



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

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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. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

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 Province, 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. Most patients with confirmed COVID-19 have developed fever (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). There have also been reports of asymptomatic infection with COVID-19.

6. How is it spread?

The virus that causes COVID-19 spreads person to person. At this time, it seems that respiratory droplets are the primary driver of disease transmission. Continued research around the world aims to better understand the dynamics of SARS-CoV-2 transmission.

7. How soon after exposure do symptoms occur?

Symptoms typically appear 2-14 days after exposure.

8. Who is at risk for COVID-19?

Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19. These include healthcare workers and household members. Those who live in or have recently been to areas with sustained transmission are also at increased risk.

9. What does persons under investigation (PUI) mean? Are they being quarantined?

A PUI is a person who is showing signs of illness similar to COVID-19 and are considered to be at risk of being exposed to the virus. As such, they are in the process of being tested for the virus that causes COVID-19.

10. 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 (www.vdh.virginia.gov/coronavirus) and the Centers for Disease Control and Prevention website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or type coronavirus.gov into the URL window. You can call 877-ASK-VDH3 for additional information.

11. Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months, but that does not mean it is impossible to become sick with these viruses during other months. From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. Regardless of climate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose

12. Why might someone blame or avoid individuals and groups (create stigma) because of COVID-19?

People in the U.S. may be worried or anxious about friends and relatives who are living in or visiting areas where COVID-19 is spreading. Some people are worried about the disease. Fear and anxiety can lead to social stigma, for example, towards Chinese or other Asian Americans or people who were in quarantine.

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths. Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem.

13. How can people stop stigma associated with COVID-19?

People can fight stigma and help, not hurt, others by providing social support. Counter stigma by learning and sharing facts. Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 actually spreads can help stop stigma.

14. Where can I find more information about the coronavirus and COVID-19?

Check out the following websites:

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

Virginia Questions

15. What is the current status of COVID-19 in Virginia? Has anyone been infected?

As of March 14, 2020, there are 41 cases in Virginia. This situation is rapidly evolving. For the most up to date information, check the [VDH website](#), which is updated daily.

16. What is VDH doing to prepare for COVID-19?

The Virginia Department of Health (VDH) is working 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 to prepare state and local health departments, health care systems, businesses, schools, colleges and universities, and the general public in the event that widespread transmission of COVID-19 occurs.

17. What is VDH doing to respond to COVID-19?

See answer above, also: When illness is reported to VDH, our epidemiologists work to investigate the illness. When indicated, VDH assists with testing for COVID-19. If a case of illness is identified, they will also work to identify those who have had close contact with the patient and monitor their health closely.

18. I heard there was a case at X.

This situation is rapidly evolving. For the most up to date information, check the [VDH website](#), which is updated daily, including maps of counties and independent cities where cases are reported from.

19. How is VDH protecting people who may have come into contact with a person with COVID-19?

VDH works to rapidly identify persons with COVID-19 and others who have been in close contact with that person. Contacts are assessed as to the types of interactions they have had with a case-patient and monitored closely for the development of disease.

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

Yes, when necessary, 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.

21. I understand the need to protect patient privacy, but could you report the city that people being tested for 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, including maps of counties and independent cities where cases are reported from.

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. Take the following routine precautions to help protect against influenza, COVID-19, and other infectious respiratory illnesses:

- 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.
- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

22. Where can I find more information about the coronavirus and COVID-19 in Virginia?

VDH is updating their website daily as the situation evolves:

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

Illness from COVID-19

23. What are the symptoms?

Most patients with confirmed COVID-19 have developed fever (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. There have also been reports of asymptomatic infection with COVID-19.

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

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19, or if you live in or have recently traveled from an area with ongoing spread of COVID-19. If you are seriously ill, call ahead and seek care at the emergency room. Your healthcare professional will work to determine if you need to be tested for COVID-19 and may consult with your local health department if needed. If you have very mild illness, stay home and rest.

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

Sample swabs are taken from the back of the nasal cavity and oral cavity and tested for the presence of SARS-CoV-2, the virus that causes COVID-19.

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

While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people (≥60 years of age) are at greater risk for serious illness. Additionally, those with certain underlying medical conditions (listed below) might be at increased risk for serious illness from COVID-19.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because of kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis). Patient has been told to avoid or reduce the dose of medications because of liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

27. I traveled to an area affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing. Your healthcare professional will work to assess your exposure risk and determine if you need to be tested for the virus that causes COVID-19. Your healthcare provider may consult with your local health department if needed. If you have very mild illness, stay home and rest.

28. I traveled to an area NOT affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

There are many causes of respiratory illness. If you are sick, it is important that you speak with your healthcare provider. They can evaluate your illness and determine if you might need to be tested for the virus that causes COVID-19. Your healthcare provider may consult with your local health department if needed. If you have very mild illness, stay home and rest.

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

Check out the following website(s):

<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Testing for COVID-19

30. Should I get tested for COVID-19?

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19, or if you live in or have recently traveled from an area with ongoing spread of COVID-19. Your healthcare professional will determine if you need to be tested for COVID-19 and may consult with your local health department if needed.

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

You should call your healthcare provider if you think you need to be tested. Testing is now available through large private labs, such as Labcorp and Quest.

<https://www.labcorp.com/assets-media/2330>

<https://www.questdiagnostics.com/home/Covid-19/>.

More private labs are expected to start testing soon. Your healthcare provider should work directly with the private lab to follow that lab's instructions about how to perform the test. Your healthcare provider does NOT need VDH approval for testing through a private lab.

Testing is available through Virginia's public health lab, Division of Consolidated Laboratory Services (DCLS) for the people who meet the priority testing, outlined below:

- a. Person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of onset AND fever or signs/symptoms of a lower respiratory illness;
- b. Person with travel to a country with a Level 2 or 3 Travel Advisory or an area with confirmed ongoing community transmission within 14 days of onset AND has fever and signs/symptoms of a lower respiratory illness AND tested negative for influenza on initial work-up (rapid or confirmatory);

- c. Person who resides in a nursing home or long-term care facility AND who has fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial work-up (rapid or confirmatory)) AND a respiratory virus panel negative for all pathogens AND no alternative diagnosis

VDH approval IS needed for testing at DCLS. Your healthcare provider will work with your local health department to determine if you need to be tested for COVID-19. If indicated, they will provide you with information regarding next steps for testing. DO NOT INSTRUCT CALLERS TO CONTACT DCLS DIRECTLY

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

Using the CDC-developed diagnostic test, a negative result means that the virus that causes COVID-19 was not found in the person's sample. In the early stages of infection, it is possible the virus will not be detected. A negative test result for a sample collected while a person has symptoms likely means that the COVID-19 virus is not causing their current illness.

33. How much does testing cost?

Cost through private labs is not yet available to VDH. If you are sick, you may request information about cost directly from your health insurance provider or your healthcare provider. If you meet clinical criteria and are tested through DCLS, testing is provided at no cost. If you are a healthcare provider seeking information on testing costs, please contact the lab you use for additional information.

34. Does insurance pay for testing?

Many 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 cost without a co-pay. You will also find information about insurance and Coronavirus costs at <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>

35. 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 is the best way to get your results. Most clinics and health care professionals are providing results by telephone.

VDH does not get negative results from private labs. VDH does get positive results, but not until after they are received by the lab and healthcare professional. Making a plan with the healthcare professional who collects your swabs is the best and fastest way to get your result.

