



Talking Points

Name of event: 2019 Novel Coronavirus (COVID-19)

Date/Time: March 21, 2020

****Information in this document is not for public dissemination or public posting****

New information highlighted

Overview of issue/event

- On March 9, 2020, Governor Murphy declared a State of Emergency in response to the COVID-19 outbreak. On March 11, 2020 COVID-19 declared a pandemic by the World Health Organization.
- The Centers for Disease Control and prevention (CDC) recommends no gathering of 50 people or more for the next eight weeks (March 15-May 3, 2020).
- Governor Murphy announces statewide stay at home order, closure of all non-essential retail businesses. The order also prohibits social gatherings, mandates work from home arrangements for employees when possible, and invalidates conflicting local and county regulations.
- **New** COVID-19 website is available: covid19.nj.gov. The website has information that residents, healthcare providers, businesses and organizations, schools, and others will find helpful. The covid19.nj.gov website also has LIVE updates and announcements, as well as case counts by county.
- For an update of cases by county, the New Jersey Dept of Health (NJDOH) has set up a dashboard with information: https://www.nj.gov/health/cd/topics/covid2019_dashboard.shtml

Main messages/Key messages

- Individuals with no symptoms are not recommended to be tested. Individuals with mild symptoms should stay home if they are sick and follow the guidance of their health care provider.
- All New Jerseyans are encouraged to practice social distancing and avoid large crowds and gatherings, practice good hand hygiene, and stay home if they are sick.
- If the **public** has questions, they should contact the call center: 1-800-962-1253 or 211. Call centers are open 24/7. The call center is not able to diagnose individuals, provide testing appointments or results, or give specific medical recommendations. Callers who need medical advice should contact their healthcare provider. Residents can also text NJCOVID to 898-211 to receive text information to stay informed.
- CDS is accepting COVID-19 calls from local health departments, health care providers, and medical facility staff. During regular business hours, Monday through Friday from 8am-5pm, call (609) 826-5964. After hours and weekends, please call (609) 392-2020.

Public health recommendations for the public/impacted group

- Follow good respiratory hygiene recommendations.
- Cover coughs and sneezes with a tissue or sleeve, not your hands.
- Wash your hands often with soap and water. Use alcohol-based hand sanitizer if soap and water are not available.
- Stay home if you are sick and avoid sick people.
- Review and follow CDC travel advisories when planning travel. If you become ill after returning home to the United States, **call** your healthcare provider before going to a doctor's office or emergency department of a hospital. They may want to place a mask on you before you enter the building to protect other people.

WHAT IS CLOSED IN NEW JERSEY? (As of 3/21/20)

In an effort to promote social distancing to limit the spread of the COVID-19 virus, the following are closed.

- K-12 public, private and parochial schools
- Universities
- Casinos
- Nightclubs
- Performing Arts Centers and other concert venues
- Racetracks
- Movie theaters
- Gyms and fitness centers
- Indoor malls
- Indoor amusement centers and amusement parks
- All personal-care businesses which cannot comply with social distancing guidelines, including barber shops and hair salons, spas, nail and eyelash salons, tattoo parlors, and social clubs
- All non-essential retail businesses

Governor Murphy's March 21, 2020 press release about statewide stay at home order and closure of all non-essential retail businesses may be accessed here:

<https://nj.gov/governor/news/news/562020/approved/20200320j.shtml>

Governor Murphy's Executive Order further directs the closure of all non-essential retail businesses to the public, with the exceptions of:

- Grocery stores, farmer's markets and farms that sell directly to customers, and other food stores, including retailers that offer a varied assortment of foods comparable to what exists at a grocery store;
- Pharmacies and medical marijuana dispensaries;
- Medical supply stores;
- Gas stations;
- Convenience stores;
- Ancillary stores within healthcare facilities;
- Hardware and home improvement stores;
- Banks and other financial institutions;
- Laundromats and dry-cleaning services;
- Stores that principally sell supplies for children under five years;

- Pet stores;
- Liquor stores;
- Car dealerships, but only for auto maintenance and repair, and auto mechanics;
- Printing and office supply shops;
- Mail and delivery stores.

Governor Murphy's March 18, 2020 press release about actions that address childcare, seniors, homeless, Medicaid, Mental Health, Substance Use Disorder, and Disability Services may be accessed on the NJ.gov website. <https://nj.gov/governor/news/news/562020/approved/20200318d.shtml>

Frequently Asked Questions

What are coronaviruses?

A coronavirus is a type of common virus that can infect your respiratory tract. They can spread much like cold viruses. Almost everyone gets a coronavirus infection at least once in their life, most likely as a young child. They tend to circulate in the fall and winter.

What is the 2019 Novel Coronavirus (COVID-19)?

Sometimes a novel (meaning "new") type of coronavirus emerges and begins infecting humans. The type of coronavirus that has recently emerged in Wuhan, China is a new type of coronavirus and is infecting people for the first time, which means people do not have any immunity to it. It is causing an outbreak of respiratory illness.

What is the difference between 2019-nCoV and COVID-19?

These are two different names for the same virus. 2019-nCoV was the original name and this was changed by the World Health Organization on February 12, 2020 to COVID-19 (Coronavirus Disease 2019).

Am I at risk?

There are currently cases of COVID-19 in New Jersey. This is a rapidly evolving situation and the risk assessment may change daily. The latest updates are available on CDC's Coronavirus Disease 2019 (COVID-19) website and the NJDOH website at www.nj.gov/health.

How many cases of COVID-19 are there in NJ?

Counts of new cases of COVID-19 in New Jersey are released one time a day and posted to the NJ COVID-19 Dashboard. You can access the dashboard at either: covid19.nj.gov or nj.gov/health

I saw on social media that there are more cases and more people are sick than what is being reported.

NJDOH has an updated information on our website and various social media platforms, such as Facebook and Twitter. Be certain to get information from trusted and credible sources, such as CDC, NJDOH, your local health department and our call center. Misinformation exists, but all are encouraged to check credible sources for the most up-to-date information about COVID-19.

New Jersey posts updates on their website: www.nj.gov/health

SIGNS/SYMPTOMS/TREATMENT/SPREAD

What are the signs and symptoms of 2019-nCoV (COVID-19)?

There is limited information at this time on the full range of clinical illness associated with this virus. However, it is causing symptoms consistent with a respiratory illness such as **fever, cough, and shortness of breath**. Symptoms have varied from mild to severe. CDC believes at this time that symptoms of 2019 nCoV may appear in as few as two days or as long as 14 days after exposure.

How is 2019-nCoV (COVID-19) treated?

There is no specific treatment for this virus other than supportive care as needed.

Is there a vaccine?

There is no vaccine for the 2019 novel coronavirus and there are no medications approved to treat it.

How is 2019-nCoV (COVID-19) spread?

The virus is thought to spread mainly from person to person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is possible that you can also become infected by touching something which has been contaminated by the virus and then touching your eyes, nose or mouth.

Can someone spread the virus without being sick?

People are thought to be most contagious when they are the most symptomatic (the sickest). However, it is possible for the virus to spread from people who have minor or no symptoms.

What are the main symptoms of COVID-19?

The main symptoms of COVID-19 are fever, cough, and shortness of breath. Sore throat, nausea and diarrhea may occur. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing).

