



# COVID-19:

## When to quarantine.

### Stop the spread.

### Keep your family safe.



## What is COVID-19?

COVID-19 is a contagious respiratory illness caused by a new coronavirus called SARS-CoV-2. People with COVID-19 sometimes have a cough, fever, feel like it's hard to breathe, or even lose their sense of taste or smell. Other symptoms include congestion or runny nose, diarrhea, headache, nausea or vomiting, muscle pain or fatigue, sore throat or chills. Symptoms range from mild to severe and may appear 2-14 days after exposure. People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.



## Who should quarantine?

If you or a member of your family has been in close contact (within 6 feet for more than 15 minutes over a 24-hour period, even if you are wearing a mask to lower your risk of infection) with someone who has COVID-19, you should quarantine. Quarantine helps prevent spread of disease that can happen before people know they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others and monitor their health. You should also quarantine if you provided care at home to someone who is sick with COVID-19, had direct physical contact with the person (hugged or kissed them), shared eating or drinking utensils or if someone you know with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you. If you are symptomatic or waiting for a test result, you and other members of your household should quarantine.



## Why quarantine?

Quarantine helps prevent spread of disease that can happen before people know they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others and monitor their health.



## How to quarantine:

- Stay home from work or school, or anywhere else even if you feel healthy.
- Answer the call from the Indiana Centralized Contact Tracing Program to help prevent the further spread of disease. The text will come from **877-548-3444**. You'll then receive a call from a contact tracer. The number on the caller ID will show as **833-670-0067** or may display as **"IN Health COVID"** if your carrier allows it.
- Wash your hands.
- Stay at least 6 feet from others, as much as possible, including siblings.
- Don't share personal items, such as silverware or glasses with anyone in your house.
- Use a different bathroom if you have one.
- Wear a cloth face covering if you must be around others.
- Get tested. Please stay home and quarantine as much as possible while waiting for test results. If test is positive, follow isolation guidelines. If test is negative, see instructions on Page 2.
- Watch for signs that you are sick, like a cough, fever or a headache, and other symptoms. Take your temperature twice a day and log with other symptoms on COVID-19 Symptom Tracker (on page 3).
- Complete your quarantine, even if your results are negative, before going to work or being around others.

# When is my home quarantine over?

## 1. The CDC recommends a 14-day quarantine, but offers the following alternative options:

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring (symptom tracker on page 3 of this guidance).
- Quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested (rapid antigen or PCR) within 48 hours before the time of planned quarantine discontinuation (Day 5 or after), but quarantine cannot be discontinued earlier than after Day 7. Please note that test results may not be available within 48 hours. The priority for tests is to diagnose new cases to prevent additional spread of infection.

## 2. Persons can discontinue quarantine at these time points only if the following criteria are also met:

- The person has shown no symptoms of COVID-19 at any point during the entirety of quarantine up to the time at which quarantine is discontinued; and,
- Daily symptom monitoring continues through quarantine Day 14 (see log next page); and,
- All recommended preventive measures continue through Day 14 of quarantine:
  - Practice good hand hygiene by washing with soap and water for a least 20 seconds or using a hand sanitizer with at least 60% alcohol
  - Stay at least 6 feet (about 2 arms' length) from other people
  - Wear a mask over your nose and mouth when around others
  - Clean frequently touched surfaces often

## 3. If you are able, the safest option is to follow previous guidance and quarantine for 14 days without testing.



## 14-day Fever and Symptom Tracker - COVID-19

|                         |  |             |                            |  |                                |
|-------------------------|--|-------------|----------------------------|--|--------------------------------|
| Name                    |  | Age (years) |                            | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                                |
| Street Address          |  |             | State                      |  |                                |
| Local Health Department |  |             | Telephone Number – Daytime |  | Telephone Number – After hours |
| City                    |  |             | Your Telephone Number      |  |                                |

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - if you have a cough, sore throat, or shortness of breath for each day.

**Do not leave any spaces blank.** If you have a fever or any symptom, immediately call your doctor.

| Date (month/day)<br>(Days 1-14) | Feverish? | Temperature<br>Morning (a.m.) | Temperature<br>Evening (p.m.) | Cough    | Sore<br>Throat | Shortness<br>of<br>Breath | Other Symptoms |
|---------------------------------|-----------|-------------------------------|-------------------------------|----------|----------------|---------------------------|----------------|
| 1                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 2                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 3                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 4                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 5                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 6                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 7                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 8                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 9                               | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 10                              | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 11                              | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 12                              | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 13                              | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |
| 14                              | Yes / No  | °C / °F                       | °C / °F                       | Yes / No | Yes / No       | Yes / No                  |                |