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

Check out the following websites:

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

Healthcare Providers: General Questions

37. Who is at risk for severe disease from COVID-19?

While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people (≥60 years of age) are at greater risk for serious illness. Additionally, those with certain underlying medical conditions (listed below) might be at increased risk for serious illness from COVID-19.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)
- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because of kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis). Patient has been told to avoid or reduce the dose of medications because of liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- **Current or recent pregnancy** in the last two weeks
- **Endocrine disorders** (e.g., diabetes mellitus)
- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)
- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)
- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

38. How is COVID-19 transmitted?

Continued research around the world aims to better understand the dynamics of SARS-CoV-2 transmission. At this time, it seems that respiratory droplets are the primary driver of disease transmission. The possibility of aerosol or fecal-oral transmission has been

proposed, but is not thought to contribute significantly to disease transmission. It is not yet known if other body fluids from an infected person, such as vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

39. When is someone infectious?

The onset and duration of viral shedding and 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 infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown.

40. Do people infected with SARS-CoV-2 (the virus that causes COVID-19) shed the virus before showing symptoms?

The shedding profile of SARS-CoV-2 and the cause of COVID-19 is being studied. If similar to other coronaviruses, viral shedding may occur before and after onset of symptoms. The quantity of virus shed before one becomes aware of symptoms is likely less than what is shed when one is sick, when respiratory secretions are more likely to contribute to transmission via coughing, sneezing or medical procedures.

41. Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

42. Where can I find more information about COVID-19 in Virginia?

The Virginia Department of Health is regularly updating their website with the latest information on COVID-19 in Virginia. For additional information, check out <http://www.vdh.virginia.gov/coronavirus/>.

43. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Healthcare Providers: Identifying and Reporting a Person Under Investigation (PUI)

44. Who is at risk for severe disease from COVID-19? How do I determine who to test for SARS-CoV-2?

Clinicians should use their judgement to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

45. 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). This will expand testing to a wider group of symptomatic patients. 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.

Because of a limited number of tests available, testing performed at DCLS, Virginia's state lab, is reserved for patients who meet [VDH's priority investigation criteria](#). If you have a patient who meets VDH criteria, please contact your local health department to request approval for testing.

1. Person (including healthcare worker) who had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of onset AND fever or signs/symptoms of a lower respiratory illness;
2. Person with fever and clinically or radiographically diagnosed pneumonia requiring hospitalization AND who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up** AND no alternative diagnosis;
3. Person who resides in a nursing home or long-term care facility AND who has fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial work-up** AND a respiratory virus panel negative for all pathogens** AND no alternative diagnosis.

* For definitions of terms used in public health testing criteria, please see [VDH Updated Guidance on Testing for COVID-19](#).

46. How do I report someone who may be a PUI to the Virginia Health Department?

If you are a healthcare professional evaluating a patient for suspected COVID-19, please contact your [local health department](#) immediately.

47. 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 asymptomatic persons is not recommended at this time. Advise the person to monitor their health closely and call back if they develop a fever, cough, or shortness of breath within 14 days after contact with a person with COVID-19.

48. Do I need to call my local health department if I have a patient who tests positive for the common human coronaviruses?

No. There are several other human coronaviruses, such as 229E, NL63, OC43 and HKU1 which commonly cause respiratory infection and are included in some multiplex respiratory panels. If one of these viruses is identified, you do not need to report this to your local health department.

Healthcare Providers: Managing Persons Under Investigation

49. Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment. All decisions regarding the movement of people being tested for COVID-19 must be made in conjunction with the [local health department](#).

50. If a person is being tested for COVID-19 and does not need to be admitted, can they be sent home?

This is decided on a case-by-case basis. All decisions regarding the movement of people being tested for COVID-19 must be made in conjunction with the [local health department](#).

51. If a patient is being evaluated and tested for COVID-19 and the healthcare 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.

52. 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 health care settings should devise strategies to rapidly identify patients 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](#).
- Train triage staff to place a face mask (surgical, procedure) on any patient who presents with fever, cough or shortness of breath.
- Ask the masked patient if they:
 - o Traveled from COVID-19 affected geographic areas within 14 days of symptom onset **OR**
 - o Had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
- If the patient did, isolate the patient immediately. Ideally, isolate in an airborne infection isolation room (AIIR) or a private room with a closed door.
- If the patient cannot be evaluated using CDC's recommended infection prevention and control precautions (see question 18 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 and the [local health department](#) about any patient who might have COVID-19 before the patient is sent to another facility.

53. Can people suspected of having COVID-19 be evaluated safely in an outpatient setting?

Yes. If the outpatient setting can follow CDC's infection prevention and control precautions as follows:

1. Place patients who may be infected with SARS-CoV-2 in an AIIR or, if unavailable, a private room with a closed door, **and**
2. Use gloves, gowns, fit-tested N95 respirators, and goggles or face shields when caring for such patients.

Keep a log of personnel who cared for such patients.

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 the Virginia Department of Health and the receiving facility about any patients who might have COVID-19 before the patient is sent to another facility.

VDH strongly encourages health care providers be fit-tested for N-95 respirator use if they have not done so in the past year.

54. 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 now considered a PUI for COVID-19. Begin collecting a log of workers who had contact with the patient while they were at your facility.

55. When can hospitalized patients with confirmed COVID-19 be discharged from the hospital?

Patients can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the time period recommended for discontinuation of hospital Transmission-Based Precautions described below.

Decisions to discontinue Transmission-Based Precautions or in-home isolation can be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health based upon multiple factors, including disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. Criteria to discontinue Transmission-Based Precautions can be found in: [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#).

56. 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 not been reports of pets or other animals becoming sick with COVID-19, it is still recommended to limit contact with 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 facemask.

Healthcare Providers: Testing for COVID-19

57. Are private laboratories testing for COVID-19?

Yes, private laboratories started testing for COVID-19. 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.

58. What specimens should I collect for SARS-CoV-2 testing through DCLS?

First, consult with your [local health department](#) to see if SARS-CoV-2 testing is warranted. If testing is approved, you will receive specific instructions on which specimens to collect and to how to arrange for transportation of those samples to Virginia's public health laboratory, the Division of Consolidated Laboratory Services (DCLS). General sample information for testing is outlined below and is available on the [DCLS website](#). This may be subject to change over time as we learn more about the

virus, so please consult with your [local health department](#) to ensure you have the most up to date information.

Testing is performed on respiratory specimens only. Dry NP swabs are NOT acceptable specimens.

- **Upper respiratory tract specimens** – Collect 1 of the listed options:
 - 1) (PREFERRED) 1 nasopharyngeal (NP) swab in viral transport media (VTM)
 - 2) 2-3 mL nasopharyngeal wash/aspirate
 - 3) 2-3 mL nasal aspirate

59. How do I prepare specimens for shipment to the Division of Consolidated Laboratory Services (DCLS) for testing?

Your [local health department](#) will help you with paperwork and preparations for specimen shipping to DCLS. Collected specimens should be stored and shipped refrigerated at 4°C. DCLS will coordinate courier pick-up of specimens. **Specimens cannot be shipped to DCLS without advance notification to DCLS.**

60. What is the expected turnaround time for reporting of COVID-19 test results at DCLS?

DCLS is batching specimens for SARS-CoV-2 testing. For specimens tested in the morning, results will be available by 2 pm; for specimens tested in the afternoon, results will be available by 8 pm.