What does it mean to have “mild symptoms”?

Mild symptoms include fever, some aches and pains, dry cough. Persons with mild symptoms are recommended to stay home, rest, and recover. In general, testing is not needed in those with mild symptoms.

Who is getting sick from COVID and what are the outcomes?

A March 18, 2020 Morbidity and Mortality Weekly Report article, looked at severity of disease—by age group—among 4,226 COVID-19 cases in the United States that occurred during February 12–March 16, 2020.

- Overall, 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths associated with COVID-19 occurred among adults aged 65 years or older. The highest percentage of severe outcomes were among persons adults aged 85 years or older.
- Among 2,449 patients with known age, 6% were aged 85 years or older, 25% were aged 65–84 years, 18% each were aged 55–64 years and 45–54 years, and 29% were aged 20–44 years. Only 5% of cases occurred in persons aged 0–19 years.
- Similar to reports from other countries, this finding suggests that the risk for serious disease and death from COVID-19 is higher in older age groups.
- These preliminary data also demonstrate that severe illness leading to hospitalization, including ICU admission and death, can occur in adults of any age with COVID-19.

Who is at highest risk for COVID-19 illness?

Older adults and people who have severe underlying medical condition seem to be at higher risk for more serious COVID-19 illness. This includes:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of any age with the following underlying medical conditions, particularly those that are not well controlled:
 - Heart disease
 - Diabetes
 - Lung disease

If you are a person with a serious underlying medical condition that can put you at higher risk, stay home and away from other people.

I have asthma, am I at risk for COVID-19?

People with asthma may be at higher risk of getting infected with COVID-19. The virus can affect your respiratory tract (nose, throat, lungs), cause an asthma attack and possibly lead to pneumonia and acute respiratory disease.

Follow your asthma action plan, take your medication as prescribed, talk to your health care provider, insurer, pharmacist about creating an emergency supply of prescription medications, such as asthma inhalers. Avoid your asthma triggers and clean and disinfect frequently touched surfaces like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks and hand railings.

How easily does the virus spread?

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community in some affected geographic areas. 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.

How long does the COVID-19 virus survive on surfaces?

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g., type of surface, temperature or humidity of the environment).

If you think a surface may be infected, clean it with a disinfectant to kill the virus and protect yourself and others.

Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

What about the elderly and people with underlying medical conditions? Are they more at-risk?

The elderly and people of all ages with underlying health conditions seem to be at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness. This may be because:

- As people age, their immune systems change, making it harder for their body to fight off diseases and infection.
- Many older adults are also more likely to have underlying health conditions that make it harder to cope with and recover from illness.

If you are at increased risk for COVID-19 complications due to age or a severe underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure.

These people should also speak to their health care provider ahead of time to have a plan in place in the event they become sick. By talking to your health care provider ahead of time you can have a plan in the event that you do become ill if community spread of the virus occurs in your area. You can determine together what medications you may need to have on hand, make plans for any additional supportive care, or decide at what point the doctor would actually like for you to come into the office for an exam or at what point you should go to a hospital for medical support as needed.

On March 8, 2020, CDC recommended travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide. CDC also recommends that older adults and travelers with underlying health issues avoid situations that put them at increased risk for more severe disease, including non-essential travel on long plane trips.

What is the difference between seasonal coronavirus and COVID-19?

Common human coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. Most people get infected with a coronavirus at some point in their lives.

Human coronaviruses are not the same as COVID-19.

COVID-19 is a new coronavirus that has not been previously identified. This new virus is spread easily and there is community spread. This means that people have been infected with the virus in an area, including some who are not sure how or where they became infected.

If I get the pneumonia vaccine, will that protect me from COVID-19?

No. Vaccines against pneumonia, such as pneumococcal vaccine and the Haemophilus influenzae type B (HiB) vaccine do not provide protection against COVID-19. Although vaccination against pneumonia and seasonal flu is recommended to protect your health in general.

What is “15 days to Slow the Spread”?

On March 16, 2020 the White House announced a program called “15 Days to Stop the Spread”, which is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society. This is a massive preventive response to slow the spread and reduce the impact of the disease in our communities. People are being asked to stay home as much as possible and practice social distancing. This includes canceling or postponing gatherings and closing schools.

COVID-19 and PREGNANCY

Are pregnant women more susceptible to infections, or at increased risk for severe illness, morbidity, or mortality with COVID-19, compared with the general public?

CDC does not have information from published scientific reports about susceptibility of pregnant women to COVID-19. Pregnant women experience physical changes which might make them more susceptible to viral respiratory infections, including COVID-19. Pregnant women also might be at risk for severe illness, morbidity, or mortality compared to the general population as observed in cases of other related coronavirus infections [including severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV)] and other viral respiratory infections, such as influenza, during pregnancy.

Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

CDC does not have information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy. High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.

Are infants born to mothers with COVID-19 during pregnancy at increased risk for adverse outcomes?

Based on limited case reports, adverse infant outcomes (such as pre-term birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to maternal infection, and at this time the risk of adverse infant outcomes is not known.

Given the limited data available related to COVID-19 during pregnancy, knowledge of adverse outcomes from other respiratory viral infections may provide some information. For example, other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth. Additionally, having a cold or influenza with high fever early in pregnancy may increase the risk of certain birth defects. Infants have been born preterm and/or small for gestational age to mothers with other coronavirus infections. SARS-CoV and MERS-CoV, during pregnancy.

Is there a risk that COVID-19 in a pregnant woman or neonate could have long-term effects on infant health and development that may require clinical support beyond infancy?

At this time, there is no information on long-term health effects on infants either with COVID-19, or those exposed to the virus that causes COVID-19 in utero. In general, prematurity and low birth weight are associated with adverse long-term health effects.

Is maternal illness with COVID-19 during lactation associated with potential risk to a breastfeeding infant?

Human-to-human transmission by close contact with a person with confirmed COVID-19 has been reported and is thought to occur mainly via respiratory droplets produced when a person with infection coughs or sneezes. To date, no evidence of virus has been found in the breast milk of women with COVID-19.

No information is available on the transmission of the virus that causes COVID-19 through breast milk (i.e., whether infectious virus is present in the breast milk of an infected woman). In limited reports of lactating women with COVID-19, the virus has not been detected in breast milk; however, we do not know whether mothers with COVID-19 can transmit the virus via breast milk. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and health care providers.

A mother with confirmed COVID-19 or who is a symptomatic Person Under Investigation (PUI) should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed milk to the infant.

COVID-19 and CHILDREN

Are children more susceptible to the virus that causes COVID-19 compared with the general population and how can infection be prevented?

No, there is no evidence that children are more susceptible. In fact, most confirmed cases of COVID-19 reported from China have occurred in adults. Infections in children have been reported, including in very young children. From limited information published from past Severe Acute Respiratory Syndrome coronavirus (SARS CoV) and Middle East respiratory syndrome coronavirus (MERS CoV) outbreaks, infection among children was relatively uncommon.

Children should engage in usual preventive actions to avoid infection, including cleaning hands often using soap and water or alcohol-based hand sanitizer, avoiding people who are sick, and staying up to date on vaccinations, including influenza vaccine.

Does the illness differ in children compared with adults?

