

COVID-19 TESTING GUIDELINES

There are several **types of testing for COVID-19**. The point of care test that we are currently using is the Abbott BlaxNow COVID-19 Antigen card, which is considered one of the most accurate versions of this testing method. The viral antigen test results are available in 15 minutes or less (very similar to the flu test). This type of test is most reliable when done early in the illness (prior to day 5-7). In general, these tests are very specific (95-100%) but they are not as sensitive (84-97.6%) as a PCR test. That means if they are positive then you very likely do have an active COVID-19 infection. However, it also means that it is not uncommon to have false negatives (testing negative but still having the infection). Even if you have a rapid antigen test it may be necessary to confirm the results with a PCR test. A PCR test is looking for viral RNA and we will send your nasal swab to LabCorp for further evaluation. If PCR tested, your results will be available in approximately 2-5 business days (possibly longer during holidays and during increased testing). We will contact you with your lab results in a timely manner or you may create a LabCorp patient portal account (ask for details) and access your results at any time. All results, both negative and positive of both types of testing, will be reported to the health department.

SYMPTOMATIC PATIENT RECOMMENDATIONS

If you are tested for COVID-19 because you are symptomatic (sick)... If you have had a rapid antigen test, your results are available in approximately 15 minutes but this may not be considered a confirmatory test. The healthcare provider may recommend a PCR test to confirm your results. It is advised that all sick patients begin to SELF ISOLATE as soon as their symptoms begin. It is important for you to STAY HOME and not allow others to come to your home for the duration of your isolation. You should separate yourself from other household members as much as possible to limit the spread of illness to them.

If you are sick with COVID-19 symptoms and your test is positive, then your isolation will continue until 10 days from the onset of your illness, you have been 24 hours fever free without medications, and your symptoms are significantly improved. Also, you should notify all of your close contacts that you have been around 48 hours prior to the onset of your symptoms. Please notify your employer and/or your school district per their policy regarding COVID-19. Close contact COVID-19 exposures should self quarantine for 14 days from their last contact with the positive patient.

If you are sick with COVID-19 symptoms and your test is negative, then you will only have to isolate until you have been fever free for 24 hours and your symptoms have significantly improved. If your symptoms gradually improve and the *suspicion for COVID-19 remains low*, then none of your close contacts will need to quarantine. If you do not improve as expected and the *suspicion for COVID-19 remains high*, you may need to be retested and your close contacts should continue to self quarantine until your second test comes back negative or until 14 days has passed from their exposure to you during your illness.

If you are sick with COVID-19 symptoms and your test results are not available immediately, then it is recommended that you notify your close contacts, employer and/or school district of your illness at the time of onset and then update them on your test results when they are available so they can determine if self quarantine is appropriate and for how long as soon as possible.

If you are sick with COVID-19 symptoms and choose not to be tested then you are considered a presumptive positive. Therefore, you should follow the guidelines for a patient who tests positive.

If you are sick and considered a presumptive or confirmed COVID-19 case and you had a severe COVID-19 illness and/or you are immunocompromised it is recommended that you self isolate for up to 20 days (instead of 10 days). Your healthcare provider and/or the health department will help you determine an appropriate timeline depending on your circumstances.

POST-EXPOSURE PATIENT RECOMMENDATIONS

If you are tested for COVID-19 due to exposure to an infected person and you are asymptomatic (NOT sick)... It is still recommended that you self quarantine for 14 days from the time that you were last in contact with the sick person, no matter what your test results show.

If you test positive and you are NOT sick, then you must self isolate for 10 days from the date that your positive test was collected and notify your close contacts as well as your school district and/or employer as appropriate. **If you test negative and you are NOT sick,** then you just need to continue to monitor for fever and other symptoms of COVID-19 during your 14 day quarantine. If you become ill during that time you may need to seek medical care and be retested if indicated. Some school districts and/or employers have policies that may allow COVID-19 close contact exposures that are not sick to return to class and/or work before their 14 day quarantine is complete with negative test results.

If you have been exposed to a presumptive or confirmed positive COVID-19 case and you are considered a critical infrastructure worker, then the CDC guidelines allows you to return to work after you notify your employer of exposure and then you must; perform temperature screens, monitor and report symptoms of illness, wear a mask for a minimum of 14 days after your last exposure, practice 6 feet of social distancing as well as disinfect and clean work spaces frequently. Although you may be able to work, if you are under quarantine you should not be going anywhere else. If at any time you develop signs or symptoms of illness you must leave work and should consider seeking medical care and/or COVID-19 testing.

