

- What are the common symptoms for COVID-19
- How do they differ from the flu or common allergies?
- When should someone be tested for COVID-19?
- When should they stay home from school or work?
- How long should someone quarantine if they have been exposed to the virus (testing positive or testing negative)?
- What is the incubation period of the virus?
- If I test positive, what should I do, especially if I live in a household with other people?
- Do you recommend a flu shot this year?
- Could a flu shot protect against COVID-19?
- What preventive measures do you suggest?
- If I've already had COVID-19, do I have immunity going forward?
- When will a vaccine be available for COVID-19?
- Dr. DuFrayne, what is your message for local businesses in terms of masking and sanitation?

Symptoms associated with coronavirus disease 2019 (COVID-19)

- Fever - 43%
 - Cough - 50%
 - Headache - 35%
 - Myalgia (aching muscles) - 35%
 - Dyspnea (difficulty breathing, new or worsening over baseline) - 30%
 - Sore throat - 20%
 - Anosmia (loss of smell) or other smell abnormalities - 10%
 - Ageusia (loss of taste) or other taste abnormalities - 10%
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- Chills/rigors
 - Rhinorrhea and/or nasal congestion
 - Nausea/vomiting
 - Diarrhea
 - Fatigue
 - Confusion
 - Chest pain or pressure

Is there a way to distinguish COVID-19 clinically from other respiratory illnesses, particularly influenza?

No, the clinical features of COVID-19 overlap substantially with influenza and other respiratory viral illnesses. There is no way to distinguish among them without testing.

Incubation period?

The incubation period for COVID-19 is generally within 14 days following exposure, with most cases occurring approximately four to five days after exposure.

Whom to test?

Symptomatic patients — If possible, all symptomatic patients (fever, cough, headache, sore throat, difficulty breathing, muscle aches, and loss of smell or taste, muscle aches) should undergo testing.

Select asymptomatic individuals — Testing certain asymptomatic individuals may also be important for public health or infection control purposes. Indications for testing asymptomatic individuals include:

- Following close contact with an individual with COVID-19 (this includes neonates born to mothers with COVID-19). The time to detectable RNA following exposure is unknown, so the optimal time to test for COVID-19 following exposure is uncertain; five to seven days post exposure is recommended based on the average incubation period. Even if a contact has a negative viral test following exposure, quarantine is still suggested in most.
- Symptomatic residents in long-term care facilities, correctional and detention facilities, homeless shelters. This includes testing in response to identified COVID-19 cases within the facility as well as intermittent screening of employees and residents.
- Screening hospitalized patients at locations where prevalence is high (e.g., ≥ 10 percent PCR positivity in the community).

- Prior to time-sensitive surgical procedures or aerosol-generating procedures.
- Prior to receiving immunosuppressive therapy (including prior to transplantation.)

When should patients with confirmed or suspected COVID-19 be advised to stay home or to seek medical care?

Home management is appropriate for most patients with mild symptoms (e.g., fever, cough, and/or muscle aches without difficulty breathing), provided they can be adequately isolated, monitored, and supported. However, if there are any risk factor for more severe illness such as heart disease, COPD, diabetes, and hypertension, clinical evaluation is recommended even if the symptoms are mild.

Patients being managed at home should be educated about the potential for worsening disease and advised to closely monitor for symptoms of more serious disease, including dyspnea or persistent chest pain. The development of these symptoms should prompt clinical evaluation and possible hospitalization.

What advice should be given to patients with known or presumed COVID-19 managed at home?

- Supportive care with antipyretics/analgesics (e.g., [acetaminophen](#)) and hydration.
- Close contact with their health care provider.
- Monitoring for clinical worsening, particularly the development of new or worsening dyspnea, which should prompt clinical evaluation and possible hospitalization.
- Separation from other household members, including pets (e.g., staying in a separate room when possible and wearing a mask when in the same room).
- Frequent hand washing for all family members.
- Frequent disinfection of commonly touched surfaces.

How long should patients cared for at home stay isolated?

For symptomatic patients cared for at home, isolation can usually be discontinued when the following criteria are met:

- At least 10 days have passed since symptoms first appeared AND
- At least one day (24 hours) has passed since resolution of fever without the use of fever-reducing medications AND
- There is improvement in symptoms (e.g., cough, shortness of breath)

For those who had severe disease or are severely immunocompromised, the duration of isolation may need to be extended.

