the past 14 days. Persons being evaluated for reinfection should isolate under recommended precautions while being evaluated. If SARS-CoV-2 reinfection is confirmed or suspected, individuals should remain in isolation until they meet the

criteria to discontinue isolation. For most people, discontinuation of isolation can be determined with a time-based strategy (i.e., 10 days after symptom onset or first positive test for asymptomatic individuals and at least 24 hours without a fever, without using fever-reducing medication and improvement of symptoms).

98. Should I be tested with an antibody (serology) test for COVID-19?

These tests tell you if you had a previous infection by looking for antibodies in the blood. Antibodies are proteins made by the immune system when a germ enters a person's body. Our immune system helps us fight off germs and diseases. The test uses a blood sample to look for antibodies made in response to SARS-CoV-2 rather than looking for the virus itself. It usually takes 1-3 weeks for the body to make antibodies in response to an infection. We do not know how much protection the antibodies might provide or how long this protection might last.

Antibody tests have limited ability to diagnose COVID-19 and should not be used alone to diagnose COVID-19. Results from these tests should also not be used to make decisions about staffing or the ability of an employee to return to work, the need for available personal protective equipment (PPE), or the need to discontinue preventive measures, like social distancing.

99. How do you test a person for COVID-19?

Viral tests check samples from your respiratory system to see if you are currently infected with SARS-CoV-2, the virus that causes COVID-19. How the sample is collected will depend on the test type and testng location. Methods of collection include a nasal swab, throat swab, or saliva sample. The sample may need to be done by a healthcare provider or could be done by self collection.

Antibody tests check your blood for antibodies, which may show if you had a previous infection. An antibody test may not be able to show if you have a current infection, because it can take 1-3 weeks after infection to make antibodies. Antibody tests have limited ability to diagnose COVID-19 and should not be used alone to diagnose COVID-19.

100. Can I get tested for COVID-19 at the local health department?

At this time, most local health departments are **not** doing testing for COVID-19. Your healthcare provider will determine if you need to be tested for COVID-19 and might consult with your local health department if needed. If you do not have a healthcare provider, your local health department may be able to help connect you with a healthcare provider or free clinic in your area. Your healthcare provider does NOT need VDH approval for testing through a private lab.

101. Can I get tested through Virginia's state public health lab?

If testing in the private sector is not available, clinicians may request testing for patients at DCLS by contacting the local health department.

Testing is available through Virginia's state public health lab, the Division of Consolidated Laboratory Services (DCLS), for people who meet the high priority and priority testing criteria, found here (Updated December 14, 2020).

VDH Recommendations for prioritizing SARS-CoV-2 testing

	Private/Commercial Lab Testing	**Public Health Lab Testing**

High Priority	• Hospitalized patients with COVID-19 symptoms* or close contact† • Critical infrastructure workers (e.g., healthcare workers, first responders, teachers) with COVID-19 symptoms* or close contact† • Un- or underinsured persons with COVID-19 symptoms*or close contact† • Other vulnerable populations¶ with COVID-19 symptoms*or close contact† • Residents and workers with COVID-19 symptoms* or close contact† in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, jails, behavioral health facilities, or intermediate care facilities for individuals with intellectual disabilities)	• Outbreak investigations** • Public health surveillance testing (e.g., sentinel surveillance) • Community testing events organized by the local health department†† • Un- or under-insured persons with COVID-19 symptoms* • Other vulnerable populations¶ with COVID-19 symptoms*
Priority	Persons with COVID-19 symptoms* Persons without symptoms • Close contacts of cases† • Prioritized by clinicians based on their best clinical judgment (e.g., for medical procedures) • Persons who participated in higher-risk activities in which they cannot physically distance as needed (e.g., travel, attending large social or mass gatherings, or being in crowded indoor settings)	• Point prevalence surveys as approved by the local health department§ • Other special situations approved by the local health department

* Description of symptoms associated with COVID-19.

† A close contact is any person who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period or who had exposure to respiratory secretions from an infected person (e.g., being coughed or sneezed on, sharing a drinking glass or utensils; kissing), starting from 2 days before the person became sick (or 2 days before specimen collection if asymptomatic) until the person was isolated. If testing is not readily available, prioritize testing of symptomatic close contacts or those at increased risk for severe COVID-19. If there is a known exposure date, it is reasonable to test asymptomatic close contacts 5 days or more after the date of last exposure. If the close contact is tested too early, the test might not be able to detect COVID-19 infection. Close contacts who do not have symptoms and test negative for COVID-19 should still complete the full 14-day quarantine. VDH and CDC continue to recommend a 14-day quarantine period as the safest option. If the person cannot stay home for the full 14 days after exposure and does not have symptoms, the person may end quarantine earlier. Counting the date of last exposure as Day 0, the person may leave home after Day 10 without testing or after Day 7 with a negative PCR or antigen test performed on or after Day 5. If the person does not stay home for the recommended 14 days, the person should continue monitoring for symptoms and follow all other recommendations (e.g., wear a mask, watch their distance, and wash hands often) for the full 14-day period after the last exposure.

Critical infrastructure workers are defined by the Cybersecurity & Infrastructure Security Agency (CISA) in their Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response. Of note, workers in the education sector or those who support the education sector were recently added as critical infrastructure workers.

¶ Vulnerable populations include low-income individuals and families; people of color (i.e. Black or African American, Hispanic or Latino); individuals defined by CDC as having increased risk of severe COVID-19 because of older age or medical condition (e.g., hypertension, diabetes, asthma, chronic obstructive pulmonary disease [COPD]) or requiring extra precautions (e.g., individuals living in rural communities, people experiencing homelessness, women who are pregnant or breastfeeding, people with developmental and behavioral disorders); individuals living in multi-generational households; individuals who are uninsured or underinsured; and individuals living with disabilities, access, or functional needs.

** Testing for outbreak investigations means confirming the presence of an outbreak (i.e., two or more laboratory-confirmed cases within a 14-day period). Typically, this involves testing specimens from 2–5 persons. If an outbreak is confirmed, VDH might recommend additional testing at a private/commercial or a public health laboratory, depending on the affected setting.

†† Community testing events are often designed to reach vulnerable populations.

§ A point prevalence survey (PPS) involves testing all people in a facility at a specific point in time, regardless of symptoms. There are different types of PPS. A baseline PPS can be performed, regardless of whether sporadic COVID-19 infections have been previously identified. A PPS can also be performed after an outbreak has been confirmed as part of the overall outbreak response. Examples of when public health is likely to recommend testing at a private/commercial laboratory include facility-wide testing in child care facilities, K-12 schools, institutes of higher education, and workplaces. For additional information on how public health prioritizes PPS, see here. For assistance with point prevalence surveys, please contact your local health department.

102. What should I do if I have a positive viral test?

If you test positive for COVID-19 by a viral test, you should isolate and follow your healthcare providers guidance on steps to take if you are sick. If you are a healthcare or critical infrastructure worker, notify your work of your test result. Please see this link for additional information on what to do if you are sick: What to Do If You Are Sick

103. What should I do if I have a negative viral test?

-- If you test negative for COVID-19 by a viral test, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing. You might test negative if the sample was collected early in your infection and test positive later during your illness. You could also be exposed to COVID-19 after the test and get infected then. It is important to note that viral antigen tests are not as accurate as viral molecular tests, and to discuss the implications of this with your healthcare provider.

104. What does it mean if I have a positive antibody test result?

Except in instances in which viral testing is delayed, antibody tests should not be used to diagnose a current COVID-19 infection. An antibody test may not show if you have a current COVID-19 infection because it can take 1–3 weeks after infection for your body to make antibodies.

A positive test result shows you may have antibodies from an infection with the virus that causes COVID-19. However, there is a chance a positive result means that you have antibodies from an infection with a virus from the same family of viruses (called coronaviruses), such as the one that causes the common cold. Having antibodies to the virus that causes COVID-19 may provide protection from getting infected with the virus again. If it does, we do not know how much protection the antibodies may provide or how long this protection may last. Talk with your healthcare provider about your test result and the type of test you took to understand what your result means. Your provider may suggest you take a second type of antibody test to see if the first test was accurate. You should continue to protect yourself and others since you could get infected with the virus again. If you work in a job where you wear personal protective equipment (PPE), continue wearing PPE. You may

test positive for antibodies even if you have never had symptoms of COVID-19. This can happen if you had an infection without symptoms, which is called an asymptomatic infection.

105. What does it mean if I have a negative antibody test result?

If you test negative for antibodies (blood test), that means you may not have ever had COVID-19. Talk with your healthcare provider about your test result and the type of test you took to understand what your result means. You could still have a current infection.The test may be negative because it typically takes 1–3 weeks after infection for your body to make antibodies. It's possible you could still get sick if you have been exposed to the virus recently. This means you could still spread the virus. Some people may take even longer to develop antibodies, and some people who are infected may not ever develop antibodies.
If you get symptoms after the antibody test, you might need another test called a viral test.

Regardless of whether you test positive or negative, the results do not confirm whether or not you are able to spread the virus that causes COVID-19. Until we know more, continue to take steps to protect yourself and others.

You can find more information about serology tests on VDH's COVID-19 Testing Site.

106. Who should healthcare workers or front line responders contact about getting tested?

Healthcare workers or frontline responders who are ill with symptoms of COVID-19 (fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste/smell), or are well and want to discuss testing, should contact their healthcare provider. Some employers may provide testing through their occupational health program.

107. Is it true that Virginia has drive-through testing?

Some local areas are offering drive-through testing for people with symptoms of COVID-19. You can find more information about testing sites in Virginia at this website. Each facility has different policies and procedures for testing; please reach out to the individual facility for information about testing availability and procedures.

108. Are saliva testing kits a good option for Virginia residents?

Having additional access to COVID-19 testing is helpful to residents but VDH does not endorse any one type of testing over others. Please contact your healthcare provider if you are sick.

109. Will anyone come to my home to test me for COVID-19?

Certain counties do send someone out to test you at your home, however the majority do not. Please contact your healthcare provider to determine if testing is needed. If the healthcare provider determines that testing is indicated, they might either collect samples to test you or provide you with information about where you can go locally for testing.

110. What happens if someone goes to a hospital and they are told they will not receive a test even if they are experiencing symptoms?

Your healthcare provider will determine if you need to be tested for COVID-19 and might consult with your local health department if needed. If your healthcare provider has determined that you do not need to be tested for COVID-19, you should follow your healthcare provider's guidance regarding any necessary treatment or self-care.

111. Can a person test negative and later test positive for COVID-19?

Yes, this is possible. If you test negative for COVID-19, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. It is possible that you were very early in your infection when your sample was collected and that you could test positive later. Or you could be exposed later and then develop illness. In other words, a negative test result does not mean you won't get sick later. This means you could still spread the virus.

112. How much does testing cost?

As of March 18, many insurance plans cover the cost of testing and other related health care costs. Testing costs are variable depending on what type of test is ordered (PCR/molecular or antigen test) and the source of provider for such tests. For specific information about your health insurance coverage, call your insurance company. You can usually find their phone number on your insurance card. Most insurance covers testing costs without a co-pay. You will also find information about insurance and COVID-19 testing costs here. Some testing sites might have additional fees that aren't covered by insurance so it is a good practice to ask about all costs before getting tested.

Uninsured or under-insured people in Virginia with COVID-19 symptoms can get tested through the state public health lab for free. Please contact a free clinic, federally qualified health center (FQHC), or emergency department to have the specimen collected, or visit www.coverVA.org to see if you qualify for Medicaid. Your local health department might also be able to connect you with free clinics or FQHCs in your area.

113. Does insurance pay for testing?

Most insurance plans cover the cost of testing and related health care costs. For specific information about your health insurance coverage, call your insurance company. You can usually find their phone number on your insurance card. Most insurance covers testing costs without a co-pay. You will also find information about insurance and coronavirus costs here.

114. What if I don't have insurance?

Uninsured or underinsured people in Virginia can obtain testing from the state public health lab or a commercial laboratory if they meet the testing criteria. People without insurance are encouraged to contact a free clinic, federally qualified health center (FQHC), or urgent care

center to have the specimen collected. Visit https://coverva.org/ to see if you qualify for Medicaid. Your local health department might also be able to connect you with free clinics or FQHCs in your area.

115. After testing, how will I get my test results?

You will get your test results from the healthcare professional or facility that collected your specimens. Ask your healthcare provider, when they collect your specimen, what the best way to get your results is. Most clinics and health care professionals are providing results by telephone.

While VDH does receive COVID-19 test results from private labs, including both positive and negative results, the best way to know how you will get your results is to talk with your healthcare provider.

116. How do rapid antigen tests compare to pcr tests?

PCR and rapid antigen tests are both two types of diagnostic tests for COVID-19. PCR tests are considered the "gold standard" for diagnosing COVID-19. PCR tests are highly accurate and usually do not have to be repeated. Rapid antigen tests are usually highly accurate, but false positives can occur. Rapid antigen tests are more likely to miss an active COVID-19 infection compared to molecular tests. Your health care provider may order a PCR test if your antigen test shows a negative result but you have symptoms of COVID-19.
VDH provides a chart comparing different types of coronavirus tests.

117. Where can I find more information about COVID-19 testing?

Check out the following websites:

CDC COVID-19 Testing Website
CDC COVID-19 FAQs
VDH COVID-19 Website
VDH COVID-19 Testing
VDH COVID-19 Testing Sites (Information on One-Day Testing Events is located in the table below the map)

Last updated on January 12, 2020

Treatment for COVID-19

118. What is the recommended treatment for COVID-19 and other coronaviruses?

For mild illness, treatment consists of supportive care, relief of symptoms, drinking plenty of fluids, staying home to rest, and practicing home isolation and physical distancing within the household to avoid spreading infection to others. Over-the-counter (OTC) medication can help with symptoms (see the table here). Children under the age of 6 years should not be given OTC cough or cold medications; they offer little benefit and may have serious side effects. All

OTC medication should be used according to the package instructions. For most persons with mild illness, these measures may be all that is needed. If a person is considered high risk, their healthcare provider may recommend treatment with a monoclonal antibody, such as bamlanivimab or casirivimab plus imdevimab, for mild illness. These individuals should contact their healthcare provider as soon as symptoms start.

For people with more serious illness, you should call your healthcare provider and follow their recommendations for treatment and self-care.

For people who develop emergency warning signs such as (1) trouble breathing, (2) persistent pain or pressure in the chest, (3) new confusion or inability to arouse or (4) bluish lips or face, immediate medical attention is needed and 911 should be called. Please note this list is not all inclusive and any person who has other severe or concerning symptoms should contact his/her medical provider. If you need to call 911, notify the dispatch personnel that you have, or are being evaluated for, COVID-19. If possible, put on a mask before emergency medical services arrive. Do not place a mask of any kind on children under 2 years of age. Please see the American Academy of Pediatrics (AAP) recommendations on "Cloth Face Coverings for Children During COVID-19."

Please consult a licensed physician or other healthcare provider for additional recommendations about disease treatment. Further information can be found here.

119. I heard about antiviral medications available for COVID-19.

The FDA has approved remdesivir, an antiviral drug, for use in adults and children aged 12 years or older for the treatment of COVID-19 requiring hospitalization. The use of remdesivir in children younger than 12 years is still being evaluated. Other medications are also being evaluated as potential treatments for COVID-19. Please consult a licensed physician or other healthcare provider for additional recommendations about disease treatment.

120. What is remdesivir?

Remdesivir is an antiviral drug being studied as a treatment for COVID-19. Gilead Sciences Inc., the pharmaceutical company that makes remdesivir, received approval from the U.S. Food and Drug Administration on October 22, 2020 to allow the medication to be utilized by hospitalized COVID-19 patients who are adults and children aged 12 years or older. Children younger than 12 years of age may receive remdesivir through an Emergency Use Authorization (EUA).

121. Are there other drugs or therapies that are being studied to treat COVID-19?

Yes. Other antiviral medications are being studied to see if they might help treat COVID-19. Therapies directed at a person's immune system are also under study. The use of convalescent plasma, which involves taking the plasma from a person who has recovered from COVID-19 and infusing it into a person with the illness, is being studied. For information

on how to donate plasma if you have recovered from COVID-19, please see information from the FDA here. For more information about therapies under investigation, please see here.

122. What are monoclonal antibodies and how can they be used to treat COVID-19?

Monoclonal antibodies are antibodies (proteins) made in a laboratory. They come from patients who have successfully recovered from an infection by mounting an immune response. Antibodies are proteins made by a person's immune system to fight an infection. Antibodies bind to the virus (or other type of germ) to prevent entry into a person's cells.

FDA has issued an emergency use authorization for the monoclonal antibody called bamlanivimab, as well as for the combined monoclonal antibodies casirivimab and imdevimab, for individuals with mild to moderate symptoms of COVID-19 who are at higher risk of severe illness. This includes individuals over the age of 65 years and others with chronic medical conditions. Individuals must be 12 years of age or older and weigh at least 40 kilograms (about 88 pounds.)

There are clinical trials underway to see if monoclonal antibodies are safe and effective at preventing or treating COVID-19. For more information about monoclonal antibodies and COVID-19, visit the National Institutes of Health (NIH) websites here.

123. Why is it important to donate convalescent plasma if I have recovered from COVID-19?

If you have fully recovered from COVID-19, you may be able to help patients currently fighting the infection by donating your plasma. Because you fought the infection, your plasma now contains COVID-19 antibodies. These antibodies provided one way for your immune system to fight the virus when you were sick, so your plasma may be able to be used to help others fight off the disease.

For more information on convalescent plasma, eligibility, and where to donate, click here. The FDA also has information on plasma donation here.

124. Is it safe to take ibuprofen if I have COVID-19?

There is currently no scientific evidence to show that taking ibuprofen while sick with COVID-19 will lead to worsening illness. For persons looking for a medication to reduce their fever, acetaminophen might be preferable. Both acetaminophen and ibuprofen, like any other medication, can have serious side effects. You should consult with your healthcare provider if you are unsure what the best medication is for you.

125. Is drinking or injecting bleach an effective treatment for COVID-19?

No, it is not. Drinking or injecting bleach is VERY dangerous and can cause serious illness or death. Please consult a licensed physician or other healthcare provider for treatment recommendations.

126. Where can I find more information about vaccines for COVID-19?

Please see the *Vaccination* section for more information.

127. Where can I find more information about treating COVID-19?

Check out the following websites:
VDH: If You Are Sick
CDC: What to Do If You Are Sick
CDC: Caring for Someone Sick at Home
CDC: Treatments Your Healthcare Provider Might Recommend for Severe Illness

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Stress and Coping with COVID-19

128. What symptoms are related to the stress due to an infectious disease outbreak?

Everyone reacts differently to stressful situations. A person's response can be based on their background, their own personal characteristics, and the community they live in. Symptoms associated with stress can include:

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Upset stomach or headaches
- Getting angry or frustrated more easily
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

However, there are strategies people can use to support themselves.

129. What strategies can people use to cope with stress and anxiety related to COVID-19?

It is natural to feel stress, anxiety, grief, and worry during and after a disaster. Everyone reacts differently, and your own feelings will change over time. Notice and accept how you feel. Taking care of your emotional health during an emergency will help you think clearly and react to the urgent needs to protect yourself and your family. Self-care during an emergency will help your long-term healing.

Take the following steps to cope with a disaster:

- Take care of your body. – Try to eat healthy well-balanced meals, exercise regularly, and get plenty of sleep. Avoid alcohol, tobacco, and other drugs.
- Connect with others– Share your concerns and how you are feeling with a friend or family member. Maintain healthy relationships, and build a strong support system.
- Take breaks. – Make time to unwind and remind yourself that strong feelings will fade. Try taking in deep breaths. Try to do activities you usually enjoy.
- Stay informed. – When you feel that you are missing information, you may become more stressed or nervous. Watch, listen to, or read the news for updates from

officials. Always check your sources and turn to reliable sources of information like your local government authorities.

- Avoid too much exposure to news. – Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly. Try to do enjoyable activities and return to normal life as much as possible and check for updates between breaks.
- Seek help when needed. – If distress impacts activities of your daily life for several days or weeks, talk to a clergy member, counselor, or doctor, or contact the **SAMHSA (Substance Abuse and Mental Health Services Administration) helpline at 1-800-985-5990.**
- For victims and survivors of abuse who need support, the National Domestic Violence Hotline is available 24/7. Call 1-800-799-7233 or 1-800-799-7233 for TTY. If you are unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522. The Virginia Department of Social Services also has a family violence and sexual assault hotline available 24/7 at 1-800-838-8238.
- VA C.O.P.E.S (Compassionate, Optimistic, Person-centered, Empowering Support) is a crisis counseling program and warm line available to all Virginia residents who may be struggling to cope with the effects and circumstances such as isolation, fear, grief and anxiety around COVID 19. VA C.O.P.E.S. counselors are prepared to refer and provide additional information for callers as well but should not be utilized as an emergency or suicide hotline. Crisis Counselors are available during the following times to take calls. Monday-Friday 9 a.m. – 9 p.m. and on Saturday-Sunday from 5-9 p.m. VA C.O.P.E.S can be reached by phone or text at 877-349-6428. Spanish speaking counselors are available.
- People struggling with opioid addiction, and their friends and family members, can find resources for treatment and support at https://curbthecrisis.com/.

Where can I find more resources:

VDH Resource:
Coping with Stress
Coping with Stress During Infectious Disease Outbreaks (SAMHSA)
Taking Care of Your Emotional Health
Self-Help and Recovery Support Resources for Individuals at Home (from the Virginia Department of Behavioral Health and Developmental Services)
Mental Health in Children and Youth during COVID-19
Healthcare Personnel and First Responders: Coping with Stress during COVID-19 – Coronavirus
Ensuring Children and Young People's Social, Emotional, and Mental Well-being

130. What strategies can healthcare providers and first responders use to reduce stress associated with the COVID-19 outbreak?

Please see Healthcare Personnel and First Responders: Coping with Stress during COVID-19 – Coronavirus

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Public Health Actions

Isolation / Quarantine / Movement Restrictions / Public Health Monitoring

131. What is isolation?

Isolation is the separation of sick people with a contagious disease from people who are not sick.

132. What is quarantine?

Quarantine is the separation of people who were exposed to a contagious disease to see if they become sick. This often involves some level of restriction on the movement of those people.

133. What is contact tracing and how does it work?

Contact tracing involves finding people who may have been exposed to an illness and providing guidance to prevent them from spreading it. Contact tracing is not a new tool - public health uses it every day for other contagious diseases like measles and tuberculosis (TB). It is an important part of how Virginia can stop the spread of COVID-19. To learn how contact tracing works, click here.

134. Why are people being asked to restrict their movements?

People might be asked to restrict their movements if public health has reason to believe they might have been exposed to COVID-19 or if they are considered to be at increased risk for serious illness from COVID-19. This is to help prevent the spread of disease and protect people's health.

135. I recently returned from another country or U.S. State and was asked to limit my movements and stay home. What are the conditions of these movement restrictions?

It depends on where you traveled and other individual circumstances.

See International Travel FAQs and Domestic Travel FAQs for additional information.

136. How do I monitor myself for symptoms of COVID-19?

If you have traveled to an area where COVID-19 is spreading in the community or if you have been in close contact with a person with COVID-19, you should take your temperature twice daily and remain alert for signs of illness, including fever, cough, difficulty breathing, chills, muscle pains, headache, sore throat, and a new loss or taste or smell. It is important to not eat, drink, or exercise for at least 30 minutes before taking your temperature.

It is very important that people with even mild signs of illness (fever, cough, chills, shaking with chills, muscle pain, headache, sore throat) stay home to prevent spreading illness to others!

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a mask before emergency medical services arrive. Emergency warning signs include (but are not limited to): trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse a person, or bluish lips or face.

If you become sick with fever, cough, or difficulty breathing, and are in need of medical care, call your healthcare provider to let them know you need care. Please call ahead to the healthcare provider. The healthcare provider can evaluate your illness and determine if you need to be tested for the virus that causes COVID-19.

See also Illness and COVID-19 and What to do if you have confirmed or suspected coronavirus disease (COVID-19)?

137. What are the enforcement powers in place if a person violates quarantine restrictions?

If a person does not comply with voluntary quarantine, VDH may issue a quarantine order that legally requires the person to comply with quarantine restrictions. Law enforcement can become involved, if needed, to ensure compliance.

138. I've been diagnosed with COVID-19. How long do I need to be isolated?

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.

*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending the duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions when at least 10 days have passed since the date your specimen was collected for your first positive COVID-19 diagnostic test.

For more information, see Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

139. How long do contacts of a person with COVID-19 need to quarantine?

It is safest to stay home for 14 days after last exposure (or contact). If people are not able to stay home for the full 14 days after exposure and do not have symptoms, there are 2 options: You may leave home after Day 10 without testing or after Day 7 if a PCR or antigen test performed on or after Day 5 is negative.

These options to leave home (end quarantine) earlier than 14 days after exposure do not currently apply to healthcare workers or people in healthcare settings. People with certain jobs (e.g., critical infrastructure workers other than education sector workers) should stay home (quarantine) if they have been exposed, but they may be allowed to go to work if the business cannot operate without them. They can only go to work if they do not have any symptoms and if additional precautions are taken to protect them and the community. Learn more about VDH's recommendations for potential exposures for critical infrastructure workers.

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Data and Surveillance

140. I am interested in where the COVID-19 data come from and what they mean. Where can I go to find this information?

You can learn more about COVID-19 data sources and what data are included on all of the dashboards on the About the Data page. The COVID-19 Data Insights goes into more detail about specific data, such as Race and Ethnicity data and Five Things to Remember When Interpreting Epidemiologic Data.

141. Where can I go on the VDH website to find data that will help my organization make decisions to reopen?

VDH has a number of data dashboards to help your organization make decisions. It is important to note that there is no one number or metric to make a decision.

In addition to the VDH COVID-19 Daily Dashboard, VDH also presents data on Virginia's COVID-19 Key Measures web page.

The Key Measures page presents the main measures that government and community leaders use to make decisions on how to keep Virginians healthy and safe. The data on this page are monitored to help inform Forward Virginia guidelines.

The Pandemic Metrics dashboard, which is in the Virginia's COVID-19 Key Measures web page, presents metrics that describe the current spread of COVID-19 in Virginia and how the COVID-19 spread has changed over time. This dashboard can be used to help guide prevention measures to reduce the impact of COVID-19.

142. How does VDH collect COVID-19 surveillance data?

COVID-19 surveillance data are collected from a variety of sources by the Virginia Department of Health according to the Regulations for Disease Reporting and Control. These sources include laboratory reports of COVID-19 test results, case investigation interviews conducted by the health department, monitoring of close contacts, and syndromic surveillance for coronavirus-like illness. Case-based data are reported into the Virginia Electronic Disease Surveillance System (VEDSS), which is a system used to receive surveillance data from these various sources and report that data to CDC.

143. How is VDH counting COVID-19 deaths?

The death data that VDH is reporting are not official or final counts. In an effort to report deaths as quickly as possible, VDH is counting any death that occurs in a person who was reported to the health department as having COVID-19 and any death that mentions COVID-19 as a cause of death on a death certificate for a person who was not previously reported to the health department. Some deaths in a person with COVID-19 will not be included in the COVID-19 death count, such as, if the person died as a result of an injury or accident. This method is not standardized nationally, so Virginia death data should not be compared to data from other states or for the United States at this time.

Eventually, all death records will be processed in a standardized manner and become available in a final form. At this time, the final, official death data for deaths that occurred in 2020, are not expected until the end of 2021. You might see delays in reporting deaths or a backlog of death data because of how death certificates are processed and how mortality, due to COVID-19, is assigned in the surveillance data system.

144. What is the process for processing death data and assigning cause of death?

The process of recording and finalizing death data involves certification of the death and the causes of death by physicians, filing of the certificates with the local and state health department, assignment of cause of death codes by the CDC, and return of the coded certificates to the state for final vital statistics reports. Deaths are filed where the death occurred. The time to process death data can be extended for a death that occurred in another state to be recorded officially in the state of residence.

The World Health Organization (WHO) establishes methods for recording and counting deaths. Physicians are supposed to record **any** medical condition that contributed to the death on a death certificate. Rules are then applied to code the causes of death that are listed and to assign one cause as being the underlying cause of each death. The underlying cause is the one that started the chain of events that led to the death. Most vital statistics data are based on this assigned underlying cause of death. Sometimes analyses of death can be conducted on all contributing causes and not limited to the underlying cause.

When COVID-19 is listed on a death certificate as a medical condition that contributed to a death, sometimes it might be assigned as the underlying cause and sometimes it might be a contributing cause that is not the underlying cause. This can lead to variations in death statistics, making it difficult for comparison and reporting. COVID-19 can make existing health

conditions worse. Those health conditions and COVID-19 can all be listed as causes of death on a death certificate. One will be assigned as the underlying cause and the others will be causes that contributed to the death. Death counts can vary depending on which causes of death (i.e., only underlying or all causes) are selected for the data analysis. In Virginia, contributing or underlying causes of death listed with COVID-19 have included pneumonia, acute respiratory failure, dementia, sepsis, ARDS, hypertension, atherosclerotic heart disease, and cerebrovascular disease. Death certificates may include several causes of deaths. In Virginia, the median number of causes that have been listed on COVID-19 death certificates is three.

145. Where can I find data about what underlying health conditions Virginia residents with COVID-19 have?

Hospitals do not inform the Virginia Department of Health (VDH) of patients' underlying health conditions. In addition, VDH does not consistently gather information on underlying health conditions for Virginia residents who test positive or are reported with COVID-19.

146. Where can I find the current VDH death counts and how often are they updated?

This information and more is updated daily and posted on the VDH Daily Dashboard, which can be found here.

147. I look at my county's case numbers daily, and it looks like the number of cases went down today compared to yesterday. Why did this happen?

There may be a couple of reasons why cases can change up or down over a few days. These reasons apply for all of our geographic-specific data.

This can be due to:

- Additional cases are reported to VDH. Sometimes there can be a slight delay in reporting, *or*
- Cases may be reassigned to another city or county if we get updated address information on a COVID-19 case. We may get initial reports that will put a case in one county, but upon investigation of the case, the residential address will be in a different location outside of that county. Cases are assigned to the city or county of their home address.

It is important to note that data are preliminary and may be subject to change.

148. In which city or county is a COVID-19 case in a college student reported? Home or college address?

VDH reports all cases of COVID-19 by where the person lives. However, this can sometimes be more complex for reporting cases of COVID-19 in college students.

