Frequently Asked Questions and Answers

**Disease Basics**

**Q: What is 2019 novel coronavirus?**

A: 2019 novel (new) coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China. Learn about 2019 Novel Coronavirus.

**Q: Why is COVID-19 such a big deal? Isn’t this like the flu?**

A: 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.

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness, including older adults and people who have serious chronic medical conditions like heart disease, diabetes, and lung disease.

This risk to specific populations means that the CDC and ISDH are asking individuals to practice everyday precautions to protect high-risk individuals. This includes staying home when sick, practicing effective handwashing, disinfecting common areas often and avoiding large gatherings.

**Q: Are there cases in Indiana?**

A. Yes. Indiana is updating the number of positive cases daily at 10 a.m. at www.in.gov/coronavirus.

**Q. Where can I call if I have questions or if coronavirus infection is suspected?**

A. Please visit the ISDH website at www.in.gov/coronavirus for general information. Healthcare providers and members of the public who haven’t found what they need can also call the ISDH call center at 877-826-0011.

**Q: How does the virus spread?**

A: This virus probably originally emerged from an animal source but is now spreading from person-to-person. The CDC advises that people practice social distancing by avoiding gatherings of more than 10 people and maintaining a 6-foot distance from others.

**Q: Is 2019-nCoV the same as the MERS-CoV or SARS virus?**

A: No. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. The recently emerged 2019-nCoV is not the same as the coronavirus that causes Middle East Respiratory Syndrome (MERS) or the coronavirus that causes Severe Acute Respiratory Syndrome (SARS). However, genetic analyses suggest this virus emerged from a virus related to SARS. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

**Q: How long can the virus survive on surfaces?**

A: Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces

Q: What is the normal course of the illness?
A: The infection is different for everyone, ranging from mild illness to severe respiratory illness. A majority of individuals with COVID-19 have mild symptoms and should monitor them and contact their healthcare provider if symptoms worsen, especially wheezing or shortness of breath. Individuals who do not need to be hospitalized can self-isolate at home. Those who need medical care should call ahead to alert their healthcare provider so that proper infection control measures can be taken.

Prevention

Q: How can I help protect myself?
A: The best way to protect yourself is to heed the current guidance about social distancing and take the same steps used to prevent other respiratory infections, including the flu:

A: The best way to protect yourself includes:

Cleaning your hands often
- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoiding close contact
- Avoid close contact with people who are sick
- Put distance 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.

Cleaning and disinfecting
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Q: I want to know who is currently sick with COVID-19, and where these individuals are located, so that I can protect myself and my loved ones.
A: The ISDH provides a map that shows counties with positive cases of COVID-19. This map is updated daily at 10 a.m. and can be found at www.in.gov/coronavirus. ISDH cannot release information about specific patients due to privacy laws.
Q: What is the best way to decontaminate an area that has been exposed to COVID-19? What cleaning agents should be used?
A: Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Q: I believe that my food been exposed to COVID-19. Does it need to be thrown out?
A: 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.

Learn what is known about the spread of COVID-19.

Q: My job includes traveling to individual homes. Should I continue working?
A: Employees who are concerned about their health or the health of their clients should discuss these concerns with their employer. More guidance for business and employers is available on the CDC website.

Q: I’m an employer. I’m concerned that one of my employees may have COVID-19. What should I do?
A: If an employer believes that one of their employees are ill, the employer should recommend that the employee reach out to their primary care physician. If possible, businesses should work with employees who are ill or have had contact with COVID-19 to allow them to work from home.

If an employee is diagnosed with COVID-19, an ISDH team or local health department will work with the employer to determine next steps, which can include quarantine for exposed individuals.

More guidance for business and employers is available on the CDC website.

Q: What should I do if I had close contact with someone who has 2019-nCoV?
A: There is information for people who have had close contact with a person confirmed to have, or being evaluated for, 2019-nCoV infection available online.

Q: Why are schools closing?
A: The CDC has published interim guidance to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff.

Administrators are individuals who oversee the daily operations of childcare programs and K-12 schools, and may include positions like childcare program directors, school district superintendents, principals, and assistant principals.
(Schools that DO NOT have COVID-19 identified in the community) To prepare for possible community transmission of COVID-19, the most important thing for schools to do now is plan and prepare. Actions could include:

- Review, update and implement emergency operation plans.
- Develop information-sharing systems with partners.
- Monitor and plan for absenteeism among both students and staff.
- Establish procedures for students and staff who are sick at school.
- Perform routine environmental cleaning.
- Create communications plans for use with the school community
- Review CDC’s guidance for businesses and employers.

(Schools WITH COVID-19 identified in the community) If local health officials report that there are cases of COVID-19 in the community, schools may need to take additional steps in response to prevent spread in the school. The first step for schools in this situation is to talk with local health officials.

