Q: What are symptoms associated with COVID-19?
A: Most symptoms are non-specific, including fever, body aches, malaise, and cough. More unique symptoms include loss and taste and smell. Gastrointestinal signs, including vomiting and diarrhea may occur but are less common. Respiratory signs progressing to tightness in chest and shortness of breath, as well as cyanosis, suggest medical attention should be sought immediately.

It is important to note that 20% or more of people infected with SARS-CoV-2 (the causative agent of COVID-19) may show no symptoms of illness. This appears to be more common in younger individuals, including children and adults under 35 years of age.

Q: What is the incubation period for COVID-19?
A: The incubation period (time from acquiring the agent until symptoms develop) varies immensely, and can range from 2 days to 15 days. The median time to development of symptoms is likely 5 days.

Q: What is the infectious period for the virus?
A: Similar to the incubation period, the infectious period varies. For individuals who develop symptoms, it is generally assumed that shedding of virus can begin up to two days before symptom onset, and continue throughout the duration of illness. It appears that amount of virus shed decreases with time, with peak shedding coinciding with onset of symptoms. As a precaution, it is recommended that those ill from COVID-19 be considered infectious until all of the following:

a. At least 10 days after onset of illness;
b. AND Symptoms are diminishing;
c. AND Fever has been gone (in absence of NSAID usage) for 3 days

For individuals who have remained asymptomatic, the infectious period is difficult to define, but may last even longer than in those showing clinical signs. One study found duration of shedding in asymptomatic individuals averaged 19 days.
Q: How is SARS-CoV-2 transmitted?
A: The virus appears to primarily be shed in respiratory secretions. Shedding in feces may be possible. Greatest risk of transmission appears to be associated with large respiratory droplets, but aerosol transmission is possible, as well. The virus has been shown to persist on inanimate surfaces for prolonged periods of time. However, evidence strongly suggests that fomite transmission is much less important than direct person-to-person transmission.

Q: What is the difference between respiratory droplets and aerosol?
A: Respiratory droplets are larger droplets of saliva and respiratory secretions, that may even be visible to the naked eye. A small number of respiratory droplets are created during normal speaking, but the amount and distance of travel increases with singing or yelling. Aerosol particles are smaller. However, aerosols can persist in the air for a longer period of time than respiratory droplets. Aerosol particles are generated through breathing, although they increase in number and distance of travel with increased respiratory effort and rate.

Q: What conditions and activities pose the greatest risk of transmitting SARS-CoV-2?
A: The most efficient transmission seems to occur with relatively close contact between people, particularly where respiratory droplets may be generated. Indoor transmission appears much more common than outdoor. Thus, indoor activities with larger numbers of people in close proximity, for an extended period of time pose much greater risk than outdoor activities, transient contact, or smaller groups. The risk of indoor contact is heightened if yelling or singing occurs. This explains the relatively frequent outbreaks associated with church gatherings and explains the concerns about indoor rallies, sporting events, and similar activities. Other hotspots for widespread transmission have included livestock processing plants, where people are in close proximity for prolonged periods of time, in cool or cold conditions, and where loud conditions may necessitate yelling for communication.

Q: What is considered an “effective contact?”
A: The Centers for Disease Control and Prevention (the CDC) consider an effective contact to be one where a person was within 6 feet of an infectious individual for at least 10 minutes. This doesn’t mean that transmission cannot occur in other situations; it merely means that these scenarios are of greatest concern and warrant contact tracing efforts.

Q: What is contact tracing?
A: Contact tracing is an epidemiologic effort to identify all individuals who may have been exposed to an effective contact. Once a person is diagnosed as being infected with SARS-CoV-2, the local health department will request a list of and people the infectious person has contacted in the preceding days. The health department will determine which of those people constitute an effective contact, and will reach out to all individuals meeting that criteria. The official will inquire about symptoms, and encourage the contacted person to seek testing. They
may also be asked to quarantine for up to 2 weeks, to minimize risk of transmitting the virus to others.

**Q: What tests are available for SARS-CoV-2?**

A: Most tests currently used are based upon polymerase chain reaction (PCR) technology. This means they detect the viral nucleic acid in the person’s mouth or respiratory tract. Tests have also been developed to detect viral antigen, but these are not widely employed as of now. Finally, there are also numerous serologic tests available that detect presence of antibodies in the sera, indicating previous exposure and an immune response to the virus.

**Q: When is testing warranted?**

A: There are generally three reasons for seeking testing:

a. If you have symptoms consistent with COVID-19
b. If you have had an effective contact with someone known to be infected with SARS-CoV-2, OR were in a high-risk environment
c. For surveillance purposes

If you have symptoms consistent with COVID-19, you should seek out testing at a designated testing site (these include the University Health Services, the Payne County Health Department, as well as drive-through sites that can be found online at: [https://coronavirus.health.ok.gov/testing-sites](https://coronavirus.health.ok.gov/testing-sites)).

If you have had an effective contact with someone known to be infected with the virus, the local health department will contact you and instruct you on how and when to be tested.

The College of Veterinary Medicine will be facilitating surveillance testing to assess risk to our faculty, staff, and clients. Additional information will be provided on testing sites in the near future.

In addition to these three reasons, you may consider occasional testing if you are in a high-risk population for acquiring or transmitting the infection. This would include coming into close, prolonged contact with many people, particularly indoors.

**Q: What can I do to protect myself and others?**

A: The first steps are social distancing, limiting contact with others outside your household. When you do go in public, wear face coverings. These are quite effective at reducing droplet transmission (particularly from you to others, which is critical for those who may be asymptotically infected). High-efficiency masks can also greatly reduce aerosol exposure, but even cloth or surgical masks can be of benefit. Avoid touching your face, eyes, and mouth, and wash or sanitize your hands frequently. While fomite transmission is likely minimal, it is still reasonable to frequently sanitize surfaces and objects commonly touched by others. Finally, it is important to understand that recommendations can change with additional information. You

**Q: Who should consider extra precautions?**

**A:** Those who are particularly susceptible to severe disease from COVID-19 include those over 65 years of age, and those with pre-existing health conditions, including diabetes, heart, lung, liver, and kidney disease. If you consider yourself at particularly high risk, you should speak with your supervisor about working remotely or otherwise limiting interaction with others.