If a student is living at their college address for 5 days or more: A student becomes ill with COVID-19 symptoms or is tested and found to be positive for SARS-CoV-2, the virus that causes COVID-19, the student will be counted in the city or county of their college address.

If a student lived somewhere prior to returning to campus AND it is less than 5 days since their return to campus: The student will be counted at the city or county of their previous address.

It is important to consider that if a student is tested off-campus and gives their home address and not their campus address, the case will be recorded at their home address.

149. In which city or county is a COVID-19 case in a college student counted if the student is part of an outbreak?

If a student is part of an outbreak, regardless of where a student was tested or which address was given, the student will be counted at the location where the outbreak occurred.

150. In which city or county is a COVID-19 case in a college student assigned if they have been under quarantine and develop symptoms or are tested and the test is positive?

The case will be assigned to the city or county where they are under quarantine, regardless of where their home address may be.

151. I am hearing about an outbreak and the outbreak isn't listed on any of VDH's outbreak-related dashboards. Why is the outbreak not on the dashboard?

The cases reported in VDH's COVID-19 Outbreaks dashboard are cases in a confirmed COVID-19 outbreak associated with that particular setting. Individual cases that are not a part of a confirmed outbreak associated with that setting would not be included on the Outbreaks dashboard. VDH follows the CDC Coronavirus Disease 2019 case definition to report cases of COVID-19. Other reporting entities are not required to use the surveillance case definitions, and due to varying reporting requirements, their data may not match VDH data exactly.

There are also a few things to note if you do not see a particular outbreak on the dashboard:

1. The setting may not have a confirmed outbreak at this time, which is defined by two or more confirmed COVID-19 cases that are associated with that particular setting (school, long-term care facility, restaurant, gym, etc.). VDH follows the CDC COVID-19 Case Definitions for classifying "confirmed" and "probable" cases and uses the national outbreak definition. It is possible there may be positive COVID-19 cases in a particular setting; however, if those cases were not directly associated with that particular event/setting, such as a person got COVID-19 from a separate gathering, those cases would not be reported as a part of the outbreak. They would still be reported to VDH as a positive COVID-19 case, as COVID-19 is a reportable disease in Virginia.
2. The setting may have a confirmed COVID-19 outbreak; however, the dashboard has not been updated yet. VDH reports new information on the Outbreaks dashboard daily

by 10:00am.VDH also presents data on confirmed COVID-19 outbreaks in selected exposure settings here. These data are updated weekly on Fridays.

3. VDH is in the process of collecting and verifying information about the outbreak in order to ensure accuracy before reporting the information publicly. Outbreak investigations, case investigations, and data quality assurance processes are ongoing. VDH reports real-time COVID-19 data, and there are inherent delays in public reporting as data are collected and reviewed. In addition, as COVID-19 cases are surging throughout Virginia, VDH may need additional time to review outbreak data due to limited staff capacity.

152. Where can I see vaccine data on the VDH website?

There are two web pages to see data on COVID-19 vaccines. You can see the total and new number of vaccines sent to healthcare providers (vaccines distributed) and the total and new number of vaccines given to people (vaccines administered) on the COVID-19 Vaccine Summary data dashboard here. You can hover over or click on the map to see the number of doses, or shots, administered by city or county. Currently, the vaccines available are a two-dose process. A person will get their first shot, and then after 3-4 weeks, they will get their second shot. Getting both doses of the vaccine is important to protect against COVID-19 or keep a person from getting as sick if they do get COVID-19. The Summary page also shows the number of people fully vaccinated, or who received both doses.

You can also see demographic data of people who got the vaccine on the COVID-19 Vaccine Demographics dashboard. This dashboard shows the total number of vaccinations by age group, sex, and race and ethnicity. You can also select from the drop down menu on the right hand side whether you want to see data on people who have received one dose of the vaccine or people who are fully vaccinated. The graphs will automatically update based on your selection.

Page last updated December 28, 2020

Schools, Workplaces & Community Locations

Virginia's Plan for Reopening – Safer at Home (Mask Order Still in Effect)

153. What are the Phase Three guidelines for Virginia?

Temporary surge restrictions are in place in Virginia. These restrictions will remain in place until 11:59 p.m. on January 31, 2021.

Restrictions include:

- Modified Stay at Home Order between 12:00 AM and 5:00 AM

- Universal mask requirement
- Reduction in social gathering size to 10 people
- Continued restrictions on dining establishments
- Recommendation to telework

Executive Order Seventy-Two and Order of Public Health Emergency Nine describe these restrictions and are available here. Supplemental Guidelines for All Business Sectors is available here.

154. What is the modified Stay at Home Order?

On December 14, 2020, Gov. Northam issued a modified Stay at Home Order through Executive Order 72. The modified order requires Virginians to stay in their homes from 12 a.m. to 5 a.m.

Exceptions are listed below.

- Obtaining food or goods
- Seeking medical attention or other essential services
- Taking care of individuals or animals
- Traveling required by court order or for child custody, visitation, or child care
- Exercising, while complying with physical distancing requirements
- Traveling to and from home, a place of worship, school, or work
- Volunteering with charitable organizations
- Leaving home out of concern for health or safety or when directed by law enforcement or a government agency

155. What are the current limitations on social gatherings?

Public and private in-person gatherings of more than 10 people who do not live in the same household are not allowed. This restriction applies to both indoor and outdoor settings. Social gatherings include but are not limited to parties, celebrations, or other social events.

This requirement does not apply to more than 10 people performing duties of their employment or more than 10 people in an educational instructional setting. Additionally, more than 10 people are allowed to assemble for religious services and for educational instruction as long as they follow the requirements listed in EO 72 for Public and Private In-Person Gatherings.

156. Are masks required in Phase Three?

Yes, masks, also known as cloth face coverings, are required in phase three. As of December 14, Executive Order 72 requires that all Virginians aged 5 and older wear masks in indoor settings shared with others **and** when outdoors within 6 feet of another person who is not a family member.

157. What exceptions are there for the mask requirement?

Exceptions are provided in the following situations:

- While exercising.
- While eating or drinking.
- If a person has trouble breathing or is unable to remove their mask without help.
- While playing a musical instrument, when wearing a mask would inhibit a person's ability to play the instrument (e.g., wind instruments) **and** 10 feet of distance is maintained from others, for both indoor and outdoor settings.
- A person seeking to communicate with a hearing-impaired person, for which the mouth needs to be visible.
- Very young children - Adults accompanying minors should use the adult's best judgment with respect to placing a mask on a minor between the ages of two through four.
- When temporary removal of the mask is necessary to secure government or medical services..
- While participating in a religious ritual.
- Persons with health conditions or disabilities that prohibit wearing a mask. Adaptations and alternatives should be considered to make it easier to wear a mask, if possible, or to reduce the risk of spreading the virus if it is not possible to wear a mask.

Documentation to verify the medical condition is not required. More information can be found here.

158. Are children under the age of 5 encouraged to wear masks?

Any child over the age of 2 years old is encouraged to wear a mask, but it's only required for children aged 5 and over. Adults should use good judgment to decide whether to place a mask on a minor between the ages of two through four.

159. Why are masks being required?

Masks help reduce the spread of the virus. Masks protect the person wearing the mask and also help protect other people around them. **Wear a mask, maintain six feet of physical distancing, increase cleaning, and wash hands regularly to keep yourself and others safe.**

160. How will masks be enforced?

Per Executive Order 72, the Virginia Department of Health shall have authority to enforce mask requirements. Any willful violation or refusal, failure, or neglect to comply with the Orders, issued pursuant to § 32.1-13 of the *Code of Virginia*, is punishable as a Class 1 misdemeanor pursuant to § 32.1-27 of the *Code of Virginia*. The State Health Commissioner may also seek injunctive relief in circuit court for violations, pursuant to § 32.1-27 of the *Code*

of Virginia. Violations of requirement to wear masks in indoor settings with others shall be a Class 1 misdemeanor pursuant to § 44-146.17 of the Code of Virginia and enforceable by the Virginia Alcoholic Beverage Control Authority. No minor shall be subject to criminal penalty for failure to wear a mask.

161. I see someone not wearing a mask when he/she should be wearing a mask. What do I do?

Lead through example by following mask guidelines. You can't control other people's choices. The thing you can do is control yourself and do everything you can to protect yourself.

If you have questions or concerns about Executive Order 72, call 877-ASK-VDH3, then choose selection #2. Do NOT call your local health department. Do NOT contact law enforcement to address alleged violations. If you have observed violations of Executive Order 72 and wish to file a complaint, fill out the report form located here. Please file only one complaint per incident.

162. Can I wear a face shield instead of a mask?

A face shield should not be used as a substitute for a mask. Face shields are primarily used to protect the eyes of the person wearing them and may be used in addition to wearing a mask.

163. Does a mask need to be worn indoors if physical distancing is taking place?

Yes, you should wear a mask indoors even with physical distancing. Covid-19 spreads primarily through respiratory droplets, which have the potential to travel farther than six feet, especially when talking loudly, singing, or exercising.

Executive Order 72 does not provide an exemption for indoor spaces even with physical distancing. This includes schools and workplace settings, among others.

164. Does wearing a mask weaken the immune system?

There is no scientific proof or evidence that wearing a mask can hurt your immune system. Masks help limit the amount of respiratory droplets that go into the air to help stop the spread of COVID-19. Disposable masks should be thrown away if they become wet or dirty, and only used one time. Cloth face coverings should be washed. See Using Masks to Slow the Spread of COVID-19 for more information.

165. Does wearing a mask hurt my oxygen levels?

There is no scientific proof or evidence that wearing a mask can hurt your oxygen levels or make you breathe in dangerous levels of carbon dioxide. Disposable masks and cloth face coverings fit loosely and air can pass through. They help us by cutting down on the droplets that come out when we speak, cough or sneeze. If you are having a hard time breathing, your mask covering might be too thick. See Using Masks to Slow the Spread of COVID-19 for more information.

166. What if I have intellectual or developmental disabilities, mental health conditions, such as anxiety, or other sensory sensitivities and it makes me anxious to wear a mask?

Talk with your healthcare provider for advice on how to wear masks. It may be helpful to practice wearing a mask at home for short time periods to help you adjust to wearing a mask in public settings.

167. What recommendations does VDH have regarding masks?

A mask should fit snugly but comfortably against the side of your face and cover your nose and mouth. It should be secured with ties or ear loops and be able to be washed and machine dried without damage or change to shape.

Additional VDH guidance for masks can be found here.
CDC's mask recommendations can be found here.
Considerations for wearing masks can be found here.

Page last updated January 11, 2021

Community Questions and Concerns

168. How can my community prevent COVID-19 spread?

Each member of the community plays an important role in preventing the community spread of COVID-19 by following these precautions:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60%–95% alcohol. Soap and water should be used if hands are visibly dirty. Do not use any hand sanitizer that is methanol based. More information about methanol based hand sanitizers can be found here.
- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

- If you are sick, stay home and rest, even if illness is mild.
- Practice physical distancing, staying at least 6 feet from others if you have to go out.
- Avoid in-person gatherings. Both small gatherings, such as dinner parties and birthday parties, and large gatherings, such as weddings and funerals, pose a risk of spreading COVID-19 among communities. This is especially true if there is a high level of community transmission.
- Social gatherings in Phase Three are limited to 25 people, and physical distancing and mask use should be maintained.
- Older adults and those with other risk factors are recommended to stay home if possible
- Wear a mask when you are in public
- Get vaccinated when it is your turn

It is very important that people with even mild signs of illness (fever, cough, chills, muscle pain, sore throat, or new loss of taste or smell) stay home to prevent spreading illness to others!

169. What is social distancing?

Social distancing**,** also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household.

Social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing masks, avoiding touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.

To practice social or physical distancing, stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.

Even when staying six feet apart, try to limit the amount of time you are in contact with people you do not live with. A quick trip to the grocery store for a few essential items is less risky than spending several hours at a party, even if you stay six feet away from others at the party. Outdoor gatherings are safer than those held indoors.

170. What does "flatten the curve" mean?

"The curve" refers to a graph of the number of new cases of COVID-19 per day. Flattening the curve means we want to push the number of new cases reported each day down as much as we can. The current aim of the global response is to slow, or stop, the transmission of coronavirus. This way, fewer people become infected at the same time. If many people

become infected with the virus at the same time, this could overwhelm the medical care system – this is what we are actively trying to avoid.

Current infection prevention and control measures such as physical distancing, wearing masks, closing or modifying schools, bar seating, and restricting capacity at fitness centers, restaurants, etc. are all ways to reduce places where people can congregate. This is done to help reduce the number of new infections. By following these practices, we can all help slow the spread of COVID-19 and prevent the healthcare system from becoming overwhelmed with patients.

171. What can I do if COVID-19 is spreading in my community?

If COVID-19 is spreading in your community, you should take the following steps:

- Stay informed about local COVID-19 activity and be aware of school, work, and local closures.
- Put distance between yourself and others.
- Avoid contact with sick people.
- Stay in touch with others by phone or email.
- Take care of the emotional health of your household members and yourself.
- Stay home if you are sick or if you are caring for a member of your household that is sick.
- Follow your household plan of action.
- Avoid taking public transportation such as buses, trains, taxis, or ride-shares, when possible.
- Limit your child's interactions with additional children and adults outside of childcare or school to decrease risk.
- Limit your contact with others and avoid public spaces, public activities, and group gatherings.
- Wear a mask when out in public
- Get vaccinated when it is your turn

Please visit the following websites for more information about creating a household plan and managing stress and anxiety:

Household Plan
Managing Anxiety and Stress

172. What is herd immunity?

This is when enough people are immune to an infectious disease (because of a previous infection or vaccination) that the risk of infection in the population is lower.

173. Can we attain herd immunity with COVID-19?

This is unknown at this time. Vaccine has just become available in the U.S. as of December 14, 2020 and vaccination efforts have started for priority groups (e.g., healthcare personnel).

Also, it's not clear if previous infection with the virus that causes COVID-19 leads to long-lasting immunity.

174. Where can I find out about any warnings/plans that have been created that affect our region?

Please visit the VDH website to view the most accurate information about cases and the region of the state where they are located. Additional information is available at Virginia.gov.

175. Should I be worried about people touching items at grocery stores? Can the virus be spread through food, including refrigerated or frozen food?

Coronaviruses appear to spread from person-to-person through respiratory droplets. Currently there is no evidence that you can get COVID-19 from food. Before preparing or eating food it is important always to wash your hands with soap and water for 20 seconds for general food safety. Throughout the day, wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at room temperature, refrigerated, or frozen temperatures. More information on food and COVID-19 can be found on CDC's website.

176. Where can I get more information about protecting myself and my community?

Check out the following website(s):
CDC COVID-19 FAQs
VDH Prevention Tips
CDC How to Prevent Getting Sick from COVID-19

Page last reviewed January 12 , 2020

Schools (K-12)

177. What can schools do to minimize the spread of COVID-19?

Encourage students and staff to take everyday preventive actions to prevent the spread of respiratory illnesses. These actions include staying home when sick; appropriately covering coughs and sneezes; cleaning and disinfecting frequently touched surfaces; and washing hands often with soap and water. If soap and water are not readily available, use an alcohol-

based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if they are visibly dirty. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.

178. How will students attend their classes and move around during the school day?

It is up to individual school divisions to consider how this will occur. Schools will consider creating one-way hallways to reduce close contact and place physical guides, such as tape, on floors or sidewalks to create one-way routes. Where feasible, keep students in the classroom and rotate teachers instead. Guidance suggests staggering class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms, and assign lockers by cohort or eliminate lockers altogether. Please contact your local school division for more information regarding reopening of schools. Frequently asked questions are available at Virginia Department of Education FAQs.

179. What things should parents consider before making a decision to attend school virtually or in-person?

Many parents, caregivers, and guardians face new and difficult choices about how their child will return to school in the fall, such as deciding between in-person and virtual learning. The Center for Disease Control (CDC) has designed a tool to help parents, caregivers, and guardians weigh the risks and benefits for consideration in order to make this decision making process easier. It is organized to provide parents and caregivers with general information on COVID-19, and options to consider for virtual, in person and hybrid options, if offered. For many families, back to school planning will look different this year than it has in previous years. Your school will have new policies in place to prevent the spread of COVID-19. You may also be starting the school year with virtual learning components. The CDC has developed checklists that are intended to help parents, guardians, and caregivers, plan and prepare for the upcoming school year. **Please discuss any concern you may have with your local school division.**

180. If someone is quarantining after close contact with a known case and they then become symptomatic but are not tested, when can they return to work/school?

A close contact who develops symptoms is considered to be a suspected case of COVID-19. The person moves from quarantine to isolation at that point. Isolation can end after 10 days from symptom onset, as long as the person is at least 24 hours fever-free and other symptoms have improved.
For more information, please see here.

181. Can my child attend school?

VDH recommends that communities and school divisions use the CDC Indicators for Dynamic School Decision-Making framework together with VDH Guidance for Mitigation Measures in K-12 Settings (Pandemic Metrics dashboard) when considering actions related to school decision making.

To review K-12 activities that are allowed and guidance for Phases II & III, please visit the Department of Education's Recover, Redesign, Restart 2020 website.

182. How should schools serve meals to students?

Schools should avoid offering any self-serve food or drink options, such as hot and cold food bars, salad or condiment bars, and drink stations and serve individually plated or pre-packaged meals, while ensuring the safety of children with food allergies.

As feasible, schools should have students and staff eat meals in classrooms, while maintaining physical distancing as much as possible, instead of in a communal dining hall or cafeteria. If communal dining halls or cafeterias are used, schools should encourage physical distancing in food service lines and at tables while eating. Students and staff should wash their hands with soap and water for 20 seconds or use a hand sanitizer that contains at least 60% alcohol before and after eating. Schools should clean and disinfect food line areas, tables, and chairs between uses. CDC guidance and CDC FAQs. Your individual school will decide how school lunches will be provided to students. VDOE has provided guidance to schools. **Please discuss any concern you may have with your local school division.**

For more information, see DOE reopening FAQ (under School Nutrition)

183. What can parents do before school starts to keep their child with food allergies safe at school?

Make sure that you provide the school with health care provider documentation (HCP) of the child's food allergy and treatment protocols. This includes HCP authorization and parental consent to administer medication to students in the event of anaphylaxis or illness due to exposure. Meet with school staff, including teachers, school nurses and administrators, to discuss safety measures and establishing/updating a Section 504 plan. **Please discuss any concern you may have with your local school division.**

184. I need to provide my child's school with documentation from our healthcare provider in order for my child to return to school for the 2020-2021 school year. Should I take my child to their healthcare provider during this time of COVID-19?

The Virginia Department of Health is encouraging students and their families to prepare for the upcoming school year. Many students will need updated immunizations, physicals for enrollment, medication administration, documentation for health conditions and emergency action plans for chronic conditions (asthma, allergy, diabetes and seizures). Please contact your health care provider to discuss your child's medical needs for the upcoming school year.

185. My 7th grade student is choosing to do 100% virtual, do they need to have their Tdap completed before they can begin school?

Yes. Please continue to focus on your child's immunization just as you would for in person learning. Immunization requirements have not been waived for the 20-21 school year . The Superintendent's memo 132-20 (5/29/20) regarding health requirements for enrollment is included for your review and below is the link:

http://www.doe.virginia.gov/administrators/index.shtml

The Code of Virginia requires that children be adequately immunized (§ 22.1-271.2) before entering public kindergarten or elementary school. Other required immunizations include Human Papillomavirus (HPV) for girls entering sixth grade; and a Diphtheria, Tetanus, and Pertussis (Tdap) booster for entry into seventh grade.

These requirements have **NOT** been waived and families are encouraged to make appointments with their pediatrician or primary care provider now to avoid the "back to school rush".

186. My child's school is 100% virtual, do they need to have their immunizations and kindergarten physical completed before they can begin school?

Children need to continue to get the recommended vaccines on schedule. Vaccines provide individual and community immunity, no matter where you are. The Virginia Department of Education is requiring all public school students to have required immunizations to be enrolled in school. Please continue to focus on your child's immunization just as you would for in person learning.

187. Will my child be able to participate in recess?

Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission. Masks should be used outdoors, when physical distancing may be difficult.

188. Are water fountains safe to use?

Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains. For more information, click here.

189. When school is out can my child hang out with their friends?

The key to slowing the spread of COVID-19 and decreasing risk to others is to practice physical distancing. When school is out, children should consider socially distant ways to play with children from other households. To help children maintain social connections while physical distancing, help your children have supervised phone calls or video chats with their friends. If children are playing outside their own homes, they should stay 6 feet from anyone

who is not in their own household. Make sure children practice everyday preventive behaviors, such as washing their hands often with soap and water and wearing a mask, as developmentally appropriate.

190. My child seems worried about returning to school. If my child needs help at school, will they be able to receive it?

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Watch for signs of stress in your child. Some common changes to watch for include excessive worry or sadness, unhealthy eating or sleeping habits, and difficulty with attention and concentration. For more information, see the "For Parents" section on CDC's website, Manage Anxiety and Stress. Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand. Go to CDC's Helping Children Cope with Emergencies or Talking with Children About COVID-19 for more information. The Virginia Department of education has resources for families: VDOE Support for Families

And Social Emotional Learning Resources for Parents

191. Should a mask/ cloth face covering be worn during school?

Governor Ralph S. Northam announced new statewide measures to contain the spread of COVID-19.

The measures include the expansion of the existing mask mandate to require children age 5 and older to wear a mask in indoor public settings. Children age 5 and older must wear masks when they are in schools and child care settings. Children are not required to wear masks when exercising , at recess for example. The EO, available on the Governor's website,does not provide relief to the mask wearing mandate even when 6 feet of physical distancing is accomplished.

Evidence continues to mount on the importance of universal masking in interrupting the spread of SARS-CoV-2. School staff and students should be able to wear masks safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a mask without assistance should not wear masks.

Exceptions are made for students with medical conditions or disabilities, for whom wearing a mask would pose a threat to their health or safety. Exceptions are also made for those communicating with the hearing impaired.

Additionally, the EO provides that students may remove masks when playing a musical instrument if 10 feet of distance is maintained; or when eating, drinking or exercising.

192. How can I help my child get accustomed to wearing a mask/ cloth face covering during school?

The American Academy of Pediatrics reminds parents that staying home and physical distancing are still most effective in preventing the spread of the virus, but it offers advice about helping children get accustomed to masks. They are not recommended for those under 2, and there may be some children who can't wear them — the A.A.P. mentions those with "severe cognitive or respiratory impairments." On the other hand, immunocompromised children might need more protection than cloth face coverings offer, and N95 masks are recommended.

The A.A.P.'s suggestions include putting a mask on a child's favorite stuffed animal, decorating masks so they're more personalized and drawing a mask on your child's favorite book character.

193. Should a mask/ cloth face covering be worn during exercising?

Wearing masks during physical activity may be considered. Some people may have a difficult time wearing a mask while exercising or playing a sport, and decisions to wear masks during play should be made on a case-by-case basis. Considerations may include the intensity of the sport, the likelihood of the mask getting caught on equipment or getting wet, and the individual.

The American Academy of Pediatrics recommends that "when non vigorous exercise is being performed and physical distancing is not possible, a cloth face mask should be worn." The CDC recommends that "people who are engaged in high intensity activities, like running, may not be able to wear a mask if it causes difficulty breathing. If unable to wear a mask, consider conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors) and where it is possible to maintain physical distance from others."

194. What CDC and VDH Guidance should schools follow when reopening?

Per the Phase Guidance for Virginia's preK-12 schools, the state recommends that schools follow CDC guidance to promote behaviors that reduce spread, maintain healthy environments and operations, as well as prepare for when someone gets sick. Virginia's guidance includes health, safety and physical distancing recommendations aligned with CDC guidance for each phase.

The CDC school indicators should serve as the starting point to make determinations on what to do in a school, but should not dictate the decisions that school districts make to best serve their individual communities.
Local school divisions should continue to refer to CDC resources for the most up-to-date guidance on best practices for preventing the spread of COVID-19. The Virginia Department of Health (VDH) provides K-12 Guidance in alignment with the phases outlined in the Forward Virginia blueprint. The VDOE also advises local school divisions to work with local health officials and school board counsel on appropriate health and safety practices. In addition, the Virginia Association of School Nurses (VASN) developed a Health Services Recovery Plan resource for school nurses and administrators to plan and prepare for a safe school environment and the delivery of school health services.

195. Should schools test or screen students or staff for COVID-19 symptoms?

The CDC does not currently recommend universal symptom screening for K-12 schools. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day and keep them home when they are sick. Screening procedures are available for students and staff who arrive with or develop symptoms during the course of the day. The VDH has developed guidance for parents and school staff When Should a Child Stay Home From School and/or Child Care?.

Please discuss any concern you may have with your local school division.

196. Should Parents screen their children for COVID-19 symptoms?

- CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools.
- Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day. Students who are sick should not attend school in-person.
  For more information, the VDH has developed guidance for parents and school staff When Should a Child Stay Home From School and/or Child Care?

197. What should schools do if an individual is experiencing flu-like or COVID-19 symptoms?

If a student or employee experiences symptoms of COVID-19 while at school, move the individual out of the classroom or group setting, isolate in a predetermined location, and inform the school nurse or school health staff member. School health staff must wear personal protective equipment (PPE), including a N-95 or surgical mask, goggles and gloves before entering into the room to evaluate the individual. Call the parent or family member of the employee to pick up and take home for quarantine before returning to school. If symptoms persist or worsen they should contact their healthcare provider. The VDH has developed

guidance for parents and school staff When Should a Child Stay Home From School and/or Child Care?

If there is a confirmed case of COVID 19 in school, the local health department will work closely with school administrators to determine a course of action for their schools. Schools should follow the CDC Interim Guidance for K-12 for schools and use the School Decision Tree to determine school closing in collaboration with the local health department. Schools should follow CDC Guidance for Cleaning and disinfection. The VDH will work closely with the school to make environmental cleaning recommendations, conduct contact tracing, and investigate any potential exposures. **Please discuss any concern you may have with your local school division.**

198. What can schools do to protect vulnerable students and employees from COVID-19?

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Parents of children who are medically fragile or have one or more chronic conditions should check with their health care provider about school attendance. In addition, employees that meet the criteria listed for 'higher risk' populations should check with their healthcare provider before returning to work. The Governor's phase guidance for public schools recommends remote learning and teleworking options be made available to students and staff that fall into this category. **Please discuss any concern you may have with your local school division.**

199. What should schools do if a student or staff member is exposed to a COVID-19 positive person?

Many people diagnosed with COVID-19 do not have any symptoms of illness. Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology, and the need to simplify risk assessment. The CDC provides guidance based on community exposure, for people exposed to people with known or suspected COVID-19 or possible COVID-19**. VDH has developed algorithms to help guide schools VDH Algorithm for Evaluating Non-Critical Infrastructure Workers with COVID-19 Symptoms or Exposures and** When Should a Child Stay Home From School and/or Child Care? **Please discuss any concern you may have with your local school division.**

200. Will students or staff who exhibit symptoms be required to show a negative COVID-19 test to return to school or work?

The CDC and VDH does not recommend requiring a negative COVID-19 test in order for students or staff to return to school, instead only those who have met the CDC criteria for return to school should do so. The VDH created a release from isolation or quarantine guide

to determine when those exposed to or diagnosed with COVID-19 can return to work or school.

201. If a child who has tested positive for COVID-19 is exposed again, does the child need to quarantine or be re-tested?

Once the child meets the criteria to be released from isolation, the child may return to school and does not need to enter quarantine or be tested for a new exposure that occurs within the next 90 days.

202. What is the difference between isolation and quarantine?

For information on the difference, see VDH: Isolation, Quarantine, Movement Restrictions and Public Health Monitoring. VDH and the CDC continue to recommend a 14 day quarantine period but options are available.

203. If a person tests negative for COVID-19, but is diagnosed with COVID-19 by their doctor based on symptoms, when can they return to school?

An individual diagnosed with COVID-19 should not return to work or school until they meet all criteria to end isolation:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed with no fever without the use of fever-reducing medication, and
- Other symptoms have improved.

204. How will the school help with contact tracing?

The VDH staff might need information about who was in different areas within the school or child care setting at a given time or contact information for children or staff associated with the facility and considered potentially exposed to a person with COVID-19. Staff of the school or child care facility will play an important role in supporting health department efforts to obtain this information. Similar collaboration occurs routinely for case and contact investigations of other communicable diseases and would be expected to continue seamlessly for COVID-19 investigations.

Contact Tracing for COVID-19 in K-12 Schools: How to Prepare and What to Expect Infographic

205. What guidance is there related to the cleaning of school buildings?

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening schools that will require careful planning. The CDC has developed reopening guidance for cleaning and disinfection schools, Cleaning and disinfection , and an infographic on cleaning your facility when someone has been diagnosed with COVID-19 (PDF).

206. Should students quarantine if they have traveled?

CDC recommends after international travel, get tested with PCR or antigen test 3-5 days after international travel **and** stay home for 7 days after travel, even if you test negative. If you don't get tested, it's safest to stay home for 10 days after travel.
Those who have traveled internationally should not be at school in the time after travel (7 days with negative test, or 10 days with no test).

The recommendation for domestic travel is to consider getting tested 3-5 days after travel **and** reducing non-essential activities for 7 days after travel, even if you test negative. If you don't get tested, it's safest to stay home for 10 days after travel.

The safest thing to do is to reduce non-essential activities (defined here: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.html) in the time after travel.

207. Can information about a student's test result be shared with other staff and students who may have had exposure to that individual?

While generic messaging may be shared with the school community regarding a positive test in the school, neither the student's name nor other identifying information should be shared. The local health department will work with the student and their family to determine which individuals meet the close contact definition. The local health department will notify those individuals and provide information.

208. How is the information on the Pandemic Metrics Dashboard used in the school setting?

This information helps school administrations and Local Health Departments make decisions based on the level of COVID-19 transmission rates in the community as well as the school's ability to implement the 5 mitigation strategies:

- Consistent and correct use of masks
- Physical/Social distancing to the extent possible
- Hand hygiene and respiratory etiquette
- Cleaning and disinfection
- Contact tracing in collaboration with local health department

209. What if my community is considered to have a low transmission rate, what does that mean for my school ?

VDH recommends that communities experiencing a low transmission should maintain Forward Virginia Phase 3 mitigation strategies as a baseline as described in the Phase Guidance for Virginia Schools .