If you have been exposed to a presumptive or confirmed positive COVID-19 case and you have had a lab confirmed case of COVID-19 in the last three months and have recovered, then you are not required to quarantine. It is very unlikely, but not impossible, that you will get COVID-19 in the next three months after a previous known infection. You may be protected longer than this time period as well. If re-exposure does occur you should monitor for signs of illness and consider retesting if appropriate.

Definitions and Explanations...

Close contact is defined as someone who was around a presumed or known positive COVID-19 case in the following circumstances; within 6 feet of the sick person for more than 15 minutes without appropriate protection, provided care at home to someone who is sick with COVID-19, had direct physical contact with the sick person (hugged or kissed them), shared eating or drinking utensils with the sick person, and/or the sick person sneezed, coughed, or somehow got respiratory droplets on you.

******Please note that if you were wearing a mask during your exposure or stayed 6 feet away from the sick person without your mask on you are not considered a close contact.***

Quarantine is used to keep someone who has been exposed to someone with COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Isolation is used to separate people who have a presumed or confirmed COVID-19 case from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

We appreciate the opportunity to provide medical care to you and/or your family during this time. The recommendations included are based on CDC guidelines and are not a substitute for individualized medical care. Please understand that this information changes often, and while we strive to offer our patients the most up-to-date care and resources, we encourage you to be proactive in your healthcare and consider referencing the CDC COVID-19 website to further your understanding.

COVID 19 Patient Q&A

You are considered a confirmed or suspected COVID-19 case...

Our first priority is our patient's health and well being! The most important thing is that you get well, try not to spread infection and avoid hospitalization if possible. We are here to help.

Q. What happens now? **A.** Your lab results and contact information will be sent to the Texas Department of Health and they may contact you to discuss contact tracing and monitor your symptoms. You need to plan on isolating for at least 10 days from the onset of your symptoms. If you are immunocompromised or have moderate to severe illness you will need to stay home for up to 20 days. You need to notify any of your close contacts (please see definition) that you were around 48 hours prior to the onset of your symptoms and advise them to quarantine for 14 days from their last contact with you. If they are essential workers, they may still be able to work during their quarantine if they follow CDC and their employers guidelines.

Q. How sick will I get? **A.** Most cases are very mild, similar to a sinus infection or mild upper respiratory infection, but symptoms vary greatly between patients, lasting anywhere from 3-14 days on average. Children generally only have symptoms for a few days and recover quickly. Most adult patients report having a headache or sinus pressure, possibly with dizziness, and fatigue at the onset of their symptoms. The fever is generally low and is often reported as worse at nighttime. It is possible to never have a fever or you may have fever for over 10 days. Patient's symptoms tend to get worse around day 5-10, especially those at the greatest risk of complications. Worsening symptoms typically include worsening cough, chest heaviness, higher fevers, rapid heart rate, and shortness of breath. If you have risk factors such as obesity, high blood pressure, immune suppression, diabetes, heart disease, lung disease, being elderly, etc you need to be monitoring your symptoms very closely. Those with the highest risks are strongly advised to monitor their oxygen saturation and heart rate with a home pulse oximeter.

Q. What can I do to get better? **A.** COVID-19 is a viral illness, so your immune system does most of the work to get you better. Resting, staying hydrated, and possibly taking vitamins (ex. Vitamin C & D, zinc, etc) all help your immune system to fight the infection for you. If you have a fever, body aches or headache, take tylenol for your symptoms. If it is ineffective, then consider taking motrin, but some suspect NSAIDS could cause prolonged or worsening COVID symptoms. We recommend a 24 hour antihistamine (ex. Zyrtec or allegra) and/or nasal saline rinse or nasal steroid spray (ex. Flonase) for head congestion and drainage. If your cough is dry, use hot liquids and lozenges, and if it is productive or associated with chest congestion then take Mucinex DM in the morning and Delsym at bedtime. If you have a combination of symptoms you may use OTC cold/flu combo medications (ex. Alka seltzer, theraflu, Corciden, etc) but most of these products only last for 4-6 hours. If you have an inhaler, you can use it every 4-6 hours to help with shortness of breath, wheezing and bronchospastic cough. It is not recommended that you use your nebulizer, unless necessary, if you live with others who are not also sick, as it may increase the risk of spreading infection. If you have diarrhea that is severe then you may want to take a low dose of OTC Immodium, but avoid constipation with use. If you have a contraindication to any of the above medications due to chronic medical problems, allergic reactions or drug interactions then do not take them.

