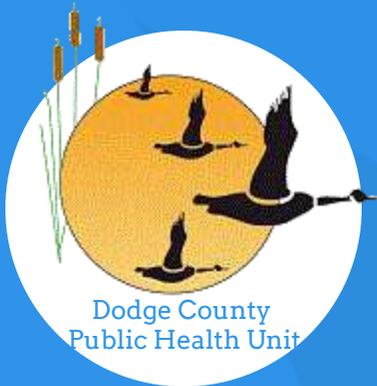


COVID-19 FAQs



Dodge County Public Health has compiled a list of frequently asked questions and answers about the 2020 COVID-19 Outbreak. It will be updated as needed.

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Q: What is coronavirus?

A: Human coronaviruses were first identified in the mid-1960s. Seven sub-groups are known to infect people, including several that cause the common cold. MERS-CoV (which causes Middle East Respiratory Syndrome), SARS-CoV (which causes severe acute respiratory syndrome), and the 2019 novel coronavirus infect animals and have evolved to make people sick.

Q: What is COVID-19?

A: COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019. COVID-19 a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of human infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more

Q: What do I do if I suspect I have COVID-19?

A: If you think you have been exposed to COVID 19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

Q: How do I find a testing site for testing of COVID-19?

A: Call your doctor if you have symptoms of COVID-19 and need medical care or think you are high risk for having a severe illness. Your doctor will determine whether or not you should be tested based on your symptoms, risk factors like travel or contact with others who are sick, and if you have underlying medical conditions. You will be instructed over the phone on what to do/where to go for testing.



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Q: testing site continued..

Due to current shortages in testing supplies, not everyone with symptoms will be tested. If your symptoms are mild and can be managed at home, your doctor might recommend that you stay home under self-isolation to prevent the spread to others.

Q: What are the symptoms?

A: Most people will have mild effects from the virus, but it can cause severe illness and pneumonia in others. People diagnosed with the COVID-19 virus reported symptoms may appear 2-14 days after exposure. Symptoms include:

- Fever (100.4 or greater)
- Cough
- Shortness of breath or difficulty breathing

Q: What should you do if you have symptoms?

A: If you have symptoms, please stay home! If the symptoms require medical attention, seek a healthcare provider. If you have been in direct contact with someone who has been confirmed with the COVID-19 virus and you develop symptoms, notify your healthcare provider. Supply them with information regarding your symptoms and that you have had contact with a confirmed case. Do not go to your healthcare provider or an emergency room without contacting your provider or the emergency room first so they may take precautions to protect you and others.

Q: Who is at risk?

A: Any person can contract the Coronavirus. However, certain populations are more at risk such as:

- People who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members.
- People who have recently been in an area with the ongoing spread of COVID-19. Learn more about places with ongoing spread.
- Older adults and those with serious health conditions (heart disease, diabetes, lung disease and any condition that affects the immune system).



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Q: Is there a vaccine?

A: Not currently. There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid exposure to the virus.

Q: What are the treatments?

There are no specific treatments for illnesses caused by human coronaviruses. Although most people will recover on their own, you can do some things to help relieve your symptoms, including:

- Take medications to relieve pain and fever
- Use a room humidifier or take a hot shower to help ease a sore throat and cough
- If you are mildly sick, drink plenty of fluids, stay home, and get plenty of rest

Q: How is COVID-19 transmitted?

A: Coronaviruses are spread mainly through close contact (within about six feet, according to the CDC, for a prolonged period), when an infected person coughs or sneezes, and another person comes into contact with the infectious droplets — which is how the flu and many other pathogens spread. Some information has been reported that coronavirus is in the fecal matter of infected patients. While CDC does not report this as a clearly understood way the virus is transmitted, it remains important to wash your hands after using the restroom. In some environments, coronaviruses can survive on surfaces, so regular sanitation of shared surfaces is important.

Q: Can a person spread the infection if they don't feel sick?

A: Currently, we don't know if a person can spread the infection when they don't have symptoms. We continue to review new reports and guidance from the CDC as they become available. We will evaluate any changes needed to our response.



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Q: How long can a person spread COVID-19?