210. What if my community transmission rate is increasing? What does that mean for my school?

School administration and the local health department will work together to discuss the potential impact on in-person and hybrid learning in the school setting. Schools may need to

make necessary changes to their individual school district educational plan depending on the level of transmission and the ability of a school to implement mitigation measures. VDH has developed Outbreaks in School Settings – Coronavirus dashboard for schools to help inform local communities about the impact of COVID-19 in K-12 schools and to aid in making decisions that support the health and safety of students and school staff in Virginia. This dashboard lists public and private K-12 schools that are currently experiencing or have experienced a COVID-19 outbreak. Only distinct outbreaks investigated by the local health department and associated cases and deaths related to the school are included. Transmission must occur within the school facility or at a school-sponsored event among students, faculty, staff, or visitors to be classified as a school-associated outbreak. The presence of an outbreak at a school does not reflect a school's ability to educate its students or to protect the health and safety of its school community. Schools and local health departments work together to identify best practices to prevent and control COVID-19 in schools and to promote a healthy learning environment for students and staff.

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Institutions of Higher Education

211. What resources are available for Institutions of Higher Education (IHEs)?

VDH has a dedicated webpage that addresses the needs of IHEs. This webpage provides resources for students, health services, administrators, and facilities managers.

212. What guidance is available for college students returning to campus after holidays or extended breaks?

Students should check with their colleges or universities. Many colleges and universities have return protocols that include quarantining and testing before returning to campus after an extended break. For more information, see VDH's guidance for college students on extended breaks here. Also, see the **U.S. Travelers** or **International Travelers** sections for advice on how students can reduce the risk of exposure during travel.

Once students have returned to school, VDH guidance for students on college campuses is available here.

213. What should I do if I am a contact of a contact?

See section titled **Exposure to COVID-19.**

214. When can I end isolation after being diagnosed with COVID-19?

See section titled **Illness from COVID-19**.

215. What is the difference between isolation and quarantine?

See section titled **Isolation / Quarantine / Movement Restrictions / Public Health Monitoring**.

216. How can I find out more about how College or University COVID-19 cases are counted in Virginia?

See section titled **Data and Surveillance**.

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Sports and Recreational Activities

217. What are the requirements for Sports and Recreational Activities in Executive Order 72?

The total number of spectators in indoor venues cannot exceed 30% of the occupancy load of the certificate of occupancy for the venue or 25 spectators per field, whichever is less. For outdoor venues there may be up to two spectators per player. Spectators must wear masks at all times.

218. What considerations should be made when deciding to play rec sports?

Consider the extent of community transmission in a region/locality when deciding whether and how to participate in recreational sports activities. **During times of substantial COVID-19 activity in a community, participating in recreational sports that involve close contact with others may increase risk of COVID-19 transmission and is not advisable. This is especially true with large events.**

VDH's Considerations for Recreational Sports can be found here.

219. What are some best practices when participating in sports?

Best practices include the following:

- All participants and spectators should maintain at least 6 feet of physical distance to the greatest extent possible.

- **During times of substantial COVID-19 activity, VDH strongly advises athletes to wear masks at all times during group training, competition, and on the sidelines.**. If wearing a mask makes participation in sports difficult, it is advisable not to participate in sports at this time.
- Limit contact among participants, coaches, and spectators off the field, including in locker rooms, social events, and carpooling to competitions or practices

A detailed list of VDH recommended best practices can be found here.

220. Are some sports considered more high risk of spreading COVID-19 than others?

Sports competition involving close, sustained contact with others are at higher risk of spreading COVID-19. Examples include: Wrestling, Lacrosse, Football, Competitive cheerleading, Rugby, Martial arts competition, Indoor basketball, and Ice hockey.

See Considerations for Recreational Sports for more information on the risk associated with playing certain sports.

221. Am I required to wear a mask when playing a wind instrument?

A person may play a wind instrument without a mask as long as 10 feet of physical distancing can be maintained from other people. This rule applies to both indoor and outdoor rehearsal and performance settings. Please refer to Executive Order 72 for more details.

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Child Care Programs

222. If there have been COVID-19 cases in the community, what can my childcare center do?

The Virginia Department of Social Services is closely monitoring the COVID-19 pandemic and are most concerned about the health and safety of families, staff and other individuals who attend and work in the Commonwealth's child care programs.

For child care programs and centers that remain open during this time in Phase III, it is encouraged that they adapt their service settings as much as possible to align with public health recommendations. Additionally, as per the new Executive Order 72, everyone age 5 and over must wear a mask in an indoor setting shared by others and outdoor settings where a

distance of 6 feet cannot be maintained between a person and others who are not from the same home. Specific Phase III Department of Social Services guidelines for child care can be found here. Please also visit the Department of Social Services COVID-19 child care website to learn more information.

Once COVID-19 has been detected in the community and the childcare center remains open, childcare centers should:

- Educate parents and staff on the signs and symptoms of COVID-19. Encourage employees at greater risk to stay at home.
- Communicate with parents to keep children who are sick at home.
- Implement physical distancing strategies such as classroom spacing, including the same group each day in the same classroom with the same teachers, with no more than 10 people in a room, (including teachers). Also consider altering or halting group activities, staggering playground time and keeping groups separate for art, music and exercising. Provide adequate supplies for good hygiene.
- Practice frequent hand washing and sanitize surfaces frequently. Refer to CDC guidance on cleaning and disinfecting procedures for child care centers that remain open. Consider placing hand hygiene stations at the entrance of the facility, so that children and staff can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets.
- Consider screening children and staff before entering the building. Persons who have a fever of 100.4^0 (38.0^0C) or above or other signs of illness should not be admitted to the facility.
- Restrict outside visitors and volunteers.
- Ensure children's naptime mats or cribs are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe when napping.
- Modify drop off and pick up procedures. Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive or deliver to parents at pick-up.
- Staff members and older children must wear masks within the facility. Masks should NOT be put on babies and children under age two.
- Childcare centers should review the Phase III guidance provided by the Department of Social Services on their website to prepare and respond to COVID-19 situations. Review CDC's guidance for Schools and Child Care Programs and Supplemental Guidance for Child Care Programs That Remain Open (updated July 23, 2020).

223. What should my childcare center do if a child or staff member in my childcare center has been exposed to a confirmed COVID-19 case?

- Your childcare center should consult with the local health department as soon as possible. Your childcare center should communicate next steps to you based on local health department recommendations.
- You should monitor yourself and your child for symptoms of illness.These symptoms include: fever greater than 100.4 F, cough, and/or shortness of breath. If your child develops the symptoms, please keep them home, contact your healthcare provider and inform your childcare center.
- Continue to practice good hygiene (handwashing), physical distancing and keeping a distance of at least 6 feet from others, avoiding crowded settings, and continuously monitor your and your child's health.

224. When should my childcare center close?

- Your childcare center may need to close based on the local health department's recommendations and contact investigation. Closure and duration will be dependent on a number of factors including staffing levels, outbreak levels in the community, and the number of people affected within the facility. Assessing these and other factors will help the local health department determine the severity of the situation, which will help inform recommendations.
- In the case the facility does close, symptom-free children and staff should not attend or work at another facility, which would potentially expose others.

225. How can my childcare center prepare for COVID-19?

- Childcare centers should review the child care guidance provided by the Department of Social Services on their website to prepare and respond to COVID-19 situations. Basic preparation includes, but is not limited to: Review, update, and implement emergency operations plans (EOPs)
- Develop information-sharing systems with partners.
- Establish procedures for students and staff who are sick at school or school-related events.
- Perform routine environmental cleaning.
- Create communications plans for use with the school community.
- Review CDC's Schools and Child Care Programs (updated December 3, 2020) and Supplemental Guidance for Child Care Programs That Remain Open (updated July 23, 2020)
- Share resources with students, their families and staff.
- Promote messages that encourage staff and students who are sick to stay home.
- Provide additional hand hygiene supplies, as well as, tissues throughout school buildings.
- Maintain masks onsite in case someone becomes ill.

- Identify a space that can be used to isolate staff or students who become ill.

226. A classmate in my child's childcare center arrived from X recently. Should he/she be allowed to go to school?

Students or teachers who traveled should follow the same guidance as any other traveler. *See International Travelers or U.S. Travelers*

227. I am / my child is healthy, but recently traveled. The childcare center wants a letter saying that it is ok for me/my child to attend. Can VDH provide me with a letter?

If you have any signs of illness, even very mild illness, such as a dry cough, slight fever, chills, shaking chills, muscle pain, headache, sore throat or new loss of taste or smell, it is very important that you stay home and rest. Even those with mild illness could pass the infection to others. If you need a letter for work/school, please consult with your healthcare provider.

228. What is your guidance for childcare workers?

The Department of Social Services has issued recommendations including encouraging families to remain at home to care for their children if possible and limiting capacity to 10 individuals per room to include staff. Guidance for childcare workers can be found at DSS FAQ For Child Care Services

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Business and Workplaces

Business and Workplaces: General

229. I run a business; can my business stay open?

During Phase 3 of Virginia's Plan for Reopening (Safer at Home), many businesses may operate with extra precautions in place to protect people from COVID-19 transmission. Please review Phase 3 Guidelines for All Business Sectors to review requirements and recommendations for businesses. Additional information about business operations during Phase 3 can be found here.

230. What businesses are considered essential?

Essential retail businesses may remain open during their normal business hours. Such businesses are:

- Grocery stores, pharmacies, and other retailers that sell food and beverage products or pharmacy products, including dollar stores, and department stores with grocery or pharmacy operations;
- Medical, laboratory, and vision supply retailers;

- Electronic retailers that sell or service cell phones, computers, tablets, and other communications technology;
- Automotive parts, accessories, and tire retailers as well as automotive repair facilities;
- Home improvement, hardware, building material, and building supply retailers;
- Lawn and garden equipment retailers;
- Beer, wine, and liquor stores;
- Retail functions of gas stations and convenience stores;
- Retail located within healthcare facilities;
- Banks and other financial institutions with retail functions;
- Pet and feed stores;
- Printing and office supply stores; and
- Laundromats and dry cleaners.

Questions about essential services can be directed to commerce.trade@governor.virginia.gov.

231. How can my business ensure workplace safety and prevent COVID-19 spread?

On December 10, 2020, Governor Northam signed Executive Order 72. This order states, "All employees of all businesses listed in section II, subsections A and C shall wear a face covering while working at their place of employment." This order also states, "all individuals in the Commonwealth aged five and older must cover their mouth and nose with a face covering, as described and recommended by the CDC, if they are in an indoor setting shared by others." This order provides exceptions for persons eating or drinking, persons exercising or using exercise equipment, any person who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance, any person seeking to communicate with the hearing impaired and for which the mouth needs to be visible, when temporary removal of the mask is necessary to secure government or medical services, and persons with health conditions or disabilities that prohibit wearing a mask. Adaptations and alternatives for individuals with health conditions or disabilities should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one. An exception also exists for any person who is playing a musical instrument, when wearing a mask would inhibit the playing of the instrument (e.g. wind instrument), if at least 10 feet of physical distancing can be maintained from other persons, whether the rehearsal or performance is indoors or outdoors. The restrictions in Executive Order 72 began at 12:01 AM, Monday, December 14, 2020 and shall remain in force until 11:59 PM, Sunday, January 31, 2021.

On November 13, 2020, Governor Northam signed Sixth Amended Executive Order 67, which outlines business restrictions during Phase 3. The amended order is effective immediately and shall remain in force until amended or rescinded.

Furthermore, on July 15th, 2020, Governor Ralph Northam announced the adoption of an emergency temporary standard for workplaces across the Commonwealth to prevent workplace exposure to COVID-19, including standards related to personal protective equipment, sanitation, physical distancing, infectious disease preparedness and response plans, record keeping, training, and hazard communications. A webpage devoted to the emergency temporary standard containing Outreach, Education and Training materials has been set up and is being populated with documents. FAQs for the standard can be found here.

On July 20, 2020, CDC updated guidance for ending isolation for persons with COVID-19 not in healthcare settings. The updated guidance is available here. Information on COVID-19 testing strategies in high-density critical infrastructure workplaces after a COVID-19 case is identified can be found here. Further information can be found on the VDH Businesses website and in CDC guidance to prevent COVID-19 in the workplace.

A guide evaluating non-critical infrastructure workers with COVID-19 symptoms or exposures can be found here.

232. What risk is posed by break rooms/common areas where employees gather?

When employees socialize they tend to stand closer together than is recommended to mitigate the spread of COVID-19. This is higher risk when employees are eating because masks are not worn. Consider closing break rooms or placing chairs and tables at least 6 feet apart to reinforce appropriate physical distancing and prevent outbreaks.

233. I run a food establishment – what should I know about COVID-19?

Per Sixth Amended Executive Order 67, restaurants and beverage services may operate with extra precautions in place to protect people from COVID-19 transmission. A full list of requirements and recommendations for restaurant and beverage services can be found in the Phase 3 Guidelines for All Business Sectors (p. 8-11). FAQs for restaurants and beverage services can be found here. Further information can be found in the VDH Guidance for Food Establishments Regarding COVID-19.

A guide for evaluating non-critical infrastructure workers with COVID-19 symptoms or exposures can be found here.

Of note, there is no evidence that COVID-19 is spread through food or food shipped from affected regions.

234. Is karaoke allowed?

Forward Virginia Phase Three Guidelines state that karaoke must remain closed. If live musicians are performing at an establishment, they must remain at least ten feet from patrons and staff.

235. When is a mask required in outdoor dining areas?

Modified dining areas using a tent or other artificial enclosure where the tent flaps are down or where air is recirculated through an HVAC system are considered indoor spaces. In these areas, EO 63 applies and patrons must wear a mask while not eating or drinking.

236. Do I need to wear a mask outdoors?

Executive Order 72 states "All individuals in the Commonwealth aged five and older must cover their mouth and nose with a face covering, as described and recommended by the CDC, when outdoors and unable to maintain at least six feet of physical distance from other individuals who are not Family members." This order shall be effective 12:01 a.m., Monday, December 14, 2020, and shall remain in full force and effect until 11:59 p.m., January 31, 2021

237. Do you have an email list that our organization can get on to get alerts concerning the Coronavirus to help inform our emergency plan?

Not at this time. Feel free to check the VDH website, which is updated daily, or call 877-ASK-VDH3 if you have additional questions.

238. Where should I direct my staff if they experience any Coronavirus symptoms?

See Illness from COVID-19

239. What information is available to help my business develop an organizational contingency plan?

Refer to the DOLI resources, which provide an infectious disease plan template and information about training and COVID-19 compliance.

240. What are additional VDH COVID- 19 resources available to businesses?

The Virginia Department of Health offers a playlist of 22 short videos on a number of topics on its homepage.

Our resources page includes information on additional topics of interest to individuals. I would direct you to encourage employees to familiarize themselves with our symptom checker called CovidCheck.

Finally, there is a section dedicated to Schools, Workplaces and Community Locations with specific resources and information depending on the type of situation. Under the Businesses section, the resources available include information on relative risk levels in business settings, setting specific resources and signage toolkits.

The Virginia Department of Labor and Industry also provides information and training for businesses. Information may be found here.

A guide for evaluating non-critical infrastructure workers with COVID-19 symptoms or exposures can be found here.

Business and Workplaces: Emergency Temporary Standard

241. What is the Emergency Temporary Standard?

On July 15, 2020, the Virginia Safety and Health Codes Board adopted an Emergency Temporary Standard (ETS) addressing occupational exposure to the SARS-CoV-2 Virus That Causes COVID-19. The ETS took effect on July 27th, 2020 and was published in the Richmond Times Dispatch.

Emergency Temporary Standards for controlling COVID-19 can be found here.
FAQs regarding the ETS can be found here.
Training material for the ETS can be found here.

Workers who feel unsafe in their workplace can file a formal complaint with the federal Occupational Safety and Health Administration here.

Information on how to file complaints about violations of the ETS can be found here.

242. Do employees have to tell their employers if they have or suspect they have COVID-19?

The new COVID-19 standard (ETS) adopted by the Virginia Department of Labor and Industry requires all employers to establish a system for collecting information about employees (including contract and temporary employees as well as full-time) who have symptoms consistent with COVID-19. Employees need to follow the procedures established by the employer. Illness information is needed during the pandemic so measures can be put in place to prevent the spread of the disease. Employers must keep employee illness information confidential.

The Occupational Safety and Health Laws of Virginia give employees the right to file complaints about workplace safety and health hazards. Further, the Occupational Safety and Health Laws give complainants the right to request that their names not be revealed to their employers. Complaints from employees and their representatives are taken very seriously by VOSH. Information on how to file complaints about violations of the ETS can be found here.

243. Do employers have to report illness to the health department?

Effective December 8, 2020, the Virginia Department of Labor and Industry (DOLI), in consultation with the Virginia Department of Health (VDH), has determined that **employers no longer need to report single** COVID-19 positive cases to VDH, in order to comply with the Virginia Occupational Safety and Health (VOSH) program's Emergency Temporary Standard (ETS) for Infectious Disease Prevention of the SARS-CoV-2 Virus that Causes COVID-19.

However, after the initial report of outbreak (two or more cases), employers shall continue to report all cases to VDH until the local health department notifies the business that the outbreak has been closed.

After the outbreak is closed, subsequent identification of two or more cases of COVID-19 during a declared emergency shall be reported, as above.

The Emergency Temporary Standard provides that "The employer shall notify the Virginia Department of Labor and Industry within 24 hours of the discovery of three (3) or more employees present at the place of employment within a 14-day period testing positive for SARS-CoV-2 virus during that 14-day time period."

COVID-19 case reports must be filed through the Virginia Department of Health's (VDH) online reporting portal. By using this portal, these case reports will ensure VDH and DOLI reporting compliance. The new online reporting portal allows employers to submit up to 10 Covid-19 positive cases.

Page last updated January 6, 2020

Business and Workplaces: Return to Work

244. Do I need a negative COVID-19 test before returning to work?

No. CDC and VDH do not recommend using COVID-19 testing to make this decision. Instead, we recommend a symptom-based strategy for those with symptomatic infections and a time-based strategy for those with asymptomatic infections. These two strategies are summarized in the infographic entitled "VDH When to End Isolation or Quarantine" that is available here.

The symptom-based strategy means waiting until 10 days after symptom onset, having resolution of fever for at least 24 hours without fever-reducing medications, and having other symptoms improve. Of note, loss of taste or smell can persist for weeks and should not delay ending isolation.

The time-based strategy means waiting until 10 days after specimen collection and not having any other symptoms develop.

245. When can an employee not filling an essential critical infrastructure role return to work after exposure to COVID-19?

People who have had close contact with someone with COVID-19 should monitor for symptoms and follow all recommended non-pharmaceutical interventions (e.g., wear a mask, avoid crowds, follow social distancing, and wash hands frequently) for 14 days after the last exposure. VDH and CDC still recommend that close contacts quarantine (stay home) for 14 days after their last exposure. This is the safest option. If people choose to end quarantine early, there are 2 options:

- Quarantine can end after Day 10 without testing and if no symptoms have developed; OR
- Quarantine can end after Day 7 if a viral test (e.g., PCR or antigen test) performed on or after Day 5 is negative and if no symptoms have developed.

Persons **with** COVID-19 symptoms may discontinue isolation under the following conditions:

- At least 10 days have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms are improving (loss of taste or smell may persist for weeks or months after recovery and need not delay the end of isolation).

For more information, see Virginia Department of Health Interim Guidance on Screening, Monitoring and Testing Employees Returning to Work: Critical Infrastructure Employees (Non-Healthcare)

246. After returning from travel, when can an employee return to work?

See International Travelers or U.S. Travelers

247. I am healthy, but recently traveled. My employer wants a letter saying that it is ok for me to go to work. Can VDH provide me with a letter?

CDC recommends in their Guidance for Business Response that employers should not require either a COVID-19 test result or a healthcare provider's note for employees to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

248. I have been sick and my employer wants a letter for sick leave. Who can I get a letter from?

CDC recommends in their Guidance for Business Response that employers should not require a positive COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

249. My coworker/friend just returned from travel and I don't want him/her in my office, what should I do?

You can speak with your supervisor or human resources department about your concerns and related workplace policies. You can also read more about VDH's recommendations for travelers and information available for *International Travelers* or *U.S. Travelers*.

Page last updated January 12, 2020

Considerations for Religious and Social Events

250. I am planning a large event. Do you have any information I can post around my venue and any guidance for the situation with the Coronavirus?

Please review your local government's website and all of Governor Northam's current Executive Orders to determine what restrictions are in place in your region/locality. Event planners are encouraged to confer with local government and public health leadership about any planned events.

Example signage is available in the VDH Business Toolkit. Further guidelines for social gatherings can be found in the Guidelines for All Business Sectors (p. 5-7) and the VDH Social Gatherings and Public Indoor Spaces webpage here and VDH Public Outdoor Spaces here. Guidance from the CDC for Events and Gatherings can be found here. Additional considerations for events and gatherings can be found here.

251. I was planning to attend a very large event. Is it cancelled?

Due to the impact of COVID-19 in Virginia, many events are canceled and many venues are temporarily closed. Please contact the event organizers to determine whether the event is cancelled. If you have been exposed to COVID-19 or are at increased risk for severe illness, you should not attend in-person gatherings. More information on who should avoid in-person celebrations can be found on the CDC webpage here.

252. I was planning to attend a parade. Is it cancelled? Can I participate in a parade?

Due to the impact of COVID-19 in Virginia, many events have been modified or cancelled. Please contact the event organizers to determine whether the event is cancelled. In Virginia, parades follow Phase Three Guidelines for Entertainment and Public Amusement here (pages 30-33). However, your region/locality may have stricter restrictions in place.

253. What is the safest way to host celebrations at home?

Those planning celebrations at home should consider virtual celebrations. If virtual celebrations cannot be held, organizers should keep the gathering as low-risk as possible by holding the event outside, ensuring attendees who do not live in the same household remain 6 feet apart, discouraging sharing of food or drinks, ensuring attendees wear masks, and inviting only local friends and families to attend.

The more people an individual interacts with and the longer the interaction lasts, the higher the risk for infection. VDH provides more information on the risk of spreading COVID-19 at social events on the Social Gatherings and Public Indoor Spaces webpage here and relative risk levels for events on the Public Outdoor webpage here. CDC also provides general considerations for before, during, and after these celebrations.

254. Is it safe to travel?

Travel may increase your chance of spreading and getting COVID-19. CDC continues to recommend postponing travel and staying home, as this is the best way to protect yourself and others. The safest thing to do is to stay home, but If you do decide to travel, be sure to take steps during your trip to protect yourself and others from COVID-19. If you have been exposed to COVID-19 or are at increased risk for severe illness, you should not travel.
For more information on travel please visit the VDH FAQs for U.S.Travelers and International Travelers. Additional information can also be found on the CDC Travel page here.

255. Can I carpool with others to celebrations, religious gatherings, or other social events?

VDH does not recommend carpooling at this time. If it is necessary to carpool, the CDC recommends the following ways you can help prevent the spread of COVID-19 when carpooling:

- Wear masks in a shared vehicle
- Cover coughs and sneezes
- Limit the number of people
- Ride with the same people to work or to other events and gatherings
- Use fresh air through vents or windows
- Clean and disinfect surfaces often
- Use proper hand hygiene
- Stay at least six feet apart while waiting

256. How can I practice my faith if I can't go to my place of worship in person?

Many communities of faith have provided guidance on how to practice faith in times when public gatherings would put the community at risk. Additionally, virtual/online services are being held for many communities of faith to allow people to worship without having to gather in-person.

When deciding whether to attend worship services in person, consider factors that impact the risk of COVID-19 transmission. These considerations can be found on the VDH webpage for Faith-based Organizations here.

257. How can I protect staff and congregants during this time?

In Phase Three of Forward Virginia, religious services are encouraged to follow the best practices described in the Phase Three Guidelines for Social Gatherings (page 5). Phase Three Guidelines in Spanish can be found here.

258. Is it safe to sing in group settings?

Singing is considered to be a high risk activity due to the increased amount of respiratory droplets and aerosols that may contain the COVID-19 virus if a person is infected. For this reason, singing is not recommended as part of religious services at this time. Increasing distance between individuals, wearing masks, and increasing ventilation in an area (or singing outside) can help reduce this risk. See VDH's Guidance for Performing Arts for more information

259. My religious organization operates a homeless shelter, which is open 24 hours 7 days a week. What guidelines should we follow?

The Virginia Department of Health has worked closely with the Virginia Department of Housing and Community Development (DHCD) to create guidance for homeless shelters. More information can be found on our webpage, including links to the specific guidance documents and resources from the Centers for Disease Control and Prevention (CDC). CDC also has a toolkit for community and faith-based organizations here. VDH frequently asked questions regarding the homeless population are available here.

260. My religious organization has a K-12 school and/or daycare. What guidelines should we follow and what requirements will we have under this phase's guidance?

VDH has worked with the Department of Education (DOE) and the Department of Social Services (DSS) to create guidance for child care and K-12 schools. The relevant Phase guidance and other resources can be found on our webpage for Child Care and Camps or our webpage for K-12 education. VDH also has frequently asked questions regarding child care programs and K-12 education available.

261. Many religious organizations have food pantries, AA meetings, and provide other community services. What guidance do we follow if we have one or more of these activities going on in our facility?

Community service activities occurring at religious organization facilities should follow the relevant physical distancing, occupancy, and cleaning & disinfection phase guidance for businesses. More information can be found on the VDH webpage for businesses and CDC toolkit for community and faith-based organizations here.

262.

263. What is the difference between a religious service and a social gathering?

Religious services include but are not limited to daily or weekly worship, ordination, baptism, wedding and funeral ceremonies, and observations associated with certain holidays.

There is not a limit to the number of participants who can attend a religious service. However, if the religious service has more individuals than permitted by the applicable gathering ban, (10 people under Executive Order 72) the service is subject to the requirements found in Section II, Paragraph B(1) in EO 72, found here.

A social gathering associated with a religious service, such as a funeral or wedding reception, should follow the guidance for social gatherings in the appropriate Phase guidance for businesses and may not exceed 10 individuals. More information on social gatherings can be found on the VDH webpage for social gatherings and public indoor spaces. For more information on funerals and COVID-19 view the FAQs here.

Additional information and guidance for faith-based organizations and other community gatherings can be found on the VDH Faith-based Organizations webpage here and CDC Community Organizations and Gatherings webpage here including Considerations for Communities of Faith here and Toolkit for Community and Faith-Based Organizations here.

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Nursing Homes and Assisted Living Facilities (Long-Term Care Facilities)

264. My loved one is in a nursing home or long-term care facility. How can I prevent them from getting COVID-19?

The U.S. Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) have created important new measures that will help keep America's nursing home residents safe from the virus that causes COVID-19. The measures direct nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict group activities, including communal dining, inside nursing homes. While visitor restrictions may be difficult for residents and families, it is an important temporary measure for their protection.

Additionally:

1- Most people will not be able to visit loved ones at this time. Some visitation may be allowed on a case-by-case basis by the facility. If you are allowed to visit your loved one in a

nursing home, make sure you are not sick. If you are sick, delay your visit until you can see your doctor and get checked out.

2- If you are not sick and visiting your relative in a nursing home, make sure to wash your hands and wear a mask during your visit. The CDC recommends that all people entering a health facility wear a mask to stop the spread of COVID-19. Look for posted signs in the facility with any special instructions.

3- If your loved one is sick, especially with a cough, fever, or difficulty breathing, inform the doctor or staff at the nursing home for further guidance.

4- Visitors should not visit more than one resident. Visits should be in the resident's room, and not in common areas.

265. Are patients in nursing homes or long-term care facilities at risk for serious illness from COVID-19?

Yes. Based upon available data, older adults and those with chronic illness or weakened immune systems are at greater risk for severe illness from COVID-19.

266. What should a nursing home or long-term care facility do if they notice a cluster of respiratory illness among residents?

Immediately contact your local public health department for help and further guidance. All suspected clusters or outbreaks of any illness should be immediately reported to the local health department by the most rapid means available.

267. Now that community spread is occuring in Virginia, what actions will help prevent the spread in nursing homes and long-term care facilities?

- Set up the following restrictions now:
    - Require residents and staff to wear a mask
        - Limit points of entry to the facility. Visitors, volunteers, and non-essential healthcare staff must be restricted from the facility, except for end-of-life situations.
    - Restrict all residents to their room and require physical distancing. Cancel all group activities and communal dining.
    - Residents should be allowed to leave only for medically necessary purposes (e.g., hemodialysis), and should wear a mask (if tolerated) when they leave.

  Designate a location to isolate residents with suspected or confirmed COVID-19.

- Identify cases as early as possible by actively screening all residents daily for fever and respiratory symptoms (pulse oximetry).
    - Long-term care (LTC) residents with COVID-19 may show atypical symptoms including new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation.
- Institute staffing recommendations at the facility:

    - Screen healthcare staff for fever, respiratory symptoms, and possible exposures at the beginning of their shift. If they are ill, have them put on a mask (if they do not wear one already) and leave the workplace.
    - Implement universal use of masks for healthcare staff while in the facility, as supply allows.
    - Designate healthcare staff who will be responsible for caring for COVID-19 patients.
    - To mitigate staffing shortages, exposed healthcare staff may continue to work while wearing a mask as long as they remain asymptomatic. Testing exposed, asymptomatic healthcare staff is advised.
- Follow environmental cleaning and disinfection procedures consistently and correctly.
    - Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

268. Is it required to test long-term care facility staff on a regular basis?

Routine testing of long-term care facility staff who do not have COVID-19 symptoms is required. How often this staff testing happens is based on community-level COVID-19 activity, which is classified as either low, medium, or high. Low community activity (a test positivity rate of less than 5%) means that staff will be tested at least once a month, medium community activity (a test positivity rate from 5 - 10%) means that staff will be tested at least once a week, and high community activity (a test positivity rate greater than 10%) means that staff will be tested at least twice a week. More information about community test positivity rates is available on the Virginia PCR test positivity dashboard.

269. Can a loved one who lives in a long-term facility join their family for holiday celebrations?

The residents of long-term care facilities are often older adults with underlying conditions and are considered to be at high-risk for COVID-19. Traveling for holidays to visit family increases their chances of getting COVID-19. Traveling for holidays to visit family increases their chances of getting COVID-19. VDH published Holiday Considerations for Long-Term Care Facility Residents and their Families. This document lists things to consider when making decisions about how to celebrate holidays this year. VDH recommends that residents of long-term care facilities avoid leaving the facility to join family gatherings during holidays this year. A safer alternative is a family visit in the facility. If a resident does choose to leave the facility to celebrate a holiday, they should consider ways to lower their chance of getting COVID-19, such as wearing a mask, washing hands frequently, and quarantining for 14 days after visiting family.