Limited reports of children with COVID-19 in China have described cold-like symptoms, such as fever, runny nose, and cough. Gastrointestinal symptoms, such as vomiting and diarrhea, have been reported in at least one child with COVID-19. These limited reports suggest that children with confirmed COVID-19 have generally presented with mild symptoms, and though severe complications (acute respiratory distress syndrome, septic shock) have been reported, they appear to be uncommon.

Are children at increased risk for severe illness or death from COVID-19 infection compared with adults?

There have been very few reports of medical outcomes for children with COVID-19 to date. Limited reports from China suggest that children with confirmed COVID-19 may present with mild symptoms and though severe complications, such as acute respiratory distress syndrome and septic shock, have been reported they appear to be uncommon. However, as with other respiratory illnesses, certain populations of children may be at increased risk of severe infections such as children with underlying health conditions.

Are there any treatments available for children with COVID-19?

There are currently no antiviral drugs recommended or licensed by the US Food and Drug Administration for COVID-19. Clinical management includes prompt implementation of recommended infection prevention and control measures in health care settings and supportive management of complications. Children and their family members should engage in usual preventive actions to prevent the spread of respiratory infections, including covering coughs, cleaning hands often with soap and water or alcohol-based hand sanitizer, and staying up to date on vaccinations, including influenza.

DIAGNOSIS & TESTING

Who is being tested for COVID-19?

There are several criteria set by the CDC and NJDOH to determine who should be tested for COVID-19 at the NJ public health laboratory. These criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with local and state public health on a case-by-case basis if their clinical presentation or exposure history is uncertain for travel or exposure. See below.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ² who has had close contact ³ with a laboratory confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization ⁴ and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

1. Fever (>100.4°F) may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations.

2. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

3. Close contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – *or* – b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

4. Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

5. Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).

6. Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

I have no symptoms of COVID-19 but I want to get tested. How do I get tested?

At this time, testing is prioritized for individuals who are sick with symptoms of fever, cough and shortness of breath where they need hospitalization, those who are close contacts of confirmed COVID-19 cases, and

individuals who traveled to/from highly affected areas. If you do not have symptoms, testing is not recommended.

Will there be community-based COVID-19 testing available?

There are public testing locations across the state. Testing is open to New Jersey residents only. You must bring identification to show proof of NJ residency (government issued photo ID). If a health care worker or first responder, bring appropriate ID. Parent/Guardian of an individual less than 18 years of age must be present.

Testing will be staffed by NJ Department of Health, the New Jersey State police, and the New Jersey National Guard.

Testing is free and will be covered by the federal government or personal insurance company. If you have health insurance, please bring your healthcare/Medical insurance card, although this is not a requirement to be tested. Do not take fever-reducing medicine prior to testing (such as Tylenol or Advil) for at least 6 hours prior to arrival. Pre-registration is not required.

These are drive-thru community-based testing sites for symptomatic individuals only:

1. Bergen County Community College, 400 Paramus Road in Paramus (Bergen County) will hold public COVID-19 testing for symptomatic individuals only. This means anyone wishing to be tested must meet specific testing criteria: fever of at least 99.6°F and respiratory symptoms or shortness of breath. Those who do NOT meet the criteria will be turned away. If you have a prescription for testing, please bring it with you. Testing is from 8am-4pm and will be 7 days a week. No stop date has been established.
2. PNC Art Center, 116 Garden State Parkway in Holmdel (Monmouth County) will hold public COVID-19 testing for symptomatic individuals only. This means anyone wishing to be tested must meet specific testing criteria: fever of at least 99.6°F and respiratory symptoms or shortness of breath. Those who do NOT meet the criteria will be turned away. If you have a prescription for testing, please bring it with you. Testing begins Monday, March 23, 2020 from 8am-4pm will be 7 days a week. No stop date has been established.
3. A South Jersey community-based location is being discussed.

For more information about the community-based testing in NJ, please refer to the Governor's press release: <https://nj.gov/governor/news/news/562020/approved/20200319b.shtml>

What should I expect at the community-based testing site?

Individuals will drive through a secured area and will remain in their vehicles throughout the entire testing process. Hours of operation are 8am-4pm. Be prepared for long wait times. No restrooms will be available. Bring water and other items to be comfortable while waiting. Expect a media presence. Every effort will be made by managers of the sites to maintain patient privacy.

Interpreters may be available to accommodate residents for whom English is not their primary language.

If you are having a medical emergency, call 9-1-1. Do not report to a testing site or wait at a testing site. Testing sites are not emergency care facilities. Call 9-1-1 and tell the dispatcher about your symptoms.

Do not take fever-reducing medicine prior to testing (such as Tylenol or Advil) for at least 6 hours prior to arrival. Testing includes a nasal swab.

If you do not meet testing criteria, you will be turned away. Testing criteria include but are not limited to: fever of at least 99.6°F and respiratory symptoms (such as cough) or shortness of breath.

Why are you asking me to bring my health insurance card?

If you have health insurance, you are asked to bring it. Testing is covered by insurance. However, healthcare/medical insurance is not a requirement to be tested.

Is the community-based testing just for residents of a certain county?

No, the community-based testing is for New Jersey residents, regardless of where they may live in the state. Anyone planning to attend a community-based testing site, please bring proof of your New Jersey residency by bringing a government-issued photo ID.

How will I get my test results from the community-based testing?

Instructions about what should you do while you wait for test results and monitoring symptoms were provided when you were tested. You will be called at the number you provided on the registration form with your results. Due to privacy considerations, no voice message will be left on your phone. You must answer your phone directly to receive results. The results calling center will call to follow up two times.

I was tested at a location that was not my doctor's office, how do I get my test results?

If the testing location required a doctor's prescription, you should contact your physician for the test results. Test results are sent to the ordering physician.

If you were tested at a hospital, the hospital should have your results.

Do not call the COVID-19 hotlines for your test results. They do not have your test results.

I was turned away from the public testing location. Why?

Depending on the public testing site, there are certain criteria that must be met in order for persons to get tested. At the Bergen Co and Monmouth Co test sites, the criteria includes testing only symptomatic persons with a fever of at least 99.6°F and respiratory symptoms or shortness of breath.

Mildly ill patients are encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

I heard I can get tested for COVID-19 at a commercial laboratory (i.e., LabCorp and Quest)?

Commercial labs are offering COVID-19 testing to individuals who meet certain criteria. These tests must be ordered and specimens collected by health care providers in their offices. Testing is not available at individual lab offices (i.e., local LabCorp or Quest labs). Do not go to a commercial lab and ask to be tested for COVID-19. Work with your health care provider to coordinate testing. All costs and fees associated with commercial laboratories is the responsibility of the patient.

Not everyone who has a mild illness needs to be tested, and it may take several days to get test results. Most important thing is to stay home if you are ill. You do not need approval from public health officials to be tested by a commercial laboratory.

What is the process of getting COVID-19 testing at a commercial lab?

Contact your health care provider to coordinate testing. You cannot walk into a commercial lab, such as LabCorp or Quest and get tested on-site. You must have your health care provider order the test from the commercial lab and take specimens in his office.

If I get tested using a test kit from a commercial lab, how long will it take to get the results?

Since your health care provider is collecting and submitting the specimen, you should check with them.

Should “contacts of contacts” be tested?