Verbal reporting of SARS-CoV-2 and Influenza results will be provided to the submitter. Hard copy test results will be sent within 2 business days after testing is complete. A preliminary report of COVID-19 test results may be sent if RVP testing is pending.

61. How should I interpret a positive test result from DCLS?

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](#).

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. 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.

62. How should I interpret a negative test result from DCLS?

A negative test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. However, a negative result does not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions. A negative result does not exclude the possibility of SARS-CoV-2 infection.

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.

63. What other respiratory illnesses should I consider in my differential diagnoses? How do I proceed with these results?

Other differential diagnoses should be based on the physician's clinical judgement depending on the patient's illness and risk factors. Given that it is still flu season, VDH strongly recommends testing for influenza.

64. 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 COVID-19.

Healthcare Providers: Quarantine and Self-Monitoring

65. What are the current recommendations for travelers?

If the patient was in a country with a COVID-19 outbreak and has a fever, cough, or difficulty breathing within 14 days after leaving, they should seek medical advice – Call ahead before going to a doctor's office or emergency room. The traveler should inform about recent travel and symptoms and:

- Avoid contact with others.
- Do not travel on public transportation while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.

- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others.
- Wash your hands with soap and water immediately after coughing, sneezing or blowing your nose.
- If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains 60%–95% alcohol. Always wash hands with soap and water if hands are visibly dirty.

66. 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, rule out the possibility that the patient could be ill with COVID-19. If possible, ask the patient before arrival if they have a fever, cough or shortness of breath.

- If the patient has a fever, cough or shortness of breath, determine if the patient requires medical evaluation for COVID-19.
- If the patient does not have a fever, cough or shortness of breath, 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. 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.

Healthcare Providers: Infection Prevention and Control

67. How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to persons under investigation (PUI) for COVID-19. Healthcare personnel evaluating PUI or providing care for patients with 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](#).

68. 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 personnel entering the room should use Standard Precautions, Contact Precautions, Airborne Precautions, and use eye protection (e.g., goggles or a face shield).

69. 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 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.

70. After a PUI or confirmed case of 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 infections 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.

71. If a PUI or a confirmed case of COVID-19 is transported in an ambulance, what is the cleaning procedure and down-time 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.

72. 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 until more is understood about transmission dynamics of SARS-CoV-2. This recommendation is made in an abundance of caution since this virus is new.

73. 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 product label for appropriate contact time.

74. 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.

75. Is a fit-tested N95 respirator required for collecting specimens for SARS-CoV-2 testing?

Yes. Fit-tested N95 respirators, along with gloves, gowns, and goggles or face shields, must be used when collecting clinical specimens for SARS-CoV-2 testing.

76. 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](#).

77. 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](#).

78. 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](#).

79. 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](#).

80. 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 facemasks by activity type and use of source control. Specific CDC recommendations can be found [here](#).

81. What measures should be considered in facilities with an impending shortage of facemasks?

CDC/NIOSH recommendations to optimize facemask supplies/use do not exist at this time. Some general principles can be applied:

- Report supply chain issues to the Regional Healthcare Coalition. The coalition may be able to leverage existing resources.
- Limit the number of patients going to the hospital or outpatient setting. Postpone and reschedule those with signs and symptoms presenting for these non-acute visits.
- Consider pausing mandatory healthcare worker masking policies for asymptomatic employees who did not receive the influenza vaccine.
- Conserve facemasks by limiting use to symptomatic patients.
- Prioritize locations of masks to prevent theft (e.g., reception staff provide masks to symptomatic patients).
- Exclude all healthcare providers not directly involved in patient care.
- Limit face-to-face healthcare providers encounters with patients.
- Review indications for use of facemasks.
- In times of shortage, consideration can be made to use facemasks beyond the manufacturer-designated shelf life. Facility/clinic should contact the manufacturer to receive further guidance before using or disposing of the expired facemask. If the integrity of any part of the mask is compromised discard the mask and try another mask.

82. What measures should be considered in facilities with an impending shortage of gowns?

CDC/NIOSH recommendations to optimize gown supplies/use do not exist at this time. Some general principles can be applied:

- Report supply chain issues to the Regional Healthcare Coalition. The coalition may be able to leverage existing resources.
- Limit the number of patients going to the hospital or outpatient setting. Postpone and reschedule those with signs and symptoms presenting for these non-acute visits.
- Prioritize locations of gowns to prevent theft (e.g., reception staff provide gowns).
- Exclude all healthcare provider not directly involved in patient care.
- Limit face-to-face healthcare provider encounters with patients.
- Review indications for use of gowns/contact precautions.

Healthcare Providers: Contacts of a Person Under Investigation (PUI)

83. If a healthcare worker was exposed to a PUI and develops a fever, cough, or shortness of breath, do they need testing if the PUI's test results are pending?

This situation will be handled on a case-by-case basis. In general, a lower threshold will be used when deciding to test potentially exposed healthcare workers.

84. If a PUI is under home isolation, can their household contacts attend work or school?

Yes, as long as the contacts are asymptomatic.

Healthcare Providers: Visitors to Known or Suspected Person Under Investigation (PUIs)

85. How should health care facilities manage visitors of a PUI and COVID-19 patients?

Provide clear messaging that visitors should not enter the facility when they are ill.

Schedule all visitors to PUIs or known COVID-19 patients. Upon arrival at the facility be sure to:

- Screen visitors for symptoms of acute respiratory illness before entering the health care facility.
- Evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
- Direct visitors to follow respiratory hygiene and cough etiquette precautions while in the facility.
- Provide instructions before visitors enter patients' rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
- Maintain a record (logbook) of all people, including visitors, who enter patient rooms.
- Remove visitors during aerosol-generating procedures.
- Instruct visitors to limit their movement within the facility

Healthcare Providers: Emotional and Psychological Reactions

86. 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 can call the national Disaster Distress Helpline at 800-986-5990 or text "TalkWithUs" to 66746 for 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the COVID-19 outbreak. 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.

Healthcare Providers: Treatment for COVID-19

87. What type of supportive treatment is recommended for COVID-19 patients?

Not all patients with COVID-19 will require medical supportive care. Clinical management for hospitalized patients with COVID-19 is focused on supportive care of complications, including advanced organ support for respiratory failure, septic shock, and multi-organ failure. Empiric testing and treatment for other viral or bacterial etiologies may be warranted.

Corticosteroids are not routinely recommended for viral pneumonia or ARDS and should be avoided unless they are indicated for another reason (e.g., COPD exacerbation, refractory septic shock following Surviving Sepsis Campaign Guidelines).

Additional information is available in CDC's [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#).

88. Are any antiviral medications used for the treatment of COVID-19?

There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19. Some *in-vitro* or *in-vivo* studies suggest potential therapeutic activity of some agents against related coronaviruses, but there are no available data from observational studies or randomized controlled trials in humans to support recommending any investigational therapeutics for patients with confirmed or suspected COVID-19 at this time.

89. What is the expected timeline for field trials of a vaccine that is safe and effective against SARS-CoV-2?

There is currently no vaccine effective against SARS-CoV-2. A vaccine against SARS-CoV-2 will likely not be ready for public use for at least one year.

Healthcare Providers: Waste Management for Hospital Staff

90. How should standard medical waste (e.g., sputum cup not dripping with bodily fluids) from a patient suspected to be infected with SARS-CoV-2 be handled?