270. Will my loved one have to go to the hospital if they get COVID-19?

Not necessarily. Depending on the severity of the illness and capabilities at the facility, your loved one may be able to stay in their current location to receive supportive care. Residents with more serious illness may require admission to a hospital for treatment.

271. For nursing home or long-term care facility residents with COVID-19, or their close contacts, can physical or chemical restraints be used to keep residents with dementia (who may wander), in isolation or quarantine?

Current CDC and CMS guidance/recommendations do not mention the use, or non-use, of either physical or chemical restraints for COVID-19 patients, or close contacts, who have dementia and may display agitation, restlessness and/or wandering. However, per CMS, physical and/or chemical restraints are indicated as safety measures of last resort for violent or overly aggressive residents whose behavior cannot be controlled by other means. The use of physical or chemical restraints for residents with COVID-19, or their close contacts, as a means of behavior control does not seem consistent with their intended purpose. Moreover, physical and chemical restraints have potentially harmful adverse effects**. The appropriate decision should be taken by their healthcare providers.**

272. Is it appropriate for long-term care facilities to restrict residents to their rooms because of COVID-19? What about residents who have dementia?

Yes, under certain circumstances, restricting residents to their rooms is **recommended** (not mandated). According to the CDC guidance document (dated March 21, 2020) "**Preparing for COVID-19: Long-term Care Facilities, Nursing Homes**," this type of restriction would apply to care of residents with an undiagnosed respiratory illness, or care of symptomatic residents who are awaiting transport to a facility that can provide a higher level of care which the patient needs. Residents diagnosed with, or suspected to have, COVID-19 are recommended to be isolated in their room(s) with the door closed, to the extent possible. If there are cases of COVID-19 in the facility OR if there is widespread transmission (greater than 10% positivity rate) of the virus in the community, residents who have not been diagnosed with COVID-19 are encouraged to be restricted to their rooms to the extent possible. If residents leave their rooms, they should wear a mask, practice social distancing and wash their hands. Residents who leave their rooms can be redirected back to their rooms. It may be helpful to engage the resident in light exercise in the facility – this may reduce restlessness, agitation and wandering.

273. Are you offering guidance to home health agencies that may provide care for patients recovering at home? Similarly, what guidance are you giving to skilled nursing facilities?

CDC has interim guidance for home care for clinically stable individuals who do not require hospitalization. VDH has also created a protocol for PPE for HCPs involved in COVID-19 active monitoring in residential settings.

CDC has guidance for preventing the spread of COVID-19 in LTCFs.

On March 9, the Centers for Medicare and Medicaid Services released guidance for LTCFs, including revised guidance for visitation, and guidance for home health agencies.

274. Why do CMS and VDH nursing home data differ?

Because of different reporting requirements and surveillance definitions, timelines, and other factors, the CMS nursing home data will likely differ from data reported by VDH. CMS posts COVID-19 data submitted by nursing homes via the CDC's National Healthcare Safety Network (NHSN). As with any new reporting program, some of the data from early submissions to NHSN may be inaccurate. Retrospective reporting to NHSN before May 1, 2020 is optional, therefore, not all facilities reported their cumulative data from the beginning of the outbreak. VDH outbreak data are reported based on the state outbreak investigations, which are independently related to CMS reporting.

CMS nursing home data will be updated weekly and can be found at:
https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

275. How do I file a complaint against a skilled nursing facility / nursing home?

Nursing homes/skilled nursing facilities fall under the Virginia Department of Health, Office of Licensure and Certification (OLC) for oversight and complaint reporting.

The contact number for complaints is:
Toll Free: 1-800-955-1819
Metro Richmond area: (804) 367-2106
More detailed information may be found here.

When Filing a Complaint via Telephone, Please Be Prepared To:

Provide your name, telephone number, and address.
Anonymous reports must be made in writing.
Identify the name and address of the medical care entity being reported
Provide a detailed summary of concerns
Provide additional details as requested by the Hotline staff

Messages left after normal business hours, on weekends or holidays will be returned the next business day.

To File a Written Complaint:

Select from the 2 types of complaint forms:
Nursing Facility Complaint Form | Other Licensed Entity Complaint Form

Complete the form in its entirety; be as thorough as possible.
Attach any available copies of documents related to your concerns.
Forward the written form and applicable documents as follows:

By US Mail:
Complaint Intake
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, VA 23233-1463

OR By FAX: 1-804-527-4503

Or By EMAIL: OLC-Complaints@vdh.virginia.gov

276. How do I file a complaint against an Assisted Living Facility?

Assisted Living Facilities (ALFs) are regulated by the Virginia Department of Social Services. Their contact information is:

Statewide toll-free number: 1-800-543-7545. In the Richmond area, call 804-692-2394.

277. Which entity regulates home health organizations? How do I file a complaint against a home health organization?

Home health organizations are also regulated by the VDH Office of Licensure and Certification. The process is the same as filing a complaint against a nursing home or skilled nursing facility. Please see the FAQ "How do I file a complaint against a skilled nursing facility / nursing home."

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Funerals and COVID-19

278. Am I at risk if I go to a funeral or visitation service for someone who died of COVID-19?

There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19.

In some situations, many people have become sick with COVID-19 after attending a funeral service. To help prevent the spread of COVID-19 in communities, changes need to be made to the way funerals, visitations, and memorials to the deceased are held. People attending the funeral and/or visitation service should remain at least 6 feet apart from one another and wear masks. Regardless of the number of people attending, everyone should also practice good hand, cough and sneeze hygiene. Because we do not know all the ways the SARS-CoV-2 virus can be spread, older adults and people with high risk conditions are recommended not to attend. These groups of people are at higher risk of developing severe illness if they become infected with the virus that causes COVID-19. Consideration can be given to livestreaming

the funeral or visitation service so that others may participate remotely, or video recording the events. Additional guidance for individuals and families, including the risk of different types of services and gatherings, can be found here.

Please see Executive Order 72 for current Virginia restrictions affecting religious services (beginning on page 12.)

279. Am I at risk if I touched someone who died of COVID-19 after they have passed away?

COVID-19 is a new disease and we are still learning how it spreads**.** People should consider not touching the body of someone who has died of COVID-19.

280. Can people who died of COVID-19 be buried or cremated?

Yes. People who died of COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

281. What do Funeral Home Workers need to know about handling decedents with COVID-19?

A funeral or visitation service can be held for a person who has died of COVID-19. Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow Standard Precautions, including additional personal protective equipment (PPE) if splashing of fluids is expected. For transporting a body after the body has been bagged, disinfect the outside of the bag with a product with EPA-approved emerging viral pathogens claims expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

Embalming can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, face shield or goggles and N95 respirator). Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer's label. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin. Additional information on how to safely conduct aerosol-generating procedures is in the CDC's Postmortem Guidance. Cleaning should be conducted in accordance with manufacturer's instructions. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

After cleaning and removal of PPE, perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Decedents with COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

After an autopsy of a decedent with confirmed or suspected COVID-19, follow the cleaning and waste disposal guidance in the CDC's Postmortem Guidance.

More information can be found at the following links:
Funeral Home Workers
COVID-19 Guidance Postmortem Specimens

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Special Populations

Immunocompromised People or Those with Underlying Health Conditions

282. What should people with compromised immune systems or underlying health conditions do to protect themselves against COVID-19? Should these individuals wear masks?

People with weakened immune systems or underlying health conditions should continue to follow their treatment plans, including continue medications, obtain at least a 2-week supply of prescription and non-prescription medications, and ensure vaccinations are up-to-date. Keep your regularly scheduled medical appointments. If a medical emergency happens, do not delay going to the Emergency Room or calling 911 because of concern about COVID-19.

Additionally, these individuals should take the following precautions to reduce the risk of exposure to COVID-19:

- Avoid leaving home as much as possible. If you must leave home, try to maintain a distance of at least six feet between you and people outside your household.
- Avoid large gatherings or places where people congregate.
- Wash your hands often with soap and water for at least 20 seconds.
- Keep these items on hand and use them when venturing out: a mask and hand sanitizer with at least 60% alcohol, if possible.
- Wear a mask.

- Limit contact with frequently touched services. Clean and disinfect these surfaces when possible.
- Avoid all cruise travel and non-essential air travel.
- Have supplies, food, and medicine delivered to your home.

Call your healthcare professional if you have concerns about COVID-19 and your underlying condition or if you are sick.

For information and resources for people with underlying health conditions, please visit CDC's guidance for People of Any Age with Underlying Medical Conditions. This resource contains more in-depth information about preventing COVID-19 illness and also categorizes activities by risk level for individuals with underlying health conditions.

283. I am currently a client under the Virginia Medication Assistance Program (formerly known as ADAP) and I am having trouble accessing my HIV medications. What should I do?

Please call the Virginia Medication Assistance Program toll free hotline and they can assist you directly. The phone number is 855-362-0658.

284. When can people with compromised immune systems who were diagnosed with COVID-19 end self-isolation?

Patients with COVID-19 who have compromised immune systems should work with their healthcare provider to determine when to end self-isolation. In some cases, severely ill patients with compromised immune systems experienced prolonged viral shedding after recovery. As such, severely ill patients should consider isolating for 10-20 days.

For more information, please see Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings

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Correctional Facilities and COVID-19

285. How is a case of COVID-19 handled in a correctional facility?

Local health departments respond to single cases of COVID-19 identified in corrections settings, as resources allow, to recommend implementation of actions to prevent outbreaks. Recommendations include putting infection prevention strategies in place, testing and monitoring of quarantined contacts or all incarcerated persons and staff if indicated. Additional actions at the facility may be recommended.

286. How is an outbreak of COVID-19 handled in a correctional facility?

Health department staff provide onsite and/or remote consultation with the correctional facility on infection prevention and control practices. Health department staff coordinate and

facilitate testing to confirm outbreaks as indicated. Additional testing at the facility may be recommended, especially of close contacts to an identified case.

287. What measures can be taken to prevent COVID-19 cases in correctional facilities, detention centers, etc.?

The key measures to protect incarcerated persons, staff and the community are to take all steps possible to prevent the introduction of SARS-CoV-2 into facilities, to identify early and isolate COVID-19 cases, and to implement appropriate infection prevention recommendations to prevent further spread in the facility and the community.

The Virginia Department of Corrections and Virginia's local and regional jails have taken proactive steps to reduce opportunities for introduction of SARS-CoV-2 into facilities, including limiting and adapting in-person visitation, reducing transfers and intakes if at all possible, applying physical distancing measures in all possible parts of facilities, providing hand hygiene supplies, and educating and preparing staff and incarcerated persons for COVID-19 response. These facilities are working actively with state and local health department partners.

Frontline essential workers, including people who work in correctional facilities, and people living in correctional facilities, will be eligible to receive COVID-19 vaccine when their community is in Phase 1b.

288. Where can I find more information about COVID-19 and Correctional Facilities?

- CDC Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities
- CDC Interim Considerations for Testing SARS-CoV-2 Testing in Correctional and Detention Facilities
- FAQs for administrators, staff, people who are incarcerated, families
- Virginia Department of Corrections COVID-19/Coronavirus Updates

289. Where can I find more information about COVID-19 and law enforcement agencies?

CDC provides FAQs for law enforcement agencies and personnel.

Page last reviewed January 12, 2021

Pregnancy and Infants

290. Are pregnant women more susceptible to infection, or at increased risk for severe illness, morbidity, or mortality with COVID-19, compared with the general public?

Based on what we know at this time, pregnant people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people. A study found that pregnant women are more likely to be admitted to the intensive care unit (ICU), receive invasive ventilation and extracorporeal membrane oxygenation, and are at increased risk of death compared to

nonpregnant women. But much remains unknown and the CDC is working with state, local, and territorial health departments and external partners to learn more about COVID-19 during pregnancy. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19. Therefore, if you are pregnant, be mindful about reducing your risk of getting sick.

Pregnant women should engage in preventive actions to avoid infection like limiting interactions with people that might have been exposed to or infected with COVIID-19,washing hands often, covering your mouth and nose with a mask, staying at least 6 feet away from others outside your household, covering coughs and sneezes and frequent cleaning and disinfecting frequently touched surfaces.

291. Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

Much is still unknown about the risks of COVID-19 of newborns born to mothers with COVID-19. Preterm (early) birth and other problems with pregnancy and birth, have been reported in babies born to mothers who tested positive for COVID-19. We do not know if these problems were related to the virus.Therefore, if you are pregnant, be mindful about reducing your risk of getting sick.

292. Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

Pregnant healthcare personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings.

Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

293. Can pregnant women with COVID-19 pass the virus to their fetus or newborn?

Current evidence suggests that the risk of a newborn getting COVID-19 from its mother is low, especially when she uses appropriate precautions before and during care of the newborn, such as wearing a mask and practicing hand hygiene; however, newborns can be infected with the virus that causes COVID-19 after being in close contact with an infected person. Some babies have tested positive for the virus shortly after birth, but it is unknown if these babies got the virus before, during, or after birth. Most newborns who tested positive for the virus that causes COVID-19 had mild or no symptoms and recovered. However, there are a few reports of newborns with severe COVID-19 illness.

We do not know for sure if mothers with COVID-19 can spread the virus to babies in their breast milk, but the limited data available suggest this is not likely.

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294. Are infants born to mothers with COVID-19 during pregnancy at increased risk for adverse outcomes?

Some newborns have tested positive for the virus that causes COVID-19 shortly after birth. It is unknown if these newborns get the virus before, during, or after birth from close contact with an infected person. Most newborns who have tested positive for COVID-19 had mild or no symptoms and have recovered fully. However, there are a few reports of newborns with severe illness.

Adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. it is unknown if these outcomes were related to the virus that causes COVID-19.

295. What precautions should I take if I go home and am still in isolation for COVID-19?

If you are still in isolation for COVID-19 and have returned home, take the following precautions until your isolation period has ended:

- Stay home to separate yourself from others outside your home.
- Isolate from other household members who are not infected and wear a mask in shared spaces.
- Have a healthy caregiver who is not at increased risk for severe illness provide care for your newborn.
    - Caregivers should wash their hands for at least 20 seconds before touching your newborn. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
    - If the caregiver is living in the same home or has been in close contact with you, they should wear a mask when they are within 6 feet of your newborn for the entire time you are in isolation and for two weeks after you completed isolation.

  If a healthy caregiver is not available, you can care for your newborn if you are well enough.
    - Wash your hands with soap and water for at least 20 seconds before touching for your newborn. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
    - Wear a mask when within 6 feet of your newborn and other people during your entire isolation period. The mask helps prevent you from spreading the virus to others.

Others in your household and caregivers who have COVID-19 should isolate and avoid caring for the newborn as much as possible. If they have to care for the newborn, they should practice hand hygiene and wear a mask.

296. Can my baby room with me in the hospital if I tested positive for COVID-19?

CDC recognizes that the ideal setting for the care of a healthy, full-term newborn during the birth hospitalization is within the mother's room ("rooming-in"). If you are diagnosed with or test positive for the virus that causes COVID-19, you should discuss with your healthcare provider the risks and benefits of having your newborn stay in the same room with you. This conversation should begin during prenatal care if possible.

Having your newborn stay with you in the same room has the benefit of facilitating breastfeeding and maternal-newborn bonding. Potential risks may include giving the virus to the newborn, although current evidence suggests the risk of a newborn getting COVID-19 from their mother is low if precautions are taken. After discussing, make an informed decision of whether your newborn is staying in the same room with you while in the hospital.

If you are in isolation for COVID-19 and are sharing a room with your newborn, take the following precautions to reduce the risk of spreading the virus to your newborn:

- Wash your hands with soap and water for at least 20 seconds before holding or caring for your newborn. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Wear a mask when within 6 feet of your newborn.
- Keep your newborn more than 6 feet away from you as much as possible.
- Discuss with your healthcare provider about using a physical barrier (for example, placing the newborn in an incubator) while in the hospital.

297. Is there a risk that COVID-19 in a pregnant woman or neonate could have long-term effects on infant health and development that may require clinical support beyond infancy?

At this time, there is no information on long-term health effects on infants with COVID-19, or those exposed to the virus that causes COVID-19 in utero.

298. Is maternal illness with COVID-19 during lactation associated with potential risk to a breastfeeding infant?

We do not know for sure if mothers with COVID-19 can spread the virus to babies in their breast milk, but the limited data available suggest this is not likely.

If you have COVID-19 and choose to breastfeed: Wear a mask while breastfeeding and wash your hands before each feeding.

If you have COVID-19 and choose to express breast milk: Use a dedicated breast pump, wear a mask during expression and wash your hands before touching any pump or bottle parts and before expressing breast milk, follow recommendations for proper pump cleaning after each

use, cleaning all parts that come into contact with breast milk and if possible, expressed breast milk should be fed to the infant by a healthy caregiver who does not have COVID-19, is not at high-risk for severe illness from COVID-19, and is living in the same home.

299. Should I continue to go to the doctor's appointments for my prenatal care?

It is recommended that you do not skip your prenatal care appointments or postpartum appointments. If you are concerned about attending your appointment due to COVID-19, talk to your healthcare provider. Ask your healthcare provider how they are taking steps to separate healthy patients from those who may be sick. Some healthcare providers might choose to cancel or postpone some visits. Others may switch certain appointments to telemedicine visits, which are appointments over the phone or video. These decisions will be based on the circumstances in your community as well as your individual care plan.

Do not delay getting emergency care because of COVID-19.

Call your healthcare provider if you have an urgent medical question. In case of emergency, call 911 or go to your local emergency department. If you are not driving, call the emergency department on the way to explain that you are pregnant and have an emergency. They should have an infection prevention plan to protect you from getting COVID-19 if you need emergency care.

300. Should I continue to receive vaccines during pregnancy and the COVID-19 pandemic?

Although there is no vaccine available to protect against the virus that causes COVID-19, routine vaccines are an important part of protecting your health. Receiving some vaccines during pregnancy, such as the influenza (flu) and Tdap vaccines, can help protect you and your baby. If you are pregnant, you should continue to receive your recommended vaccines. Talk with your healthcare provider about visits for vaccines during pregnancy.

301. What are the best safe sleep practices for my infant during the COVID-19 pandemic?

During the COVID-19 pandemic, parents of infants may experience increased stress and fatigue that could affect their infants' sleep practices. Safe sleep is an important part of keeping infants healthy, including during the COVID-19 pandemic. If you have an infant, you can help reduce your baby's risk of sudden infant death syndrome (SIDS) and other sleep-related deaths by doing the following:

- Place your baby on his or her back for all sleep times – naps and at night.
- Use a firm, flat sleep surface, such as a mattress in a crib, covered by a fitted sheet.
- Have the baby share your room but not your bed. Your baby should not sleep on an adult bed, cot, air mattress, or couch, or on a chair alone, with you, or with anyone else.
- Keep soft bedding such as blankets, pillows, bumper pads, and soft toys out of your baby's sleep area.

- Do not cover your baby's head or allow your baby to get too hot. Signs your baby may be getting too hot include if he or she is sweating or if his or her chest feels hot.
- Do not smoke or allow anyone to smoke around your baby.

302. Should I take my baby to their newborn visits at the pediatrician's office?

Ideally, newborn visits should be done in person so that your pediatric healthcare provider can check your baby's growth and feeding, check your baby for jaundice, make sure your baby's newborn screening tests were done, and get any repeat or follow-up testing, if necessary. Ask your healthcare provider how they are taking steps to separate healthy patients from those who may be sick. Some health care providers may choose to delay visits like well child checks and routine vaccine visits. These decisions will be based on circumstances in your community and your child's individual care plan. Call your provider's office to ask about any upcoming appointments or about when your child's vaccinations are due.

Vaccines are also an important part of keeping your child healthy, especially if your child is under 2 years old. Vaccines help provide immunity before being exposed to potentially life-threatening diseases. Although there is not yet a vaccine to help protect against COVID-19, vaccines for illnesses such as measles, influenza (flu), whooping cough (pertussis), and other infectious diseases are important for your child's health. This will help to prevent outbreaks of vaccine-preventable diseases among young children during the COVID-19 pandemic.

303. Can I put a mask or a face shield on my baby?

No. A mask or face shield could increase the risk of sudden infant death syndrome (SIDS) or accidental suffocation and strangulation. Babies move frequently and their movement may cause the plastic face shield to block their nose and mouth, or cause the strap to strangle them.

There are also no data supporting the use of face shields among babies for protection against COVID-19 or other respiratory illnesses.

CDC does not recommend use of face shields as a substitute for masks for the general public, including pregnant or breastfeeding moms.

304. Where can I find more information on COVID-19 and specific to pregnant women, infants and children?

For current information and additional reading, you can check out the CDC's website: CDC COVID-19 Pregnancy, Breastfeeding, and Caring for Newborns

Page last updated November 24, 2020

Children and COVID-19

305. What is the risk of my child becoming sick with COVID-19?

Based on available evidence, children do not appear to be at a higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. Some reports suggest that infants under 1 year old and children with underlying medical conditions, particularly sickle cell disease and chronic kidney disease, might be at higher risk of serious illness from COVID-19 than other children.

306. How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the same things everyone should do to stay healthy.

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
- Children over the age of 2 years are encourage to wear masks when in outdoor and indoor public settings.

307. Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It's not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

308. Should children wear masks?

CDC recommends that everyone 2 years and older wear a mask that covers their nose and mouth when they are out in the community. Masks should NOT be put on babies or children younger than 2 because of the danger of suffocation. Information on children and masks from the American Academy of Pediatrics can be found here.

Wearing a mask is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) physical distancing, frequent hand cleaning ,and other everyday preventive actions.

As of November 15, Governor Northam expanded the mask mandate established by Executive Order 63 to require all Virginians aged 5 years and older to wear masks in indoor public settings and business establishments.

309. What additional steps should families that have a child with an underlying medical condition or special health care need take?

Helping children understand and follow recommendations, like physical distancing and wearing a mask , can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs. Keeping children at home and sheltering in place can lower stress created by physical distancing and mask recommendations. Reach out to others for help in running essential errands.

Behavioral techniques can be used to address behavioral challenges and to develop new routines. These include social stories, video modeling, picture schedules, and visual cues. Try rewarding your child in small ways with his or her favorite non-food treat or activities to help switch routines and to follow recommendations.

Many of the organizations you turn to for information and support around your child's complex, chronic medical condition may have information on their websites to help families address issues related to COVID-19. Your child's therapist(s) and/or teachers may also have resources to help successfully introduce new routines to your child.

Additional information on caring for children and on child development specific conditions are available.

CDC Guidance Documents to Support People with Disabilities. CDC released guidance documents to support the needs of people with disabilities. These documents provide guidance for direct service providers (DSPs), group home administrators, caregivers, families, and people with developmental and behavioral disorders to help prevent infection and mitigate negative effects of COVID-19.

- Direct Service Providers
- Group Homes for Individuals with Disabilities
- Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders
- People with Developmental and Behavioral Disorders

310. What is MIS-C, and who is at risk?

MIS-C stands for multisystem inflammatory syndrome in children (MIS-C), which is associated with COVID-19. Patients with MIS-C have presented with a persistent fever and a variety of other signs and symptoms including multiorgan (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, neurologic) involvement and elevated inflammatory markers. Additional symptoms may include abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes and feeling extra tired. MIS-C may begin concurrently with a COVID-19 infection or weeks after a child is infected with COVID-19. The child may have been

asymptomatically infected with COVID-19 and, in some cases, the child and their caregivers may not even know they had been infected with COVID-19.

311. Who is at risk for MIS-C?

Early studies report children of all ages are at risk for COVID-19; however, complications of COVID-19 appear to be less common among children compared with adults based on limited reports from China and the United States. Based on limited data on children with suspected or confirmed COVID-19, infants (<12 months of age) may be at higher risk of severe or critical disease compared with older children, with hospitalization being most common among children aged <1 year and those with underlying conditions, such as chronic lung disease (including asthma), cardiovascular disease, and immunosuppression.

CDC is still working to understand MIS-C and its effects on children. We do not yet know which children are at risk for developing MIS-C.

312. Although MIS-C is currently rare, could it become a public health emergency?

At this point it is not clear. In the United States, 2% of confirmed COVID-19 cases occurred in children aged <18 years. However, that figure might change as more information becomes available. Providers who have cared or are caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to their local health department.

313. How should hospitals plan to care for children who may develop MIS-C?

Providers should send any child with any combination of severe inflammatory symptoms to the hospital for further evaluation. These symptoms may include (but are not limited to) persistent fever, abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extreme fatigue; However, not all children will have the same symptoms, and some children may have symptoms not listed here. More information is available on the CDC website.

At the hospital, further assessment will be conducted based on the child's clinical condition, laboratory results, and X-rays or other imaging studies. Treatment will be provided to try to relieve the child's symptoms and inflammation.

314. What treatment is available for MIS-C?

Currently there are no specific drugs approved by the U.S. Food and Drug Administration (FDA) for the treatment or prevention of COVID-19 or MIS-C. Treatment remains mainly supportive and includes prevention and management of complications.

315. Should children with MIS-C be isolated?

Currently we do not know a lot about MIS-C. Any child suspected to have MIS-C should be placed in a private room (if available) on transmission-based precautions. Healthcare facilities should ensure that infection prevention and control policies, including universal source control, are in place to minimize the chance of exposure to SARS-CoV-2 among providers, patients, and families.

316. What does VDH recommend to parents to protect their children?

Based on what we know now, VDH recommends taking everyday actions to prevent children from getting COVID-19. These actions including washing hands often with soap and water,

avoiding people who are sick, practicing physical distancing between your child and other people, having children 2 years and older wear masks when in public settings, covering coughs and sneezes, frequent cleaning of surfaces that are touched often, and close monitoring of your child's health.

Additional precautions may include virtual learning or the use of child care.

a. Help Children Learn at Home: ask your school district about available school services; create a schedule and routine for learning at home; consider your child's learning needs (needs help or special education services); consider additional homeschooling/learning options; and ongoing communication with your child's school and your child's teacher.
b. Guidance for Child Care Programs that Remain Open - the site provides a range of options for screening children upon arrival to ensure that children who have a fever or other signs of illness are not admitted to the facility. The additional options may be useful when personal protective equipment (PPE) is in short supply.

317. How is VDH counting MIS-C as part of COVID-19?

MIS-C is currently reportable in VA and healthcare providers should immediately report patients with suspected MIS-C to the local health department. VDH will review these reports and count reports as MIS-C cases if certain criteria are met.

318. Is testing for MIS-C available?

Specific tests for MIS-C are not available. To test for COVID-19, there are molecular, antigen, and serology tests available in Virginia. More laboratory and radiological testing might be needed to assess the child's condition and those tests may be conducted based on the doctor's recommendations.

319. If my child shows symptoms are my other children at risk?

MIS-C may begin weeks after a child is infected with COVID-19. The child may have been asymptomatically infected with COVID-19 and, in some cases, the child and their caregivers may not even know they had been infected. Close monitoring of other household members for any COVID-19 like symptoms should be ongoing. Testing might be considered in some situations.

For more information, see:

COVID-19 and Children

320. Should I take my child to an emergency room?

You should contact your healthcare provider or pediatrician right away if your child has fever, abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired. Seek emergency care immediately if your child is showing any emergency warning signs of MIS-C or other concerning signs: trouble breathing, pain or pressure in the chest that does not go away, new confusion, inability to wake or stay awake, bluish lips or face, or severe abdominal pain.

321. Where I can find more information about MIS-C?

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html (Parents)
www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#anchor_1589580133375
emergency.cdc.gov/han/2020/han00432.asp (Healthcare Providers)

Page last updated January 7, 2021

Homeless Population

322. Are homeless shelters open? Do capacity restrictions apply to homeless shelters?

Homeless shelters have not been required to close under any of Governor Ralph Northam's executive orders. Shelters are encouraged to maintain operations and provide essential services to those in need. Individual shelters may have made the decision to close or change operations.

The capacity restrictions included in Executive Order 72 do not apply to homeless shelters. Homeless shelters should take steps to stop the spread of COVID-19 infections, such as physical distancing.

323. If a community service group is trying to place a person experiencing homelessness in a hotel, can the hotel require that the person disclose their COVID-19 status?

No, the hotel cannot require that the person experiencing homelessness disclose their status. A person suspected or confirmed to be ill with COVID-19 by laboratory test should notify contacts who have been exposed. Contacts should follow quarantine recommendations and monitor their health for 14 days after their exposure. The community service organization who placed the ill or infected person will assist with communication of information, the initiation of isolation for that person, and quarantine of suspected contacts.

A person who does not have symptoms of COVID-19 and does not have a positive laboratory test for the virus has no responsibility to share information about this virus with others. Information about health conditions can remain confidential and should be protected. It should be shared only at the discretion of the individual and to healthcare providers who need the information to provide necessary medical care services.

324. What are homeless shelters doing to protect people from getting COVID-19?

VDH and the Department of Housing and Community Development (DHCD) guidance for homeless shelters is available here.
Some of these recommendations include:

- Increasing distance or adding a barrier between staff and guests for registration and entry.
- Having shifts for meals or staggering access to services.
- Increasing distance or physical barriers between beds, arranging beds head-to-toe.

VDH encourages shelter staff to screen people for symptoms consistent with COVID-19 infection. Guests who have tested positive or have symptoms should have a separate space from all other guests. Those who are at risk for severe complications if infected with COVID-19 should also have a separate area, if possible.

Additional VDH resources for homeless service providers are available here.
CDC's Toolkit for People Experiencing Homelessness is also available here.

325. Where can people experiencing homelessness in Virginia find resources or obtain help?

Individuals experiencing homelessness can obtain help by calling 2-1-1 or the Crisis Assistance Contact number in the area of the state where they are. The list of Crisis Assistance Contacts can be found here. A map of Crisis Assistance Contacts is located here.

326. What should homeless shelters do if guests experience COVID symptoms?

If possible, separate spaces and bathrooms should be provided to each guest who is experiencing symptoms of COVID-19. Physical distancing and other barriers should be in place if sick guests must be isolated together in the same area. If symptoms are severe, and a guest has difficulty breathing, a medical provider should be consulted. VDH provides guidance on testing for COVID-19, which includes consideration for those who work or live in a congregate setting.

Page last updated January 12, 2021

Travelers

International Travelers

327. Where are the high-risk travel areas?

Community spread of COVID-19 has been reported from many countries around the world. There is elevated concern for all international travel.