No, being the contact of someone who has close contact with a person who has COVID-19 does not warrant testing. For example, you have a coworker whose family member is a confirmed case. You would not need to be tested. Despite coming into contact with the coworker, you did not have close contact with the person who actually has COVID-19.

What you can do is monitor yourself for symptoms and practice good hand hygiene. If you notice that you have symptoms and feel that you need to be medically evaluated, contact your health care provider and stay home/do not go to public gatherings, work/school.

I was told by my employer that I need to get tested for COVID-19 since I was out of work after having respiratory symptoms (e.g., coughing, sneezing, influenza, bronchitis).

Sick people should remain home. Testing is only recommended for individuals with symptoms that require hospitalization or individuals who are close contacts of confirmed COVID-19 cases. Testing for individuals with mild symptoms is not recommended.

I was told that if I call out of work sick, I must get a doctor’s note saying I do not have COVID-19 in order to return to work.

This requirement will increase those going to work sick. Calling out of work to rest and recover from a mild illness is common during this time of year. Testing for COVID-19 is not recommended as a way to allow people to go back to work.

I am not sick/have no symptoms but want to be tested for COVID-19.

At this time NJDOH is not recommending individuals with no symptoms be tested for COVID-19. If they develop symptoms, consistent with COVID-19 (cough, fever, shortness of breath that requires hospitalization), they should contact their health care provider.

Is there any cost to the patient for testing?

If testing is done at the NJDOH Public Health laboratories through the proper channels with proper approvals, there is no charge to the patient for the test itself. However, there may be a charge for the medical care provided and this may include a charge to collect the specimen. These costs would be the responsibility of the patient.

How is the novel coronavirus diagnosed?

Symptoms of COVID-19 are very similar to other common illnesses such as the flu or the common cold. Healthcare providers can tell whether you have symptoms that could be COVID-19 but can't make the diagnosis by physical exam. They may also ask about recent travel in the 14 days prior to becoming ill, or other potential contacts to those infected with COVID-19. If COVID-19 is suspected, the healthcare provider can take a swab to send off for testing. At this time, testing can only be performed at the state public health lab or at CDC, and testing is still limited.

I was recently diagnosed with coronavirus, does this mean I have 2019-nCoV (COVID-19)?

Coronavirus is the term used for a family of viruses. Just like there are different types of influenza viruses, there are also different types of coronaviruses. Coronaviruses are quite common causes of respiratory infections and tend to circulate in the fall and winter months.

The four most common types of coronavirus are OC43, 229E, HKU1, and NL63. However, from time to time a new coronavirus will emerge and begin to cause infections in humans. This is what is currently happening in Wuhan. The type of coronavirus that has recently emerged in Wuhan, China is a new type of coronavirus and is infecting people for the first time which means that people do not have any immunity to it. Many people in New Jersey will be diagnosed with a coronavirus during the winter months, but that does not mean that it is the same strain that is causing the illness associated with the Wuhan outbreak.

Severe Acute Respiratory Syndrome (SARS) and Middle Eastern Respiratory Syndrome (MERS) were two respiratory illnesses caused by new strains of coronaviruses that made headlines years ago because they emerged suddenly and caused severe respiratory illness.

NJ Public Health & Environment (PHEL) LABORATORY QUESTIONS

When can results be expected if a patient/person was tested by the NJ Public Health and Environmental Lab (PHEL), also known as the state public health lab?

Results from PHEL should be available 24-48 hours after PHEL receives the specimen(s).

How do I submit specimens to be tested at PHEL?

Please visit the PHEL webpage: <https://www.nj.gov/health/phel/>

View the current bulletin about SARS-CoV-2 testing for COVID-19:

<https://www.nj.gov/health/phel/documents/Bulletins/Supplemental%20Bulletin%202020.1.4%20SARS-CoV-2%20Testing%20at%20PHEL.pdf>

How do I know if PHEL received my specimens/How do I package the specimens/Where do I send specimens for PHEL testing?

Questions or technical assistance with specimen collection, packaging or shipping should be directed to the NJ Public Health and Environmental Laboratory-Virology Program at 609-530-8516 or virology.PHEL@doh.nj.gov

How are results of PHEL tested specimens communicated?

PHEL provides negative test results via email to NJDOH Communicable Disease Service staff and other contacted identified at intake. Positive results are relayed via phone. All results (both positive and negative) are provided via email and fax to the submitting laboratory.

EXPOSURE QUESTIONS

You mentioned contacts vs. close contacts. What is a “close contact?”

A close contact is defined as being within approximately 6 feet (2meters) of a COVID-19 case for a prolonged period of time (approximately 10 minutes or longer); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

OR

Having direct contact with infectious secretions of a COVID-19 case (for example, being coughed on).

I am a close contact of a COVID-19 case. I was told to self-isolate for 14 days. It is day 10 and I have no symptoms, can I go to work?

- No. Symptoms may appear anywhere between 2-14 days. You should continue to self-isolate yourself and do not go to work/school or public places/gatherings.

I am a close contact of a confirmed COVID-19 case, but I am not sick and have no symptoms. Can I go to work? Can I get tested?

- Close contacts of confirmed COVID-19 cases who do not have symptoms of fever, cough or difficulty breathing, should stay home and self-monitor yourself for symptoms for 14 days. If symptoms appear and do not improve, call your/a health care provider. Wash hands frequently and do not go to work/school or public gatherings while self-isolating.

I am a health care provider and was notified that I may have been exposed to a person with is a confirmed COVID-19 case. What should I do? I have mild symptoms.

- Self-isolate at home for at least 3 days (72 hours) until you are fever-free without the use of fever reducing medicine, AND your symptoms have improved AND at least 7 days have passed since your symptoms first appeared. Stay in a separate bedroom from other persons who live in your house and use a separate bathroom (if possible). Contact your local health department with your temperature 2 times/day. Contact your health care provider if your symptoms get worse. If your symptoms get worse, your health care provider may recommend COVID-19 testing. Wash hands frequently, do not go to work or attend public gatherings while self-isolating. If you go to a medical facility for testing, wear a face mask.

If a coworker is diagnosed with the new coronavirus, can I get it from the office environment?

If a coworker was diagnosed with coronavirus, it is most likely the common seasonal coronavirus, not the novel virus identified in affected areas of the world which can only be identified through testing at the CDC or New Jersey Department of Health laboratories. Seasonal coronaviruses are spread like any other respiratory illness so precautions like hand hygiene, covering your mouth when coughing or sneezing, staying home when sick, and avoiding sick people are things individuals can do to prevent illness.

I was at a conference/mass gathering and I heard that there are people sick from COVID-19. What should I do?

If conference organizers/event planners were notified that an individual who attended the event are ill/symptomatic, they should notify attendees who were close contacts with the ill person (or organizers may notify the local health department who will then notify attendees). A close contact is someone who was in close proximity of the ill individuals (6 feet), for a prolonged period of time. This may include sitting and dining at a shared booth/table or had direct contact with infectious secretions of an ill person (e.g., being coughed on).

If a person who was at a large gathering/event begins to show symptoms, they should self-monitor themselves for symptoms for 14 days and contact their healthcare provider. If you notice that you have symptoms and feel that you need to be medically evaluated, contact your health care provider and stay home/do not go to public gatherings, work/school.

