



# Updated COVID-19 FAQ's

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## **How do we determine the infectious period of a positively diagnosed case of COVID-19?**

If the person was symptomatic, the infectious period is determined by counting back 2 full days before symptoms started and then goes through 10 full days after symptoms started. *Example: if a person develops symptoms on August 3, their infectious period starts August 1, will end on August 13, and they are released from isolation on August 14.*

If the person was asymptomatic, the infectious period is determined by counting back 2 full days before the test was collected and then goes through 10 full days after the test was collected.

*Example: if a person was tested on August 3, the infectious period would begin August 1 and end August 13, and they are released from isolation on August 14.*

## **What constitutes a high-risk close contact?**

Anyone within 6 feet of a confirmed case for 15 cumulative minutes or more is considered a high-risk close contact.

## **Is a fully vaccinated person required to quarantine after an exposure?**

A person is considered fully vaccinated if it has been 2 weeks from the last dose of the vaccine in a 2-dose series, or 2 weeks from the only dose in a 1-dose series. Contacts identified during contact tracing who meet the fully vaccinated criteria are not required to quarantine as long as they remain asymptomatic. Fully vaccinated contacts are allowed to return to work/school during the quarantine period if they are asymptomatic, but it is recommended they wear a mask for the 14-day period. The CDC guidance states a fully vaccinated person can get tested on days 3-5 with a PCR test and are no longer recommended to mask for the remaining days of the quarantine period if results are negative.

## **What if a person has already had COVID-19, are they required to quarantine after an exposure?**

If a person is within 90 days of a confirmed COVID-19 infection and they are asymptomatic, they are not required to quarantine after an exposure.

## **Can I show proof of a positive antibody test to avoid quarantine?**

No. At this time, antibody tests are not accepted as proof of immunity. The only way to avoid quarantine is to show proof of completed vaccination or proof of previous positive COVID-19 test within the past 90 days.

## **What if a person reports a positive test conducted in the home?**

There are several home rapid test kits that can be purchased over the counter. These home tests are not reported to the health department like laboratory tests, and cannot be verified as far as technique nor how they were administered like in a testing facility, and are therefore not included in the daily or overall case numbers in the state of Indiana. Since there is no way to verify the validity of the test, our recommendation is not to accept these as confirmed cases in the school or work environment at this time. If someone does utilize a home test kits and tests positive, our recommendation is to keep the person home and encourage testing at an official testing facility for confirmation. Once the official report of a positive test is available, then all appropriate contact tracing will be done at that time. Negative results from home test kits also should not be used to allow someone to return from quarantine early.

### **What are the current quarantine options?**

- Quarantine through day 7, return on day 8 – Person must be asymptomatic and receive a negative test (either a PCR or rapid test from an official testing site) on days 5-8. The contact must follow enhanced precautions\* while in public days 8-14.
- Quarantine through day 10, return on day 11 – Person must be asymptomatic through day 10 (and remain that way) and follow enhanced precautions\* while in public 11-14.
- Traditional 14-day quarantine – Person may return on day 15 with no precautions.

*\*Enhanced precautions include: masking at all times (except while eating and drinking), keeping a distance of 6 feet from others at all times, frequent hand-washing and self-monitoring for symptoms.*

### **As a business or school, what symptoms should we screen for?**

Fever (100.4 or higher), chills, sore throat, cough, shortness of breath, diarrhea, nausea, vomiting, abdominal pain, headache and new loss of taste or smell.

### **Are masks required in schools?**

Masks are strongly recommended for anyone in a school, regardless of vaccination status. This is not currently a requirement in the state of Indiana nor in Allen County and is a decision made individually by each school board/school. Here is a link to the current CDC guidance on masking of vaccinated people: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

### **Are masks required on school buses?**

Per the Department of Transportation (DOT) order, individuals are required to wear masks on public transportation, including school buses, even if fully vaccinated.

### **Can employers require their employees or visitors to their buildings to wear masks?**

In general, yes. While there is no statewide mask mandate, businesses can likely require masking in the buildings over which they have control. We encourage consultation with your trusted legal adviser as there are many variables and intricacies with which you'd need to comply to make such a requirement. Currently, we support following the CDC's updated guidance on indoor masking regardless of vaccination status:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

### **Can employers require proof of vaccination? Can employers require their employees to be vaccinated? Can employers limit meeting attendance to only those who are currently vaccinated?**

Health Departments cannot provide legal guidance on employment matters. We recommend employers discuss and seek advice from a trusted legal professional who knows your business and the applicable laws.

### **Can vaccinated people become infected with COVID-19?**

Yes. No vaccine is 100% effective. However, the vaccines for COVID-19 are very effective at preventing severe infection, hospitalizations and death. Breakthrough cases, or infections in vaccinated individuals, remain a very small portion of all new COVID-19 cases. As of August 3, 2021, only .126% of COVID-19 infections have been in the nearly 3 million vaccinated Hoosiers. That's less than 1.5% (approx. 3,700). Additionally, breakthrough cases have generally been less severe, with many experiencing no symptoms at all and only small number being hospitalized. This means the vaccines are working.

### **Why is there so much concern about the Delta variant?**

According to the Indiana Department of Health and/or CDC with information known as of 8/3/21:

- People infected with the Delta variant have been found to carry 1,000 times more viral material in their nasal passages compared to earlier variants of COVID-19.
- Some data from outbreaks currently suggest that the Delta variant is about as transmissible as the chickenpox virus, with each infected person infecting an average of 8 or 9 others. The original COVID-19 variants were about as transmissible as the common cold, with each individual passing the virus to an average of 2 other people.
- The delta variant surged to become the predominant variant – from <1% in May 2021 to 83% of cases nationally in July. Also, there has been a 400% increase in cases nationally due to this variant. It currently represents about 90% of the cases sequenced in Indiana.
- Fully vaccinated individuals may possibly spread the Delta variant at a similar rate to those who are unvaccinated. However, cases in vaccinated individuals tend to be mild and not require hospitalization.
- It is currently considered a race to increase vaccination rates before new variants emerge that might be even more problematic than the Delta variant. In other words: *Increased transmission = more variants = more likely to develop a “vaccine escape” variant (one for which the current vaccines are not effective).*