



Frequently Asked Questions

Q: What is 2019 Novel Coronavirus?

A: The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China. The 2019 novel coronavirus (COVID-19), is not that same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. As of February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, COVID-19.

Q: What are the symptoms of COVID-19?

A: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list is not all inclusive. Other less common symptoms include nausea, vomiting and diarrhea. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Q: How does the virus spread?

A: The virus is known to be transmitted by droplets produced by coughing or sneezing. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

New information has emerged about the potential for people who are not showing symptoms to unknowingly spread the virus.

Q: What is community transmission?

A: 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.

Q: What should I do to help reduce community transmission?

A: Public health recommends the following:

- Practice Physical distancing: avoid crowds, maintain at least 6 feet from others when possible
- Cancel or postpone gatherings greater than 10 people
- Limit unnecessary travel
- Consider postponing or canceling out of town vacations and travel out of state
- Use drive through and delivery services for everyday errands where possible
- Persons at increased risk of severe illness should consider sheltering in place
- Only leave your home for “essential activities,” to work for an “essential business,” or for “essential travel.”
- Do not host or attend any gatherings
- Persons with recent travel to an area having widespread community transmission or a shelter in place order should shelter in place at home until 14 days after return.
- Create a plan for how to safely care for a household member if they become ill

Q: Why is personal information not shared about individuals who have tested positive for Coronavirus?

A: The Department of Health and Welfare has a moral and legal obligation to protect the privacy of individuals who have tested positive for COVID-19. If someone with a positive test chooses to share personal information such as their hometown or place of employment that is their right and choice. However, the department will not be sharing the personal information of those with COVID-19.

Who should be tested for COVID-19?

- If you have symptoms of COVID-19, call your medical provider to find out if you should be tested for coronavirus.
- People at higher risk of getting very sick from this illness and should seek medical attention. This includes:
 - Older adults
 - People who have serious underlying medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

For more information for people who may be at higher risk for severe illness, please visit the CDC’s website at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.

Many healthcare clinics and hospitals across the state are offering screening and swabbing of people who show symptoms of respiratory illness.

Q: What is antibody testing?

A: See CDC explanation and interim guidance here: <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antibody-tests.html>. Antibody (serologic) testing may help determine if a person has been infected with COVID-19 and had an immune response (made antibody) to the infection. Early studies of COVID-19 suggest that antibody levels increase about 7-11 days after someone gets sick from COVID-19.

- Antibody testing, when available, could be used to see if a person has had an infection and developed antibody to that infection. However, not everyone has an antibody response to infection. And some people may have an antibody test results that shows antibody, but they don't have antibody that is specifically against COVID-19 (a false-positive test result).
- Importantly, antibody (serologic) testing cannot tell if a person is infected with the COVID-19 virus and able to infect others at the time of testing. People who show antibody to COVID-19 may still have an infection and be able to spread the virus to others. People who do not have antibody may be infected because antibody levels don't go up until several days after people get infected.
- Testing for antibody in groups of people may allow decision makers to estimate the percentage of people who have already been infected. For example, healthcare systems may be able to use antibody testing to determine which staff may have already been infected and may be at lower risk of getting sick when caring for COVID-19 patients.

Challenges to interpreting results from antibody tests including:

1. Some people will test positive for antibody, but not actually have antibody against SARS-CoV-2 (a false positive test).
2. Some people will have had a SARS-CoV-2 infection in the past, but their antibody test is negative (this is referred to as a false negative test result).
3. Antibody (serologic) testing cannot tell if a person is infected with the COVID-19 virus and able to infect others at the time of testing. Some people may be infected with SARS-CoV-2, and able to infect others, but their antibody test has not turned positive yet. Or, they may have a positive antibody test, but are still infected with the virus and able to infect others.
4. When the percentage of people with a prior COVID-19 infection is low, as we believe is currently the case in most parts of Idaho, most of the positive antibody test results will be false positives. (I.e. the test will be positive, but the antibody is not from COVID-19 in most patients tested).

Because of these challenges, Idaho DHW does not recommend the use of antibody tests alone to advise individual patients about whether they have had or are infected with COVID-19. Antibody tests may be most useful for estimating the percentage of people in a group that have already been infected and for estimating changes in the percentage of people in the community with SARS-CoV-2 antibody in the community over time.

Q: If a person's blood sample tests negative using a serological test, does that mean that the person does not have COVID-19?

A: Not necessarily. The person might be in the early stages of COVID-19 infection and has not developed enough antibodies to be detected by a serological test. Results from antibody testing alone are not enough to determine whether someone is infected with SARS-CoV-2.

Q: I'm not sick, but my employer says I need to be tested for COVID-19 before I come back to work. Is that legal? Can I even get a test if I'm not sick?

