

For healthcare providers to understand who to test and what

<sup>\*</sup> COVID-19 patients may present with typical symptoms of cough, shortness of breath, fever, chills, muscle pain, sore throat, or new loss of taste or smell. Atypical presentations have been described. Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms and older persons may have delirium or falls. Some persons with COVID-19 have experienced gastrointestinal symptoms such as nausea, vomiting, or diarrhea. Children have similar symptoms as adults and generally have milder illness. Multisystem Inflammatory Syndrome in Children (MIS-C) has been described in patients aged <21 years.

<sup>†</sup> For known specimen collection locations in Virginia, see here. Serology testing can be used for public health surveillance or research purposes, but is not recommended for diagnosing active COVID-19 infection or making decisions about returning to work. Antigen tests have a limited interpretation; negative antigen tests should be confirmed with a PCR test.

<sup>§</sup> If the person had a known exposure to someone with COVID-19, the person should continue to self-quarantine until 14 days after the last known exposure. If the person did not have a known exposure to someone with COVID-19, the person should self-isolate until at least 24 hours after symptoms revsolve (if symptomatic) or follow protective measures in place in the community (if asymptomatic).

<sup>‡</sup> For COVID-19, a close contact is defined by CDC as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.