Q. Should I have any prescriptions for medications? A. There is no approved treatment for COVID-19 in the outpatient setting. There is a great deal of speculation about alternative treatments (hydroxychloroquine, pepcid, ivermectin, etc..) but none of them has enough evidence that their benefits outweigh their risks or side effects. Remdesivir is only given in the hospital setting to those who are severely ill and fail to improve at home with OTC medications. Antibiotics, such as azithromycin, do not treat COVID because it is a viral illness. Antibiotics may be prescribed if a secondary bacterial infection is suspected, such as pneumonia, sinusitis, pharyngitis, etc, but this will be decided by your medical provider. You may also benefit from a steroid injection or oral steroids if you have significant respiratory symptoms, but this is generally only recommended in those who have significantly worsening symptoms and later in the course of illness. If you use steroids incorrectly it may suppress your immune system and prolong the course of your illness. If you develop severe nausea or coughing then you may benefit from a prescription medication so notify your provider if necessary.

Q. Should my close contacts be tested? A. We suggest that those who have been exposed wait until they have symptoms of illness before they are tested. Most people who are exposed will develop symptoms in 4-5 days if they are going to get sick. They may have symptoms as early as 2 days after exposure and as late as 10 days. That is why they recommend exposed patients monitor their temperature and symptoms for 14 days from their last contact with a COVID case. If they do get sick during their 14 day quarantine, they should be seen by a medical provider and tested for COVID. A negative test after exposure does not guarantee that you will not get sick.

Q. What if I get worse? A. If you have severe shortness of breath, especially at rest, an O2 saturation <90%, very labored breathing and/or signs of dehydration you should call 911 and proceed to the nearest ER for further evaluation. If you are admitted to the hospital you may benefit from steroids, IV antiviral medications, supplemental oxygen, etc..., but they are only used when the patient meets criteria. If your symptoms are lingering but not severe or only mildly worsening you may need to be reevaluated at the clinic to determine if you are having complications of COVID-19. This usually will be after a full week of being sick. It is common for symptoms to get worse, such as increased heart rate and shortness of breath, with any physical activity and at nighttime. We strongly suggest against any strenuous activity if you have these symptoms and we recommend monitoring your oxygen saturation if possible. You may also want to sleep in the upright position or on your stomach with your chest and head slightly elevated. Otherwise, please call the clinic with questions or concerns about your symptoms and/or make a follow up appointment as appropriate to be reexamined.

Q. What should high risk patients or those with severe symptoms be doing? A. Patients should rest as much as possible but do not lay flat on your back in bed and you should stir about some in your home. It is important to conserve as much energy as possible for your body to get well. Doing any physical activity could exacerbate respiratory and cardiac symptoms. HYDRATE!!! Drink as many fluids as possible (unless you are on fluid restriction due to other conditions). I recommend alternating water and electrolyte containing liquids, but stay away from excessive sugar and caffeine. It will help your body aches, headache, fever, fatigue, heart rate, etc if you stay hydrated. Do Not Stop Eating! You will likely not be hungry and food may not taste good but you must have adequate nutrition and protein to get better. You may need to supplement with protein shakes such as muscle milk or boost with extra protein, and if you're a diabetic or need to avoid sugar we recommend glucerna or premier protein shakes. Other bland but healthy food ideas are; eggs, peanut butter, whole grain toast, apples, berries, greek yogurt, oatmeal, chicken salad, cheese and crackers, vegetable or beef stew, baked potatoes, etc..

Continued...

Get a pulse oximeter to monitor your heart rate and oxygen saturation. If your heart rate is getting or staying above 100 at rest (not including secondary to medication), or goes up significantly with physical activity then you should report that to your medical provider. If your oxygen is <90% that could be a sign of decompensation. If that occurs in combination with other symptoms, especially if it persists then you should be reevaluated and possibly hospitalized. Keep your blood pressure and blood sugar under control as much as possible! Continue to take your regular medications and avoid missing doses if at all possible. If your symptoms worsen, especially between day 5-10, do not assume they will get better on their own and make sure to contact us or get reevaluated if possible. Several of our treatments are best given when your mild symptoms start to become moderate or severe and this is in the timeframe we will need to be very diligent to avoid hospitalization. Do not wait to notify someone because you are afraid to go to the hospital as this could lead to severe complications, cause you to miss your window to start more effective medications, and lead to poor outcomes.

Q. How will I know I am well? A. If your symptoms are mild, and most patients are, then you will feel similar to any other upper respiratory infection and will return to normal in 7-14 days with possible lingering fatigue or slight cough for 1-3 weeks. If you have increased respiratory symptoms, which normally begin after 5 -7 days, then you may continue to feel "winded", have an elevated heart rate and possible intermittent coughing with activities for many weeks after your illness resolves. If you require hospitalization then you will likely have an extended illness and your full recovery may take weeks to months depending on the severity and treatment that you receive. For mild to moderate illness it is not recommended to be retested to confirm resolution of illness as the majority of patients will not be infectious to others after 10 days from onset of your symptoms, however if your symptoms persist you need to continue to isolate until they are significantly improved or resolved and fever (even low grade) is resolved without medications for >24 hours. When you resume normal activities and/or work you may want to consider half days and reduced physical activities so that you don't exacerbate your symptoms or lengthen your recovery.