A: Employers can send symptomatic workers home and can conduct screening procedures such as checking employee's temperatures before they enter the building. Employers can require a doctor's note before allowing someone who has been sick to return to work, but they cannot require employees to have a medical procedure such as a blood test. Most healthcare professionals will only offer COVID-19 testing to symptomatic patients. The Idaho Division of Public Health does not recommend that employers use coronavirus serology testing to make determinations as to whether employees present a risk of infection, whether employees are medically cleared to return to work outside of healthcare settings, or whether employees are immune to SARS-CoV-2 and therefore do not need utilize all the protective measures that other susceptible employees are required to use.

Q: With the state reopening, how can we appropriately adjust our operational plans to mitigate the risk of spreading COVID-19?

A: Please visit this link to know what your operational plans should be according to Idaho's Rebound plan. <https://rebound.idaho.gov/business-specific-protocols-for-opening/>

If you still feel unsure about how to change your operational plans after viewing the outline protocol for your type of business, please contact Southwest District Health for more guidance.

Q: We are considering reopening our business, what stipulations should we consider?

A: Please visit this link to a workplace decision tool that will help determine if you are ready to open. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/workplace-decision-tool.html>

Q: How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work?

A: Companies do not necessarily need to close after a person with confirmed or suspected COVID-19 has been in a company facility. The area(s) used or visited by the ill person needs to be closed immediately and for at least 24 hours or as long as possible. Then, immediately disinfect the entire area thoroughly. Open outside doors and windows as much as possible ensuring that doing so does not pose a safety risk to children using the facility (i.e. make sure that children are not able to enter the closed off area through any windows or doors) and use ventilating fans to increase air circulation in the area. Once the area has been [appropriately disinfected](#), it can be opened for use. Workers **without** close contact to the person with confirmed or suspected COVID-19 can return to work immediately after disinfection is completed. The confirmed or suspected COVID-19 should work closely with Southwest District Health to determine when they can safely return to work.

Link to Guidance for Cleaning and Disinfecting: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

If your company closed down for a prolonged period of time please visit this link for more guidance: <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

What type of masks should or should not be worn?

A: The cloth face coverings recommended are not surgical masks or N-95 respirators. The surgical masks and N-95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

The use of simple cloth face coverings to slow the spread of the virus and to help people who may not know they have the virus from spreading it to others is an additional, voluntary public health measure. Coverings can be made from household items or common materials. Information on how to make masks from material people may have at home is available on the CDC website.

Q: How can I protect myself and my family from getting sick?

A: Do your part to respond to this emerging public health threat:

- Be aware of the rapidly changing nature of the pandemic and do your part to stay current on the latest recommendations from public health officials. Frequently check [coronavirus.idaho.gov](https://www.coronavirus.idaho.gov) and the websites for the local public health districts for the latest Idaho-specific information. If you can't find a recommendation there, check [coronavirus.gov](https://www.coronavirus.gov).
- Take everyday preventive actions to help stop the spread of germs:
 - Wash your hands frequently
 - Avoid touching your face when out in public
 - Keep a distance of at least 6 feet from people who appear to have respiratory illness
 - Cover your cough or sneeze
 - Stay home when you are sick
- Know there are other common human coronaviruses that cause respiratory disease and these are not the same as the virus that causes COVID-19.
- Follow public health travel recommendations to avoid unnecessary risk; these are available on the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- It is currently flu and respiratory disease season; we recommend getting a flu vaccine to stay as healthy as possible.
- If you or someone you know may have been exposed to the novel coronavirus that causes COVID-19, call your medical provider to determine next steps. Do not attempt to enter a clinic without calling ahead first.
- It is still cold and flu season, and you do not need to seek medical attention for a mild respiratory illness such as a cold.

- If you have had close contact with a person with known COVID-19 or have recently traveled to an area with ongoing spread and you develop fever, cough, or difficulty breathing, call your healthcare provider and ask for instructions about how to seek care.

Q: What precautions can I take to prevent myself or others from getting sick when disinfecting?

A: To protect sanitation workers, households with residents infected or suspected to be infected with COVID-19 should carefully and tightly enclose any waste that may be contaminated with the virus in appropriate bags. Consider double-bagging the waste and ensure that curbside containers are not overfilled so the lids can close completely. Wash your hands thoroughly after handling any COVID-19 waste.

Q: What is Contact Tracing?

A: Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic highlights basic principles of contact tracing to stop COVID-19 transmission.

- Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19.
- Communities considering strategies to scale up and train a large contact tracer workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19.
- In contact tracing, public health staff work with a patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious. Then they warn those contacts of their potential exposures as rapidly and sensitively as possible.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed and monitor themselves for illness, and the possibility that they could spread the infection to others even if they do not feel ill.
- To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient.

Q: How do you discontinue isolation for someone with COVID-19?

A: The CDC recommends that isolation be maintained for at least 10 days after illness onset and at least 3 days (72 hours) after recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications with progressive improvement or resolution of other symptoms.

“Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19: Decision Memo,” <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>