The Department of State advises all U.S. citizens to read the country-specific Travel Advisories and U.S. Embassy COVID pages for updates on the impact of COVID-19 worldwide.

The COVID-19 pandemic continues to affect countries differently. Challenges to any international travel at this time may include mandatory quarantines, travel restrictions, and closed borders. Foreign governments may implement restrictions with little notice, even in destinations that were previously low risk. If you choose to travel internationally, your trip may be severely disrupted, and it may be difficult to arrange travel back to the United States.

For the most up-to-date information on travel advisories, please visit CDC's travel advisory website and the U.S. Department of State website.

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328. I am planning to travel internationally. Should I cancel my trip?

Travel increases your chance of getting and spreading COVID-19. COVID-19 risk in most countries is high, and travelers should avoid nonessential travel to high-risk destinations. Travelers at increased risk for severe illness should consider postponing all travel, including essential travel, to high-risk destinations. To check a destination's COVID-19 risk level see COVID-19 Travel Recommendations by Destination.

Some healthcare systems are overwhelmed and there may be limited access to adequate medical care in affected areas. Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. If you choose to travel internationally, your travel plans may be disrupted. If you get sick or are exposed to a person with COVID-19 during your trip, you may be isolated or quarantined and your return to the United States may be delayed.

CDC also recommends all travelers defer all cruise ship travel worldwide.

329. Are layovers included in CDC's recommendation to avoid nonessential travel?

Yes. Layovers at airports in destinations with level 3 travel notices are included in CDC's recommendation to avoid nonessential travel. If a layover is unavoidable, CDC recommends that travelers not leave the airport. Travelers with layovers may still be subject to screening and monitoring when entering the United States.

330. If I fly internationally, am I going to get stuck there, or will I be able to fly back to the U.S.?

Many countries are implementing travel restrictions and mandatory quarantines, closing borders, and prohibiting non-citizens from entry with little advance notice. If you choose to travel internationally, your travel plans may be disrupted. If you get sick or are exposed to a person with COVID-19 during your trip, you may be isolated or quarantined and your return to the United States may be delayed.

For the most up-to-date information on travel advisories, please visit CDC's travel advisory website and the U.S. Department of State website.

331. My family member is traveling to the U.S. from another country. Will they be allowed to enter the U.S.?

U.S. citizens, lawful permanent residents, and their families arriving from international destinations are still allowed to enter the U.S. Beginning September 14, 2020, the United States Government will remove requirements for directing all flights carrying passengers arriving from certain countries to land at one of 15 designated airports and halt enhanced entry health screening for these passengers. Currently, enhanced entry health screening is conducted for those arriving from, or with recent presence in, China (excluding the Special Administrative Regions of Hong Kong and Macau), Iran, the Schengen region of Europe, the

United Kingdom (excluding overseas territories outside of Europe), Ireland and Brazil. Returning travelers should get tested 1-3 days before the flight and get tested 3-5 days after the flight. Even if they test negative, they should stay home for the full 7 days. If they don't get tested, it's safest to stay home for 10 days after travel. Effective January 26,CDC has issued an order requiring proof of a negative COVID-19 test for all air passengers arriving from any foreign country) to the United States (US). Passengers should get tested with a viral test (NAAT or antigen) no more than 3 days and to provide proof of the negative result or documentation of having recovered from COVID-19 to the airline before boarding the flight to the US. Regardless of where they traveled or what they did during the trip, they should take actions to protect others from getting COVID-19 for 14 days after travel.
Additional precautions include practicing physical distancing and wearing a mask within households and when making essential trips outside of the household (e.g. to pick up food or to seek medical care).

Foreign nationals who have visited China, Iran, the European Schengen area (includes 26 European countries), the United Kingdom, Brazil, and the Republic of Ireland may not enter the United States. With specific exceptions, foreign nationals who have been in the UK during the past 14 days may not enter the US, even with a negative test result.
For the most up-to-date information on travel advisories, please visit CDC's travel advisory website and the U.S. Department of State website.

332. Are people entering the U.S. from other countries being quarantined?

CDC advises that individuals returning from an international country or from travel on a cruise ship or river boat should:

- Get tested with a viral test 1-3 days before your flight.
- Make sure you get your test results before you travel. If you are waiting for results, delay your travel.
- Carry a copy of your test results with you while traveling.
- Do not travel if your test result is positive; immediately isolate yourself.
- A negative test does not mean that you were not exposed or that you will not develop COVID-19. Make sure to wear a mask, stay at least 6 feet from others, wash your hands, and watch your health for signs of illness while traveling.
- Get tested 3-5 days after travel AND stay home for 7 days after travel.
    - Even if you test negative, stay home for the full 7 days.
    - If your test is positive, isolate yourself to protect others from getting infected. Do not travel until it is safe for you to be around others; this includes your return trip home.
- If you don't get tested, it's safest to stay home for 10 days after travel.
- Passengers traveling from any foreign country to the United States should get tested no more than 3 days prior to departure with a NAAT or antigen test. Effective January 26, travelers from any foreign country should provide negative test results upon entry into the United States.

- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not. Do not go to school or work. Do not take public transportation, taxis or rideshares.
- Always follow state and local recommendations or requirements related to travel.
- Wear a mask around others.
- Follow this guidance if symptoms develop: See Illness from COVID-19
- Additional precautions include practicing physical distancing within households and when making essential trips outside of the household (e.g. to pick up food or to seek medical care).

333. How are returning travelers from countries with widespread transmission of COVID-19 being screened when they enter the U.S.?

Beginning September 14, 2020, the United States Government will remove requirements for directing all flights carrying passengers arriving from certain countries to land at one of 15 designated airports and halt enhanced entry health screening for these passengers Currently, enhanced entry health screening is conducted for those arriving from, or with recent presence in, China (excluding the Special Administrative Regions of Hong Kong and Macau), Iran, the Schengen region of Europe, the United Kingdom (excluding overseas territories outside of Europe), Ireland, and Brazil. Effective January 26, CDC has issued an order requiring proof of a negative COVID-19 test for all air passengers arriving from any foreign country to the United States. Passengers should get tested with a viral test (NAAT or antigen) no more than 3 days and to provide proof of the negative result or documentation of having recovered from COVID-19 to the airline before boarding the flight to the United States. The United States Government resources will be dedicated to more effective mitigation efforts that focus on the individual passenger which include:

- Pre-departure, in-flight, and post-arrival health education for passengers.
- Robust illness response at airports.
- Voluntary collection of contact information from passengers using electronic means to avoid long lines, crowding and delays associated with manual data collection.
- Potential testing to reduce the risk of travel-related transmission of the virus that causes COVID-19 and movement of the virus from one location to another.
- Country-specific risk assessments to assist passengers in making informed decisions about travel-related risk.
- Enhancing training and education of partners in the transportation sector and at United States ports of entry to ensure recognition of illness and immediate notification to CDC.
- Post-arrival passenger recommendations for self-monitoring and precautions to protect others, with enhanced precautions, including staying home to the extent possible for 14 days for people arriving from high-risk destinations. You can check the levels for places traveled, including countries, U.S. states and territories, counties, and cities.

334. My loved one recently returned from another country and is not reporting any symptoms. What are the best practices to protect our family members who all live close together?

Some types of travel and activities are higher risk for exposure to COVID-19 (see list below). If your family member participated in higher risk activities or may have been exposed before or during their trip, they should take extra precautions to protect others for 14 days after arrival:

1. It is recommended to get tested 1-3 days before travelling with a viral test. Make sure you get your test results before your travel. If you are waiting for results, delay your travel. Do not travel if your test result is positive; immediately isolate yourself.
2. Get tested 3-5 days after travel AND stay home for 7 days after travel.
    a. Even if you test negative, stay home for the full 7 days.
    b. If their test is positive, ask them to isolate themselves to protect others from getting infected.
3. If they don't get tested, it's safest to stay home for 10 days after travel.
4. Passengers should get tested with a viral test (NAAT or antigen) no more than 3 days before their flight to the US from the UK departs.
5. Avoid being around people who are at increased risk for severe illness for 14 days, whether they get tested or not.
6. Always follow state and local recommendations or requirements related to travel.

Here are examples of activities and situations that can increase travel related risk of exposure to COVID-19:

- Being in an area that is experiencing high levels of COVID-19 spread. You can check the levels for places traveled, including countries, U.S. states and territories, counties, and cities.
- Going to a large social gathering like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds – for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
- Traveling on a cruise ship or river boat.

335. I traveled and have been sick ever since I got back. What should I do?

See "Illness and COVID-19"

336. After returning from international travel, when can an employee return to work?

Most travelers can go back to work but should take precautions. It is advised to get tested 1-3 days before travelling with a viral test and making sure to get the test results before travelling. Some travelers may have higher risk of exposure and should get tested 3-5 days after travel and stay home for 7 days after travel. Even if you test negative, stay home for the full 7 days. If your test is positive, isolate yourself to protect others from getting infected. If you don't get tested, it's safest to stay home for 10 days after travel.

See CDC's After You Travel Internationally webpage to learn what precautions you should take.
See VDH's Travelers site for more information.

It is very important that people with even mild signs of illness (fever, cough, chills, shaking with chills, muscle pain, headache, sore throat) stay home to prevent spreading illness to others!

337. I am healthy, but recently traveled. My employer wants a letter saying that it is ok for me to go to work. Can VDH provide me with a letter?

*See "*Business and Workplaces"

338. Is it safe to go on a cruise?

CDC currently recommends that travelers defer all cruise travel worldwide. The risk of COVID-19 on cruise ships is high. People with an increased risk of serious illness should especially defer travel on cruise ships, including river cruises. CDC has issued a Level 4 Travel Health Notice for cruise ship travel.Cruise passengers are at increased risk of person-to-person spread of infectious diseases, including COVID-19, and outbreaks of COVID-19 have been reported on several cruise shipsBefore travelling, it is recommended to get tested 1-3 days with a viral test. Make sure you get your test results before you travel. If you are waiting for results, delay your travel. Do not travel if your test result is positive; immediately isolate yourself.

If a person does travel on a cruise, they should get tested 3-5 days after your trip AND stay home for 7 days after travel. Even if you test negative, stay home for the full 7 days. If you don't get tested, it's safest to stay home for 10 days after you travel.

For additional information, see COVID-19 and Cruise Ship Travel, Travelers Returning from Cruise Ship and River Cruise Voyages.

339. What is the risk of getting COVID-19 on an airplane?

Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on airplanes. Although the risk of infection on an airplane is low, travelers should

try to avoid contact with sick passengers and wash their hands often with soap and water for at least 20 seconds or use hand sanitizer that contains 60%–95% alcohol.

340. What happens if there is a sick passenger on a flight?

Under current federal regulations, pilots must report to CDC all illnesses and deaths before arriving in the United States. If a sick traveler is considered to be a public health risk, CDC works with local and state health departments and international public health agencies to contact passengers and crew exposed to that sick traveler—according to CDC disease protocols. Be sure to give the airline your current contact information when booking your ticket.

341. Should I wear a mask or other protective equipment during travel?

CDC recommends that people wear a mask to cover their nose and mouth while in a community setting. This is to protect people around you if you are infected but do not have symptoms. Air travel often requires spending time in security lines and busy airport terminals. Travel by bus, train, and other conveyances used for international, interstate, or intrastate transportation poses similar challenges. People may not be able to distance themselves by the recommended at least 6 feet from individuals seated nearby or those standing in or passing through the aisles on airplanes, trains, or buses. All individuals aged five and older should cover their mouth and nose with a mask. Masks should not be placed on young children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cover without assistance. Additionally, you should:

- Avoid all non-essential travel.
- Avoid close contact with sick people.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning product.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains 60%–95% alcohol.
- Those with underlying risk factors for serious illness should consult with their healthcare provider.

VDH Recommendations Regarding Masks

342.

343. Where can I find up to date travel information related to COVID-19?

For the most up-to-date information on travel advisories, please visit VDH's Travelers site. Additionally, visit the CDC's travel advisory website and the U.S. Department of State website.

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U.S. Travelers

344. Where are the high-risk travel areas?

The situation in the U.S. is rapidly evolving. Sustained community transmission of COVID-19 is occurring in multiple locations throughout the United States.

Before travel, determine if COVID-19 is spreading at or near your destination. Check here for U.S. states or here for U.S. cities and counties. Check here for international locations. Get important information as you consider traveling to different cities and states across the United States here. All travelers should check with the state or local health department where you are, along your route, and where you will be visiting to get the most up to date information, in case there are travel restrictions, stay-at-home orders or quarantine requirements upon arrival, state border closures, or other requirements. Plan to keep checking for updates as you travel.

Current considerations for domestic travelers are posted on the CDC's Coronavirus and Travel in the United States page.

Those who need to travel within the U.S. should practice enhanced precautions, including:

- Avoid all non-essential travel.
- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at 60%–95% alcohol. Soap and water should be used if hands are visibly dirty.
- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.
- Pay attention to your health during travel and for 14 days after you leave.

Those with underlying risk factors for serious illness should consult with their healthcare provider. For the most up to date information on COVID-19 in the U.S., visit CDC's website on cases in the U.S.

345. Are certain types of travel or activities higher risk for COVID-19 exposure?

Here are examples of activities and situations that can increase your risk of exposure to COVID-19:

- Being in an area that is experiencing high levels of COVID-19 spread. You can check the levels for places you traveled, including countries as well as U.S. states, territories, counties, and cities.
- Going to a large social gathering like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds — for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
- Traveling on a cruise ship or river boat.

If you participated in higher risk activities or think that you may have been exposed before or during your trip, take extra precautions (in addition the ones listed above) to protect others for 14 days after arrival or return.

346. My loved one just returned from travel. Do they need to be tested or quarantined?

Some types of travel and activities are higher risk for exposure to COVID-19 (see list below). If your family member participated in higher risk activities or may have been exposed before or during their trip, they should take extra precautions to protect others for 14 days after arrival:

- Consider getting tested with a viral test 3–5 days after your trip and reduce non-essential activities for a full 7 days after travel, even if your test is negative. If you don't get tested, consider reducing non-essential activities for 10 days.

- If your test is positive, isolate yourself to protect others from getting infected.

- Stay home as much as possible.- Avoid being around people at higher risk for severe illness from COVID-19. Consider getting tested for COVID-19.

Here are examples of activities and situations that can increase travel related risk of exposure to COVID-19:

- Being in an area that is experiencing high levels of COVID-19 spread. You can check the levels for places traveled, including countries, U.S. states and territories, counties, and cities.
- Going to a large social gathering like a wedding, funeral, or party.
- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds – for example, in restaurants, bars, airports, bus and train stations, or movie theaters.
- Traveling on a cruise ship or river boat.

347. I traveled and have been sick ever since I got back. What should I do?

See "Illness and COVID-19"

348. I am thinking about traveling domestically or I have recently traveled domestically. What should I do?

If you have traveled or if you are thinking of traveling within the U.S., check the appropriate state recommendations and mandates before travel and understand how to travel safely and take the most precautions possible.

- Get a flu shot before travel.
- Get tested 1-3 days before travel with a viral test. Make sure you get your test results before you travel. If you are waiting for results, delay your travel. Do not travel if your test result is positive; immediately isolate yourself. You may have been exposed to COVID-19 on your travels. You and your travel companions (including children) may pose a risk to your family, friends, and community.
- Practice physical distancing.
- Wear a mask.
- Wash your hands frequently.
- Avoid large groups of people.
- Follow all precautions when you return from travel for 14 days.
- Get tested with a viral test 3-5 days after travel AND reduce all non-essential activities for 7 days after travel. Even if you test negative, stay home for the full 7 days. If your test is positive, isolate yourself to protect others from getting infected. If you don't get tested, it's safest to stay home for 14 days after travel.
- If you are planning to travel for an upcoming holiday, see CDC's information about Holiday Celebrations.

349. I am healthy, but recently traveled. My employer wants a letter saying that it is ok for me to go to work. Can VDH provide me with a letter?

*See "*Business and Workplaces"

350. Should I wear a mask or other protective equipment during travel?

Yes. Since COVID-19 activity is widespread in multiple states, it is recommended and required in some states that travelers wear a mask during travel regardless of the travel destination. It is recommended that appropriate masks be worn by all passengers from ages five and older and by all personnel operating the conveyance while on public transportation conveyances (e.g., airplanes, ships, ferries, trains, subways, buses, taxis, ride-shares) and at transportation hubs and other locations where people board such conveyances (e.g. airports, bus or ferry terminals, train stations, seaports).Other important infection prevention and control measures include:

- Avoid all non-essential travel and stay at home as much as possible.
- Avoid close contact with sick people.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning product.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains 60%–95% alcohol.
- Those with underlying risk factors for serious illness should consult with their healthcare provider before travel.

See CDC Recommendation Regarding the Use of Masks here.

351. Are there quarantine requirements for people arriving to the Commonwealth from other U.S. locations?

Consistent with CDC guidance, Virginia currently does not have any quarantine requirements for people arriving in the Commonwealth from other U.S. locations, as of August 13, 2020. *See* **How can I avoid getting COVID-19 in the Disease Prevention section.**

352. Where can I find up to date travel information related to COVID-19?

Please visit VDH's Travelers site. Additionally,check out the CDC Travel Information website: CDC COVID-19 Travel Website

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Animals & Veterinarians

Animals and COVID-19

353. Can I get COVID-19 from my pets or other animals?

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. A small number of pets have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

Pets have other types of coronaviruses that can make them sick, like canine and feline coronaviruses. These other coronaviruses cannot infect people and are not related to the current COVID-19 outbreak.

Since animals can spread other diseases to people, it's always a good idea to practice healthy habits around pets and other animals, such as washing your hands and maintaining good hygiene. For more information on the many benefits of pet ownership, as well as staying safe

and healthy around animals including pets, livestock, and wildlife, visit CDC's Healthy Pets, Healthy People website.

354. Can animals carry the virus that causes COVID-19 on their skin or fur?

At this time, there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.

Since animals can spread other diseases to people, it's always a good idea to practice healthy habits around pets and other animals, such as washing your hands and maintaining good hygiene. **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use. These substances may poison your pet and lead to serious illness or death.

355. Can I walk my dog?

Walking a dog is important for both animal and human health and well-being. Walk dogs on a leash, maintaining at least 6 feet (2 meters) of distance from other people and animals, do not gather in groups, stay out of crowded places and avoid mass gatherings. Avoid going to dog parks or public places where a large number of people and dogs gather. To help maintain physical distancing, do not let other people pet your dog when you are out for a walk.

356. Can I take my dog to daycare or a groomer?

Until we know more about how this virus affects animals, CDC encourages pet owners to treat pets as you would other human family members to protect them from possible infection. This means limiting contact between pets and people or animals outside the household as much as possible and avoiding places where large numbers of animals and people gather.

If you must take your pet to a groomer, daycare, or boarding facility, follow any protocols put into place at the facility, such as wearing a mask and maintaining at least 6 feet of space between yourself and others if possible.

Limit pet items brought from home to the facility and thoroughly clean any objects that are taken into a facility and returned home (such as leashes, bowls, and toys). Such items can be cleaned with warm, soapy water and allowed to dry. If you use a chemical disinfectant on your pet's items, use an EPA-registered disinfectant and make sure that product is safe for use around animals. Disinfected items should be thoroughly rinsed with clean water and allowed to dry before reuse. **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use. These substances may poison your pet and lead to serious illness or death.

Do not put masks on pets, and do not take a sick pet to a groomer, daycare, or boarding facility. If you think your pet is sick, call your veterinarian. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care.

357. Can I take my dog to a dog park?

Dog parks provide socialization and exercise for dogs, which is an important part of their wellbeing. Because there is a small risk that people with COVID-19 could spread it to animals, CDC recommends that you do not let pets interact with people outside of your household, especially in places with community spread of COVID-19. Therefore, you should consider avoiding dog parks or other places where large numbers of people and dogs gather.

Some areas are allowing dog parks to open. If you choose to go to a dog park, follow local guidelines. There are ways to reduce the risk of you or your dog getting infected with COVID-19 if you go to a dog park.

- Do not take your dog to a dog park if you are sick or if you have recently been in close contact with a person with COVID-19.
- Do not take your dog to a dog park if your dog is sick. Signs of sickness in dogs may include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, discharge from the nose or eyes, vomiting, or diarrhea.
- If your dog has tested positive for the virus that causes COVID-19, talk to your veterinarian about when it is appropriate for your pet to go back to normal activities.
- Try to limit your dog's interaction with other people outside of your household while at the dog park.
- As much as possible, avoid touching common items in the dog park like water bowls. Wash your hands or use hand sanitizer after touching items from the park. To make sure your dog has fresh water, consider bringing your own portable water bowl.
- Limit other pet items brought to the dog park, such as toys. Clean and disinfect anything taken to the park and returned home (leashes, toys, water bowls).
- Do not wipe or bathe your dog with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use.

358. I have been diagnosed with COVID-19. Should I avoid pets or other animals while I am sick?

You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although reports of animals becoming sick with COVID-19 are uncommon, it is still recommended that people sick with COVID-19 limit contact with mammalian animals until more is known about the virus.

When possible, people should shelter in place with their pets and have a healthy member of the household provide care for the animals. Those who are sick should avoid contact with pets, including petting, snuggling, being kissed or licked, and sharing food while you are sick.

359. What if no one else can care for the pet / animal?

Whenever possible, people should shelter in place with their companion animals. If you must care for your pet or be around animals while you are sick, you should wash your hands before and after you interact with your pets and wear a mask when you must interact with your animals (e.g. during feeding or walking). Those who are sick should avoid petting, snuggling, being kissed or licked, and sharing food with their animals while sick.

360. What if the person is hospitalized with COVID-19 and unable to provide care for the pet / animal?

Every effort should be made to allow companion animals to continue to cohabitate with their family when possible. If there is not a healthy family member or friend who can care for the pet while someone is hospitalized, temporary sheltering of the animal might be necessary. Such animals can be boarded at a pet boarding facility (e.g., veterinary clinic, animal shelter, or other boarding facility).

361. If a person or facility cares for a pet that has had contact with someone diagnosed with COVID-19, should any precautions be taken by the caregiver?

While the risks of COVID-19 from contact with such animals are considered very low, it is nonetheless prudent that caregivers use the best available information on general infection prevention for contagious diseases, including coronaviruses.

- Whenever possible, entry into the home where a person with COVID-19 lived should be avoided in order to prevent person-to-person transmission. Companion animals should be collected with minimal contact with people living in the home. This includes remaining a minimum of 6 feet away from other people and limiting contact with the home environment.
    - If collection of the animal means interacting with people from COVID-19 infected households or being exposed to home environments that might be contaminated with the virus, public health officials may recommend personal protective equipment (PPE) and provide training in the proper use of such equipment. Consult with your local health department.
- Wash hands with soap and water or use a hand sanitizer that contains at least 60% alcohol before and after handling a companion animal.
- If an animal needs to be housed in an animal shelter, veterinary clinic, or boarding facility, gloves and gowns or coveralls should be worn while performing routine intake exams and treatments in order to reduce contagious disease risks.
    - Gloves and gowns or coveralls are a good infection prevention control practice generally, and continue to be important during the COVID-19 pandemic. Gowns or coveralls should be laundered before reuse if going to be reused.
    - Hands should always be washed with soap and water including after gloves are removed and discarded.
    - The animal intake area as well as materials in animal areas such as food and water bowls and bedding should be routinely cleaned and sanitized.

- There is no need to bathe an animal because of COVID-19 concerns; at this time, there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.
- Animals that were in contact with COVID-19 should be separated from the general animal population during the animal's stay due to the unknown risks associated with this rapidly evolving emerging infectious disease.
    - Every effort should be made to promptly reunite sheltered companion animals with their owners.
    - Animals that need to be adopted or sent to a foster home should be held for 14 days out of an abundance of caution.
- Dogs should be walked outside for elimination and exercise but direct contact with other companion animals should be avoided as a best practice to protect animal health.
- Routine cleaning and disinfection is important in animal areas. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure. Normal cleaning and disinfection protocols for both animal housing and common areas used in shelters are sufficient. Increased sanitation of surfaces frequently touched by people (e.g. light switches and door knobs) is recommended to reduce exposure to/from humans.

362. What about service or therapy animals?

There are no restrictions on healthy people (those without symptoms or signs of COVID-19) interacting with service or therapy animals. As animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

VDH recommends that sick people avoid contact with animals whenever possible. In some situations, it might be necessary for a patient to be in contact with these animals. For people who are sick and need to be around animals, they should wash their hands before and after interacting with animals and wear a mask during animal contact. Those who are sick should avoid petting, snuggling, being kissed or licked, and sharing food with their animals while sick.

363. What if I am told by the health department that I am supposed to self-quarantine because I am a close contact with a person with COVID-19 and I have a pet?

There are no restrictions on healthy people (those without symptoms or signs of COVID-19) interacting with animals. As animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

Make sure that you have adequate supplies of food, medications and any other items necessary for both you and your pet for the length of quarantine recommended (i.e., up to 14 days) for those exposed to COVID-19. If you become sick during your quarantine period, follow the advice (outlined above) for those who are sick and have animals.

364. Are pets from a shelter safe to adopt?

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. There is no reason to think that any animals, including shelter pets, play a significant role in spreading the virus that causes COVID-19.

365. I heard that some animals have tested positive for the virus that causes COVID-19. Can people give this virus to animals and, if so, what animals are at risk?

We know that cats, dogs, and a few other types of animals can be infected with SARS-CoV-2, the virus that causes COVID-19, but we don't yet know all of the animals that can get infected. Of the handful of animals confirmed to have SARS-CoV-2 in the U.S, it is believed that all of the animals became sick after contact with infected people.

Research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings. Mice, pigs, chickens, and ducks did not become infected or spread the infection based on results from these studies. Some non-human primates can become infected SARS-CoV-2 and become sick. Data from one study suggested that dogs are not as likely to become infected with the virus as cats and ferrets. SARS-CoV-2 has also been reported in mink (which are closely related to ferrets) on multiple farms in Europe and the United States.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. Further studies are needed to understand if and how different animals may be affected by the virus that causes COVID-19.

For additional information, see: CDC: COVID-19 and Animals

366. Should I worry that my pet can become infected with the virus that causes COVID-19?

We are still learning about this virus and how it spreads, but it appears it can spread from humans to animals in some situations. The CDC is aware of a very small number of pets reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19, however, there is no evidence that pets, including cats and dogs, play a significant role in spreading COVID-19 to people. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a mask and wash your hands before and after you interact with pets. Those who are sick should avoid petting, snuggling, being kissed or licked, and sharing food with their animals while sick.

Keep pets indoors when possible to prevent them from interacting with other animals or people.

For additional information, see: CDC COVID-19: Pets and Other Animals

367. Should any animal showing signs of respiratory illness be tested?

The USDA and CDC do not recommend routine testing of animals for this virus. Because the situation is ever-evolving, public and animal health officials may decide to test animals in certain unique circumstances. The decision to test should be made collaboratively between the animal's clinical veterinarian and public and animal health officials.

368. What should I do if I think my animal is sick or I think my pet has the virus?

Call your veterinary clinic with any questions about your animal's health. In order to ensure the veterinary clinic is prepared for the animal, the owner should call ahead and arrange the hospital or clinic visit. Make sure to tell your veterinarian if your animal was exposed to a person with COVID-19 and if your animal is showing any signs of illness. Veterinarians with questions about testing can contact state animal and public health officials who will help decide whether samples should be collected and tested.

369. Can wild animals spread the virus that causes COVID-19 to people or pets?

Currently, there is no evidence to suggest the virus that causes COVID-19 is circulating in free-living wildlife in the United States, or that wildlife might be a source of infection for people in the United States. The first case of a wild animal testing positive for the virus in the United States was a tiger with respiratory illness at a zoo in New York City. However, this tiger was in a captive zoo environment, and public health officials believe the tiger became sick after being exposed to a zoo employee who was infected and spreading the virus.

If a wild animal were to become infected with the virus, we don't know whether the infection could then spread among wildlife or if it could spread to other animals, including pets. Further studies are needed to understand if and how different animals, including wildlife, could be affected by COVID-19. Because wildlife can carry other diseases, even without looking sick, it is always important to enjoy wildlife from a distance.

Take steps to prevent getting sick from wildlife in the United States:

- Keep your family, including pets, a safe distance away from wildlife.
- Do not feed wildlife or touch wildlife droppings.
- Always wash your hands and supervise children washing their hands after working or playing outside.
- Leave orphaned animals alone. Often, the parents are close by and will return for their young.

- Consult the Virginia Department of Wildlife Resources for guidance if you are preparing or consuming legally harvested game meat.
- Do not approach or touch a sick or dead animal – contact the Virginia Department of Wildlife Resources instead.

370. Can bats in the United States get the virus that causes COVID-19 and can they spread it back to people?

Other coronaviruses have been found in North American bats in the past, but there is currently no evidence that the virus that causes COVID-19 is present in any free-living wildlife in the United States, including bats. In general, coronaviruses do not cause illness or death in bats, but we don't yet know if this new coronavirus would make North American species of bats sick. Bats are an important part of natural ecosystems, and their populations are already declining in the United States. Bat populations could be further threatened by the disease itself or by harm inflicted on bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by the virus that causes COVID-19.

371. What precautions should be taken at equestrian facilities to prevent COVID-19?

You should follow state and local jurisdictional guidance regarding continuing operations at your facility. Horse and other livestock shows must implement the Forward Virginia Phase 3 mandatory requirements or not take place.

There have not been any reports of horses testing positive for the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading the virus that causes COVID-19 to people is considered to be low. COVID-19 is primarily spread from person to person, so steps should be taken to reduce the risks for people visiting your facility.

- Encourage employees and other visitors, including boarders, owners, farriers, veterinarians, and those taking lessons, not to enter the facility if they are sick.
    - People who have been sick should not enter the facility until the criteria to discontinue home isolation are met.
    - Implement sick leave policies for employees that are flexible, nonpunitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection.
- Consider conducting daily health checks (e.g., symptom and/or temperature screening) of employees and others visiting the facility before they enter the premises. People with a fever of 100.4°F (38.0°C) or above, or other signs of illness should not be admitted to the premises. If implementing health checks, conduct them safely and respectfully. See our General Business page for more information.