A: At this time, health officials do not know when someone with COVID-19 becomes contagious. The Centers for Disease Control and Prevention (CDC) is working with public health agencies and scientists to learn more about COVID-19.

Q: How can I be more prepared for COVID-19?

A: Have an adequate supply of nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines. Check your regular prescription drugs to make sure you have an adequate supply; refill your prescriptions if needed. Have a thermometer, tissues and hand sanitizer in case you become ill and must stay at home to recover. Talk with family members and loved ones about how they would be cared for if they got sick and what will be needed to care for them at home. Have a two-week supply of water and food available at home.

Q: Should I wear a face mask when I go out in public?

A: CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms ("asymptomatic") and that even those who eventually develop symptoms ("pre-symptomatic") can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission. People with symptoms of COVID-19 should wear a mask to help prevent spreading the disease. Caregivers should also wear a mask while taking care of someone with possible COVID-19. There is a national shortage masks, and the limited supply is needed to protect health care providers. A homemade mask may provide some protection for home caregivers if nothing else is available.



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Q: If someone has COVID-19, what will happen to them?

A: The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Some people may be advised to recover at home and isolate themselves from others. These individuals should call their physicians or healthcare practitioners if their symptoms get worse. Some COVID-19 infections can lead to serious illness, and in some cases death. If someone has a more serious illness from COVID-19, they may be admitted to the hospital. Older people and those with pre-existing medical conditions have a greater risk for serious illness. Examples of pre-existing medical conditions are: cancer, diabetes, heart disease or other conditions impacting the immune system's ability to fight germs.

Q: What type of cleaning and disinfecting products should I use?

A: Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) with regular household detergent and water. Use Environmental Protection Agency (EPA) approved products with emerging viral pathogens.

Q: I'm a patient at a hospital. Am I at risk for COVID-19 from other patients?

A: We recommend people with suspected COVID-19 cases be in their own room in a healthcare setting. Healthcare workers are trained to remove their personal protective equipment (PPE) and wash their hands after seeing a patient, so the infection doesn't leave the room.

Q: Should I be concerned about getting COVID-19 from products or packages shipping from China or other parts of the world?

A: In general, coronaviruses are unable to survive on surfaces. There is likely a very low risk of spread from products or packages shipping over a period of days or weeks at ambient temperatures. Currently, there is no evidence to support transmission associated with imported goods.



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Q: Should I be concerned about my pets or other animals and COVID-19?

A: To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. 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 with soap

Q: Does COVID-19 always present with a fever?

A: Fever, cough, and/or shortness of breath have been the most common symptoms of COVID-19. For more information about symptoms of COVID-19 and when to seek medical care, visit the CDC.

Q: Is there any information available on pregnancy and COVID-19?

A: The Society for Maternal-Fetal Medicine (SMFM) has released guidance on the maternal, fetal and neonatal implications of the disease. American College of Obstetricians and Gynecologists (ACOG) has guidance as well.

Q: Can I utilize telehealth services for COVID-19?

A: Telehealth can be a resource for screening and diagnosis for physicians and NPs during the COVID-19 response. Check with your provider, and they can advise you about coverage for Telehealth.



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Q: I'm HIV positive and concerned about coronavirus. What precautions should I be taking other than social distancing?

A: Persons with HIV Should:

- Keep at least a 30-day supply—and ideally a 90-day supply—of antiretroviral (ARV) drugs and other medications.
- Talk to their pharmacists and/or healthcare providers about changing to mail order delivery of medications when possible.
- Persons for whom a regimen switch is planned should consider delaying the switch until close follow-up and monitoring are possible.
- Lopinavir/ritonavir (LPV/r) has been used as an off-label treatment for patients with COVID-19 and clinical trials are underway globally. If protease inhibitors (PIs) are not already part of a person's ARV regimen, their regimen should not be changed to include a PI to prevent or treat COVID-19, except in the context of a clinical trial and in consultation with an HIV specialist. In a small open-label trial, 199 hospitalized patients with COVID-19 were randomized to either 14 days of LPV/r plus standard of care or standard of care alone. No statistically significant difference was seen between the two groups, with regards to time to clinical improvement or mortality.