Temporarily dismissing childcare programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities. Childcare and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own.

More information for schools and childcare programs is available on the CDC website.

Q: What should I do if I believe my child has been exposed to COVID-19?
A: Most children experience mild symptoms from COVID-19. Symptoms tend to appear 2-14 days after exposure. If you believe your child may have been exposed, monitor for symptoms and follow the CDC’s latest guidance for staying home. Contact a healthcare provider if symptoms such as shortness of breath, fever and cough worsen.

Q: I have a doctor/dentist appointment. Is it safe to keep that appointment?
A: The American Dental Association has recommended that dentists cancel elective procedures and has issued guidance for dentists and patients. Individuals who are concerned about visiting their doctor or dentist, or who are exhibiting symptoms of illness, should call ahead and discuss their concerns with the office. Individuals who believe they have symptoms of COVID-19 should call their healthcare provider first to get instructions so that appropriate infection-control measures can be implemented.

Q: I’m going on vacation to an area with COVID-19 cases. What do I need to do when I get back?
A: Travel guidance changes frequently as the outbreak expands, and individuals who travel should be prepared to be quarantined at home for 14 days upon their return or for their trips to be disrupted, extending their time away from home.

If you left an area with widespread, ongoing community spread (Level 3 Travel Health Notice countries), stay home for 14 days and practice social distancing. CDC does not generally issue advisories or restrictions for travel within the United States.

Take these steps to monitor:

- Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
- Stay home and avoid contact with others. Do not go to work or school or be out in public for this 14-day period. Discuss your work situation with your employer before returning to work.
- Do not take public transportation, taxis, or ride-shares during the time you are practicing social distancing.
- Keep your distance from others (about 6 feet or 2 meters).

More information for travelers is available on the CDC website.

**Q: I’ve been told to self-isolate. What does that mean?**

**A:** *(Individuals who are not showing symptoms)* Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).

Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Surfaces that are touched often should be cleaned daily, and laundry should be washed thoroughly.

If there is a patient in the home, remain separated as much as possible. Other household members should care for any children or pets in the home. See Preventing the Spread for more information.

*(Individuals who are mildly ill)* People who are mildly ill with COVID-19 can isolate at home during their illness. You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ridesharing, or taxis.

As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available. You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water. Surfaces that are touched often should be cleaned daily.

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. See COVID-19 and Animals for more information.

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed. Ask your healthcare provider to call the local or state health department.
If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive. See Preventing the Spread for more information.

Medical Information

Q: What are the symptoms and complications that 2019-nCoV can cause?
A: Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever, cough, and difficulty breathing. Read about 2019-nCoV Symptoms.

Q: Should I be tested for 2019-nCoV?
A: If you develop a fever and symptoms of respiratory illness, such as cough or shortness of breath, within 14 days after travel from a country under a Level 3 travel advisory or an area with community spread of COVID-19, you should call ahead to a healthcare professional and mention your recent travel or close contact. If you have had close contact with someone showing these symptoms who has recently traveled from this area, you should call ahead to a healthcare professional and mention your close contact and their recent travel. Your healthcare professional will determine if you need to be tested for 2019-nCoV.

Q: How do you test a person for 2019-nCoV?
A: The ISDH laboratory is testing high-risk individuals for COVID-19. These include people who have severe respiratory illness and healthcare workers. Private laboratories such as LabCorp also are providing testing, and new testing options continue to become available. All tests done through the ISDH laboratory must be authorized by ISDH prior to submission. Healthcare providers are urged to use their best clinical judgment in determining who requires testing.

For more information on specimen collection see CDC Information for Laboratories.

Q: I want to be tested for COVID-19. How do I get a test completed?
A: The ISDH laboratory is testing high-risk individuals for COVID-19. These include people who have severe respiratory illness and healthcare workers. Private laboratories such as LabCorp also are providing testing, and new testing options continue to become available. Healthcare providers are urged to use their best clinical judgment in determining who requires testing and to consider using commercial labs for individuals who do not meet the high-risk criteria for testing at the ISDH lab.

Q: I've been told that I'm not allowed to enter a specific area without a negative test. How do I get a test completed?
A: There have been reports through the call center that some restrictions are being imposed on individuals unless a negative test report can be presented. Due to limited resources, the state is reserving the testing supply for individuals with severe symptoms, underlying medical conditions and high-risk individuals, among other criteria. Individuals can speak with their primary care physician regarding a commercially available test.

Q: How long does it take to get results from a COVID-19 test?
A: ISDH typically has results within 24 hours after a specimen is received. Commercial labs may take longer to produce results.