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. 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.
- Regulated medical waste information is available in:

- CDC's guidelines for environmental infection control in health care facilities,
- CDC's interim infection prevention and control recommendations for hospitalized patients with MERS and
- OSHA's general MERS infection prevention and control recommendations.

Healthcare Providers: Outpatient Healthcare Settings

91. We use volunteers for a variety of clinical and non-clinical tasks in our clinic. How should we protect our volunteers?

If you have volunteers at higher risk (e.g. over 60 years of age, underlying medical conditions such as lung or heart problems, and/or weakened immune systems), consider excluding them from your setting until risk of coronavirus infection subsides.

92. What suggestions do you have to reduce transmission risk in a small health care setting?

CDC & VDH recommend strict infection prevention and control practices in all healthcare settings, including outpatient clinics. Early detection (triage) and isolation of any suspected/confirmed patients is the key to avoid unnecessary exposure. Ensure your personnel are trained on proper infection prevention and control practices like hand hygiene, PPE selection, donning/doffing and environmental cleaning and disinfection. Implementing respiratory hygiene and cough etiquette (put a facemask over the patient's nose and mouth) and putting clear signs at the entrance/triage of your clinic is strongly recommended. When evaluating a suspected or confirmed COVID-19 patient, you need to implement standard, contact and airborne isolation precautions in addition to eye protection. Patients should be evaluated in airborne infection isolation rooms, and if not available, patients should be placed in a private room with the door closed. Additional information for healthcare providers is included on the VDH website:

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

(See also Healthcare Providers: Infection Prevention and Control)

93. Should we cancel walk-in and non-urgent appointments?

VDH recommends you explore alternatives to face-to-face triage and visits. The following options can reduce unnecessary healthcare visits and prevent transmission of respiratory viruses in your facility:

- 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, cough, or shortness of breath.

- 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.
- Provide updates about changes to your policies regarding appointments, providing non-urgent patient care by telephone, and visitors. Consider using your facility's website or social media pages to share updates.

94. 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 (<https://vhass.org/regional-info/>). The coalition may be able to leverage existing resources.

95. What if my small practice has a patient that gets diagnosed with COVID-19? How will that impact our ability to operate?

Your local health department will work with your facility to conduct an exposure risk assessment of potentially exposed healthcare personnel (HCP), based on CDC guidance (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

Exposure risk depends on a variety of factors, including if the patient was wearing a mask, duration of contact with the patient, type of interaction, and PPE worn by the health care provider (HCP). HCPs not using all recommended PPE, who have only brief interactions with a patient, regardless of whether patient was wearing a facemask, are considered low-risk.

96. 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.

97. We are having trouble getting personal protective equipment (PPE). Who can help us get what we need?

Facilities experiencing PPE shortages should report supply chain issues to their Regional Healthcare Coalition (<https://vhass.org/regional-info/>). The coalition may be able to leverage existing resources.

98. How should we treat an exam room after the person with COVID-19 exits?

Providers entering a room after a patient exits should use respiratory protection.

Airborne infections 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.

99. Are you offering any particular guidance to home health agencies that may have to take care of patients recovering at home? Similarly (though this may not be considered outpatient) what guidance are you giving to skilled nursing facilities?

CDC has interim guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>) 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 <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Centers for Medicare and Medicaid Services has also released guidance at http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/CMS_Nursing-Homes_March92020.pdf for LTCFs on March 9, including revised guidance for visitation.

International Travelers

100. Where are the high risk travel areas?

Community spread of COVID-19 has been reported from many countries around the world. China, Iran, South Korea, and parts of Europe are considered to be the highest risk areas, but there is elevated concern for all international travel. Older adults and people with chronic medical conditions should consider postponing travel. CDC

recommends postponing travel to high risk areas (China, Iran, South Korea, and parts of Europe).

All other travelers should take additional precautions (e.g. avoid contact with sick people; wash hands or use hand sanitizer frequently; monitor health and limit interactions with others for 14 days after travel; and seek medical attention for cough, fever or trouble breathing).

For the most up-to-date information on travel advisories and search for risk assessment for COVID-19 by country, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

101. I am planning to travel to X country in X time? Should I cancel my trip?

CDC provides recommendations on postponing or canceling travel. These are called travel notices and are based on assessment of potential health risks involved with traveling to a certain area. A list of destinations with travel notices is available at:

www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.

Warning Level 3: CDC recommends travelers avoid all nonessential travel to destinations with level 3 travel notices because of the risk of getting COVID-19.

Alert Level 2: Because COVID-19 can be more serious in older adults and those with chronic medical conditions, people in these groups should talk to a healthcare provider and consider postponing travel to destinations with level 2 travel notices.

Watch Level 1: CDC does not recommend canceling or postponing travel to destinations with level 1 travel notices because the risk of COVID-19 is thought to be low. If you travel, take the following routine 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.
- It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

102. 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.

103. I don't want to travel because of COVID-19. Can you help me get a refund from my airline or cruise line?

Each company establishes its own refund policies, and VDH cannot intervene to get them to change their policies. Some companies may base their policies on CDC's travel health notices. The decision to post or change the level of a travel health notice is based on the best available science and takes into account numbers of cases, sustained spread, geographic spread of cases, risk to travelers, and other factors.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

In some cases, trip cancellation insurance can protect your financial investment in a trip if you need to change your itinerary in the event of an international outbreak.

<https://wwwnc.cdc.gov/travel/page/insurance>.

104. If I fly to country X, am I going to get stuck there, or will I be able to fly back to the U.S.?

This situation is rapidly changing around the globe. It is not possible to predict what travel restrictions other countries may place on persons in their jurisdiction. For the most up-to-date information for travelers, including COVID-19 risk assessments for countries around the globe, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

You will also find helpful information about international travel at <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or type travel.state.gov in the URL address window. You can search by country for specific information about COVID-19 and other travel issues.

105. My family member is traveling to the U.S. from X country? Will they be allowed to enter the U.S.?

Currently, the United States has restrictions on entry of foreign nationals from parts of Europe, China and Iran. Travelers coming from other countries are not under entry restrictions because of COVID-19 at this time.

For the most up-to-date information on travel advisories, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

106. Are people entering the U.S. from X being quarantined?

Depending on a person's travel history, they may be asked to stay home for a period of 14 days after leaving an area with widespread or ongoing community spread (Level 3 Travel Health Notice). Currently this includes parts of Europe, China, Iran, and South Korea.

107. How are returning travelers from countries with widespread transmission of COVID-19 being screened when they enter the U.S.?

At this time, American citizens, lawful permanent residents, and family members (as specified in the Presidential Proclamation) who have been in countries with a Level 3 Travel Notice in the preceding 14 days will be allowed to enter the United States. Those returning travelers will be funneled to enter the U.S. through one of several designated U.S. airports set up for entry screening and will be screened for illness when they arrive in the U.S.

108. It appears only flights that have contact with China are being observed. Shouldn't South Korea, Italy and Iran be added to persons being observed?

Right now, VDH is receiving notification of returning travelers from China and Iran. Travelers from other countries affected by COVID-19 are undergoing entry screening at U.S. airports. Additionally, they are advised to practice social distancing for 14 days after leaving an affected area, monitor for signs of illness, and contact their local health department if they become ill.