Q: What are you doing to ensure the health of our garbage men?

A: COVID-19 is spread by respiratory droplets (mucous from the nose, mouth, throat, and lungs) which can be spread person to person over a distance of about six feet. Persons working outside, not close together, are not at risk from COVID-19 from working outside. Garbage and refuse collectors should take hygiene precautions such as gloves, good handwashing, or use of hand sanitizer.

Q: What about chicken houses? Can this get into our food supply?

A: COVID-19 is not thought to be spread through food. However, when making food, persons should use appropriate hygiene for themselves, such as good handwashing, cleaning surfaces like countertops, refrigerator, and stove handles. Sick persons should not make food for other persons.



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Q: When is someone infectious?

A: 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. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2-14 days.

Q: Can people who recover from COVID-19 be infected again?

A: 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.

Q: Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

A: 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. Visit the CDC's Pregnancy and Breastfeeding: Information about COVID-19.



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Q: Are there guidelines on COVID-19 in place for dental professionals?

A: DHS strongly recommends that dental practices postpone all elective and non-urgent care treatment starting immediately until after the public health emergency has passed. The Occupational Safety and Health Administration (OSHA) has developed guidance to assess the level of exposure risk of different occupations, and dentists performing aerosol-generating procedures on known or suspected COVID-19 patients are in the very highest category. The American Dental Association has resources and information for dentists, including guidance on determining nonemergent, urgent, emergent care situations.

It is anticipated that Dental Health Care Professionals would continue to be available for emergency treatment, as needed. DHS realizes that defining emergency dental care can be difficult and subjective. We encourage dentists to use their clinical judgment based on experience and evidence-based practices. These decisions can be influenced by many factors, including:

- The likelihood of the problem getting worse.
- The need to alleviate pain or manage infection.
- The presence of pre-existing serious medical conditions.
- Challenges with diagnosing dental conditions over the phone. (Providers may consider asking patients to text a photo of the affected area to facilitate triage.)
- Patients at increased risk for adverse health outcomes from COVID-19, such as adults over 60 and those with chronic health conditions such as diabetes, or heart or lung disease.

Patients experiencing a dental emergency should not be directed to an emergency room, including after hours, unless they are experiencing a life-threatening emergency.



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Q: What is the current testing criteria for COVID-19?

A: As commercial labs have continued to increase their capacity for testing for the virus causing COVID-19 disease, the Wisconsin Department of Health Services has refocused its testing efforts toward persons at highest risk for COVID-19 disease and potential adverse outcomes or concerns about infection control (healthcare or long term care workers) which is consistent with federal guidelines. If patients do not meet criteria and their physician wishes for them to be tested, they should be tested through a commercial laboratory.

Clinicians should use their judgment 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).

Priorities for testing may include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
- Other symptomatic individuals such as, older adults (age ≥ 65 years) and individuals with chronic medical conditions, and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Any persons, including health care personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from high risk geographic areas within 14 days of their symptom onset. Testing should be considered for individuals in these group even if symptoms are mild (e.g. sore throat).

When considering COVID-19 in any patient presenting with respiratory symptoms, whenever possible test for common causes of respiratory illness (e.g., influenza, RSV), and if negative, a test for COVID-19 may be considered. COVID-19 testing is typically not indicated for patients without an exposure risk who have mild respiratory illness or who are asymptomatic.



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Q: What is the process of getting my results?

A: If your specimen goes to the WSLH or MHDL lab for testing, when the tests are completed, the results will be sent to your physician and to DCPH. If your test is done in the WSLH or MHDL lab, your doctor or healthcare provider can look up your test results on our lab electronic result site. If your test is positive, a health department COVID-19 Investigation Team member will call the physician to notify him/her of the results and ask that they notify you as their patient. If your test is positive, a COVID-19 Investigation Team member will call you with further instructions and ask you questions.

If your specimen goes to a commercial lab (private labs who run specimens for tests for COVID-19), the commercial lab will report your test results to your doctor or healthcare provider. Commercial labs are required, by law, to report positive tests to the health department within four hours of getting the results.

Q: When people test positive, are those who have been in contact with them notified?