In some cases, patients may have had laboratory-confirmed COVID-19 but did not have any symptoms when they were tested. In such patients, home isolation may be discontinued using a time-based strategy (when at least 10 days have passed since the date of their first positive COVID-19 test) as long as there was no evidence of subsequent illness.

INFECTION CONTROL IN THE HOME SETTING

Home management is appropriate for patients with mild infection who can be adequately isolated in the outpatient setting.

Management of such patients should include instructions on how to prevent transmission to others.

- Isolation at home — Outpatients with suspected or confirmed COVID-19 (including those awaiting test results) should stay at home and try to separate themselves from other people and animals in the household. They should also avoid having visitors enter the home.
- Patients should wear a face mask if they must be in the same room (or vehicle) as other people for source control.
- Caregivers and those sharing a living space with individuals with known or suspected COVID-19 wear medical masks when in the same room as the patient.
- Limiting the number of caregivers and, if possible, using caregivers who do not have risk factors for developing severe disease.

- Having patients use a separate bedroom and bathroom, if available.
- Minimizing patients' exposure to shared spaces and ensuring shared spaces in the home have good air flow, such as an air conditioner or an opened window.
- Ensuring caregivers perform hand hygiene after any type of contact with patients or their immediate environment. In addition, caregivers should wear gloves when touching the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, and urine.
- Educate caregivers on how to carefully put on and take off PPE. As an example, caregivers should first remove and dispose of gloves, and then immediately clean their hands with soap and water or alcohol-based hand sanitizer. After that, the mask (if used) should be removed, and the caregiver should again perform hand hygiene.
- Instruct family members to **avoid** sharing dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with the patient. After the patient uses these items, they should be washed thoroughly; disposable gloves should be worn when handling these items. In addition, thermometers should not be shared, or should be thoroughly disinfected before use by other household members.

Disinfection — Disinfection of frequently touched surfaces is also important. In the home, high-touch surfaces should be cleaned and disinfected daily. These include tables, hard-backed chairs, doorknobs, light switches, remote controls, handles, desks, toilets, and sinks. For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common Environmental Protection Agency-registered household disinfectants are thought to be effective.

What are the indications for testing asymptomatic individuals?

Indications for testing asymptomatic individuals include close contact with an individual with COVID-19, screening in congregate settings (e.g., long-term care facilities, correctional and detention facilities, homeless shelters), and screening

hospitalized patients in high-prevalence regions. Screening may also be indicated prior to time-sensitive surgical procedures or aerosol-generating procedures and prior to receiving immunosuppression.

Should I use acetaminophen or NSAIDs when providing supportive care?

Nonsteroidal anti-inflammatory drugs (NSAIDs) have been theorized to cause harm in patients with COVID-19, but clinical data are limited. Given the uncertainty, we use [acetaminophen](#) as the preferred antipyretic agent for most patients rather than NSAIDs. If NSAIDs are needed, we use the lowest effective dose. We do not routinely discontinue NSAIDs in patients using them for the management of chronic illnesses.

Does protective immunity develop after SARS-CoV-2 infection? Can reinfection occur?

Antibodies to the virus are induced in those who have become infected. Preliminary evidence suggests that some of these antibodies are protective, but this remains to be definitively established. Moreover, it is unknown whether all infected patients mount a protective immune response and how long any protective effect will last. Rare cases of probable reinfection have been reported.

What should I tell patients about donating blood or plasma during the pandemic?

Blood donation is particularly important during the pandemic due to concerns that the supply could become critically low. Having a history of COVID-19 is not an exclusion to donation as long as the illness resolved at least 14 days prior to donation. Persons who have recovered from COVID-19 are encouraged to donate plasma, because convalescent plasma is an investigational treatment for COVID-19.

Personal preventive measures

The following general measures are additionally recommended to reduce transmission of infection:

- Wear a face mask.
- Diligent hand washing, particularly after touching surfaces in public. Use of hand sanitizer that contains at least 60% alcohol is a reasonable alternative if the hands are not visibly dirty. SARS-CoV-2 remained viable on the skin for about nine hours but was completely inactivated within 15 seconds of exposure to 80% alcohol.
- Respiratory hygiene (e.g., covering the cough or sneeze).
- Avoiding touching the face (in particular eyes, nose, and mouth). The American Academy of Ophthalmology suggests that people not wear contact lenses, because they make people touch their eyes more frequently.
- Cleaning and disinfecting objects and surfaces that are frequently touched.
- Ensure adequate ventilation of indoor spaces.

These measures should be followed by all individuals, but should be emphasized for older adults and individuals with chronic medical conditions, in particular.