109. My loved one returned from X today and is not reporting any symptoms. What are the best practices to protect our family members who all live close together?

If your loved one is returning from an area with a level 2 or 3 travel health notice, they should take additional actions:

- For level 2 travel health notices, go to http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/MM_Level_2_Travel_Advisories_3-8-2020_final.pdf.

The Virginia Department of Health recommends the following for the traveler: Monitor your health and limit your interactions with others for the 14 days from the time you left the country identified by CDC as a Level 2 Travel Health Notice country. Symptoms of COVID-19 include fever, cough, or shortness of breath. Are you having these symptoms?

- For level 3 travel health notices, go to http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/MM_Level_3_Travel_Advisories_3-9-2020_final.pdf.

The Virginia Department of Health recommends the following for the traveler: Stay at home for 14 days from the time you left an area with widespread, ongoing community spread (identified as a Level 3 Travel Health Notice country) and monitor your health. Symptoms of COVID-19 include fever, cough, or shortness of breath. If you develop fever, cough, or shortness of breath. Are you having these symptoms?

110. I traveled to an area affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing. Your healthcare professional will assess your exposure risk and determine if you need to be tested for COVID-19 and may consult with your local health department if needed.

111. I traveled to an area NOT affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

There are many causes of respiratory illness. If you are sick, it is important that you speak with your healthcare provider. They can evaluate your illness and determine if you might need to be tested for the virus that causes COVID-19.

112. After returning from China / Iran, when can an employee return to work?

Currently, anyone who enters the United States after being in China / Iran during the past 14 days will have some level of restrictions on their movements.

- Travelers from Hubei Province will be quarantined and actively monitored in a location to be determined by public health authorities for up to 14 days.
- Travelers from other parts of China and Iran who do not have any symptoms are being asked to monitor their health and practice social distancing for 14 days.

Social distancing means remaining out of:

- Public places where close contact with others may occur (such as shopping centers, movie theaters, stadiums).
- Workplaces (unless the person works in an office space that allows distancing from others).
- Schools and other classroom settings.
- Local public transportation (such as on a bus, subway, taxi, ride share, plane, ship)

These restrictions are to be in effect for 14 days from the time the person was possibly exposed.

113. 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?

Depending on where you traveled from and any exposures you might have had with a known case, your local health department might be able to provide you with a letter stating that is ok for you to return to work / school. Please reach out to your local health department for additional information.

114. I have roommates that are flying to country X for spring break, and I wanted to report them. Where can I report them to?

Travelers returning to the U.S. from areas with widespread community transmission of COVID-19 will be directed to specific U.S. airports and will be screened. Those travelers might have some level of restriction on their movement depending on their health and travel history.

115. What are you doing about people returning from overseas and going right back to work?

Travelers returning to the U.S. from areas with widespread community transmission of COVID-19 will be directed specific U.S. airports and will be screened for fever and symptoms and asked questions about their travel and exposures. Those travelers might have some level of restriction on their movement depending on their health and travel history. VDH is notified of travelers returning from areas considered by the CDC to be at elevated risk for COVID-19 exposure.

Healthy returning travelers from other areas of the world are not subject to the same stringent movement and monitoring restrictions and are allowed to return to work and be around other people, providing they show no signs of illness. Depending on where the person is returning from, public health might still check in with them to monitor their health.

As travel advisories expand, more returning travelers are impacted. VDH continues to monitor the situation and when necessary, updates policies within the Commonwealth to best utilize public health resources to respond to the threat of COVID-19.

116. Is it safe to go on a cruise?

Cruises put large numbers of people, often from countries around the world, in frequent and close contact with each other. This can promote the spread of respiratory viruses, such as the virus that causes COVID-19. You may get sick from close contact with an infected person or by touching contaminated surfaces.

To reduce spread of respiratory viruses, including COVID-19, CDC recommends that crew members and passengers:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- 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.
- Stay in your cabin when you are sick and let the onboard medical center know immediately if you develop a fever (100.4°F/38°C or higher), begin to feel feverish, or have other symptoms (such as cough, runny nose, shortness of breath, or sore throat).

117. 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.

118. 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.

119. Should I wear a facemask or other protective equipment during travel?

CDC does not recommend travelers wear facemasks to protect themselves from COVID-19. You may choose to wear a mask, but it is more important that you take these steps.

We recommend that everyone follow everyday prevention practices:

- Avoid close contact with people who are sick.
- 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.

120. Where can I find up to date travel information related to COVID-19?

Check out the CDC Travel Information website:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

You will also find helpful information about international travel at

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or type travel.state.gov in the URL address window. You can search by country for specific information about COVID-19 and other travel issues. May I help you look up your questions on this site?

U.S. Travelers

121. Where are the high risk travel areas?

The situation in the U.S. is rapidly evolving. Forty-six states and the District of Columbia are now reporting cases. Sustained community transmission of COVID-19 is occurring

in multiple locations including Washington, California and New York. Travelers should practice usual precautions, including:

- 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.

For the most up to date information on COVID-19 in the U.S. visit:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

122. My loved one just flew back from X - do they need to be tested or quarantined?

There are no movement restrictions (such as quarantine) for healthy travelers within the U.S. Returning travelers can monitor their health and call their healthcare provider if they become sick with fever, cough, or difficulty breathing. The healthcare provider will determine if testing for COVID-19 is indicated and may consult with your local health department if needed.

123. My roommate is going to X for Spring Break, do you think he should be traveling now with the coronavirus?

The situation in the U.S. is rapidly evolving. No travel health advisories have been issued from the CDC for areas in the U.S. at this time. Community transmission of COVID-19 is believed to be occurring in Washington, California, and New York. When considering travel in the US, CDC advises you consider the following:

- Is COVID-19 spreading where you are going? If COVID-19 is spreading at your destination, but not where you live, you may be at higher risk of exposure if you travel there.
- Will you or your travel companion(s) be in close contact with others during your trip? Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded settings, particularly closed-in settings with little air circulation, if there are people in the crowd who are sick. This may include settings such as conferences, public events (like concerts and sporting events), religious gatherings, public spaces (like movie theatres and shopping malls), and public transportation (like buses, metro, trains).
- Are you or your travel companion(s) at higher risk of severe illness if you do get COVID-19? People at higher risk for severe disease are older adults and people of any age with serious chronic medical conditions (such as heart disease, lung disease, or diabetes). CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.

- Do you have a plan for taking time off from work or school, in case you get exposed to, or are sick with, COVID-19? If you have close contact with someone with COVID-19 during travel, you may be asked to stay home to self-monitor and avoid contact with others for up to 14 days after travel. If you become sick with COVID-19, you may be unable to go to work or school until you're considered noninfectious. You will be asked to avoid contact with others (including being in public places) during this period of infectiousness.
- Do you live with someone who is older or has a severe chronic health condition? If you get sick with COVID-19 upon your return from travel, your household contacts may be at risk of infection. Household contacts who are older adults or have severe chronic medical conditions are at higher risk for severe illness from COVID-19.
- Is COVID-19 spreading where you live? Consider the risk of passing COVID-19 to others during travel, particularly if you will be in close contact with people who are older adults or have severe chronic health condition. These people are at higher risk of getting very sick. If your symptoms are mild or you don't have a fever, you may not realize you are infectious.

Travelers should practice usual precautions, including:

- 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.