    - Employees or visitors who appear to have symptoms upon arrival or who become sick during their visit should immediately be separated from other employees and visitors and sent home.
- Limit the number of people entering the facility. Consider staggering lessons and visiting times to limit the number of people in the facility and the potential for person-to-person contact. You can also take steps to decrease high-traffic areas by limiting areas open to visitors/owners and staggering use of common areas like grooming or wash stalls and tack rooms.
- Increase distance and limit duration of contact between employees and visitors in the facility. Whenever possible, people should maintain at least 6 feet of distance between each other at the facility, including instructors teaching lessons. Allow for physical distancing and avoid large numbers of people within the facility, including in employee-only areas.
- Visitors and employees should wear masks to protect others especially where physical distancing measures are difficult to maintain. Wearing a mask does NOT replace the need to practice physical distancing.
- Set up hand hygiene stations at the entrance and within the facility, so that employees and people entering can clean their hands before they enter. Employees should wash hands regularly with soap and water for at least 20 seconds.
    - An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but if hands are visibly dirty, they should be washed with soap and water before using an alcohol-based hand sanitizer.
    - Examples of hand hygiene stations may be a hose and soap located at entrances to allow for handwashing before entry.
- Clean and disinfect frequently touched surfaces such as grooming tools, halters, lead ropes, shared tack and equipment, and door handles/gates (including those to stall doors and pasture/turn out areas) on a routine basis. To disinfect, use products that meet EPA's criteria for use against the virus that causes COVID-19 and are appropriate for the surface, diluted household bleach solutions prepared according to the manufacturer's label for disinfection, or alcohol solutions with at least 70% alcohol. Follow manufacturer's directions for use, especially regarding product contact time and protections from chemical hazards posed by cleaners and disinfectants.
- Follow local guidance on shelter in place and travel recommendations when traveling for showing, training, or trail riding.
- If traveling to a new facility, limit contact between people, horses, tack, equipment, and other supplies from different facilities, and maintain a distance of at least 6 feet between horses and riders.
    - Follow state and local guidance on travel. People who are sick should not travel to other facilities.
    - People visiting other facilities should follow the same precautions as they would normally, including maintaining at least 6 feet of distance between each other,

wearing a mask to protect others, and washing hands frequently with soap and water.

- If other animals, such as barn cats, are present at the facility, be aware that a small number of pets have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

For more information, see:
Forward Virginia Guidelines
VDH: Businesses and COVID-19
CDC: Guidance on Preparing Workplaces for COVID-19 and Interim Guidance for Businesses
CDC: Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

372. What COVID-19 precautions are in place for horse and livestock shows in Virginia?

Horse and other livestock shows must either implement the Forward Virginia Phase 3 mandatory requirements or they must not take place. These requirements apply to both indoor and outdoor shows. See the Forward Virginia Guidelines and associated FAQs for more information about the mandatory requirements and other best practices to prevent COVID-19.

373. Where can I find more information about animals and COVID-19?

For more information, check out the following websites:
CDC COVID-19: Pets and Other Animals
CDC: Frequently Asked Questions, COVID-19 and Animals
CDC: Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
CDC: Healthy Pets, Healthy People
CDC: COVID-19 Daily Life and Coping, If You Have Animals
AVMA: Interim recommendations for intake of companion animals from households where humans with COVID-19 are present

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Information for Veterinarians

374. What are the key points to consider when operating a veterinary practice during the COVID-19 pandemic?

Businesses offering professional services, such as veterinary practices, should ensure patrons can adhere to physical distancing recommendations and practice enhanced sanitizing practices, particularly on high-touch surfaces. Veterinary practices can utilize various strategies to increase physical distancing, such as rescheduling non-urgent appointments and offering "curbside" service. The main goal is to limit the number of people you come into contact with on any given day.

People can spread COVID-19 to others even if they do not feel sick. All people aged 5 years and older must cover both their mouth and nose with a mask in indoor settings and when outdoors and unable to maintain at least 6 feet of physical distance with others who live outside of their household. Masks should fit snugly, but comfortably against the sides of the face, completely cover the nose and mouth, be secured with ties or ear loops, be made of multiple layers of fabric and allow for breathing without restriction. Reusable cloth masks should be able to be laundered and machine dried at the end of each day without damage or change to their shape.

More detailed guidance for veterinarians is available at the CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response.

375. How can I protect myself and my employees from COVID-19?

Given community transmission of COVID-19 in the U.S., many people, including clients and/or staff may become ill. Veterinary clinics should consider the following:

General concepts to prevent exposure to COVID-19:

- The greatest risk of exposure to COVID-19 comes from contact with other people.
- Veterinary clinics should follow similar guidance to prepare and respond to the threat of COVID-19 as any other business in the Commonwealth.
- People can spread COVID-19 to others even if they do not feel sick. All people aged 5 years and older must cover both their mouth and nose with a mask in indoor settings and when outdoors and unable to maintain at least 6 feet of physical distance with others who live outside of their household. Masks should fit snugly, but comfortably against the sides of the face, completely cover the nose and mouth, be secured with ties or ear loops, be made of multiple layers of fabric and allow for breathing without restriction. Reusable cloth masks should be able to be laundered and machine dried at the end of each day without damage or change to their shape
- Veterinary hospital management should actively encourage sick employees to stay home by ensuring that the practice's sick leave policies are flexible and consistent with public health guidance. Telework options should be explored, where possible.
- If you or a member of your staff are ill with symptoms COVID-19, (fever, cough, shortness of breath, difficulty breathing, sore throat, runny or stuffy nose, body aches, headache, chills or fatigue,new loss of taste or smell, nausea, vomiting, diarrhea), stay at home.
- If you or a member of staff become ill during a shift, go home immediately.
- Encourage clients who are sick to reschedule non-urgent pet appointments. If the appointment is urgent, have a healthy person bring the animal for care.
- For all upcoming appointments, determine how you would classify pets as needing to be urgently seen, versus ones that need routine care or surgery that could possibly be delayed.

Infection Prevention and Control Strategies:

- Consider making arrangements to have clients call you from their car upon arrival, and have someone from your practice pick up the animal outside so the client does not have to come inside the practice. Discuss care measures via phone when possible.
- Limit the number of people coming into the clinic. Recommend restriction of employee visitors (family, friends, and pets) to business purposes only and request that clients limit the number of people who accompany an animal to the clinic for an appointment.
- Veterinary facilities should perform routine cleaning of all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs.
- Encourage employees, clients and other persons who enter the veterinary clinic to wear masks while at work and in public.
- Follow strict handwashing and hygiene protocols.
- Wash hands often with soap and water for at least 20 seconds, especially after using the restroom, before eating, after blowing your nose, coughing, or sneezing, and between client/patient visits.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
- Place hand sanitizer, sanitizing wipes, and tissues in all exam rooms, meeting rooms, restrooms, break rooms, lobbies, and other common areas.
- Avoid touching your eyes, nose, and mouth.
- Cough or sneeze into your elbow, or use a tissue to cover your nose and mouth, then throw the tissue into the trashcan and wash your hands.
- Designate your practice/workplace as a temporary NO HANDSHAKE ZONE. Ask colleagues and clients to refrain from shaking hands.
- Take steps to prevent the spread of disease among veterinary personnel and to/from clients by following guidelines and procedures laid out in the National Association of State Public Health Veterinarian's Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel. While the primary focus of this resource is controlling the spread of pathogens between animals and veterinary personnel, many of its principles apply to infection control in general and following it is simply good practice.

Employee Return to Work After Illness:

- For those with suspected or confirmed COVID-19, home isolation can be discontinued after at least 10 days have passed since symptoms first appeared ***and*** the person has not had a fever for at least 24 hours without the use of fever-reducing medications ***and*** other symptoms have improved.
- For those with non-COVID illness, return to work criteria should be guided by the alternate diagnosis, when available. In the absence of an alternate diagnosis, people should remain at home until at least 24 hours after fever subsides and others symptoms of illness have improved without the use of medication.

All employers can find additional guidance to prevent COVID-19 in the workplace at the following sites: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html and https://www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/ *VDH FAQs for Businesses and Workplaces.*

Great information is also available on the AVMA website at: https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19

376. What messages should I share with my clients about COVID-19?

- Educate your clients on the differences between the enteric coronaviruses that circulate in domestic animals and this novel coronavirus, which, though it shares the same common name ("coronavirus"), is actually quite different.
- **There is no evidence that animals play a significant role in the transmission of SAR-CoV-2, the virus that causes COVID-19.**
- **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use.
- Routine testing of animals for COVID-19 is **not recommended** by the CDC, USDA, or AVMA at this time.
- People diagnosed with COVID-19 should have a different member of the household care for any mammalian pets in the home, if possible. The ill owner/household member should avoid contact with pets as they would avoid contact with other household members, including avoiding petting, snuggling, being kissed or licked and sharing food. If the ill individual must care for the pet, they should wash their hands before and after interacting with the pet and wear a mask if one is available when interacting with their animals.
- If an animal needs veterinary care and a person in that pet's household has been ill with COVID-19, encourage clients to inform the veterinary team of the COVID-19 exposure.
- Every effort should be made to allow companion animals to continue to shelter in place at home with their families during the COVID-19 outbreak.

377. We have a request to board / care for an animal owned by a person with COVID-19. How do I keep my employees and other animals safe?

By far, the greatest risk of COVID-19 exposure to staff, volunteers, and the public comes from person-to-person contact. At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. However, because we are still learning about this virus and because all animals can carry germs that can make people sick, it is always a good idea to practice healthy habits around pets and other animals.

If asked to provide care for an animal exposed to a person with COVID-19, veterinarians and veterinary staff can take the following precautions:

- Whenever possible, have a healthy household member or friend bring the animal to your clinic to limit contact with sick people.
    - Entry into the home where a person with COVID-19 lived should be avoided in order to prevent person-to-person transmission. Companion animals should be collected with minimal contact with people living in the home. This includes remaining a minimum of 6 feet away from other people and limiting contact with the home environment.
    - If collection of the animal means interacting with people from COVID-19 infected households or being exposed to home environments that might be contaminated with the virus, public health officials may recommend personal protective equipment (PPE) and provide training in the proper use of such equipment. Consult with your local health department.
- Wash hands with soap and water or use a hand sanitizer that contains at least 60% alcohol before and after handling a companion animal.
- If an animal needs to be housed in an animal shelter, veterinary clinic, or boarding facility, gloves and gowns or coveralls should be worn while performing routine intake exams and treatments in order to reduce contagious disease risks.
    - Gloves and gowns or coveralls are a good infection prevention control practice generally, and continue to be important during the COVID-19 pandemic. Gowns or coveralls should be laundered before reuse if going to be reused.
    - Hands should always be washed with soap and water including after gloves are removed and discarded.
    - The animal intake area as well as materials in animal areas such as food and water bowls and bedding should be routinely cleaned and sanitized.
    - There is no need to bathe an animal because of COVID-19 concerns; at this time, there is no evidence that the virus that causes COVID-19 can spread to people from the skin or fur of pets.
    - Animals that were in contact with COVID-19 should be separated from the general animal population during the animal's stay due to the unknown risks associated with this rapidly evolving emerging infectious disease.
        - Every effort should be made to promptly reunite sheltered companion animals with their owners.
        - Animals that need to be adopted or sent to a foster home should be held for 14 days out of an abundance of caution.
    - Dogs should be walked outside for elimination and exercise but direct contact with other companion animals should be avoided as a best practice to protect animal health.
    - Routine cleaning and disinfection is important in animal areas. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure. Normal

cleaning and disinfection protocols for both animal housing and common areas used in shelters are sufficient. Increased sanitation of surfaces frequently touched by people (e.g. light switches and door knobs) is recommended to reduce exposure to/from humans

For additional information, see AVMA: Interim recommendations for intake of companion animals from households where humans with COVID-19 are present

378. What if an animal, owned by a person with COVID-19, becomes sick? How do we safely provide care for that animal?

You can safely provide care for that animal by following the same guidance as outlined above (*see "We have a request to board / care for an animal owned by a person with COVID-19. How do I keep my employees and other animals safe?"*).

Companion animals presenting with illness or injury should receive veterinary care. Where appropriate, testing for infectious diseases that commonly cause companion animal illness should be conducted. If staff observe a new, concerning illness and the companion animal has had close contact with a person with confirmed or suspected COVID-19 infection, or an animal diagnosed with SARS-CoV-2, the supervising veterinarian should contact the state public health veterinarian or designated animal health official to discuss whether or not there is a need to test that animal for SARS-CoV-2, the virus that causes COVID-19 in people. Neither the CDC, USDA, nor AVMA recommends that companion animals be routinely tested for SARS-CoV-2 at this time.

For more information, see:

- AVMA: Interim recommendations for intake of companion animals from households where humans with COVID-19 are present
- CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response.
- VDH Health Professionals: Veterinarians

379. What is the recommendation for environmental cleaning products in clinical settings?

Clean frequently touched, non-porous surfaces and objects with cleansers and water prior to applying an EPA-registered, hospital-grade disinfectant that is effective against SARS-CoV-2. Refer to the product label for the appropriate contact time and make sure that the product is safe for use around animals.

380. How should I prioritize appointments for animals that need a rabies vaccination?

VDH recommends that veterinarians consider prioritizing appointments for:

- Dogs and cats that have never been previously vaccinated for rabies,

- Older and/or immunosuppressed animals, and
- Any animal that requires a rabies booster vaccine due to an exposure.

The reason for this recommendation is that, in most cases, the public health response to a healthy, immunocompetent dog or cat exposed to rabies for which there is a record of previous vaccination (even if the vaccination is several months expired) is a booster and 45 days confinement (i.e., the same as a currently vaccinated animal).

For questions concerning animal licensing requirements in your locality, you can contact your local treasurer's office and/or animal control agency, as these would be the local government entities that oversee licensing and enforce rabies vaccination laws.

381. I am experiencing supply chain issues related to COVID-19. What can I do?

The COVID-19 outbreak has raised concerns about potential veterinary supply issues. The AVMA is working with partners to mitigate potential shortages and supply issues.

Veterinary professionals and distributors should email the AVMA (at coronavirus@avma.org) to report any supply chain issues of concern. Include detailed information about the product of concern and its manufacturer/distributor, if possible. For more information, visit: https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19

Virginia veterinarians experiencing difficulty accessing personal protective equipment (PPE) though their regular supply chains can also look to the Virginia Emergency Support Team's (VEST) resources for help with accessing PPE. Additional information is available on the VDH Infection Prevention page.

382. What is known about animals that have tested positive for SARS-CoV-2, the virus that causes COVID-19?

Globally, a small number of animals have become infected with SARS-CoV-2 after exposure to people with COVID-19. Initial animal infections were detected in two dogs in Hong Kong, neither of which showed signs of illness associated with SARS-CoV-2. Since then, there have been a few reports of natural infection detected in cats, dogs, mink, tigers and lions, and other animals after exposure to people with COVID-19. The USDA website lists cases of SARS-CoV-2 in animals that have been confirmed by USDA's National Veterinary Services Laboratories. The first description of animal illness associated with natural SARS-CoV-2 was published in a MMWR Report: First Reported Cases of SARS-CoV-2 Infection in Companion Animals — New York, March–April 2020. Illness associated with SARS-CoV-2 in animals, based on limited information to date, tends to be mild and self-limiting.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19 and the risk of animals spreading COVID-19 to people is considered to be

low. However, because we are still learning about this virus and because all animals can carry germs that can make people sick, it is always a good idea to practice healthy habits around pets and other animals. This includes washing hands before and after interacting with animals or handling their food, waste, or supplies. According to the World Organization for Animal Health (OIE), there is no justification in taking measures against companion animals that may compromise their welfare, such as harming them or abandoning them based on unfounded fears over COVID-19.

Veterinarians should contact their State Public Health Veterinarian, State Veterinarian, or designated animal health official if they are seeing a new, concerning illness in a patient that has had close contact with a person with COVID-19 and other, more common causes of illness have been ruled out.

383. I heard that some commercial labs have a test for SARS-CoV-2. Should I be testing my patients?

Some commercial animal health labs have developed testing to detect SARS-CoV-2 (the virus that causes COVID-19 in people). Neither the CDC, USDA, nor AVMA recommend that companion animals be routinely tested for SARS-CoV-2; instead rule out other common causes of patient illness. Any veterinarian seeing a new, concerning illness in a patient that had close contact with a person with COVID-19, should contact their State Public Health Veterinarian or State Veterinarian.

More information about situations in which animal testing might be indicated and points to consider when contemplating animal testing is available in the CDC's Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response and VDH's Testing and Management of an Animal Positive for SARS-CoV-2 in Virginia page.

384. What are the clinical signs associated with SARS-CoV-2 in animals?

The clinical spectrum of illness for the SARS-CoV-2 virus remains largely undefined in animals. Companion animals may present with respiratory or gastrointestinal clinical signs based on the presentation of other coronaviruses more commonly found in animals as well as other emerging coronaviruses, including SARS-CoV-1 infection.

Clinical signs more likely to be compatible with SARS-CoV-2 infection in mammalian animals may include a combination of the following: fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, nasal discharge, ocular discharge, vomiting, and/or diarrhea. The first description of animal illness associated with natural SARS-CoV-2 was published in a MMWR Report: First Reported Cases of SARS-CoV-2 Infection in Companion Animals — New York, March–April 2020.

These clinical signs may mirror many other more common animal diseases. Given that reports of SARS-CoV-2 infections in animals are uncommon, veterinarians are encouraged to perform a thorough medical evaluation of sick animals, including diagnostic testing for more common causes of illness suitable for the animal's species and clinical presentation.

385. How would the decision be made to test an animal for SARS-CoV-2?

Decisions to test should be based on a number of factors including a link to a known human or animal infected with SARS-CoV-2, detection of atypical patterns of animal illness (particularly in a congregate or shelter-type setting) and/or in association with an academic research institution.

Veterinarians are encouraged to take a thorough history to assess for likely SARS-CoV-2 exposure or risk factors in the 2 weeks prior to symptom onset (such as whether the animal has been in close contact with a person or animal suspected or confirmed to be infected with SARS-CoV-2, a person with COVID-19 compatible symptoms, or had recent exposure to a known high-risk environment, such as a nursing home) and consider other, more common causes of illness. Veterinarians with additional questions about testing for SARS-CoV-2 are encouraged to contact either their State Public Health Veterinarian or their State Veterinarian.

More information about situations in which animal testing might be indicated and points to consider when contemplating animal testing is available in the CDC's Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response and VDH's Testing and Management of an Animal Positive for SARS-CoV-2 in Virginia page.

386. If testing is to be performed for SARS-CoV-2, who is authorized to collect the samples from the animal(s)?

After the decision has been made to test an animal for SARS-CoV-2, a licensed veterinarian may collect samples using appropriate personal protective equipment (PPE) and sample collection methods. Any positive samples need to be confirmed through additional testing by USDA's National Veterinary Services Laboratory.

Additional information about testing animals for SARS-CoV-2, including recommendations on appropriate PPE, is available at:
CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response
VDH: Testing and Management of an Animal Positive for SARS-CoV-2 in VA

387. What is known about livestock and poultry species and COVID-19?

There is currently no evidence that animals, including common domestic livestock and poultry species, play a significant role in the transmission of COVID-19. Globally, there have not been any reports of natural SARS-CoV-2 infections in common livestock and poultry species. SARS-

CoV-2 has been reported in farmed mink (which are closely related to ferrets) on multiple farms in Europe and the United States. Research studies have shown that pigs, chickens and ducks did not become infected with SARS-CoV-2 or spread the infection, based on results from these studies. There is no evidence to suggest that imported animals or animal products pose a risk for spreading the 2019 novel coronavirus in the United States. More studies are needed to understand if and how different animals could be affected by COVID-19.

388. Is ivermectin an effective treatment for COVID-19?

The FDA's Center for Veterinary Medicine has recently become aware of increased public visibility of the antiparasitic drug ivermectin after the announcement of a research article that described the effect of ivermectin on SARS-CoV-2 in a laboratory setting. The Antiviral Research pre-publication paper, "The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro," documents how SARS-CoV-2 (the virus that causes COVID-19) responded to ivermectin when exposed in a petri dish. This type of study is commonly used in the early stages of drug development. **Ivermectin was not given to people or animals in this study**.

Additional testing is needed to determine whether ivermectin might be safe or effective to prevent or treat coronavirus or COVID-19. While there are approved uses for ivermectin in people and animals, it is **not approved** for the prevention or treatment of COVID-19. You should not take any medicine to treat or prevent COVID-19 unless it has been prescribed to you by your healthcare provider and acquired from a legitimate source.

For additional information, please see the FDA Letter to Stakeholders: Do Not Use Ivermectin Intended for Animals as Treatment for COVID-19 in Humans and FDA FAQs: COVID-19 and Ivermectin Intended for Animals.

389. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Dr. Julia Murphy (julia.murphy@vdh.virginia.gov) or Dr. Brandy Darby (brandy.darby@vdh.virginia.gov) to request a presentation.

390. Where can I find more information for veterinarians about COVID-19?

From the CDC:

- CDC: Interim Infection Prevention and Control Guidance for Veterinary Clinics During the COVID-19 Response
- CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)
- CDC: Frequently Asked Questions, COVID-19 and Animals
- CDC: Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
- CDC: Healthy Pets, Healthy People

- CDC: Evaluation for SARS-CoV-2 Testing in Animals
- CDC: COVID-19 Daily Life and Coping, If You Have Animals
- CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

From the VDH:

- VDH: Health Professionals, Veterinarians

From the AVMA:

- https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19
- AVMA: Interim recommendations for intake of companion animals from households where humans with COVID-19 are present

From the NASPHV

- Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel, 2015

From the WHO:

- Coronavirus Disease Pandemic

From the World Organization for Animal Health (OIE):

- Questions and Answers on 2019 Coronavirus Disease (COVID-19)

From the World Small Animal Veterinary Association:

- COVID-19 - Advice and Resources

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Healthcare Providers

Healthcare Providers: General Questions

391. Who is at risk for severe disease from COVID-19?

Older adults and people of any age with certain underlying medical conditions are at greater risk for serious illness. In addition, there are factors related to each individual's situation (e.g. breastfeeding or pregnant) and where they live (e.g. rural communities or homeless) which may mean they need to take extra precautions. A full list of people at increased risk of severe illness and other people who need to take extra precautions, can be found on CDC's website here.

Older Adults:

Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. As you get older, your risk for severe illness from COVID-19 increases. For example, people in their 50s are at higher risk for severe illness than people in their 40s. Similarly, people in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those aged 85 or older. As you get older, your risk of being hospitalized for COVID-19 increases and 8 out of 10 COVID-19-related deaths reported in the United States have been among adults aged 65 years and older.

People of any age with certain medical conditions are at increased risk of severe illness from COVID-19. A list of specific medical conditions can be found here.

392. How is COVID-19 transmitted?

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet) for a total of 15 minutes or more over a 24-hour period, or having direct exposure to respiratory secretions. People who are infected but do not show symptoms can also spread the virus to others. We are still learning about how the virus spreads and the severity of illness it causes.

When people with COVID-19 cough, sneeze, sing, talk, or breathe they produce respiratory droplets. Infections occur mainly through exposure to respiratory droplets when a person is in close contact with someone who has COVID-19.

Some infections can be spread by exposure to virus in small droplets and particles that can linger in the air for minutes to hours. These viruses may be able to infect people who are further than 6 feet away from the person who is infected or after that person has left the space. This kind of spread is referred to as airborne transmission and is an important way that infections like tuberculosis, measles, and chickenpox are spread.

Respiratory droplets can also land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. Spread from touching surfaces is not thought to be a common way that COVID-19 spreads

Please see CDC's website on How COVID-19 Spreads for more information.

393. When is someone infectious?

The onset and duration of viral shedding and the period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infections with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present.

There are reports of asymptomatic infections (detection of virus with no development of symptoms) and pre-symptomatic infections (detection of virus prior to development of symptoms) with SARS-CoV-2. For the purposes of contact tracing, a close contact is defined as being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before they tested positive if they never had symptoms) until they meet the criteria to discontinue isolation.

Based on existing literature, the incubation period (the time from exposure to development of symptoms) of SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) ranges from 2–14 days, with an average of 5 days.

Further reading:

Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Ann Intern Med* 2020;172:577-582.

394. Do people infected with SARS-CoV-2 (the virus that causes COVID-19) shed the virus before showing symptoms?

While the shedding profile of SARS-CoV-2 continues to be studied, it is believed that asymptomatic people infected with the SARS-CoV-2 virus are able to transmit this to other people. If similar to other coronaviruses, viral shedding may occur before and after onset of symptoms. For this reason, a close contact is defined as being within 6 feet of a person with COVID-19 for a total of 15 minutes or more over a 24-hour period or having exposure to the person's respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before they tested positive if they never had symptoms) until they meet the criteria to discontinue isolation.

It is very important that people with even mild signs of illness (fever, cough, chills, muscle pain, sore throat, new loss of taste or smell) stay home to prevent spreading illness to others!

All patients, even those with mild illness, should be provided with correct self-isolation guidance. See:
What to do if you are Sick
Interim Guidance for Implementing Home Care
Caring for Someone Sick at Home

395. What are the long term health effects from COVID-19?

The identification of the novel coronavirus SARS-CoV-2 in December 2019 has led to a growing and continually evolving body of knowledge about the virus and the disease it causes, COVID-19.

Persistent symptoms are being reported among COVID-19 survivors, including individuals who initially experience a mild acute illness. While older patients may have an increased risk for severe disease, young survivors, including those physically-fit prior to SARS-CoV-2 infection, have also reported symptoms months after acute illness.

Though there is limited information on late sequelae of COVID-19, reports of persistent symptoms in persons who recovered from acute COVID-19 illness have emerged. The most commonly reported symptoms include fatigue, dyspnea, cough, arthralgia, and chest pain. Other reported symptoms include cognitive impairment, depression, myalgia, headache, fever, and palpitations. More serious complications appear to be less common but have been reported. These complications include:

Cardiovascular: myocardial inflammation, ventricular dysfunction
Respiratory: pulmonary function abnormalities
Renal: acute kidney injury
Dermatologic: rash, alopecia
Neurological: olfactory and gustatory dysfunction, sleep dysregulation, altered cognition, memory impairment
Psychiatric: depression, anxiety, changes in mood

Post-COVID-19 care centers are opening at academic medical centers in the United States, bringing together multidisciplinary teams to provide a comprehensive and coordinated treatment approach to COVID-19 aftercare. The National Institutes of Health have published interim guidelines for the medical management of COVID-19, including a section on persistent symptoms or illnesses after recovery from acute COVID-19. These guidelines will be updated as new information emerges. Survivor support groups are connecting individuals, providing support, and sharing resources with survivors and others affected by COVID-19. Multi-year studies will be crucial in elucidating longer-term sequelae. CDC continues active investigation into the full spectrum of COVID-19 to establish a more complete understanding of the natural history of SARS-CoV-2 infection and COVID-19 related illnesses, which can inform care strategies as well as the public health response to this virus.

For more information, please see CDC's Late Sequelae of COVID-19.

396. Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Cases of reinfection with COVID-19 have been reported, but remain rare.

In August 2020, a case report from Hong Kong confirmed a case of reinfection of COVID-19. The abstract reports "epidemiological, clinical, serological and genomic analyses confirmed that the patient had re-infection instead of persistent viral shedding from first infection. Our results suggest SARS-CoV-2 may continue to circulate among the human populations despite herd immunity due to natural infection or vaccination."

Although current understanding of reinfection remains limited, CDC is working with its partners to characterize the clinical features, transmissibility, and immunological profile around reinfection with SARS-CoV-2. Therefore, the guidance remains the same to reinfections as to primary infection with SARS-CoV-2. To further our shared understanding of reinfection, CDC has released the Investigative Criteria for Suspected Cases of SARS-CoV-2 Reinfection as well as the Common Investigation Protocol for Investigating Suspected SARS-CoV-2 Reinfection. This protocol is to support public health investigations conducted by interested institutions and jurisdictions. Clinicians with available specimens for suspected cases of reinfection meeting the above investigative criteria are also invited to contact CDC at eocevent461@cdc.gov after consulting with their local health department to pursue investigations with CDC support.

Please see the CDC Clinical FAQs section "Testing, Isolation, and Quarantine for Persons Who Have Recovered from Previous SARS-CoV-2 Infection" for more information.

397. Our setting has limited resources (masks, eye protection, gowns). What should we do if a patient needs evaluation for COVID-19?

If the patient cannot be evaluated using CDC's recommended infection prevention and control precautions, the outpatient practice will need to arrange referral and transport of the masked patient to a setting where this can be done. Inform your local health department and the receiving facility about any patients who might have COVID-19 before the patient is sent to another facility.

Facilities experiencing PPE shortages should report supply chain issues to their Regional Healthcare Coalition. The coalition may be able to leverage existing resources.

398. We are having trouble getting personal protective equipment (PPE). Who can help us get what we need?

Please report supply chain issues to your Regional Healthcare Coalition. Additionally, CDC has new strategies to optimize the existing supply of PPE. See additional information under *Healthcare Providers: Infection Prevention and Control*.

399. How do I help a patient who may feel targeted by the stigma and discrimination associated with COVID-19?

Emotional reactions to stressful situations, such as this emerging health crisis, are expected. Remind patients that feeling sad, anxious, overwhelmed or having trouble sleeping or other symptoms of distress is normal. If symptoms become worse, last longer than a month, or if someone struggles to participate in their usual daily activities, encourage them to reach out for support and help.

Patients experiencing distress or other mental health concerns related to the COVID-19 outbreak can call the national Disaster Distress Helpline at 800-986-5990 or text "TalkWithUs" to 66746 for 24/7 emotional support and crisis counseling. Calls and texts are answered by trained counselors who will listen to the caller's concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support. More information about the Disaster Distress Helpline can be found here.

The Department of Behavioral Health and Development Services (DBHDS) in Virginia offers a crisis counseling program and warm line to help citizens with trauma, grief and overall distress due to COVID-19.
Please call (877) 349-6428 Toll Free
9:00 AM - 9:00 PM Monday - Friday
5:00 PM - 9:00 PM Saturday and Sunday

400. What strategies can healthcare providers and first responders use to reduce stress associated with the COVID-19 outbreak?

Responding to COVID-19 can take an emotional toll on both first responders and healthcare providers. There are things you can do to reduce secondary traumatic stress (STS) reactions:

- Acknowledge that STS can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

For more information, please see:
Sustaining the Well-Being of Healthcare Personnel During Coronavirus and Other Infectious Disease Outbreaks

Healthcare Personnel and First Responders: How to Cope With Stress and Build Resilience

401. Where can I find more information about COVID-19 as a Healthcare Provider?

The Virginia Department of Health regularly updates its website with the latest information on COVID-19 in Virginia. For additional information, check out the VDH COVID-19 website for Health Professionals.