I am planning a conference/mass gathering. Should I cancel the event because of COVID-19?

The CDC recommends that gatherings of more than 50 people should be postponed. This follows the strategies of social distancing which is public health practice that is meant to stop or slow down the spread of a contagious disease. Social distancing measures include limiting large groups of people coming together, closing buildings and canceling events. See “social distancing”

I had a large event and heard that one/at least one of the attendees has COVID-19, what should I do?

If you are notified that an attendee is a confirmed case of COVID-19, you may be asked to provide information (name and contact information) of all who attended the event to the state/local health department so other attendees can be advised of the situation and can monitor themselves for symptoms.

I am an EMS worker. How can I protect myself from getting COVID-19?

Persons needing 9-1-1 services or transportation to the hospital have been told to let EMS and others know they have COVID-19 symptoms and to wear a mask. If they do not have a face mask, give them one as soon as possible.

EMS workers can protect themselves by wearing the appropriate personal protective equipment and practicing good hand hygiene. Be sure that your rig is cleaned after transporting a suspect COVID-19 person or person with respiratory symptoms.

Questions regarding exposures on commercial flights

If callers have concerns about exposures to COVID-19 on commercial flights, please refer to the document “Risk Exposure Categories for Asymptomatic Individuals with Possible Exposure to 2019-nCoV.”

If travelers are returning to the United States from any flight (regardless of destination) and are identified as having an exposure to a confirmed COVID-19 case while on the flight, the CDC will notify any passengers who were deemed to be at risk based upon their seating location in relation to the case (within 2 rows of a passenger with confirmed 2019-nCoV. Roughly 2 rows in any direction).

My child was invited to a classmate/friend’s birthday party. Should she/he go or stay home?

The purpose of social distancing measures is meant to limit contact to reduce the spread of the virus. While the decision is yours to make, consider other ways to wish friends a happy birthday, such as chatting via phone or computer.

SCHOOLS

As per Governor Murphy, all schools are closed as of March 18, 2020.

What are considerations for school closures?

CDC provided consideration for school closures in response to school-based cases of COVID-19. This guidance includes a decision tree to assist with decision making. That guidance may be accessed here: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

How are school closures determined?

The decision to close an individual public school is made at the local level by the body having control or direction over the school, such as the board of education. The decision to close an individual non-public/private schools is made by the school's administration. A local health department may consult with the school, but does not make the decision to close. NOTE: Any questions regarding school closures, or concerns about potential exposures within your child's school should be directed to school administration.

The call center does not receive information regarding school closures nor can it assist with the decision to close a school.

I work at a school in a different state. That state's health department told all staff that we need to self-monitor. Should I do it even though I live in NJ and not the other state?

If you are told to self-monitor by public health staff, you should follow their recommendation. Self-monitoring is a strategy to reduce the spread of the virus.

If there is a student/coworker/employee/health care worker who recently traveled to China (or other countries with high rates of the virus), should they be excluded from work or school?

Those who are returning from mainland China or other countries with high levels of the virus (such as Italy, Iran, South Korea) are advised, to the extent possible, to remain at home or in a comparable setting. We also recommend that they avoid congregate settings, limit public activities, and practice social distancing. They should follow these recommendations for a total of 14 days from when they left China.

My child's school is closed because of COVID-19, but I can't stay home from work. What should I do?

Check with your employer to see if you are able to telecommute, work from home or work flexible hours.

My child goes to a school where a teacher is a confirmed COVID-19 case. Should my child be tested?

If your child does not have symptoms and did not have a prolonged (10 minutes or more) exposure, then your child does not need testing. If your child had the confirmed COVID-19 case as a teacher and had close contact with the teacher, then your child should monitor themselves for symptoms (fever, cough, shortness of breath). If symptoms develop, they should stay home. If symptoms worsen, contact their health care provider to see about testing.

If schools are closed, can my child still go on "play dates"?

It is not recommended. During the COVID-19 outbreak, schools are closed to limit the spread of the virus. The practice of social distancing is a public health measure taken to help slow down the spread of a contagious disease by restricting when and where people can gather. These measures can include limiting groups of people coming together.

PREVENTION

NOTE: Now using the term “self-isolation” when telling a person who is sick with symptoms to stay home and monitor their symptoms

What is social distancing?

Social distancing is a public health measure taken to help slow down the spread of a contagious disease by restricting when and where people can gather. These measures can include limiting large groups of people coming together, closing buildings, and canceling events. For example, a college suspending classes and going to web-based learning would be a social distancing measure. People should begin to think about the various ways their lives could be disrupted by such measures and begin to make plans such as finding out about work-from-home policies if schools or childcare centers are closed.

Are there any specific medicines to prevent COVID-19?

To date, there are no specific medicines recommended to prevent COVID-19.

CLEANING

What type of office school/cleaning should be done if there is a case of coronavirus?

Special sanitizing processes beyond routine cleaning is not necessary or recommended to slow the spread of respiratory illness. Businesses should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product. Typically, this means daily sanitizing surfaces and objects that are frequently touched. Disposable wipes should be provided so that commonly used surfaces such as doorknobs, keyboards, desks, etc. can be wiped down by employees before each use.

What is the difference between cleaning and disinfecting?

- Cleaning is the removing of visible foreign matter from a surface.
- Disinfecting is killing the bacteria and viruses on a surface. It is possible to be clean but not disinfected, and similarly disinfected but not clean.

People should follow the instructions on the label of cleaning products to ensure that disinfection is done properly. Some products must sit on the surface for a number of minutes before being wiped away in order to be effective.

My facility houses people overnight and there may have been ill persons. What is the best guidance for cleaning?

It is recommended to close off areas used by anyone who is ill or has symptoms and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.

In areas where ill persons have visited or used, continue routine cleaning and disinfection in the guidance below. More info may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

How to Clean and Disinfect Surfaces and Linens:

Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

Linens, Clothing and Other items that go in the Laundry

- Do not shake dirty laundry; this minimizes the possibility of dispersing the virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry.

For businesses, more information may also be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

For households with suspected/confirmed COVID-19, please check out the most recent CDC information: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html>

Are there any special recommendations for cleaning staff?

Cleaning staff should wear disposable gloves and gown for all tasks in the cleaning process, including handling trash. Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves. Be sure to clean hands after removing gloves.

Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash (i.e., gowns, gloves, and eye protection). Employers should ensure that employees are trained to put on and safely remove PPE, if it is needed.

Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 second. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used.

RESPIRATORY HYGIENE & PERSONAL PROTECTIVE EQUIPMENT (PPE)

What is respiratory hygiene?

Respiratory hygiene refers to ways that we can prevent the spread of germs via the respiratory route of infection. This includes coughing and sneezing into a tissue and then properly disposing of the tissue. You can also cough or sneeze into your sleeve. For more information about respiratory hygiene see the CDC website at <https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

If I am in close contact with someone who has coronavirus should I wear a surgical mask protect myself from becoming infected?

There is little need for the general public to wear face masks in the U.S. currently as the threat level is low. But for people who are in close contact with an infected person, a mask may be helpful if used properly. They are not 100% effective as the virus can enter through the sides of the mask or enter the body through the eyes. Health care workers should follow all infection control guidance when caring for patients who are suspected or confirmed cases of 2019-nCoV (**COVID-19**). The CDC does not currently recommend the use of face masks among the general public.