Q. What about COVID antibodies? A. In recent studies the majority of patients will have detectable antibodies on a blood test after they have a lab confirmed case of COVID. It is possible for some not to show evidence of antibodies after illness but not common. We don't recommend testing for antibodies routinely, however if you are tested we recommend waiting at least 2 weeks after your illness and doing a serology test (blood draw) for more accurate results. At this time it is unknown how high your antibody levels have to be to prevent reinfection. After a confirmed lab case of COVID a patient is not required to quarantine if re-exposed in the following three months because it is unlikely that they will get reinfected. However, if they are re-exposed during that time they should continue to monitor for symptoms and be evaluated if they occur and possibly retested. It is also still recommended that you wear a mask after you have had COVID as it is possible to continue to shed the virus for weeks to months after infection. Also, it will help prevent getting other respiratory infections while you recover from your recent illness. In patients who have been reinfected, they are also likely to have very little to no symptoms so you could potentially spread the virus without knowing.

GET WELL! STAY WELL!

COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



- Stay home until 14 days after your last contact.

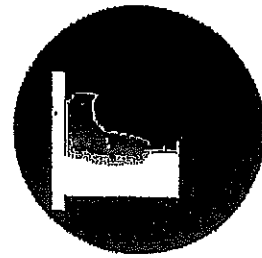


- Check your temperature twice a day and watch for symptoms of COVID-19.



- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.

ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



If you are sick and think or know you have COVID-19



- Stay home until after
 - At least 10 days since symptoms first appeared **and**
 - At least 24 hours with no fever with fever-reducing medication **and**
 - Symptoms have improved



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test



If you live with others, stay in a specific "sick room" or area and away from other people or animals, including pets. Use a separate bathroom, if available.



Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific 'First Responder Guidance page.

INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in rooms.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks, don't congregate in the break room, and don't share food or utensils.

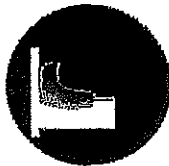
Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation, ride-sharing, or taxis.**



Separate yourself from other people and pets in your home.

- As much as possible, stay in a specific room and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a mask.
- See **COVID-19 and Animals** if you have questions about pets: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>.
- Additional guidance is available for those living in close quarters. (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>) and shared housing (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).



Monitor your symptoms.

- Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.
- Follow care instructions from your healthcare provider and local health department. Your local health authorities will give instructions on checking your symptoms and reporting information.

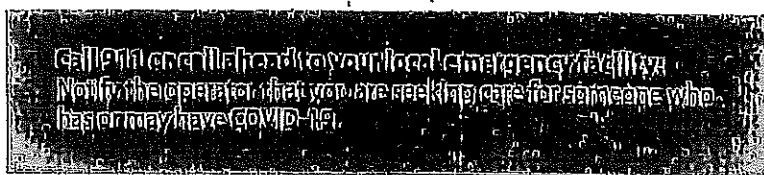


When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

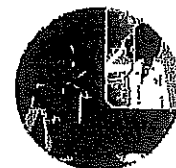
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19.**



If you are sick, wear a mask over your nose and mouth.

- You should wear a mask over your nose and mouth if you must be around other people or animals, including pets (even at home).
- You don't need to wear the mask if you are alone. If you can't put on a mask (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Masks should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the mask without help.



Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a mask using a scarf or bandana.



Cover your coughs and sneezes,

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in a lined trash can.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



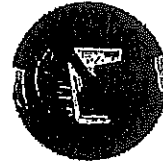
Clean your hands often.

- Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Use hand sanitizer if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Soap and water are the best option, especially if your hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items.

- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Wash these items thoroughly after using them with soap and water or put them in the dishwasher.



Clean all "high-touch" surfaces everyday.

- Clean and disinfect high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.



High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- Clean and disinfect areas that may have blood, stool, or body fluids on them.
- Use household cleaners and disinfectants. Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

When You Can Be Around Others After You Had or Likely Had COVID-19



When you can be around others (end home isolation) depends on different factors for different situations.

- I think or know I had COVID-19, and I had symptoms
 - You can be with others after
 - 24 hours with no fever
 - AND
 - Symptoms improved
 - AND
 - 10 days since symptoms first appeared
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- I tested positive for COVID-19 but had no symptoms
 - If you continue to have no symptoms, you can be with others after:
 - 10 days have passed since test
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
 - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."