The CDC provides resources for clinicians here. CDC developed the Clinician Call Center as a resource available to healthcare personnel working to prevent, detect, and respond to COVID-19. The Clinician Call Center is a hotline with CDC clinicians standing by to answer questions about COVID-19. Call the main CDC information line at 800-CDC-INFO (800-232-4636) and an agent will then route you to this service.

402. What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?

MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs. Signs and symptoms of MIS-C include fever, abdominal pain, vomiting, diarrhea, neck pain, rash, and feeling tired. CDC is working with state and local health departments to investigate reports of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19 and gather more information as quickly as possible about how common it is and who is at risk. As new information becomes available, we will continue to provide information for parents and caregivers as well as healthcare and public health professionals.

For more on MIS-C, please see:

CDC's Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C)
Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19)

Page last updated January 12, 2021

Healthcare Providers: Identifying, Reporting, & Managing a Patient with COVID-19

403. How do I determine whom to test for SARS-CoV-2?

VDH recommends healthcare providers work with laboratories that use viral tests granted an Emergency Use Authorization (EUA) by FDA or use viral tests offered under the policies in FDA's Policy for COVID-19 Tests to test persons in the following scenarios:

- Persons **with** signs or symptoms consistent with COVID-19
- Asymptomatic persons with recent known or suspected exposure to SARS-CoV-2
- When personal protective equipment (PPE) and tests are in limited supply, reserve testing for selected asymptomatic people. The prevalence of asymptomatic and presymptomatic infection is not well understood, but these infections play a role in the transmission of SARS-CoV-2. Consider testing asymptomatic people for:
    - Medical purposes
        - Women who are pregnant and present in labor; additional considerations here.
        - Neonates born to women with confirmed or suspected COVID-19; additional considerations here.
        - People undergoing aerosol-generating procedures, within 48 hours of procedure, with limited PPE at the facility; additional considerations here.
        - People undergoing major time-sensitive surgeries, within 48 hours of procedure; additional considerations here.
        - Immunocompromised people admitted to the hospital; additional considerations here.
        - People undergoing immunosuppressive procedures; additional considerations here.
    - Contact investigations
        - People who have had close contact with a person with lab-confirmed COVID-19 without proper use of PPE, including exposed healthcare personnel; additional considerations here.
        - People who work or reside in a nursing home; additional VDH guidance here.
        - People who work or reside in a congregate setting other than a nursing home that is experiencing an outbreak; additional VDH guidance here.

Print and display 'VDH COVID-19 Testing Algorithm' in your healthcare facility or office. VHD does not currently recommend using antibody testing as the sole basis for diagnosis of acute infection. For more information see Healthcare Providers: Testing for COVID-19.

404. Which patients are being tested for COVID-19?

Clinicians are now able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA). Please contact your laboratory partners to discuss testing availability and instructions. Health Department approval is **NOT** required for COVID-19 testing performed through private

clinical laboratories. See **How do I determine whom to test for SARS-CoV-2? for more information.**

Testing performed at DCLS, Virginia's state lab, is reserved for patients who meet VDH's priority investigation criteria, which were revised on December 14, 2020. Please see Table 1 on the webpage.

Please note: COVID-19 symptoms can include fever, cough, shortness of breath, chills, muscle pain, sore throat or new onset of loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Fever might not be present in some persons, such as the very young, older adults, or immunosuppressed persons. In older adults, atypical symptoms may include new or worsening malaise, new dizziness or increased falls, mild mental status change such as confusion, nausea, diarrhea, or sore throat.

405. How do I report a person with suspected or confirmed COVID-19 to VDH?

Clinicians should utilize the Confidential Morbidity Portal to report suspected and confirmed COVID-19 cases as soon as they are identified. Please include in your report symptoms and other critical epidemiologic fields, including race and ethnicity.

Point of Care (POC) testing sites should go here to register for the POC Reporting Portal. Sites that have been reporting positive POC results through the Confidential Morbidity Portal will not need to do so any longer once they begin reporting through the POC Reporting Portal. For other reports not involving POC testing, healthcare providers should continue to report patients with suspected or confirmed COVID-19 through the Confidential Morbidity Portal.

406. If a Person Under Investigation (PUI) is under home isolation, can their household contacts attend work or school?

Yes, as long as the close contacts have no symptoms of COVID-19 **AND** are not healthcare workers (different recommendations exist for healthcare personnel). Close contacts, such as household members of PUIs, are considered "low-risk" until SARS-CoV-2 test results are available. While test results are pending, close contacts should be instructed to self-observe for symptoms compatible with COVID-19. There are no movement restrictions for the close contacts of PUIs, but CDC recommends wearing masks in public settings where other social distancing measures are difficult to maintain. However, ***it is very important that people with even mild signs of illness (fever, cough, shortness of breath, sore throat, chills, muscle aches, or new loss of taste or smell) stay home to prevent spreading illness to others!***

If the PUI is confirmed to have COVID-19, all household contacts will be subject to quarantine for 7- 14 days after last exposure to the case. During the quarantine period, individuals will not be allowed to attend work or school. For more information, and specifics regarding quarantine duration, see "Releasing Cases and Contacts from Home Isolation and Quarantine".

407. I have a patient who might have been exposed to someone with COVID-19, but they are not currently showing signs of illness. Should I test that person?

Testing of all close contacts of persons with SARS-Cov-2 infection is recommended.VDH recommends testing on Day 5 or later, after an exposure. Day of exposure is considered Day 0. Even if a close contact has a negative test result on or after Day 5, they still need to quarantine for at least 7 days and need to watch for symptoms and follow all recommendations (wear a mask, watch distance, wash hands often) for 14 days..

408. If a patient is being evaluated and tested for COVID-19 and the health care providers decide hospitalization is warranted, but the patient refuses to stay, can they be legally held?

Yes. The Virginia Department of Health (VDH) can serve temporary legal orders that require a hospital to isolate the patient and, if necessary, detain the patient until VDH determines that the patient no longer represents a potential threat to the public.

409. How can an outpatient practice best prepare for a COVID-19 outbreak and the possibility that a patient infected with SARS-CoV-2 might come into the practice?

Outpatient healthcare settings should devise strategies to identify patients rapidly who might have COVID-19 and take immediate steps to prevent them from potentially infecting others. The following are suggested actions:

- Post signage in multiple languages instructing patients to report recent travel and fever or respiratory illness (e.g., cough or shortness of breath). Posters can be downloaded from this Virginia Department of Health webpage.
    - Also see: CDC Print Resources

- Require universal masking at the healthcare facility.
- Screen patients for symptoms and fever prior to entering the facility.
- Train triage staff to place a mask (surgical, procedure) on any patient who presents with fever, cough, shortness of breath, chills, muscle pain, sore throat or new onset loss of taste or smell, if they are not already wearing a mask.
- Isolate the patient immediately for additional evaluation. Isolate in a private room with a closed door. Airborne infection isolation rooms should be prioritized for the performance of aerosol generating procedures on confirmed or suspected cases.
- If the patient cannot be evaluated using CDC's recommended infection prevention and control precautions (*see question, "Can people suspected of having COVID-19 be evaluated safely in an outpatient setting?" below*), the outpatient practice will need to arrange referral and transport of the masked patient to a setting where this can be done. Inform the receiving facility about any patient who might have COVID-19 before the patient is sent to another facility.

410. How can I prepare for a contact tracing investigation if COVID-19 is confirmed?

Inform the infection control team at your healthcare facility that you have evaluated a patient who is suspected to have COVID-19. Based on your facility's protocol, next steps may include collecting a log of workers who had contact with the patient while they were at your facility. CDC guidance was updated on May 19, 2020 to assist with the assessment of risk and application of work restrictions for asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with confirmed COVID-19. Contract tracing in healthcare settings may resume depending on the degree of community transmission and availability of resources to perform contact tracing. Universal source control for HCP and screening for fever and symptoms of COVID-19 before every shift is also recommended. Additional infection prevention and control recommendations, including more details about universal source control in healthcare settings are available.

411. How do I handle contacts to a contact of a diagnosed COVID-19 case? In other words, patient A has COVID-19. Patient B has direct close contact with patient A, resulting in patient B being quarantined. Patient C has direct close contact with patient B before patient B is quarantined.

If patient B was asymptomatic during the close contact with patient C, we would not recommend monitoring or restrictions on movement and travel on patient C. If patient C develops fever or other respiratory signs/symptoms, they should self-isolate, call their healthcare provider or healthcare facility before presenting to any facility, and inform them of their possible contact with contacts of a COVID-19 case.

412. When can hospitalized patients with confirmed COVID-19 be discharged from the hospital?

Hospitalized patients can be discharged when they are well enough to return home and if the home environment is suitable for completing their isolation period.The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. A test-based strategy could be considered for discontinuing Transmission-Based Precautions earlier than if the symptom-based strategy were used, however, many individuals will have prolonged viral shedding so this strategy is no longer recommended. A person's immune status and the severity of their illness must be considered when selecting a strategy. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

Patients with COVID-19 with mild to moderate illness who are not severely immunocompromised should remain in Transmission-Based Precautions until:

Symptom-based strategy

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**

- Symptoms (e.g., cough, shortness of breath) have improved*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

Patients with laboratory-confirmed COVID-19 who have NOT had any symptoms and who are NOT severely immunocompromised should remain in Transmission-Based Precautions until:

- 10 days have passed since the date of their first positive viral diagnostic test

Patients with laboratory-confirmed COVID-19 who are severely immunocompromised and who have NOT had any symptoms should remain in Transmission-Based Precautions until:

- at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test

Patients with severe to critical illness or who are severely immunocompromised.
Symptom-based strategy

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

- Consider consultation with infection control experts

Except for rare situations, a test-based strategy is no longer recommended to determine when an individual with SARS-CoV-2 infection is no longer infectious (e.g., to discontinue Transmission-Based Precautions or home isolation). In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if symptom-based precautions were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

The criteria for the test-based strategy are:
Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medication and
- Symptoms (e.g., cough, shortness of breath) have improved, and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Criteria to discontinue Transmission-Based Precautions can be found in Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).

413. When can home isolation be discontinued for a patient with COVID-19?

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. Specifically, researchers have reported that people with mild to moderate COVID-19 remain infectious no longer than 10 days after their symptoms began, and those with more severe illness or those who are severely immunocompromised remain infectious no longer than 20 days after their symptoms began. Therefore, CDC has updated the recommendations for discontinuing home isolation as follows:

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved**.

  *A limited number of persons with severe illness or immunosuppression may produce replication-competent virus beyond 10 days, that may warrant extending the duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.

  **Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive viral test for SARS-CoV-2.

The role of testing:
RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to

discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

The test-based strategy requires negative results using RT-PCR for detection of SARS-CoV-2 RNA under an FDA Emergency Use Authorization (EUA) for COVID-19 from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).† See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19).

All test results should be final before isolation is ended. Testing guidance is based on limited information and is subject to change as more information becomes available.

For more information, see: Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

414. What do I need to know if a patient with confirmed or suspected COVID-19 asks about having a pet or other animal in the home?

The Virginia Department of Health recommends restricting contact with pets and other animals while sick with COVID-19. Although there have only been extremely rare reports of pets, or other animals, becoming sick with COVID-19, it is still recommended to limit contact with mammalian animals until more information is known about the virus. When possible, have another person care for the animal. If the patient must care for, or be around animals, while sick, it is recommended they wash their hands before and after animal interactions and wear a mask. *See additional information under "Animals and COVID-19"*

Page last reviewed January 12, 2021

Healthcare Providers: Testing for COVID-19

415. Can I test a patient through the Division of Consolidated Laboratory Services (DCLS)?

Testing performed at the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, is reserved for patients who meet VDH's public health priority investigation criteria (last updated December 14, 2020) . If you have a patient who meets these criteria, please contact your local health department.

VDH Recommendations for prioritizing SARS-CoV-2 testing through DCLS are as follows:

	Public Health Lab Testing

High Priority	**Outbreak investigations**** **Public health surveillance testing (e.g., sentinel surveillance)** **Community testing events organized by the local health department††** **Un- or under-insured persons with COVID-19 symptoms*** **Other vulnerable populations¶ with COVID-19 symptoms***
Priority	**Point prevalence surveys as approved by the local health department§** **Other special situations approved by the local health department**

* Description of symptoms associated with COVID-19. Atypical presentations have been described, and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms. Children might have different symptoms and presentations and healthcare providers should consider referencing the CDC information for pediatric providers. Clinicians are encouraged to consider testing for other causes of respiratory illness, for example influenza, in addition to testing for SARS-CoV-2 depending on patient age, season, or clinical setting; detection of one respiratory pathogen (e.g., influenza) does not exclude the potential for co-infection with SARS-CoV-2.

Critical infrastructure workers are defined by the Cybersecurity & Infrastructure Security Agency (CISA) in their Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response. Of note, workers in the education sector or those who support the education sector were recently added as critical infrastructure workers.

¶ Vulnerable populations include low-income individuals and families; people of color (i.e. Black or African American, Hispanic or Latino); individuals defined by CDC as having increased risk of severe COVID-19 because of older age or medical condition (e.g., hypertension, diabetes, asthma, chronic obstructive pulmonary disease [COPD]) or requiring extra precautions (e.g., individuals living in rural communities, people experiencing homelessness, women who are pregnant or breastfeeding, people with developmental and behavioral disorders); individuals living in multi-generational households; individuals who are uninsured or underinsured; and individuals living with disabilities, access, or functional needs.

** Testing for outbreak investigations means confirming the presence of an outbreak (i.e., two or more laboratory-confirmed cases within a 14-day period). Typically, this involves testing

specimens from 2–5 persons. If an outbreak is confirmed, VDH might recommend additional testing at a private/commercial or a public health laboratory, depending on the affected setting.

†† Community testing events are often designed to reach vulnerable populations.

§ A point prevalence survey (PPS) involves testing all people in a facility at a specific point in time, regardless of symptoms. There are different types of PPS. A baseline PPS can be performed, regardless of whether sporadic COVID-19 infections have been previously identified. A PPS can also be performed after an outbreak has been confirmed as part of the overall outbreak response. Examples of when public health is likely to recommend testing at a private/commercial laboratory include facility-wide testing in child care facilities, K-12 schools, institutes of higher education, and workplaces. For additional information on how public health prioritizes PPS, see here. For assistance with point prevalence surveys, please contact your local health department.

Clinicians should utilize the Confidential Morbidity Portal to report suspected and confirmed COVID-19 cases as soon as they are identified. Please include in your report symptoms and other critical epidemiologic fields, including race and ethnicity. All COVID-19 reports from clinicians or facilities based on point-of-care tests should be reported using the VDH Point-of-Care (POC) Portal, not the Confidential Morbidity Portal.

416. What specimens should I collect for SARS-CoV-2 testing?

In general, healthcare providers should send specimens for COVID-19 testing to commercial, private, or hospital laboratories. VDH recommends healthcare providers work with laboratories that use viral tests granted an Emergency Use Authorization (EUA) by FDA or use viral tests offered under the policies in FDA's Policy for COVID-19 Tests. Always evaluate test performance measures. Contact your laboratory partner for specific information on specimen type, collection procedures, and submission protocols.

Many community sites are conducting specimen collection and either performing point of care tests or sending specimens to a private or reference laboratory for testing. To find a site for your patient, visit Virginia COVID-19 Testing Sites. Each site has different policies and procedures for testing and billing.

If testing is not available through a commercial, private, or hospital laboratory and the situation meets the criteria for public health testing, please contact your local health department to discuss testing.

VDH Recommendations for prioritizing SARS-CoV-2 testing through public health laboratories are as follows:

	Public Health Lab Testing
High Priority	Outbreak investigations Public health surveillance testing (e.g., sentinel surveillance) Community testing events organized by the local health department Un- or under-insured persons with COVID-19 symptoms Other vulnerable populations with COVID-19 symptoms
Priority	Point prevalence surveys as approved by the local health department Other special situations approved by the local health department

417. How do I prepare specimens for shipment to the Division of Consolidated Laboratory Services (DCLS) for testing, if the local health department determines that DCLS is appropriate for my sample?

Submitters must be willing and capable of collecting and packaging specimens, and either delivering them to a DCLS courier site or shipping them via commercial courier (e.g. FedEx). Upon collection, all specimens should be stored refrigerated and shipped to DCLS on ice packs to ensure refrigerated conditions. Specimens must arrive within 72 hours of collection under refrigerated conditions. If delayed shipping or longer storage is needed, samples should be stored at -70◦C and shipped on dry ice.

418. What is the expected turnaround time for reporting of COVID-19 test results?

If the test is performed at DCLS: DCLS performs same day testing for all samples received by noon each day. Positive results are faxed to all non-hospital submitters within 24 hours of test completion and a hard copy is mailed within 2 business days. Positive and negative results are faxed to hospitals within 24 hours of test completion and a hard copy is mailed within 2 business days. A preliminary report of COVID-19 PCR testing may be sent if additional testing is pending.

If the test is performed by commercial, private, or hospital laboratories: Please contact your laboratory for specific information on turnaround time, as this may vary. Authorized assays for viral testing include those that detect SARS-CoV-2 nucleic acid or antigen. Viral (nucleic acid or antigen) tests check samples from the respiratory system (such as nasal swabs) and determine whether an infection with SARS-CoV-2, the virus that causes COVID-19, is present. Viral tests are recommended to diagnose acute infection. Some tests are point-of-care tests, meaning results may be available at the testing site in less than an hour. Other tests must be sent to a laboratory to analyze, a process that may take 1-2 days once received by the lab. Testing the same individual more than once in a 24-hour period is not recommended.

419. How do I report COVID-19 test results to the Virginia Department of Health?

If you are a laboratory, please review the guidance here to identify how to report results electronically to VDH. While working on this process you will need to send COVID-19 test results to: Virginia Department of Health, Office of Epidemiology, Attn: Division of Surveillance and Investigation, P.O. Box 2448, 5th Floor East, Richmond, VA 23218, Fax: (804) 864-8102.

Clinicians should utilize the Confidential Morbidity Portal to report suspected and confirmed COVID-19 cases as soon as they are identified. Please include in your report symptoms and other critical epidemiologic fields, including race and ethnicity. All COVID-19 reports from clinicians or facilities based on point-of-care tests should be reported using the VDH Point-of-Care (POC) Portal, not the Confidential Morbidity Portal.

420. Can genetic variants of SARS-CoV-2 lead to false negative results with molecular tests for detection of SARS-CoV-2?

Yes, the FDA released a MedWatch report alerting clinical laboratory staff and health care providers that false negative results may occur with any molecular test for the detection of SARS-CoV-2 if a mutation occurs in the part of the virus' genome assessed by that test.

The SARS-CoV-2 virus can mutate over time, resulting in genetic variation in the population of circulating viral strains.

The FDA recommends clinical laboratory staff and health care providers who use molecular tests for the detection of SARS-CoV-2 to:

- Be aware that genetic variants of SARS-CoV-2 arise regularly and false negative test results can occur.
- Be aware that tests that use multiple genetic targets to determine a final result are less likely to be impacted by increased prevalence of genetic variants.
- Consider negative results in combination with clinical observations, patient history, and epidemiological information.

- Consider repeat testing with a different test (with different genetic targets) if COVID-19 is still suspected after receiving a negative test result."

421. How should I interpret a positive RT-PCR test result?

A positive test result for COVID-19 indicates that RNA from SARS-CoV-2 was detected, and the patient is presumptively infected with SARS-CoV-2 and presumed to be contagious. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions. Patient management should follow current CDC guidelines and NIH Treatment guidelines.

- **RT-PCR test performance varies** by the type of test/manufacturer and other factors, such as timing of specimen collection, type of specimen, and quality of specimen.
- **RT-PCR tests are typically very specific** (99-100%), meaning very few false positives. Please see Table 9 in the IDSA guidelines.
- **RT-PCR sensitivity will vary.** The sensitivity will depend on factors like specimen type and timing of specimen collection. Per IDSA guidelines, sensitivities may range from ~55% for oral specimen to 100% for mid-turbinate specimen. In general, it is best to collect specimens as close to symptom onset as possible or within the first week when viral shedding is believed to be highest (or 5-7 days after exposure, if asymptomatic). Positivity starts to decline around the 3rd week of infection.

The CDC COVID-19 Real-Time RT-PCR Diagnostic Panel (the test being used by DCLS) has been designed to minimize the likelihood of false positive test results. The current assay has a >95% sensitivity and specificity. Sensitivity was assessed with limit of detection studies, with consistent detection at 3 RNA copies/uL. Specificity was assessed with seasonal coronaviruses, MERS,SARS, flu and other respiratory viruses. No cross reactivity with these pathogens was observed when testing with the nCoV assay. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, patient isolation that might limit contact with family or friends and may increase contact with other potentially COVID-19 infected patients, limits in the ability to work, the delayed diagnosis and treatment for the true infection causing the symptoms, unnecessary prescription of a treatment or therapy, or other unintended adverse effects.

More information on testing characteristics can be found at these sites:
FDA's Coronavirus Testing Basics
CDC's Overview of Testing for SARS CoV-2
VDH Testing, Laboratory, and Therapeutics for Healthcare Providers

Refer to the 'VDH COVID-19 Testing Algorithm' for a visual overview of molecular and antigen testing.

422. How should I interpret a negative RT-PCR test result?

A negative test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection, at the date/time the specimen was obtained. However, a negative result does not rule out the possibility of SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions.

When diagnostic testing is negative, the possibility of a false negative result should be considered, especially if the patient's recent exposures or clinical presentation indicate that SARS-CoV-2 infection is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative. If COVID-19 is still suspected based on exposure history and clinical findings, re-testing should be considered in consultation with public health authorities.

Risks to a patient of a false negative include: delayed or lack of supportive treatment, lack of monitoring of infected individuals and their household or other close contacts for symptoms resulting in increased risk of spread of COVID-19 within the community, or other unintended adverse events.

More information on testing characteristics can be found at these sites:
FDA's Coronavirus Testing Basics
CDC's Overview of Testing for SARS CoV-2
VDH Testing, Laboratory, and Therapeutics for Healthcare Providers

423. Who can order antigen tests?

Antigen tests must be ordered by prescription, and therefore must be ordered by licensed practitioners who have prescriptive authority. This includes MDs, DOs, NPs, and PAs.

For VDH antigen testing recommendations, click here.

424. Who can administer antigen tests?

Virginia Code § 54.1-2901. allows a board of medicine licensee to delegate functions that are non-discretionary and that do not require the exercise of professional judgement to trained, but unlicensed, individuals. Licensed practitioners with prescriptive authority can delegate administration of antigen tests, but they must supervise the personnel and assure that they are trained and competent. Both licensed and unlicensed individuals must complete training and competency assessments.

425. How can individuals get training on administration of antigen tests?

Training is provided by test manufacturers.

BinaxNOW training can be found on Abbott's website: here.

BD Veritor training can be found here.

Sofia training can be found on Quidel's website: here.

If the manufacturer offers a certificate of completion of training, it's advisable for people who complete the training to obtain this. Other potential resources for training assistance include the test manufacturer's customer support line or local manufacturer representatives.

426. Which antigen tests require a machine to analyze results?

The following tests require a machine to analyze results:

- CLIP COVID Rapid Antigen Test
- Sofia 2 Flu + SARS Antigen FIA (Same device used for SARS Antigen FIA)
- BD Veritor System for Rapid Detection of SARS-CoV-2
- Sofia 2 SARS Antigen FIA

427. Is a CLIA certificate required to conduct onsite antigen testing?

Yes, a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation is required for onsite antigen testing. Visit CMS' CLIA website for information on CLIA regulations and obtaining a CLIA certificate: www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index

428. How should antigen tests be reported to VDH?

Point of Care (POC) testing sites should go here to register for the POC Reporting Portal. Sites that have been reporting positive POC results through the Confidential Morbidity Portal will not need to do so any longer once they begin reporting through the POC Reporting Portal. For other reports not involving POC testing, healthcare providers should continue to report patients with suspected or confirmed COVID-19 through the Confidential Morbidity Portal.

429. How should I interpret a positive antigen test result?

Antigen tests are generally less sensitive than molecular tests. Molecular tests remain the "gold standard" for detection of SARS-CoV-2. A positive antigen result indicates current infection. False positives are rare but can occur, especially in areas of low prevalence. Results should be interpreted in the context of the prevalence, the device's performance characteristics and instructions for use, and the patient's clinical signs, symptoms, and history.

Refer to the VDH COVID-19 Testing Algorithm for a visual overview of molecular and antigen testing. VDH provides a table with antigen test result interpretation for symptomatic and asymptomatic persons.

430. How should I interpret a negative antigen test result?

A negative antigen result indicates no active infection at the time of testing. If the person had a known exposure to someone with COVID-19 and tests negative, the person should continue to

self-quarantine until at least 7 days after the last known exposure. If the person did not have a known exposure to someone with COVID-19, the person should self-isolate until at least 24 hours after symptoms resolve (if symptomatic) or follow protective measures in place in the community (if asymptomatic).
Studies have shown that antigen levels in some patients who have been symptomatic for more than five days might drop below the limit of detection of the test. This might result in a negative test result, while a more sensitive test, such as a molecular test, might return a positive result. It might be necessary to confirm a rapid antigen test result with a molecular test, especially if the result of the antigen test is inconsistent with the clinical context. When confirming an antigen test result with a molecular test, it is important that the time interval between the two sample collections is less than two days, and there have not been any opportunities for new exposures between the two tests. If more than two days separates the two tests, or there have been opportunities for new exposures between the two tests, the nucleic acid test should be considered a separate test – not a confirmatory test.

Refer to the VDH COVID-19 Testing Algorithm for a visual overview of molecular and antigen testing. VDH provides a table with antigen test result interpretation for symptomatic and asymptomatic persons.

431. What is the FDA warning regarding false test results with the Curative SARS-Cov-2 test?

The FDA issued a warning regarding the Curative SARS-Cov-2 test that can provide false results, and specifically false negative results. The test was granted Emergency Use Authorization in April, 2020.

To reduce the risk of false negative results, it is important to perform the test in accordance with its authorization and as described in the authorized labeling, e.g., the Fact Sheet for Healthcare Providers. When the test is not performed in accordance with its authorization or as described in the authorized labeling, there is a greater risk that the results of the test may not be accurate.

FDA recommends that healthcare providers consider retesting patients using a different test if the healthcare provider suspects an inaccurate test result recently (e.g., within two weeks).

Patients should talk to their healthcare provider if you think you were tested with the Curative SARS-Cov-2 test and have concerns about your test result.

The complete FDA warning can be found here.

432. Can antibody (serology) tests be used to diagnose COVID-19?

Serology, or antibody tests, are **not** recommended for making a diagnosis of COVID-19. Serology tests identify the body's immune response to exposure to SARS-CoV-2. These tests

could be useful to determine how widespread infection has been in different populations, identify people with antibodies who can donate plasma, for serosurveys in populations to determine true infection rates, and to learn more about the antibody response to SARS-CoV-2 and its relationship with symptom history. For more information, see Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19: Serologic Testing.

Refer to the 'VDH COVID-19 Testing Algorithm' for a visual overview of molecular and antigen testing. Get helpful advice on informing your patients of COVID-19 test results. Provide additional guidance and education to patients with confirmed or suspected COVID-19.

433. How should I interpret a positive antibody test result?

A **positive antibody result** indicates that the person might have been infected with the virus at some point in the past. Recommendation: Test with PCR or antigen test if clinically indicated.

Caveat: Detection of antibodies does not mean the person is infectious or immune to SARS-CoV-2. A false positive is possible if the test cross-reacts with commonly circulating coronaviruses. For more information, see Infectious Diseases Society of America Guidelines on the Diagnosis of COVID-19: Serologic Testing.

434. How should I interpret a negative antibody test result?

A negative antibody result means that antibodies to SARS-CoV-2 were not detected in serum. Recommendation: Retest if antibody status is needed or test with PCR or antigen if clinically indicated. Caveat: This could indicate that the person has not been infected, that antibodies had not yet developed at the time of specimen collection, antibody levels are too low for the test to detect, or the immune system has not mounted a response to the exposure (e.g., because of immunosuppression).

435. Do current diagnostic assays for routine human coronaviruses cross-react with SARS-CoV-2?

No. Multi-pathogen molecular assays, such as those manufactured by Biofire or Genmark, can detect a number of human respiratory viruses, including other coronaviruses that can cause acute respiratory illness, but they do not detect the SARS-CoV-2 virus, which causes COVID-19.

However, the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization (EUA) for the CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay on July 2, 2020. Test kits are in production and will be shipped to public health laboratories once production, including quality control and assembly, has been completed. The CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay is a real-time reverse-transcriptase polymerase chain reaction (RT-PCR) test that detects and differentiates RNA from SARS-CoV-2, influenza A virus, and influenza B virus in upper or lower respiratory specimens. The assay provides a

sensitive, nucleic-acid-based diagnostic tool for evaluation of specimens from patients in the acute phase of infection.

436. What is pooling and why is it used?

Pooling—sometimes referred to as *pool testing, pooled testing, or batch testing*—means combining respiratory samples from several people and conducting one laboratory test on the combined pool of samples to detect SARS-CoV-2, the virus that causes COVID-19.

Pooling allows laboratories to test more samples with fewer testing materials. It could be useful in scenarios like returning groups of workers to a workplace.

Laboratories certified under the Clinical Laboratory Improvement Amendments (CLIA) can use a specimen pooling strategy to expand SARS-CoV-2 nucleic acid diagnostic or screening testing capacity when using a test authorized for such use by FDA. Non-CLIA-Certified Laboratories can use a specimen pooling strategy for surveillance testing.

437. How do you interpret the results of a pool test?

If a pooled test result is negative, then all specimens can be presumed negative with the single test. If the test result is positive or indeterminate, then all the specimens in the pool need to be retested individually. The advantages of this two-stage specimen pooling strategy include preserving testing reagents and resources, reducing the amount of time required to test large numbers of specimens, and lowering the overall cost of testing.

438. When should pooling be used?

Pooling should be used only in areas or situations where the number of positive test results is expected to be low—for example in areas with a low prevalence of SARS-CoV-2 infections.

CDC recommends that laboratories should determine prevalence based on a rolling average of the positivity rate of their own SARS-CoV-2 testing over the previous 7–10 days. Laboratories should use a standardized methodology or calculator that factors in the sensitivity of the assay they are using and their costs of testing to determine when the positivity rate is low enough to justify the implementation of a pooling strategy.