For the most up to date information on COVID-19 in the U.S. visit:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

124. What are you doing about people traveling and going right back to work?

There are no movement restrictions for healthy travelers within the U.S; they are allowed to return to work and be around other people. Anyone who is sick with fever, cough, or difficulty breathing, should call their healthcare provider. The healthcare provider will determine if testing for COVID-19 is indicated and may consult with your local health department if needed.

125. I traveled to an area affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing. Your healthcare professional will assess your exposure risk and determine if you need to be tested for COVID-19 and may consult with your local health department if needed.

126. I traveled to an area NOT affected by COVID-19 and have been sick ever since I got back. Should I be tested for the Coronavirus?

There are many causes of respiratory illness. If you are sick, it is important that you speak with your healthcare provider. They can evaluate your illness and determine if you might need to be tested for the virus that causes COVID-19.

127. 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?

Depending on where you traveled from and any exposures you might have had with a known case, your local health department might be able to provide you with a letter stating that is ok for you to return to work / school. Please reach out to your local health department for additional information.

128. Should I wear a facemask or other protective equipment during travel?

CDC does not recommend travelers wear facemasks to protect themselves from COVID-19. You may choose to wear a mask, but it is more important that you take these steps.

We recommend that everyone follow everyday prevention practices:

- Avoid close contact with people who are sick.
- 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.

129. Where can I find up to date travel information related to COVID-19?

Check out the CDC Travel Information website:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Business and Workplaces

130. How can my business prevent COVID-19 spread?

Governor Northam declared a state of emergency on 3/12/20 due to the impact of COVID-19 in Virginia and encouraged private businesses to explore telework and paid time off options, including for hourly workers.

Businesses can actively encourage sick employees to stay home by ensuring that your sick leave policies are flexible and consistent with public health guidance.

Businesses should also perform routine cleaning for all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. All employers can visit CDC guidance to prevent COVID-19 in the workplace at the following site: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

VDH has additional guidance for businesses available at: http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH-Business-Guidance_03.08.20-1.pdf

This guidance addresses planning, response when COVID-19 is detected in your community, and follow up. Issues to consider include environmental cleaning, encouraging sick employees to stay home or telework and coverage for essential functions. Would you like for me to walk you through the guidance or send it to you?

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

If you work in a restaurant or other food establishment, VDH has guidance at <http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH-Interim-Guidance-COVID-19.pdf>. That guidance states there is no evidence that COVID-19 is spread through food or food shipped from affected regions. Would you like for me to walk you through the guidance or send it to you?

132. After returning from China / Iran, when can an employee return to work?

Currently, anyone who enters the United States after being in China / Iran during the past 14 days will have some level of restrictions on their movements.

- Travelers from Hubei Province will be quarantined and actively monitored in a location to be determined by public health authorities for up to 14 days.
- Travelers from other parts of China and Iran who do not have any symptoms are being asked to monitor their health and practice social distancing for 14 days.

Social distancing means remaining out of:

- Public places where close contact with others may occur (such as shopping centers, movie theaters, stadiums).
- Workplaces (unless the person works in an office space that allows distancing from others).
- Schools and other classroom settings.
- Local public transportation (such as on a bus, subway, taxi, ride share, plane, ship)

These restrictions are to be in effect for 14 days from the time the person was possibly exposed.

133. A worker in my office arrived from Level 2 country recently. Should he/she be allowed to go to work?

The Virginia Department of Health recommends the following to travelers returning from Level 2 countries:

- Monitor your health and limit your interactions with others for the 14 days from the time you left the country identified by CDC as a Level 2 Travel Health Notice country.
- Symptoms of COVID-19 include fever, cough, or shortness of breath. If you develop fever, cough, or shortness of breath, call your healthcare provider to discuss your symptoms. If you have additional questions about staying home or monitoring your health, you can call 877-ASK-VDH3 or your local health department.

134. 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?

Depending on where you traveled from and any exposures you might have had with a known case, your local health department might be able to provide you with a letter stating that is ok for you to return to work / school. Please reach out to your local health department for additional information.

135. My coworker/friend just flew back from X and I don't want him/her in my office, what should I do?

You can read more about VDH's recommendations for travelers returning from destinations with CDC issued travel health alerts at <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

I'd be glad to walk you through these recommendations. *(See also International Travel FAQs for VDH recommendations for travelers returning from countries of concern)*. Where did your friend/coworker return from? You can also speak with your supervisor or human resources department about your concerns and related workplace policies.

136. 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 our website (<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>), which is updated daily, or call VDH back at 877-ASK-VDH3 if you have additional questions.

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

Tell me a little more about your workplace, so I can give you the best information. Are you in a healthcare setting, long-term care facility, or nursing home? **IF YES, PUT THE CALLER IN CONTACT WITH THEIR LOCAL HEALTH DEPARTMENT.**

If employees experience fever, cough, or shortness of breath, they should call their healthcare provider. They can evaluate your employee's illness and determine if they need to be tested for the virus that causes COVID-19.

138. Also, we would welcome any booklets or information that VDH has to assist in developing an organizational contingency plan.

We have posted available print resources and highlights at <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>. Would you like for me to walk you through these materials or send any to you?

139. Is there any reporting structure where we are supposed to report employees that test positive for the Coronavirus if they deal with the public?

Physicians and medical facilities are required to report any unusual occurrence of diseases of public health concern, including COVID-19, to their local health department. Employers other than physicians and medical facilities are not required to report.

140. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Event Planning

141. 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?

When Governor Northam declared a state of emergency on 3/12/20, he urged community partners to limit large public events. He cancelled all specially-scheduled state events and conferences for 30 days, and banned official out-of-state travel for state employees. On 3/13/20, he ordered all K-12 schools to close from 3/16/20 to at least 3/27/20. Many localities followed this lead and cancelled upcoming large events. In many areas, museums, libraries and other gathering places are temporarily closed to prevent further spread of the virus that causes COVID-19.

Event planners are encouraged to confer with local government and public health leadership about any planned events. You will find more guidance on mass gatherings or other large community events at:

<http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH-Mass-Gatherings-Guidance-03.09.20.pdf>

The guidance defines mass gatherings as planned or spontaneous events with a large number of people in attendance that could strain the planning and response resources of the community hosting the event, such as concerts, festivals, conferences, worship

services, and sporting events. As the COVID-19 outbreak evolves, the Virginia Department of Health strongly encourages event organizers and staff to prepare for the possibility of outbreaks in their communities. Creating an emergency plan for mass gatherings and large community events can help protect you and the health of your event participants and local community. Would you like for me to walk you through the guidance or send it to you?

VDH also has information you can print and post to remind participants of ways they can prevent the spread of germs like COVID-19 available at:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

Would you like for me to send it to you?

142. I plan to attend a very large event in X. Is X planning on shutting any events down due to Coronavirus?

In response to the Governor's emergency declaration, many events are canceled and many venues are temporarily closed. Please contact the event organizers to determine whether the event is cancelled.

143. Are there any cases of COVID-19 in the part of Virginia where I am planning my event?

You will find the most recent information about where cases in Virginia are located at <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>. Would you like for me to look that information up for you and walk you through it?

144. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Schools (K-12)

145. Is it okay for my child to go to school?

Governor Ralph Northam ordered all K-12 schools in Virginia to close for a minimum of two weeks in response to the continued spread of novel coronavirus, or COVID-19.

