



Talking Points

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

Date/Time: March 11, 2020

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New information highlighted

Overview of issue/event

- The CDC is closely monitoring an outbreak caused by a novel coronavirus in Wuhan, China that first emerged in December 2019. The outbreak first started in Wuhan, China, but cases have been identified in a growing number of other international locations including the United States.
- Limited person-to-person spread is occurring in the United States however, it is unclear how easily or sustainably this virus is spreading between people.
- As this is a new virus, there is still much to be learned about how it spreads, the severity of associated illness, and other features of the virus.
- 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.
- NJ currently has 23 presumptive positive COVID-19 cases. Of those 23 cases, there is one death reported.

Main messages/Key messages

- While the CDC considers this to be a serious public health concern, based on current information, the immediate health risk from the 2019-nCoV (COVID-19) to the general public in the U.S. is considered low at this time.
- NJ Dept of Health (NJDOH) is monitoring the situation closely and is continues to prepare guidance documents for public health and health care professionals to be able to effectively respond to any cases that may be identified in the state. As surveillance continues, it is expected that more cases will be identified.
- If you are ill and have symptoms such as cough and fever, it is recommended that you stay at home and do not attend public gatherings or go to work/school. If you are not ill and have no symptoms, practice good hand hygiene and avoid sick people.
- If the public has questions, they should contact the call center: 1-800-222-1222 or 1-800-962-1253 if in NJ but using a non-NJ cell phone. Call center is open 24/7 and has multi-language capacity. The call center is not able to diagnose individuals or give specific medical recommendations. Callers who need medical advice should contact their healthcare provider.
- Clinicians should contact their local health department for guidance.

What is the agency doing to address the issue

- The CDC is closely working with the World Health Organization to monitor this situation.
- Entrance screening has been implemented at eleven US airports to identify passengers from affected areas who may be ill.
- NJDOH is working with state and federal partner agencies to establish contacts should ill travelers be identified; is creating guidance documents for investigating and managing suspect cases and their contacts; and is evaluating and modifying current respiratory surveillance to assist in the detection of suspect cases.

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.

****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.**

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.

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.

What is a pandemic?

A pandemic is a disease that has become widespread around the world.

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.

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). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

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.

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.

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.

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.

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.

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> for the most current information.

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 to an affected area, what should I do to protect myself?

The CDC has posted travel information specific to the novel coronavirus in various areas of the world. You can see it at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The CDC recommends avoiding non-essential travel to some destinations based on the level of ongoing transmission of the virus.

Chinese officials have closed transport within and out of Wuhan, and other cities in Hubei Province including buses, subways, trains, and the airport.

Remain alert if traveling to affected areas by practicing the precautions below.

Travelers to affected areas should:

- Avoid contact with sick people
- Avoid animals (alive or dead), animal markets, and products that came from animals such as uncooked meat
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Be sure that the alcohol-based hand sanitizer contains at least 60% alcohol to be effective.
- Older travelers and those with underlying health issues may be at risk for more severe disease and should discuss travel to affected areas with their healthcare provider.

If you traveled to an affected area in the last 14 days and feel sick with fever, cough, or difficulty breathing, you should:

- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

If someone has returned from affected area, but has no symptoms, can they be swabbed to be sure that they do not have the virus?

As of now, there are no tests that can make sure individuals who are not sick don't have the virus.

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.

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 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 it 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 respirator symptoms (e.g., coughing, sneezing, influenza, bronchitis).

Sick people should remain home. Testing is only recommended for sick individuals.

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, 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 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 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).

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 thing 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?

Can this event be postponed? If not, urge anyone who is sick or anyone at high-risk not to attend. Persons at high-risk for severe COVID-19 illness include people over the age of 60, people with underlying health

conditions such as heart disease, lung disease or diabetes, people with diabetes and women who are pregnant.

Try to find ways to give people more physical space so they aren't in close contact as much as possible. Encourage attendees to maintain health habits, such as frequent hand washing. Clean surfaces with standard cleaners.

Decisions to cancel or postpone large gatherings should be made at the local level taking into consideration factors such as the level of COVID-19 disease transmission occurring in the area of the planned event, the level of disease occurring in the areas where attendees are coming from, etc.

As the outbreak evolves, the CDC strongly encourages event organizers and staff to prepare for the possibility of outbreaks in their communities as well. Creating an emergency plan for mass gatherings and large community events can help protect you and the health of your event participants and local community. The CDC has posted guidance on mass gatherings at <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.

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.

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).

How are school closures determined?

The decision to close a school is made at the local level and is made *jointly between the school district and the local health department*. **The call center does not receive information regarding school closures.**

Any questions regarding school closures, or concerns about potential exposures within your child's school should be directed to either the school administration or the local health department. You can locate your local health department here: www.localhealth.nj.gov

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.

We are hosting a foreign exchange student arriving from China in the next several weeks. What should be done?

If you have arrangements to host a Chinese exchange student this semester and they are from an area of China that still has departing flights to the United States, they will receive a health screening by CDC and US Customs and Border Protection at the airport when they arrive in the United States. The screening procedures include:

- A short questionnaire about their travel, any symptoms, and contact information.
- CDC staff take the temperature of each traveler and observe the traveler for cough or difficulty breathing. If sick travelers are identified, CDC evaluates them further to determine whether they should be taken to a hospital for medical evaluation and to get care as needed.

Refer to guidance on risk-based monitoring which can be found at <https://www.nj.gov/health/cd/topics/ncov.shtml>

Students are going to China for spring break, can they still go?

Any person or group planning a trip to outside the United States should consult the CDC website for current travel advisories regarding any restrictions on travel. The situation is evolving. Stay up to date with CDC's travel health notices related to this outbreak at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. These notices will be updated as more information becomes available.

Do school events need to be canceled?

New Jersey is seeing an increase in cases. Social distancing is a 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. It is up to each school district, in consultation with public health, to determine whether they should cancel/reschedule events. Students and parents should be reminded that part of good respiratory hygiene is staying home from events if anyone is ill.

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

Social distancing measures are meant to limit close contacts in a crowded setting. If your child is not sick and the party is a small gathering be sure to reinforce hand hygiene and covering coughs and sneezes. If your child or any of the other children are sick, they should stay home. If your child decides not to attend the party, perhaps they can chat via phone or computer to send birthday wishes.

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.

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.

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.

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.

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>

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.

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. 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, let your health care provider know. If you go to a medical facility, be sure to call ahead and wear a face mask.

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

Household members of people who are self-isolating do not need to stay home or restrict their movements. This includes children, who may attend school. Remember, the person who is self-isolating

should use a separate bedroom and, if possible, a separate bathroom, during this 14 day period. They should also have minimal contact with other persons and pets in the home.

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.

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>