Should I wear a facemask or respirator in public?

CDC does not recommend the routine use of facemasks or respirators outside of workplace settings (in the community). Most often, spread of respiratory viruses from person-to-person happens among close contacts (within 6 feet). CDC recommends everyday preventive actions to prevent the spread of respiratory viruses, such as avoiding people who are sick, avoiding touching your eyes or nose and covering your cough or sneeze with a tissue. People who are sick should stay home and not go into crowded public places or visit people in hospitals. Workers who are sick should follow CDC guidelines and stay home when they are sick.

What is a respirator?

A respirator is a personal protective device that is worn on the face or head and covers at least the nose and mouth. A respirator is used to reduce the wearer's risk of inhaling hazardous airborne particles (including infectious agents), gases or vapors. Respirators, including those intended for use in healthcare settings, are certified by the CDC/NIOSH.

What's the difference between a facemask and a respirator?

Unlike NIOSH-approved N95s, facemasks are loose-fitting and provide only barrier protection against droplets, including large respiratory particles. No fit testing or seal check is necessary with facemasks. Most facemasks do not effectively filter small particles from the air and do not prevent leakage around the edge of the mask when the user inhales. The role of facemasks is for sick patients to wear to prevent contamination of the surrounding area when they cough or sneeze. Patients with confirmed or suspected

COVID-19 should wear a facemask until they are isolated in a hospital or at home. The patient does not need to wear a facemask while isolated.

Are expired N95 masks that are not part of the SNS stockpile suitable for use?

Some U.S. stockpiles include N95 filtering facepiece respirators (N95s) that have exceeded their manufacturer-designated shelf life. U.S. Government decision makers are considering whether these products should be released for use during the COVID-19 response. Information is provided below that may be used to inform these product release decisions. In times of respiratory protective device shortage, such as during the COVID-19 response, supplies must be managed so that protection against exposure is adequate. For more information please visit: <https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html>

CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the [Strategies for Optimizing the Supply of N95 Respirators](#).

Where can I find more information about use of expired respirators when supplies are low?

More information can be found at the link below:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

Per CDC guidance, use of additional N95 respirators beyond the manufacturer-designated shelf life for care of patients with COVID-19, tuberculosis, measles, and varicella can be considered. However, respirators beyond the manufacturer-designated shelf life may not perform to the requirements for which they were certified. Over time, components such as the straps and nose bridge material may degrade, which can affect the quality of the fit and seal. Some models have been found NOT to perform in accordance with NIOSH performances standards, and consideration may be given to use these respirators as identified in [Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response](#). In addition, consideration can be given to use N95 respirators beyond the manufacturer-designated shelf life that have not been evaluated by NIOSH. It is optimal to use these respirators in the context of a respiratory protection program that includes medical evaluation, training, and fit testing. It is particularly important that HCP perform the expected seal check, prior to entering a patient care area.

What should be checked to make sure they are still good?

More information can be found at the link below:

<https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html>

Per CDC guidance, users should take the following precautionary measures prior to using the respirator in the workplace:

- Visually inspect the N95 to determine if its integrity has been compromised. Check that components such as the straps, nose bridge, and nose foam material did not degrade, which can affect the quality of the fit, and seal and therefore the effectiveness of the respirator.
- the integrity of any part of the respirator is compromised, or if a successful user seal check cannot be performed, discard the respirator and try another respirator.
- Users should perform a **user seal check** immediately after they don each respirator and should not use a respirator on which they cannot perform a successful user seal check.

Accordingly, CDC/NIOSH believes the following products, despite being past their manufacturer-designated shelf life, should provide the expected level of protection to the user if the stockpile conditions have generally been in accordance with the manufacturer-recommended storage conditions and an OSHA-compliant respiratory protection program is used by employers. In alphabetical order, these models are:

- 3M 1860
- 3M 1870
- 3M 8210
- 3M 9010
- 3M 8000
- Gerson 1730
- Medline/Alpha Protech NON27501
- Moldex 1512
- Moldex 2201

What measures are being taken by OSHA regarding fit testing requirements during the COVID-19 response?

On March 14, 2020, the Occupational Safety and Health Administration (OSHA) released Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak. The guidance can be found here: <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>.

A fit test is required for anyone wearing a respirator to protect against COVID-19. Annual fit test can be temporarily suspended if the employee has already been fit tested to that respirator.

What is hand hygiene?

Hand hygiene refers to washing hands often with soap and water for 20 seconds, especially after changing diapers, touching pets and commonly touched surfaces. Soap does not need to be antibacterial, any kind of hand soap is fine to use. If soap and water are not available, use an alcohol-based hand sanitizer that is at least 60% alcohol content. Avoid touching eyes, nose and mouth with unwashed hands. To learn more about hand hygiene see the CDC website at <https://www.cdc.gov/handwashing/when-how-handwashing.html>

ISOLATION and QUARANTINE

What is the difference between isolation and quarantine?

Quick answer:

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- **Isolation** separates sick people with a contagious disease from people who are not sick.

- **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Longer answer:

Isolation separates sick people with a contagious disease from people who are not sick.

- Isolation separates and restricts the movement of sick people so they can't spread disease to healthy people.
- Isolation is a routine procedure in hospitals and healthcare facilities.
- Isolation is voluntary, but in a public health emergency, officials have the authority to isolate people who are sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

- Quarantined people may or may not become sick.
- Quarantined people may stay at home so they don't spread disease to healthy people.
- If you are quarantined and you become ill, you can seek medical treatment from a healthcare provider.
- Quarantine is voluntary, but in a public health emergency, officials have the authority to quarantine people who have been exposed to an infectious disease

What is self-isolation?

This is a public health strategy where individuals who are sick and exposed to a confirmed COVID-19 case are separated from well persons. They should not go to work/school or other public places. For possible COVID-19 exposures, self-monitoring is 14 days. People who are asked to self-isolate should stay in a separate bedroom and, if possible, use a separate bathroom and have minimal contact with other persons and pets in the home.

What should I do while I am self-isolation?

It is important that anyone who is self-isolation should monitor their symptoms in case they get worse. It is recommended that people take their temperature with a thermometer at least twice per day. If the symptoms become worse or do not improve AND you feel that you need a medical evaluation, call your health care provider. If you are directed to go to a medical facility, be sure to call ahead and wear a face mask.

I was told to self-isolate, since I was not able to get tested. When can I resume my normal life and discontinue self-isolation?

Persons with respiratory symptoms who were directed to care for themselves at home may discontinue home isolation when you meet all three criteria listed below:

- You are fever-free for 72 hours (or 3 full days of no fever without the use of fever reducing medicine)
AND
- Other symptoms have improved (when your cough or shortness of breath have improved)

AND

- At least 7 days have passed since your symptoms first appeared.

I was tested for COVID-19 and had a lab confirmation of my illness. When may I discontinue self-isolation?

- You are fever-free for 72 hours (or 3 full days of no fever without the use of fever reducing medicine)
AND
- Other symptoms have improved (when your cough or shortness of breath have improved)
AND
- At least 7 days have passed since your symptoms first appeared.

Should household members of people who are self-isolating also stay at home?

Household members of confirmed COVID-19 cases should follow the instructions below.