Schools will close from Monday, March 16, through Friday, March 27, at a minimum. Localities will maintain authority over specific staffing decisions to ensure students maintain continuity of services or learning, while protecting the public health of teachers and staff.

School closures are one form of social distancing. Children and families are also encouraged to practice social distancing in their daily lives while schools are closed. Social distancing means remaining out of:

- Public places where close contact with others may occur (such as shopping centers, movie theaters, stadiums).
- Workplaces (unless the person works in an office space that allows distancing from others).
- Schools and other classroom settings.
- Local public transportation (such as on a bus, subway, taxi, ride share, plane, ship)

146. A classmate in my child’s school 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 Travel FAQs and Domestic Travel FAQs for additional information*)

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

Depending on where you traveled from and any exposures you might have had with a known case, your local health department might be able to provide you with a letter stating that is ok for you to return to work / school. Please reach out to your local health department for additional information.

148. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Nursing Homes and Long-Term Care Facilities

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

The U.S. Centers for Medicare & Medicaid Services (CMS) announced critical new measures designed to 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 communal activities inside nursing homes. The new measures are CMS’s latest action to protect America’s seniors, who are at highest risk for complications from COVID-19. While visitor restrictions may be difficult for residents and families, it is an important temporary measure for their protection. If your loved one is sick, especially with respiratory symptoms, inform the healthcare provider at the nursing home for further guidance.

Additionally:

1- If you are visiting your loved one in a nursing home, make sure you are not sick. If you are sick, postpone your visit until you can see your healthcare provider and get the proper management.

2- If you are not sick and visiting your relative in a nursing home, follow the proper hand hygiene and respiratory hygiene practices during your visit. Observe posted signs for any special instructions.

3- If your loved one is sick, especially with respiratory symptoms, inform the healthcare provider at the nursing home for further guidance.

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

150. Are patients in long-term care facilities at risk for serious illness from COVID-19?

Based upon available data, older adults and those with underlying chronic medical conditions or immunocompromised states are at greater risk for severe illness and outcomes from COVID-19.

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

Immediately contact your local public health department for assistance and further guidance. Per the Virginia disease reporting regulations, all suspected clusters or outbreaks of any illness should be immediately reported to the local health department by the most rapid means available.

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

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. More serious illness may require admission to the local hospital for treatment.

153. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Community Questions and Concerns

154. 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 close contact with people who are sick.
- 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.

155. What is community spread?

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

156. What is social distancing?

Social distancing means remaining out of:

- Public places where close contact with others may occur (such as shopping centers, movie theaters, stadiums).
- Workplaces (unless the person works in an office space that allows distancing from others).
- Schools and other classroom settings.
- Local public transportation (such as on a bus, subway, taxi, ride share, plane, ship)

These restrictions are to be in effect for 14 days from the time the person was possibly exposed.

157. If there are any warnings/plans that have been created that affect our region, would you please share them with us?

VDH is using its website at <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/> to provide the most accurate information about cases and what region of the state they are located in. Would you like for me to look up that information and walk you through it? VDH has no warnings or plans for any regions at this time. VDH also hosts a biweekly tele-press conference to keep the media up to date with accurate information.

158. Should I be worried about people touching items at grocery stores?

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always 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 ambient, refrigerated, or frozen temperatures.

159. Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always 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 ambient, refrigerated, or frozen temperatures.

160. I'm worried because supplies of hand sanitizer are low / over-priced. How can I protect myself?

The best way to protect yourself is to wash your hands with soap and water for 20 seconds. Do this often throughout the day, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

Additionally:

- Avoid close contact with people who are sick. Put distance (>6 feet) between yourself and other people if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning product.

161. How can people help stop stigma associated with COVID-19?

People can fight stigma and help, not hurt, others by providing social support. Counter stigma by learning and sharing facts. Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 actually spreads can help stop stigma.

162. 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?

Depending on where you traveled from and any exposures you might have had with a known case, your local health department might be able to provide you with a letter stating that is ok for you to return to work / school. Please reach out to your local health department for additional information.

163. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

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

Check out the following website(s):

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#symptoms>

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

Isolation / Quarantine / Movement Restrictions / Public Health Monitoring

165. What is isolation?

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

166. 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.

167. Why are some 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. This is to help prevent the spread of disease in a community.

168. Why are people entering the US from X country being asked to restrict their movements?

Public health is monitoring the health of travelers who have been in countries where community transmission of COVID-19 is known to be widespread. These travelers might have been exposed to COVID-19, so we want to monitor their health closely and quickly provide them with care if they become sick.

169. I recently returned from X 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. Where did you travel from? (See *FAQs on International Travel and / or U.S. Travel*) Did your local health department provide you instructions or an agreement? If yes, let's review them together.

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

170. 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, or difficulty breathing. When taking your temperature, it is important to not eat, drink, or exercise for at least 30 minutes.

Notify the health department and call your healthcare provider if you develop a fever (or feel feverish), cough, or have difficulty breathing. Do you need assistance contacting your local health department?

171. What are the enforcement powers in place if a person violates quarantine restrictions, and is there a number to report the violation?

If a person does not comply with voluntary quarantine, the 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.

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

If a patient tested positive for COVID-19 and is isolating at home, the person should remain under home isolation precautions for 7 days OR until 72 hours after fever is gone and symptoms get better, whichever is longer.

173. Are neighbors notified of the presence of such a person of risk?

No, neighbors are not notified. VDH keeps protected health information private in order to protect each person's confidentiality.

Disease Prevention

174. How can I avoid getting COVID-19?

We recommend that everyone follow everyday prevention practices:

- Avoid close contact with people who are sick.
- 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.

People are also encouraged to practice social distancing. Social distancing means remaining out of:

- Public places where close contact with others may occur (such as shopping centers, movie theaters, stadiums).
- Workplaces (unless the person works in an office space that allows distancing from others).
- Schools and other classroom settings.
- Local public transportation (such as on a bus, subway, taxi, ride share, plane, ship)

175. Should I wear a mask when I go out in public or when I travel?

It is not recommended that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of disease to others. The use of facemasks is crucial for health workers and people who are taking care of someone in close settings (e.g. at home or in a healthcare facility).

176. When will a vaccine be available?

It typically takes several months to years to develop a safe and effective vaccine. Even with the urgency of the COVID-19 outbreak, it is unlikely a safe and effective vaccine will be developed and available before 2021.

177. I ordered a coat from Amazon and I did not know until it shipped that it was coming directly from China / or other location. I tried unsuccessfully to have the shipment stopped. What do I do?

There is still a lot that is unknown about the newly emerged COVID-19 and how it spreads. In general, because of poor survivability of other coronaviruses, such as SARS

and MERS, on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods.

Disease Treatment

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

There is no specific treatment for coronavirus infections. Treatment consists of supportive care and relief of symptoms. Please consult a licensed physician or other healthcare provider for additional recommendations about disease treatment.

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

Some medications are being evaluated for potential use. At this time, there are no FDA-approved medications available to treat COVID-19. Please consult a licensed physician or other healthcare provider for additional recommendations about disease treatment.

180. Is drinking bleach an effective treatment?

No, it is not, and neither is any other heavy duty household cleaner. Drinking bleach or other disinfectants is very dangerous and can cause death. Please consult a licensed physician or other healthcare provider for treatment recommendations.