A: Yes. After the healthcare provider tells the patient that they have a positive result, DCPH contacts the patient to conduct an investigation called a contact interview. They find out where the person has been and who they have been in contact with. Follow-up with contacts are then made.

Q: There is a case in my county? I have a sore throat. Should I get tested?

A: Our Infectious Disease and Outbreak Team (COVID-19 Investigation Team) talks to people who have COVID-19 (cases) to find out where they have been and who they have been in contact with for a specified amount of days. They call and talk to the persons the case has been around (contact or contacts). If you are a contact, a COVID-19 Investigation Team member will call you. Otherwise please contact your healthcare provider if you have questions about being tested. If you don't have a healthcare provider or need additional info, please call the Dodge County COVID-19 Information Hotline: 920-386-4304



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Q: How often are you updating the public on case counts and deaths?

A: See total cases and deaths organized by county of residence updated in real-time on the DHS website daily around 2pm: <https://www.dhs.wisconsin.gov/covid-19/index.htm>. We are also posting a "Daily Snapshot" with current numbers on our Dodge County Public Health Facebook and Instagram social media accounts Monday-Friday.

Q: Does total tested include negative results or results from commercial labs?

A: Total tested reported primarily represents tests that were satisfactorily performed by the Wisconsin State Lab of Hygiene, along with some data from commercial labs. Commercial labs are required, by law, to report positive tests to the State Lab. Some commercial labs do not report negative specimens.

Q: If a patient with a pending test dies before their result comes back, is it captured and reported?

A: All positive COVID 19 tests are required, by law, to be reported to the Wisconsin Department of Public Health, and investigation occurs whether the person is deceased or not.

Q: Do cases have to be confirmed by the CDC?

A: For the purpose of public health action and investigation, lab tests reported as positive by the Wisconsin State Lab of Hygiene or other labs are considered positive. Thus, all positive tests are included in our case counts. Other labs are required by law to report positive COVID-19 tests to the Wisconsin Department of Health Services.



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Q: Why is it that health officials will not give us more information about who is infected?

A: Dodge County Public Health Unit cannot disclose patient information due to HIPAA. COVID-19 is a level one notifiable disease, by law, in Wisconsin. People who have COVID-19 (cases) are investigated by DCPH, and the case goes under home quarantine, unless hospitalized where they are also under quarantine. People who are in close contact (contacts) identified as part of the investigation are notified and placed under home quarantine as well. Places of employment or businesses are contacted as part of the investigation. Cases and contacts are not allowed to be out in public until instructed by DCPH that they may do so.

Q: What does the investigation process for a Coronavirus look like?

A: When a death occurs in a person who tested positive for COVID-19, the record is reviewed by the Dodge County Medical Examiner to determine factors related to deaths and whether the death is attributable to COVID-19.

Q: Why are you not providing the number of hospitalizations on your website or social media?

A: DCPH is tracking this information as part of COVID-19 investigative response. When DCPH receives an initial positive lab report, some of the data may be incomplete in terms of hospitalization or outpatient status. Thus, we collect this data as part of the investigation. The number can change as we continue to receive results of tests and investigate cases.

Q: Will you be providing any updates on the health status of cases?

A: We are early into our process of cases being under home quarantine. As cases complete their period of quarantine, DCPH will review data to determine what information can be shared regarding outcome.



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Q: How many employees are working on contact tracing and death investigations related to COVID-19?

A: The Dodge County Public Health Unit has 5 Public Health Nurses, 2 public health technicians and 1 emergency preparedness coordinator working on COVID-19 related tasks.

Q: How long might a typical death investigation take in the case of a patient who died after testing positive for COVID-19?

A: Death investigation can take one hour or less once the medical records are received.

Q: Will the numbers go down the people with COVID-19 are no longer symptomatic?

A: Numbers of COVID-19 cases will continue to be counted as cases. Our snapshot will always show cumulative totals.

Q: Will DCPH report the number of recovered cases?

As Dodge County begins to have persons complete home quarantine, DCPH will review ways to report additional data including person recovered.

Q: Will cases be subtracted from the current number of cases or will it be separately reported?

A: Cases will not be subtracted as this is the data on numbers of total cases.