Q: What should healthcare professionals and health departments do?
A: For recommendations and guidance on patients under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation,
Q: I’m sick and think I might have COVID-19. Where do I go to be seen?
A: If you develop symptoms such as fever, cough and/or difficulty breathing, and have been in close contact with a person known to have COVID-19 or have recently traveled from an area with ongoing spread of COVID-19, stay home and call your healthcare provider.

If you suspected you have COVID-19, please call the healthcare provider in advance so that proper precautions can be taken to limit further transmission. Older patients and individuals who have severe underlying medical conditions or are immunocompromised should contact their healthcare provider early, even if their illness is mild.

If you have severe symptoms, such as persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips of face, contact your healthcare provider or emergency room and seek care immediately, but please call in advance if possible.

Your doctor will determine if you have signs and symptoms of COVID-19 and whether you should be tested.

Q: My provider is refusing to see me. What do I do now?
A: If your healthcare provider is unavailable, please call the ISDH Epidemiology Resource Center at 317-233-7125 [317-233-1325 after hours].

Public Health Response and Current Situation

Q: What is CDC doing about 2019-nCoV?
A: This is an emerging, rapidly evolving situation and CDC is updating information regularly. Visit the CDC’s website at https://www.cdc.gov/coronavirus/2019-ncov/index.html/. ISDH also has created a dedicated website with resources at www.in.gov/coronavirus.

Q: Am I at risk for 2019-nCoV infection in the United States?
A: There is no vaccine for COVID-19 and no one is immune, so everyone is encouraged to follow the guidelines for social distancing to slow the spread of illness.

Q: How many people in the United States gotten infected?
A: The first infection with 2019-nCoV in the United States was reported on January 21, 2020. See the current U.S. case count of infection with 2019-nCoV.

Q: How is the state ensuring that COVID-19 individuals are observing the quarantine?
A: Individuals who have tested positive for COVID-19 or have been exposed are asked to quarantine for 14 days. Local health departments will work with patients to monitor symptoms. Guidance about quarantine, including legal authority to order quarantine, can be found here under IC 16-41-9-1.5.

Q: Am I at risk for novel coronavirus from a package or products shipping from China?
A: While much is still being learned about the virus that causes COVID-19, it is believed to live on surfaces for just hours to days. Because of poor survivability of these coronaviruses 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.
Q: What is the state telling hospitals and care facilities regarding visitors?
A: (Hospitals) Hospitals are encouraged to provide updates about changes to 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.

Health care providers are also encouraged to screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering the facility. Facilities can keep up to date on the recommendations for preventing spread of COVID-19 on CDC’s website.

(Care facilities) Given their congregate nature and residents served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, the CDC recommends that facilities should discourage visitation and begin screening visitors even before COVID-19 is identified in their community.

Q: Will my insurance pay for a COVID-19 test? If it won’t, or I don’t have insurance, will the state pay for it?
A: Individuals should reach out to their insurance provider regarding coverage questions. Due to limited resources, the ISDH lab is prioritizing its testing for high-risk individuals, such as those with severe symptoms, those over 60 years old or people with underlying medical conditions and healthcare workers. Private laboratories also are offering testing.

Travel
Q: Is it safe to travel to a country where 2019-nCoV cases have occurred?
A: The situation is evolving. Stay up to date with the CDC’s latest travel guidance.

Q: What if I recently traveled to an area experiencing transmission of COVID-19 and got sick?
A: If you traveled to an area impacted by COVID-19 and feel sick with fever, cough, or difficulty breathing within 14 days after you left, you should:

- Contact a healthcare provider and inform the provider of your recent travel to an area impacted by COVID-19.
- If your symptoms worsen, call ahead before going to a doctor’s office or emergency room and tell them about your symptoms and recent travel.
- Avoid contact with others.
- Avoid traveling 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. Use an alcohol-based hand sanitizer that contains at least 60% alcohol, if soap and water are not available.

2019-nCoV and Animals
Q: Should I be concerned about pets or other animals and 2019-nCoV?
A: While this virus seems to have emerged from an animal source, it is now spreading from person-to-person. There is no reason to think that any animals or pets in the United States might be a source of infection with this new coronavirus, but individuals who are symptomatic or who have tested positive for COVID-19 are urged to avoid contact with pets.
Q: Should I avoid contact with pets or other animals if I am sick?
A: Do not handle pets or other animals while sick. Although there have not been reports of pets or other animals becoming sick with 2019-nCoV, several types of coronaviruses can cause illness in animals and spread between animals and people. Until we know more, avoid contact with animals and wear a facemask if you must be around animals or care for a pet.

Footnotes

1Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

2Close contact is defined as—

a. being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case.— or —

b. having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC’s Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.