Animals and COVID-19

181. Should I be concerned about pets or other animals? Can I get COVID-19 from an animal?

While this virus seems to have initially emerged from an animal source, it is now spreading from person-to-person. There is no reason to think that any animals, including pets, might be a source of infection with this new coronavirus. To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. Also, at this time, there is no evidence that companion animals, including pets, can spread COVID-19. However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

182. 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 there have not been reports of pets or other animals becoming sick with COVID-19, it is still 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 facemask.

183. What if no one else can care for the pet / animal?

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 facemask.

184. What if the person is hospitalized with COVID-19 and unable to provide care for the pet / animal?

If no other family member can care for the pet, the animal can be boarded at a pet boarding facility (veterinary clinic, animal shelter, boarding facility).

185. 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?

Since the virus may be present on the body or coat of the pet, it is recommended to bathe the animal using a pet shampoo upon initiation of care. Bathing the animal should remove virus particles from the surface of the pet. The person bathing the animal should wear gloves, and either wear an apron or change (and wash) clothing immediately after completion of the bath. The person should also wash their hands after bathing the animal.

186. What about service or therapy 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 facemask during animal contact.

There are no restrictions on healthy people (those without 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.

Information for Veterinarians

187. How can I protect my employees from COVID-19?

The greatest risk of exposure to COVID-19 comes from recent travel to an affected area or having close, prolonged contact with a confirmed case. Veterinary clinics should follow similar guidance to prepare and respond to the threat of COVID-19 as any other business in the Commonwealth. Businesses can actively encourage sick employees to stay home by ensuring that your sick leave policies are flexible and consistent with

public health guidance. Telework options should be explored, where possible. Encourage clients to reschedule non-urgent pet appointments if they are sick.

Businesses should also perform routine cleaning for all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. All employers can visit CDC guidance to prevent COVID-19 in the workplace at the following site:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and
<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

Great information is also available on the AVMA website at:

<https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19>

See additional guidance under FAQs for Businesses and Workplaces.

188. 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?

There is no reason to think that any animals, including pets, might be a source of infection with this new coronavirus. To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. Also, at this time, there is no evidence that companion animals, including pets, can spread COVID-19.

If asked to provide care for an animal exposed to a person with COVID-19, veterinarians and veterinary staff can take the following precautions. Since the virus may be present on the body or coat of the pet, it is recommended to bathe the animal using a pet shampoo upon initiation of care. Bathing the animal should remove virus particles from the surface of the pet. The person bathing the animal should wear gloves, and either wear an apron or change (and wash) clothing immediately after completion of the bath. The person should also wash their hands after bathing the animal.

189. What if an animal owned by a person with COVID-19 becomes sick? How do we safely provide care for that animal?

There is no reason to think that any animals, including pets, might be a source of infection with this new coronavirus. To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. Also, at this time, there is no evidence that companion animals, including pets, can spread COVID-19. It is important to avoid contact with the sick person.

A person who is healthy and not otherwise subject to movement and monitoring restrictions due to COVID-19 exposure can bring the animal into a veterinary facility for care. Gloves and a disposable gown can be worn when initially assessing the animal. Additional PPE is not necessary. Depending on the animal's clinical condition, veterinarians and veterinary staff might take the following precautions. Since the virus

may be present on the body or coat of the pet, it is recommended to bathe the animal using a pet shampoo upon initiation of care. Bathing the animal should remove virus particles from the surface of the pet. The person bathing the animal should wear gloves, and either wear an apron or change (and wash) clothing immediately after completion of the bath. The person should also wash their hands after bathing the animal.

If bathing is not possible, veterinarians and veterinary staff can continue to use gloves and gowns when initially handling the patient, and practicing good hand hygiene after animal contact. SARS-CoV-2 is not thought to be very hardy in the environment. As such, it is believed that the longer the animal has been separated from the sick person, the lower any risk of COVID-19 exposure is for people handling the animal.

190. 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 product label for appropriate contact time and make sure that the product you use is safe for use around animals.

191. 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 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>

192. I would like to request a presentation providing more information on COVID-19 to my organization. Who should I contact?

Please email Laura Cunningham at lauren.cunningham@governor.virginia.gov to request a presentation.

Special Populations: Immunocompromised or Underlying Health Conditions

193. What should people with compromised immune systems do about protecting themselves? Besides staying home, would it not be recommended that face masks be warranted?

People with weakened immune systems should take the following precautions:

- Stock up on supplies, such as medications.
- Take everyday precautions to keep space between yourself and others.

- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds as much as possible.
- Avoid cruise travel and non-essential air travel.
- During a COVID-19 outbreak in your community, stay home as much as possible to further reduce your risk of being exposed.

118. I am having trouble getting HIV medications. What should I do?

VDH is monitoring availability of HIV medications and is taking actions to ensure you can get your medications without interruption. I am forwarding your call to 855-362-0658 to the VA Medication Assistance Program (formerly known as ADAP) so they can assist you.

If you are a healthcare provider and need assistance on your patient's behalf, I am forwarding your call to Kimberly Eley at 804-864-8018 in the VA Medication Assistance Program (formerly known as ADAP) so she can assist you.

Pregnancy and Infants

194. 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?

We do not have information from published scientific reports about susceptibility of pregnant women to COVID-19. Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections in general, including COVID-19.

Pregnant women also might be at risk for severe illness compared to the general population as observed in cases of other related coronavirus infections [including severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV)] and other viral respiratory infections, such as influenza.

Pregnant women should engage in usual preventive actions to avoid infection like washing hands often and avoiding people who are sick.

195. Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

We do not have information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy. High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.

196. 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.

197. Can pregnant women with COVID-19 pass the virus to their fetus or newborn?

The virus that causes COVID-19 is thought to spread mainly by close contact with an infected person through respiratory droplets. Whether a pregnant woman with COVID-19 can transmit the virus to her fetus or neonate by other routes before, during, or after delivery, is still unknown.

In limited recent case series of infants born to mothers with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for the virus that causes COVID-19. Additionally, virus was not detected in samples of amniotic fluid or breastmilk.

Limited information is available about vertical transmission for other coronaviruses (MERS-CoV and SARS-CoV) but vertical transmission has not been reported for these infections.

198. Are infants born to mothers with COVID-19 during pregnancy at increased risk for adverse outcomes?

Based on limited reports, adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to maternal infection, and at this time the risk of adverse infant outcomes is not known.

Given the limited data available related to COVID-19 during pregnancy, knowledge of adverse outcomes from other respiratory viral infections may provide some information. For example, other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth. Additionally, having a cold or influenza with high fever early in pregnancy may increase the risk of certain birth defects. Infants have been born preterm and/or small for gestational age to mothers with other coronavirus infections, SARS-CoV and MERS-CoV, during pregnancy.

199. 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 either with COVID-19, or those exposed to the virus that causes COVID-19 in utero. In general, prematurity and low birth weight are associated with adverse long-term health effects.

200. Is maternal illness with COVID-19 during lactation associated with potential risk to a breastfeeding infant?

Human-to-human transmission by close contact with a person with confirmed COVID-19 has been reported and is thought to occur mainly via respiratory droplets produced when a person with infection coughs or sneezes. No information is available on the transmission of the virus that causes COVID-19 through breast milk (i.e., whether infectious virus is present in the breast milk of an infected woman).

201. Where can I find more information on COVID-19 and specific to pregnant women and children?

For current information and additional reading, you can check out the CDC's website: www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html

References and Additional Resources

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