

STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bureau for Public Health Commissioner's Office

Avne Amjad, MD, MPII Commissioner & State Health Officer

Bill J. Crouch Cabinet Secretary

Coronavirus Discase 2019 (COVID-19) Isolation Note

Currently there is a pandemic of respiratory disease spreading from person-to-person caused by a new coronavirus, referred to as Coronavirus Disease 2019 or COVID-19.

Testing should be based on healthcare provider judgement. Asymptomatic infection has been reported. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing) but some people may present with other symptoms as well. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 in a community.

Self-isolation for persons with confirmed or suspected COVID-19: In order to prevent spread of COVID-19, those with suspected or laboratory confirmed COVID-19 should remain in isolation prior to returning to work/school or regular activities until the following three criteria are met.

The individual is now:

- Δt least 10 days from symptom onset, ΔND
- Has been fever free for at least 24 hours without the use of fever reducing medications, AND
- Symptoms have improved
- Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue self-isolation 10 days after the date of their first positive test.

Individuals awaiting test results should be managed as if they have COVID-19 until results are obtained.

Quarantine for persons exposed to confirmed or suspected COVID-19: Individuals who have been identified as being exposed to COVID-19 as a close contact are asked to quarantine themselves for 14 days from the last date of exposure prior to returning to work/school or regular activities.

This isolation/quarantine note confirms that the person named below has been told to stay home from work or school in alignment with guidelines set by the Centers for Disease Control and Prevention (CDC) to prevent transmission of COVID-19 in West Virginia communities because the individual:

Has a presumptive or confirmed di	iagnosis of COVID-19
☐ Is awaiting test results for COVII)-19
☐ Has been identified as a close contact of a suspected or confirmed case of COVID-	
ls providing care for a person with	suspected or confirmed case of COVID-19
-	
Start Date:	End Date:
Name:	
Date of Birth;	
Physician/Health Care Provider Name	p:
Physician/Health Care Provider Signa	ture:



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