Household contacts of people who are lab confirmed cases of COVID-19 persons who are experiencing symptoms (**symptomatic**):

- You are fever-free for 72 hours (or 3 full days of no fever without the use of fever reducing medicine)
AND
- Other symptoms have improved (when your cough or shortness of breath have improved)
AND
- At least 7 days have passed since your symptoms first appeared.

Household contacts of people who are lab confirmed cases of COVID-19 persons who have no symptoms (**asymptomatic**):

- Self-isolate for 14 days **after** the self-isolation period ends for the person who is the confirmed COVID-19 case.

Is there any support being provided by the state for those who are self-isolating?

The state does not provide support for basic needs when a person is advised to self-isolating. All individuals are encouraged to have an emergency supply of needed items including food, water, medications, pet supplies, baby supplies, etc. in the home to last for at least two weeks or 14 days in the event they need to remain in the home and restrict their movement.

What is the difference between self-isolation and self-monitoring (also known as self-observation)?

- Self-isolation is for persons who are sick/have symptoms.
- Self-monitoring/self-observation is for persons who are not sick/have no symptoms.

What is self-monitoring (also known as self-observation)?

Self-monitoring is when an individual is not sick/has no symptoms but may have been exposed to a close contact. Persons who are self-monitoring should monitor themselves for symptoms.

BUSINESSES

I know that K-12 public, private and parochial schools and universities are to close on Wednesday, March 18, 2020, but what about childcare/daycare centers?

Childcare/Daycare centers should make the call to close themselves. Centers should contact the Department of Children and Families (DCF), who licenses childcare/daycare centers in NJ, for guidance and work with their local health department to assess level of risk in the community. Health Departments do not license childcare/daycare centers.

I am a family dentist. Should I close my office?

The American Dental Association is asking that all dental offices stop doing elective procedures for 3 weeks. This means practices should be doing emergency care. Dentists should not send emergency patients to the local hospital emergency department. Dentists have a professional responsibility to care for their patients in an emergency.

I am a small business owner, should I close my business?

Unless your business is considered “essential” (see page 2 of the Talking Points) you are required to close. The Governor signed an Executive Order which orders all non-essential businesses to close by 9pm on March 21, 2020.

My businesses needs to remain open during COVID-19. What can I do keep my employees safe?

NOTE: Effective March 21, 2020 at 9pm, only “essential” businesses are permitted to remain open.

- **Practice good hand hygiene:** stop handshaking, clean hands at the door and throughout the day, clean surfaces like doorknobs, tables, desks, handrails regularly (and have employees clean their phones, keyboards, and any other high-touch surfaces)
- **Limit face-to-face meetings and travel:** using videoconferencing when possible, limit meetings to smaller number of attendees, postpone travel
- **Avoid crowding:** stagger customer flow, require appointments, use online transactions when possible
- **Handle food carefully:** limit food sharing, ensure food handlers/cafeteria workers practice good hand hygiene
- **Have employees stay home if:** they are feeling sick or if they have a sick family member in their home.

I am a small business owner and need help during this crisis. Who can I talk with about that?

Call the Business Helpline at 1-800-JERSEY-7 or cv.business.nj.gov

How do I access unemployment benefits during the COVID-19 outbreak?

Go to the NJ Department of Labor & Workforce Development: <https://www.nj.gov/labor/worker-protections/earnedsick/covid.shtml>

How do I know what benefits I am entitled to if I was laid-off or if I am unable to work due to school/daycare or daycare closed?

The Department of Labor & Workforce Development has a printable guideline outlining COVID-19 related benefits for persons employed in NJ.

<https://www.nj.gov/labor/assets/PDFs/COVID-19%20SCENARIOS.pdf>

I know New Jersey has an Earned Sick Leave Law. Where can I get more info about this?

<https://www.nj.gov/labor/worker-protections/earnedsick/covid.shtml>

I need to renew my driver's license/registration/inspection. What is being done about that?

Visit the NJ Motor Vehicle Commission for more information:

<https://www.state.nj.us/mvc/press/archives/2020/031320.htm>

PETS & ANIMALS

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

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 be infected with or spread COVID-19. However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals.

I heard there is a coronavirus vaccine for dogs. Should I talk to my vet about getting my dog vaccinated to protect them against COVID-19?

The canine corona vaccines available in some global markets are intended to protect against intestinal coronavirus infection and are NOT licensed for protection against respiratory infections. Veterinarians should NOT use such vaccines in the face of the current outbreak thinking that there may be some form of cross-protection against COVID-a9. There is **absolutely no evidence** that vaccinating dogs with commercially available vaccines will provide cross-protection against the infection by COVID-19, since the

intestinal and respiratory viruses are distinctly different types of coronavirus. No vaccines are currently available in any market for respiratory coronavirus infection in the dog.

Additionally, canine intestinal coronavirus can cause intestinal disease (diarrhea) and make parvovirus infection worse. Canine respiratory coronavirus can be involved in cases of “kennel cough” (respiratory disease usually seen in shelter situations). These are both different from the coronavirus that causes COVID-19. Currently there is no evidence that companion animals can spread COVID-19.

Should I avoid contact with pets or other animals if I am sick with COVID-19?

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 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. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask.

Is it true that a dog is infected with the virus that causes COVID-19?

- On 28 February, the Hong Kong Agriculture, Fisheries and Conservation Department (AFCD) reported that a pet dog that had contact with a person infected with COVID-19 tested “weak positive to COVID-19 ” through nose and mouth samples.
 - AFCD reports that this dog does not have any symptoms of illness and the dog is currently being monitored in quarantine.
 - Repeat testing of this dog will be conducted during quarantine to help determine if the dog has really been infected or not.
 - CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available.
 - *AFCD official report available at*
<https://www.info.gov.hk/gia/general/202002/28/P2020022800013.htm>

More information from CDC on Animals and COVID-19 can be found at
<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#2019-nCoV-and-animals>

What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading 2019-nCoV in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The CDC, the US Department of Agriculture and the US Fish and Wildlife Service play distinct but complementary roles in regulating the importation of live animals and animal products into the United States. CDC regulates animals and animal products that pose a threat to human health, USDA regulates animals and animal products that pose a threat to agriculture, and Fish and Wildlife regulates importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture horticulture, or forestry, and the welfare and survival of wildlife resources.

TRAVEL

Due to the rapidly changing situation, travel recommendations and countries with various levels of travel alerts are subject to frequent updates. Please refer callers to the CDC website Coronavirus Disease 2019 Information for Travel page at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> or the most current information.

What is the latest travel info for individuals who have traveled to China or Iran?

As of March 13, 2020, U.S. citizens, residents, and their immediate family members who have been in China or Iran within the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.

I heard there was a 30-day ban on travel to Europe?

On March 11, 2020, The Trump administration issued a proclamation that foreign nationals who have been in one or more of 26 European countries with the past 14 days cannot enter the U.S. for a period of 30 days. On March 14, a presidential proclamation suspended entry to the US of foreign nationals who have been in the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland in the past 14 days.

Can I still go on the cruise I planned?