There are some limitations to pool testing. Monitoring the prevalence of disease and properly validating the assay and the instrumentation are important to limit the potential for false-negative results. In general, the larger the pool of specimens, the higher the likelihood of generating false-negative results.

For more information, see: Interim Guidance for Use of Pooling Procedures in SARS-CoV-2 Diagnostic, Screening, and Surveillance Testing

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Healthcare Providers: Quarantine and Self-Monitoring

439. What if I need to provide necessary routine medical treatment to someone who has been told to stay home and self-monitor for COVID-19?

First, try to determine if the patient could be ill with COVID-19. If possible, ask the patient before arrival if they have symptoms of COVID-19 including fever, cough, shortness of breath, chills, muscle aches, new loss of taste or smell, or sore throat.

- If the patient has symptoms of COVID-19, he/she should be given a surgical mask to wear, and placed in an airborne infection isolation room (AIIR), if possible. If an AIIR is not available, place the patient in an exam room with the door closed. The healthcare provider is strongly encouraged to use full PPE (gloves, gown, N95 mask if available, and eye protection) to see the patient.
- If the patient does not have symptoms of COVID-19, proceed with medical care. If possible, provide the services in a private room or an area where there is a 6-foot distance between the patient and other patients. The healthcare provider is advised to wear a surgical mask during the visit.
- If possible, ask the patient to avoid sitting in the waiting room. In some settings, patients might opt to wait in a personal vehicle or outside the health care facility where they can be contacted by mobile phone when it is their turn to be evaluated.
- Keep a log of personnel who provided care to the patient.
- Another consideration would be the use of telemedicine to see the patient.

440. When can a healthcare provider return to work if they are confirmed to have, or are suspected of having COVID-19?

Decisions about return to work for healthcare providers (HCPs) with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCPs who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-based strategy for determining when HCPs can return to work

HCPs with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCPs who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed with at least 15 days before return to work

Test-Based Strategy for Determining when HCPs Can Return to Work

In some instances, a test-based strategy could be considered to allow HCPs to return to work earlier than if the symptom-based strategy were used. However, as described in the CDC's Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCPs (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCPs who are symptomatic:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

HCPs who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

For CDC Guidance on this topic, see Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

441. Where can I find VDH guidance for assessing and managing exposed, asymptomatic healthcare personnel?

VDH guidance on this topic can be found here.

This tool is intended to assist with exposure assessment and work restriction decisions for HCP with potential exposure to COVID-19 in healthcare settings. It is based on CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 and CDC's Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 , and is subject to change.

442. For a healthcare provider who recovered from COVID-19 and has met the criteria for return to work, what precautions should the healthcare provider take?

After returning to work, healthcare providers should:

- Wear a mask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A mask instead of a cloth face covering should be used by these HCPs for source control during this time period while in the facility. After this time period, these HCPs should revert to their facility policy regarding universal source control during the pandemic.
- A mask for source control does not replace the need to wear an N95 or higher-level respirator (as well as other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Of note, respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
- CDC Guidance on this topic can be found here.

443. What if healthcare providers are short-staffed and cannot follow the return to work criteria for healthcare providers?

Healthcare systems, healthcare facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate healthcare provider (HCP) staffing shortages. When staffing shortages are anticipated, healthcare facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem. At baseline, healthcare facilities must:

- Understand their staffing needs and the minimum number of staff needed to provide a safe work environment and patient care.
- Be in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed. Please see the CDC document Strategies to Mitigate Healthcare Personnel Staffing Shortages for more detailed recommendations about HCP return to work policies in different scenarios.

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Healthcare Providers: Infection Prevention and Control

444. How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?

Person-to-person transmission most commonly happens during close contact with a person infected with the virus that causes COVID-19, primarily via respiratory droplets produced when the infected person speaks, coughs, or sneezes. These droplets can land in the mouths, noses, or eyes of people who are nearby or could be inhaled into the lungs of those close by. Transmission can also occur if a person touches their eyes, nose, or mouth following contact with contaminated surfaces. Even though close-range aerosol transmission is a likely route of transmission, airborne transmission from person-to-person over long distances, like is seen with measles, is unlikely. This information is based on the currently available data and will be updated when more data become available.

Healthcare personnel evaluating or providing care for patients with suspected or confirmed COVID-19 should use Standard Precautions, Contact Precautions, Airborne Precautions, and use eye protection (e.g., goggles or a face shield). See the Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

445. How do I prepare my facility for COVID-19?

1. Designate a time to meet with your staff to educate them on COVID-19 and infection prevention and control practices. The following resources might be helpful:
    - How COVID-19 spreads
    - Clinical management of COVID-19 patients
    - Infection prevention and control recommendations for COVID-19
2. Explore alternatives to face-to-face triage and visits. Some options include:
    - Instruct patients to use available advice lines, patient portals, on-line self-assessment tools, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, chills, cough, muscle pain, sore throat, headache, shortness of breath, or new loss of taste or smell.
    - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
    - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
    - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
3. Plan to optimize your facility's supply of personal protective equipment in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.
4. Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients, including:
    - Visual alerts (signs, posters) should be posted at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
    - Ensure adequate supplies (tissues, waste receptacles, alcohol-based hand sanitizer) are available for use
    - Utilize masks at triage for patients with respiratory symptoms
    - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be >6 feet apart in waiting areas.
    - Ensure that all healthcare workers wear a mask while at work to prevent asymptomatic or pre-symptomatic droplet transmission.

Refer to the Nursing Home and Assisted Living Facilities (Long-Term Care Facilities) section for guidance on routine testing of staff.

See Healthcare Facilities: Managing Operations During the COVID-19 Pandemic

446. Now that community transmission of COVID-19 is widespread in Virginia, what actions should I take in my facility?

Virginia is now reporting high rates of community spread. You should take the following actions to prepare your facility:

- Work with local and state public health organizations, healthcare coalitions, and other local partners to understand the impact and spread of the outbreak in your area.
- Designate staff who will be responsible for caring for suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Monitor healthcare workers and ensure maintenance of essential healthcare facility staff and operations
    - Encourage staff to stay home if they are sick.
    - Be aware of recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.
    - Do not require employees who are sick to provide a note.
    - Screen all staff for fever and COVID-19 symptoms before entering the facility.
    - All healthcare professionals should wear a mask while working.
    - Make contingency plans for increased absenteeism caused by employee illness or illness in employee's family members such as extending hours, cross-training, or hiring temporary employees.
    - Ensure all resources are available including PPE, staff and laboratory supplies.
    - Frequent environmental cleaning and disinfection using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19 (list N)
- When possible, manage mildly ill COVID-19 patients at home.
    - See Healthcare Providers: Treatment for COVID-19

See Healthcare Facilities: Managing Operations During the COVID-19 Pandemic

447. What practices should pharmacies take to clean high touch surfaces such as drive-thru counters for pick-up and drop off?

Pharmacy drive- thru windows provide contactless means for patients to pick up prescriptions and supplies or drop off specimens. The CDC recommends frequent cleaning and disinfecting of all patient service counters and patient contact areas. Because pharmacy drive through stations can have high-touch surfaces between patient visits, VDH recommends cleaning and disinfecting between each use. Normal routine cleaning with soap and water for hard non-porous surfaces will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure. Disinfection using EPA-approved disinfectants against COVID-19 can help reduce the risk.

Pharmacies performing testing for SARS-CoV-2 should prioritize cleaning and disinfection of any possibly contaminated areas after interaction with a suspected or confirmed COVID-19 patient.

Post signs about enhanced cleaning procedures to inform drive- thru patients.

Additional information and resources:
Guidance for Pharmacies
Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

448. Should any diagnostic or therapeutic interventions be withheld due to concerns about transmission of COVID-19?

Patients should receive any interventions they would normally receive as standard of care. Patients with suspected or confirmed COVID-19 should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room, if available. Healthcare staff entering the room should use Standard Precautions, Contact Precautions, Airborne Precautions, and use eye protection (e.g., goggles or a face shield).

449. What should outpatient providers do to protect themselves if they are not fit-tested for an N95 respirator?

Outpatient providers are strongly advised to set up triage mechanisms to identify patients who might be at-risk of exposure to SARS-CoV-2. Current CDC infection control guidance states that people who meet PUI criteria should only be evaluated in a facility that can employ the recommended precautions, including wearing all recommended PPE and employees who are fit-tested for N95 respirators. If that is not possible in your setting, then the patient needs to be transported to a facility that can. If you already have a system in place to transfer a patient to another facility, use that system.

450. After a person with suspected or confirmed COVID-19 exits an exam room, what is the recommended cleaning and down-time before the room can be returned to routine use?

Providers entering a room after a patient exits should use respiratory protection.

- Airborne infection isolation room (AIIR): If the change rate is known, leave the room empty for enough air changes per hour (ACH) to occur, to clear the room of infectious particles.
- Regular exam room: In settings where an AIIR is unavailable, providers can examine patients in a closed room while wearing appropriate PPE. It is unknown how long SARS-CoV-2 remains infectious in the air. In the interim, it is reasonable to wait two hours, which is commonly used for pathogens spread by the airborne route (e.g., measles, tuberculosis). The room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

451. If a person with suspected or confirmed COVID-19 is transported in an ambulance, what is the cleaning procedure and downtime recommendation before that ambulance is allowed back into service?

At this time, routine disinfection procedures for rooms, equipment and ambulances are recommended. Any waste generated is not considered Category A waste. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient according to the equipment and disinfectant manufacturers' instructions for use. It is not known how long SARS-CoV-2 remains infectious in the air. Therefore, the current recommendation is to use a time period consistent with airborne pathogens such as measles or tuberculosis. This means that the ambulance used to transport a patient with suspected COVID-19 infection should not be used for a period of two hours after the patient exits the vehicle or in accordance with the ACH, if that is known. If not known, emergency medical services agencies are encouraged to consult with the ambulance manufacturer to determine the vehicle's passenger compartment ACH for 99.9% removal of airborne contaminants. Use this to decide when it is safe to reintroduce the vehicle if less than the two-hour recommendation.

452. Why are droplet precautions recommended for other human coronaviruses (229E, NL63, OC43, and HKu1), while airborne precautions are recommended for SARS-CoV-2?

Airborne precautions are recommended based on the currently available data, which indicates that close-range aerosol transmission by inhaling droplets is a likely route of transmission for SARS-CoV-2.

453. What is the recommendation for environmental cleaning products in clinical settings?

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including patient-care areas in which aerosol-generating procedures are performed. Clean frequently touched, non-porous surfaces and objects with cleansers and water prior to applying an EPA-registered, hospital-grade disinfectant that is effective against SARS-CoV-2. Refer to the product label for appropriate contact time.

454. How can my facility keep patients safe in the waiting room?

Providers are strongly advised to set up triage mechanisms to identify patients who might be at-risk of exposure to SARS-CoV-2. Patients suspected to have COVID-19 should be quickly triaged to minimize time in the waiting room. People in the waiting room with respiratory symptoms should be asked to put on a mask and sit at least 6 feet apart from others.

455. Is a fit-tested N95 respirator required for collecting specimens for SARS-CoV-2 testing?

Healthcare staff in the room should wear an N95 or higher-level respirator (or mask if a respirator is not available), eye protection, gloves, and a gown. The number of healthcare staff present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection. Specimen collection can be performed in a normal examination room with the door closed.

456. How do I properly don and doff recommended personal protective equipment?

Employers should select appropriate personal protective equipment (PPE) and provide it to healthcare workers in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I). Healthcare providers must receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

For additional information, see the Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

457. What measures should be considered in the setting of a potential impending shortage of N95 respirators?

General infection prevention and control measures to optimize use along with contingency capacity strategies should be implemented. This includes limiting the number of patients going to the hospital or outpatient settings, limiting face-to-face healthcare provider encounters with patients by bundling care activities, excluding non-essential personnel from entering the patient care areas, wearing the same N95 respirator for repeated close contact encounters with several patients, and potentially using N95 respirators beyond the manufacturer-designated shelf life. Facilities should report supply chain issues to their Regional Healthcare Coalition. The coalition may be able to leverage existing resources. Additional CDC guidance can be found here.

The Virginia Emergency Support Team (VEST) has coordinated with Amazon to ensure organizations on the frontlines of the COVID-19 response in the Commonwealth can purchase critically needed personal protective equipment (PPE) through Amazon Business on a prioritized basis. This opportunity is available to hospitals, health clinics, doctor's offices, and other medical care providers. In order to participate in this program, a business must first sign up on Amazon Business. The link to sign up can be accessed using this url: https://business.amazon.com/en/work-with-us/healthcare/covid-19-supplies.

As with many other supply chain routes, PPE supplies through Amazon are limited depending on current demand and inbound shipments.

458. When extending the use of the same N95 respirator or reusing the same N95 respirator for multiple patients in shortage situations, when should the mask be discarded?

Discard N95 respirators following use during aerosol generating procedures, when respirators are contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients, when used following close contact with any patient co-infected with an infectious disease requiring contact precautions, or if the integrity of any part of the respirator is compromised. Additional CDC guidance can be found here.

459. Can an expired N95 respirator be used?

In times of shortage, consideration can be made to use N95 respirators beyond the manufacturer-designated shelf life. Facilities should contact the manufacturer to receive further guidance before using or disposing of the expired respirators. CDC/NIOSH also lists specific models that have continued to perform past their manufacturer-designated shelf life. Users should perform a user seal check immediately after they don each respirator and should not use a respirator on which they cannot perform a successful user seal check. If the integrity of any part of the respirator is compromised, or if a successful user seal check cannot be performed, discard the respirator and try another respirator. Additional CDC guidance can be found here.

460. Can a disposable N95 respirator be sterilized or reprocessed after use so that it can be reused again?

According to the CDC, disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. However, FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability. Based on the limited research available, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat showed the most promise as potential methods to decontaminate FFRs. Please see CDC's guidance document here.

Strategies for FFR extended use and reuse (without decontamination of the respirator) are currently available from CDC/NIOSH.

461. What measures should be considered in facilities with N95 respirator shortages?

The following measures may be considered in addition to conventional and contingency capacity strategies during periods of N95 respirator shortages:

- Report supply chain issues to the Regional Healthcare Coalition. The coalition may be able to leverage existing resources.
- Use respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.
- Prioritize the use of N95 respirators and masks by activity type and use of source control. Specific CDC recommendations can be found here.

462. What measures should be considered in facilities with an impending shortage of masks?

The following contingency and crisis strategies are based upon these assumptions:

- Facilities understand their mask inventory and supply chain
- Facilities understand their mask utilization (burn) rate
- Facilities have reported supply chain issues to the Regional Healthcare Coalition. The coalition may be able to leverage existing resources.
- Facilities have already implemented other engineering and administrative control measures including:
    - Reducing the number of patients going to the hospital or outpatient settings
    - Excluding healthcare staff not essential for patient care from entering their care area
    - Reducing face-to-face healthcare staff encounters with patients
    - Excluding visitors to patients with confirmed or suspected COVID-19
    - Cohorting patients and healthcare staff
    - Maximizing use of telemedicine

Additional strategies include:

- Selectively cancel elective and non-urgent procedures and appointments for which a mask is typically used by a healthcare staff
- Remove masks for visitors in public areas. Masks can be available to provide to symptomatic patients upon check in at entry points. All masks should be placed in a secure and monitored site. This is especially important in high-traffic areas like emergency departments.
- Implement extended use of masks.
- Restrict masks to use by healthcare staff, rather than patients for source control

Additional CDC Strategies for Optimizing the Supply of masks can be found here.

463. What measures should be considered in facilities with mask shortages?

These strategies assume facilities have implemented the strategies recommended for an impending face mask shortage. Additional recommendations include:

- Canceling all elective and non-urgent procedures and appointments for which a mask is typically used by healthcare staff

- Using masks beyond the manufacturer-designated shelf life during patient care activities
- Implementing limited re-use of masks
- Prioritize masks for selected activities such as:
    - For provision of essential surgeries and procedures
    - During care activities where splashes and sprays are anticipated
    - During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
    - For performing aerosol generating procedures, if respirators are no longer available

Additional CDC Strategies for Optimizing the Supply of Masks can be found here.

464. Is it safe to use hand-sewn or homemade masks in the event that no masks are available?

In settings where masks are not available, healthcare staff might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect healthcare staff is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

Continued community transmission has increased the number of individuals potentially exposed to and infectious with SARS-CoV-2. Fever and symptom screening will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic; additional interventions are needed to limit the unrecognized introduction of SARS-CoV-2 into healthcare settings by these individuals.

As part of aggressive source control measures, healthcare facilities should implement policies requiring everyone entering the facility to wear a mask (if tolerated) while in the building, regardless of symptoms. This approach is consistent with a recommendation to the general public advising them to wear a mask whenever they must leave their home.

465. What measures should be considered in facilities with an impending shortage of gowns?

The following contingency and crisis strategies are based upon these assumptions:

- Facilities understand their current isolation gown inventory and supply chain
- Facilities understand their isolation gown utilization (burn) rate
- Facilities have reported supply chain issues to the Regional Healthcare Coalition

- Facilities have already implemented other engineering and administrative control measures including:
    - Reducing the number of patients going to the hospital or outpatient settings
    - Excluding healthcare staff not directly involved in patient care
    - Reducing face-to-face healthcare staff encounters with patients
    - Excluding visitors to patients with confirmed or suspected COVID-19
    - Cohorting patients and healthcare staff
    - Maximizing use of telemedicine

Additional strategies include:

- Selectively cancel elective and non-urgent procedures and appointments for which a gown is typically used by healthcare staff.
- Shift gown use towards cloth isolation gowns.
- Consider the use of coveralls.
- Use of expired gowns beyond the manufacturer-designated shelf life for training.
- Use gowns or coveralls conforming to international standards.

More guidance from the CDC can be found here.

466. What measures should be considered in facilities with gown shortages?

These strategies assume facilities have implemented the strategies recommended for an impending gown shortage. Additional recommendations include:

- Cancel all elective and non-urgent procedures and appointments for which a gown is typically used by healthcare staff.
- Extended use of isolation gowns.
- Re-use of cloth isolation gowns.
- Gowns should be prioritized for the following activities:
    - During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
    - During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

More guidance from the CDC can be found here

467. What does “source control” mean during the COVID-19 response?

Source control is a physical measure (such as a cloth face cover, mask, or N95 respirator) taken to prevent a person from spreading respiratory pathogens, including SARS-CoV-2,

when talking, sneezing, or coughing. It is important to note that cloth face covers are not a form of personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer. The goal of source control is to prevent pathogen spread to other people and to the environment. For more information about CDC Infection Prevention and Control Recommendations, please see here.

468. Are cloth face coverings considered PPE for healthcare personnel?

Cloth face coverings should NOT be considered PPE and should NOT be worn by healthcare staff in place of a respirator or mask if more than source control is required. Masks are preferred for healthcare staff to wear while in a healthcare facility as they offer both source control **and** protection against exposure to splashes and sprays of infectious materials from others. ****This recommendation does not change CDC's guidance to use N95 or equivalent respirators when providing care for patients with suspected or known COVID-19.**

469. Who should wear a mask in a health care setting?

CDC has updated the current COVID-19 infection control guidance for healthcare settings to include the recommendation that all healthcare facilities put policies into place requiring everyone entering the facility to practice source control, regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. **Visitors and patients** should be wearing their own mask **upon arrival** to the facility per the CDC recommendations to the general public. If they are not, they should be offered a mask or cloth face covering, as supplies allow.

For more information about CDC Infection Prevention and Control Recommendations, including recommendations for universal source control, please see here.

470. Should medical waste or general waste from healthcare facilities treating patients with suspected or confirmed COVID-19 be handled any differently or need any additional disinfection?

The SARS-CoV-2 virus is not a Category A infectious substance. Waste contaminated with SARS-CoV-2 should be treated routinely as regulated medical waste. There is no evidence to suggest that facility waste needs any additional disinfection. If your contract waste company is applying stricter criteria, the facility should address the issue directly with the contractor.

- Management of laundry, food service utensils and medical waste should also be performed in accordance with routine procedures.
- Use personal protective equipment, such as puncture-resistant gloves and face or eye protection to prevent worker exposure to medical waste, including sharps and other items that can cause injuries or exposures to infectious materials.
- Information for waste collectors and recyclers can be found here:

What Waste Collectors and Recyclers Need to Know about COVID-19

- Regulated medical waste information is available at:
    - COVID-19 - Control and Prevention | Solid Waste and Wastewater Management Workers and Employers
    - The California Department of Public Health website - COVID-19 Medical Waste Management - Interim Guidelines (last updated March 25, 2020)
    - CDC's guidelines for environmental infection control in health care facilities,

CDC's interim infection prevention and control recommendations for hospitalized patients with MERS

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Healthcare Providers: Treatment for COVID-19

471. What type of supportive treatment is recommended for COVID-19 patients?

Not all patients with COVID-19 will require medical care in a hospital. Many patients will have mild illness and be able to care for themselves at home. Supportive care at home consists of rest, adequate hydration, and treatment of symptoms with over-the-counter medication (such as acetaminophen or ibuprofen for fever, etc.). The decision about whether a patient needs to be hospitalized is made on a case-by-case basis.

The FDA has issued emergency use authorizations for the use of the monoclonal antibodies bamlanivimab or casirivimab plus imdevimab in the use of mild-to-moderate COVID-19 in adult and pediatric patients (aged 12 years or older and weighing at least 40 kilograms) who are at high risk for progressing to severe disease and/or hospitalization. This includes individuals aged 65 years or older and those with certain chronic medical conditions. More information can be found in the NIH Treatment Guidelines:
Statement on Bamlanivimab EUA | COVID-19 Treatment Guidelines
Statement on Casirivimab Plus Imdevimab EUA | COVID-19 Treatment Guidelines

Clinical management for hospitalized patients with COVID-19 is focused on general medical supportive care, as well as management of COVID-19 complications. The most common complications of severe COVID-19 include: pneumonia, hypoxemic respiratory failure/ARDS, sepsis and septic shock, cardiomyopathy and arrhythmia, acute kidney injury, and complications from prolonged hospitalization, including secondary bacterial infections, thromboembolism, gastrointestinal bleeding, and critical illness polyneuropathy/myopathy. If a patient is believed to have another illness, such as influenza or another respiratory virus, along with COVID-19, appropriate testing and/or empiric treatment may be warranted.

On October 22, 2020, the US Food and Drug Administration (FDA) approved Remdesivir for the treatment of hospitalized adults and children aged 12 years and older with COVID-19. Guidelines on dosage, usage, and indications can be found in the NIH Treatment Guidelines. Helpful sections include: Therapeutic Management of Patients with COVID-19 and Remdesivir.

Additional information is available in CDC's Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19) and in the National Institutes of Health: Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.

472. Are COVID-19 treatment guidelines available?

Yes. The National Institutes of Health has published COVID-19 treatment guidelines which are located here. Please read the full report for all details.

Yale School of Medicine (YSM) published a COVID-19 treatment algorithm for hospitalized patients which can be found here. The most recent version of this document is December 15, 2020. Please check this website to make sure you are using the most current version of the algorithm.

473. Are other resources available for clinicians caring for COVID-19 patients?

Yes. CDC maintains a COVID-19 Clinician On-Call Center which is available 24/7 and can respond to questions from health departments, healthcare providers, community organizations, and healthcare facilities. To reach the Clinician On-Call Center, call the CDC Emergency Operations Center Watch Desk at 770-488-7100 and ask for the Clinician On-Call Center.

474. What steps should be taken when managing COVID-19 patients at home?

Assess the patient's ability to engage in home monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment.

- Caregivers and sick persons should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.
- If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.
- Engage local public health, home health services, and community organizations to assist with support services (such as delivery of food, medication and other goods) for those treated at home.

See Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-10)

Consider whether the patient meets criteria for treatment with monoclonal antibodies. The FDA has issued emergency use authorizations for the use of the monoclonal antibodies bamlanivimab or casirivimab plus imdevimab in the use of mild-to-moderate COVID-19 in adult and pediatric patients (aged 12 years or older and weighing at least 40 kilograms) who are at high risk for progressing to severe disease and/or hospitalization. This includes individuals aged 65 years or older and those with certain chronic medical conditions. More information can be found in the NIH Treatment Guidelines:
Statement on Bamlanivimab EUA | COVID-19 Treatment Guidelines
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475. What is remdesivir?

Remdesivir is an antiviral drug being studied as a treatment for COVID-19. Gilead Sciences Inc., the pharmaceutical company that makes remdesivir, received approval from the U.S. Food and Drug Administration on October 22, 2020 to allow the medication to be utilized by hospitalized COVID-19 patients who are adults and children aged 12 years or older. Children younger than 12 years of age may receive remdesivir through an Emergency Use Authorization (EUA).

476. Why did the FDA approve remdesivir?

The approval was supported by the FDA's analysis of data from three randomized controlled clinical trials.

One randomized, double-blind, placebo-controlled clinical trial (ACTT-1), conducted by the National Institute of Allergy and Infectious Diseases, evaluated how long it took for subjects to recover from COVID-19 within 29 days of being treated. The trial looked at 1,062 hospitalized subjects with mild, moderate and severe COVID-19. The median time to recovery from COVID-19 was 10 days for the remdesivir group compared to 15 days for the placebo group, a statistically significant difference. Overall, the odds of clinical improvement at Day 15 were also statistically significantly higher in the remdesivir group when compared to the placebo group.

A second randomized, open-label multi-center clinical trial of hospitalized adult subjects with moderate COVID-19 compared treatment with remdesivir for five days and treatment with remdesivir for 10 days with standard of care. Researchers evaluated the clinical status of subjects on Day 11. Overall, the odds of a subject's COVID-19 symptoms improving were statistically significantly higher in the five-day remdesivir group at Day 11 when compared to those receiving only standard of care. The odds of improvement with the 10-day treatment group when compared to those receiving only standard of care were numerically favorable, but not statistically significantly different.

A third separate, randomized, open-label multi-center clinical trial of hospitalized adult subjects with severe COVID-19 compared treatment with remdesivir for five days and treatment with remdesivir for 10 days. Researchers evaluated the clinical status of subjects on Day 14. Overall, the odds of a subject's COVID-19 symptoms improving were similar for those in the five-day remdesivir group as those in the 10-day group, and there were no statistically significant differences in recovery rates or mortality rates between the two groups.

477. Which types of patients in hospitals can receive remdesivir?

Remdesivir is approved for the use of adults and children aged 12 years or older who are hospitalized with COVID-19. Because remdesivir supplies are limited, the NIH Treatment Guidelines recommend that remdesivir be prioritized for use in hospitalized patients with COVID-19 who require supplemental oxygen but who are not on high-flow oxygen, noninvasive ventilation, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). More information on which patients may receive remdesivir can be found here in the NIH Clinical Guidelines.

Children younger than 12 years of age may still receive remdesivir through an FDA Emergency Use Authorization.

478. How do hospitals in Virginia receive remdesivir?

Effective October 1, Veklury (remdesivir) will be provided via normal commercial distribution mechanisms and the supply will no longer be managed and allocated through the government.

The current U.S. Department of Health and Human Services (HHS) memorandum of agreement with Gilead Sciences, Inc. (the manufacturer of remdesivir) and AmerisourceBergen (the distributor) signed on June 28, 2020, to secure at least 500,000 treatment courses of remdesivir for use in American hospitals ended on September 30, 2020.

FAQs on Remdesivir Distribution and Allocation Update can be seen here.

479. I've read that remdesivir is also available to patients through clinical trials. How do I find out about those research studies?

There are ongoing clinical trials evaluating the effectiveness of remdesivir in treating COVID-19. Various Virginia hospitals are participating. For more information, please visit https://clinicaltrials.gov/.

480. Are any other antiviral medications used for the treatment of COVID-19?

The FDA has issued emergency use authorizations for the use of the monoclonal antibodies bamlanivimab or casirivimab plus imdevimab in the use of mild-to-moderate COVID-19 in adult and pediatric patients (aged 12 years or older and weighing at least 40 kilograms) who are at

high risk for progressing to severe disease and/or hospitalization. This includes individuals aged 65 years or older and those with certain chronic medical conditions. More information can be found in the NIH Treatment Guidelines:
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Other therapies, such as investigational antivirals, immunotherapy, and infusion of convalescent plasma are under study, or consideration of being studied, for pre-exposure prophylaxis of, postexposure prophylaxis of, or treatment of COVID-19. Please see here and here for more information

More information about the NIH Treatment Guidelines can be found here.

As of June 11, 2020, The NIH Treatment Guidelines Panel recommends against the use of chloroquine or hydroxychloroquine for the treatment of COVID-19, except in a clinical trial. On June 15th, the U.S. Food and Drug Administration (FDA) revoked the emergency use authorization (EUA) that allowed for chloroquine phosphate and hydroxychloroquine sulfate to be used to treat certain hospitalized patients with COVID-19. Based on its ongoing analysis of the EUA and emerging scientific data, the FDA determined that chloroquine and hydroxychloroquine are unlikely to be effective in treating COVID-19 for the authorized uses in the EUA. Additionally, in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks.

A summary of the FDA review of safety issues with the use of hydroxychloroquine and chloroquine to treat hospitalized patients with COVID-19 is now available. This includes reports of serious heart rhythm problems and other safety issues, including blood and lymph system disorders, kidney injuries, and liver problems and failure.

481. Where can I find more information about vaccines for COVID-19?
Please see the *Vaccination* section for more information

482. Is it safe to give ibuprofen to patients with COVID-19?
There is currently no scientific evidence to show that taking ibuprofen while sick with COVID-19 will lead to worsening illness. For persons looking for a medication to reduce their fever, acetaminophen might be preferable. Both acetaminophen and ibuprofen, like any other medication, can have serious side effects and healthcare providers should use their clinical judgement to determine the most appropriate treatment for their patient.

483. Should individuals with COVID-19-like illness avoid NSAIDs or ACE inhibitors?
At this time, there are no reliable data to support claims that the use of non-steroidal anti-inflammatory drugs (NSAIDs) may contribute to poorer outcomes in persons with COVID-19.

Additionally, the American College of Cardiology (ACC) released a statement that: Currently there are no experimental or clinical data demonstrating beneficial or adverse outcomes with background use of angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) or other renin-angiotensin-aldosterone system (RAAS) antagonists in COVID-19 or among COVID-19 patients with a history of cardiovascular disease treated with such agents. The Heart Failure Society of America (HFSA), ACC, and American Heart Association (AHA) recommend continuation of RAAS antagonists for those patients who are currently prescribed such agents for indications for which these agents are known to be beneficial, such as heart failure, hypertension, or ischemic heart disease.

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