The CDC recommends travelers, particularly those with underlying health issues, defer all cruise ship travel worldwide. Sustained community spread of respiratory illness caused by COVID-19 has been reported in many countries. Cruise ship passengers are at increased risk of person-to-person spread of infectious diseases, including COVID-19. Older adults and travelers with underlying health issues should avoid situations that put them at increased risk for more severe disease. This entails avoiding crowded places, avoiding non-essential travel such as long plane trips, and especially avoiding embarking on cruise ships. More detailed information on this issue can be found at https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship?deliveryName=USCDC_2067-DM21539.

I am planning to travel soon. Should I wear a mask on the plane?

The CDC has not made any recommendations that travelers need to wear masks in an effort to prevent exposure to the 2019 novel coronavirus.

PANDEMIC PREPAREDNESS

What is a pandemic?

A pandemic is a widespread infectious disease, that sickens a large number of people worldwide.

What are some things we should be doing now to prepare for COVID-19 becoming a pandemic?

Some things we can be doing before a pandemic begins can include:

- Stocking up on a two-week supply of food and water
- Periodically check your regular prescription drugs to ensure a continuous supply in your home
- Have non-prescription drugs and other health supplies on hand including pain relievers/fever reducing medications, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins, tissues.
- Stock up on household supplies such as toilet paper, hand soap, paper towels, garbage bags, cleaning supplies, etc.
- Get copies and maintain electronic versions of health records from doctors, hospitals pharmacies and other sources and store them for personal reference.
- Talk with family members and loved ones about how they would be cared for if they got sick, or what would be needed for them in your home.
- Have pet foods and supplies.
- Stock up on baby care items
- Plan for extended school and day care closures
- Talk to your employer about telecommuting opportunities in the event that movement of people is restricted
- Plan for a sick room in the home. Designate one room that would work best, usually a bedroom with its own bathroom that no one else will use. If someone in the home becomes ill, keep them in the sick room away from others.

MISCELLANEOUS

**Safety Issue – there have been social media posts regarding individuals going door to door claiming to be from the CDC. The CDC is not deploying teams of people to go door to door to conduct surveillance. People should be warned to not let them in their homes or to speak with them. They are imposters. Contact local law enforcement if this activity is reported in your municipality.

Is homemade hand sanitizer effective?

The CDC does not advise making hand sanitizer at home. The CDC recommends using commercially available hand sanitizer made with at least 60% alcohol.

Does taking a hot bath prevent COVID-19?

No, taking a hot bath will not prevent you from getting COVID-19. The best way to protect yourself against COVID-19 is by frequently washing your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur if you touch your eyes, mouth, and nose.

Can eating garlic help prevent COVID-19 infection?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from getting COVID-19.

Can regularly rinsing your nose with saline help prevent COVID-19 infection?

There is no evidence that regularly rinsing the nose with saline has protected people from COVID-19 infection. There is some limited evidence that shows regularly rinsing the nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose with saline has not been shown to prevent respiratory infections.

Is it safe to go to the gym? Can I get COVID-19 from going to the gym? [NOTE: as of 3/16/20 at 8pm, all gyms and fitness centers should be closed]

Every person must assess their personal health. Individuals who have underlying health conditions should weigh going to the gym and staying away from crowds where they may possibly be exposed to someone with COVID-19. If you do decide to go to the gym, be sure to practice good hand hygiene and stay away from sick people.

Can I get COVID-19 from swimming in a swimming pool?

COVID-19 is mainly spread from person-to-person. There is no evidence that the virus spreads to human through the use of pools and hot tubs, as long as they are properly maintained and disinfected (e.g., with chlorine and bromine).

Can the COVID-19 virus spread through sewerage systems?

At this time the transmission of the virus that causes COVID-19 through sewerage systems is thought to be low. Although transmission of COVID-19 through sewage may be possible, there is no evidence to date that this has occurred.

Can the COVID-19 virus spread though drinking water?

The virus that causes COVID-19 has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

Is the COVID-19 virus found in feces (poop)?

The virus that causes COVID-19 has been detected in the feces of some patients diagnosed with COVID-19. The amount of virus released from the body (shed) in stool, how long the virus is shed, and whether the virus in the stool is infectious are not known. There have been no reports of fecal-oral transmission of COVID-19 to date.

If I had COVID-19 and recovered, am I immune?

It is unknown at this time if a person is immune to COVID-19 if they had it and recovered.

Can COVID-19 be transmitted through mosquito bites?

To date there has been no information nor evidence to suggest that COVID-19 could be transmitted by mosquitoes. COVID is spread primarily through droplets generated when an infected person coughs or sneezes.

Can spraying alcohol or chlorine over your body kill COVID-19?

Spraying alcohol or chlorine all over your body will not kill viruses that have already entered the body. Spraying these substances can be harmful to clothes or mucous membranes (e.g., eyes, mouth). Both alcohol and chlorine can be used to disinfect surfaces, as recommended by the manufacturer.

Is it safe to eat Chinese food?

Here in New Jersey, eating Chinese food does not create any additional risk to being infected with this virus.

Is it safe to visit Chinatown in cities local to the New Jersey area?

Yes, it is safe to enjoy a visit to Chinatown in your favorite local city.

Is it safe to receive packages from China?

Coronaviruses do not live very long on surfaces, so it is considered to be very low risk to become infected by handling a package from China. There have been no evidence to support the spread of the virus through imported goods.

Should I avoid taking communion, drinking from the chalice, or offering a sign of peace at church?

Various dioceses in New Jersey are making statements regarding some practices that occur during Mass. The faithful should contact their clergy officials with any specific questions, but in general they are recommending the same precautions that would be followed to prevent the flu. Use normal good judgement. If you are sick, stay home. Mass is broadcast on multiple television channels and the sick can make a "spiritual communion" until they return to good health.

At Mass, no member of the faithful is obliged to 1. shake hands at the sign of peace, 2. To receive the wine from the chalice, or 3. To receive the host on the tongue unless that is your preference.

Deacon, priests, and eucharistic ministers should wash their hands or use hand sanitizer before and after distributing communion.

How do I report price gouging?

Excessive price increases are defined as **price increases that are more than 10 percent higher** than the price at which merchandise was sold during the normal course of business prior to the state of emergency. The Division of Consumer Affairs has set up a hotline for price gouging complaints related to coronavirus. Please call 973-504-6240 to report any price gouging concerns.

MENTAL HEALTH SERVICES

I am feeling stressed about the novel coronavirus and would like to talk with a mental health professional. Who can I call?

The NJ Department of Human Services operates a toll free “warm line” which is a resource for people seeking mental health service. The warm line is activated during events that impact the mental health of New Jersey residents. The warm line is available 24 hours and has language access; (877) 294-HELP (4357). NOTE: The “warm line” does not replace 911 and is not used to report emergencies.

For more information:

- Visit the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- Visit the New Jersey Department of Health website at <https://www.state.nj.us/health/cd/topics/ncov.shtml>

STIGMA and MISINFORMATION

Know the facts about COVID-19 and help prevent the spread of rumors:

- Fight stigma by supporting people who are coming back to school or work after completing their isolation period for COVID-19 exposure or illness.
- Someone who has completed their isolation or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
- People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Let people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
- Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.

FOR STATE EMPLOYEES ONLY

NJ State employees should go to the Civil Service Commission to view the COVID-19 guidelines and review FAQs regarding time, working from home, sick leave, and other relevant issues

<https://www.nj.gov/csc/employees/covid.html>