



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

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To: All Incarcerated Individuals and Work Release Residents
From: Health Services
Subject: Updated COVID-19 Frequently Asked Questions

It has been awhile since Health Services has had a chance to give a medical update about the ongoing COVID-19 pandemic.

Given this is a new and novel virus, we continue to learn additional information, which requires new, and sometimes changing, recommendations to remain up-to-date. This, coupled with all the misinformation people are passing around, might be leaving you feeling confused!

Here's the most up-to-date information we have to address the most frequently asked questions:

How long are people with COVID-19 infectious?

The incubation period (the time from exposure to development of symptoms) ranges from 2-14 days.

- People who have mild to moderate COVID are believed to no longer be infectious 10 days following symptom onset.
- A small number of people who get severe COVID disease or those who have a significantly impaired immune system can be infectious for up to 20 days.
- People can shed the virus for much longer than they are infectious. That means that after you recover from COVID-19 infection and no longer can transmit the virus, a test may still be able to detect virus in your nose sometimes for weeks to months after the infection has resolved (meaning it is not live virus or is not intact virus). This can cause a lot of confusion on how to interpret test results.
- Given our large congregate setting, DOC often is slightly more cautious than the community guidance around isolation practices for COVID-19 cases to ensure that we are not introducing new infection into our population and among our staff.

What testing for COVID-19 is available?

There are two types of tests available for SARS-CoV-2, the virus that causes COVID-19: viral testing and antibody testing.

Viral tests look for the virus itself in your nose and are the recommended tests when someone is sick with symptoms (acute or active infection).

- Rapid point-of-care tests have results in less than an hour. Tests that must be sent to a laboratory for analysis can take a few days.
- Due to high demand for testing, there can be delays in processing tests and providing results.
- Viral RNA (Ribonucleic Acid) testing uses a technology called PCR (polymerase chain reaction), which amplifies viral genetic material from the nasal swab if it is present. These are the most reliable diagnostic tests. However, these tests won't identify someone who has just recently been exposed, since it takes several days to start shedding virus.
- Antigen tests detect proteins from the virus and can be used to quickly screen people, but require another test to confirm the diagnosis since they are less accurate.

Antibody testing is a blood test looking for your body's response to prior infection. This test might tell you if you had past infection.

- It can take 1-3 weeks after infection for your body to make antibodies and therefore for the test to be accurate.
- It is still unclear whether having antibodies means you have immunity (protection from getting it again). If having antibodies to the virus that causes COVID-19 does provide protection, we do not know how much protection they provide or how long the protection might last.
- Currently, antibody tests are mainly being used in research studies, for monitoring the spread of the virus in the population, and to pool antibodies for treatment.

If you test positive for COVID-19 on a viral or antibody test, you still should take preventative measures to protect yourself and others.

Are there any treatments for COVID-19 available?

Currently, there is no vaccine or a cure for COVID-19 disease.

- Not all patients with COVID-19 require medical care.
- Management for sicker patients is mainly supportive for complications, including oxygen and critical care as needed.
- There are medications that may lessen the symptoms and improve clinical outcomes in severe disease.
 - The initial medications that showed some promise based on early observations, hydroxychloroquine [Plaquenil] and azithromycin [Zithromax], do NOT seem to have any benefit when they were looked at in more controlled studies. They are no longer recommended.
 - Initial small studies show some benefit of dexamethasone (a steroid) and the investigational antiviral drug, remdesivir. Currently these medications are only being used in the hospital setting for patients with more severe disease as they seem most beneficial in patients requiring oxygen. Remdesivir, now available through the federal government, may be effective in reducing

recovery time in patients with severe COVID-19, but the certainty of the evidence is low and ongoing research studies remain very important.

- There continues to be research using immune-based therapies like convalescent plasma (a pooled blood product from people who have recovered from COVID-19 infection), but there is not yet enough data to know the effects.

Who is considered at increased risk for COVID-19?

Those at greatest risk of infection are persons who have had prolonged, unprotected close contact (i.e. within 6 feet for 10-15 minutes or longer) with a patient with confirmed SARS-CoV-2 infection, regardless of whether the person has symptoms.

- All persons can reduce the risk to themselves and others by wearing a mask +/- face shield, practicing physical distancing, washing hands often, and taking other preventative measures.
- Among adults, the risk for more severe illness from COVID-19 increases with age, with older adults at highest risk.
- People of any age with certain underlying medical conditions are also at increased risk for severe illness from SARS-CoV-2 infection.
- The CDC has continually updated the list of who is considered at increased risk for COVID-19 as there is more evidence and the science evolves. They have now divided the list into conditions for which we have the strongest and most consistent evidence for an association with severe illness from COVID-19, those with mixed evidence, and those with limited evidence.

Strongest and Most Consistent Evidence

- Serious heart conditions (heart failure, coronary artery disease, or cardiomyopathy)
- Cancer
- Chronic kidney disease
- COPD
- Obesity (BMI \geq 30)
- Sickle cell disease
- Solid organ transplant
- Type 2 diabetes

Mixed Evidence

- Asthma
- Cerebrovascular disease (i.e. stroke)
- Hypertension (high blood pressure)
- Pregnancy
- Smoking
- Use of corticosteroids (i.e. prednisone) or other immunosuppressive medications

Limited Evidence

- Bone marrow transplant
- HIV
- Immune deficiencies
- Inherited metabolic disorders

- Liver disease
- Neurologic conditions
- Other chronic lung diseases
- Children
- Thalassemia
- Type 1 diabetes

Can I get COVID-19 again if I have already had it?

To date there have been NO documented cases of COVID-19 due to re-infection.

- We don't know yet if you can get COVID-19 again and, if there is some protection, for how long you are protected from getting COVID-19 after being sick.
- Patients infected with other viruses in the same family as SARS-CoV-2 can't usually get infected again with the same virus for about three months after getting better. However, more information is needed to know if patients who had COVID-19 are protected and if so, is it only three months or is long-term immunity possible (i.e. never able to get it again).
 - A person who has clinically recovered from COVID-19 and is then later identified as a contact of a new case less than three months of symptom onset of their most recent illness does not need to be quarantined or retested for SARS-CoV-2 (e.g. as part of a contact tracing investigation). A positive test can represent ongoing viral shedding from the initial infection of non-viable (not live) virus and it does not mean that you are infectious.
 - If a person is identified as a contact of a new case three months or more after symptom onset, they should follow quarantine recommendations for contacts until we know more about longer-term immunity.
 - If you are tested as part of a contact tracing investigation more than three months after symptom onset of the initial infection, testing should be done on a case-by-case basis with consultation from an infectious disease specialist and public health authority.
- Until we have more information, if a staff member receives a confirmed positive COVID-19 test result, they will not be required to participate in future staff serial testing.
- However, if you have already had COVID-19, the CDC still recommends that you wear a face covering or mask in public and at work.

Can children get COVID-19 and transmit the virus?

Yes, children can get COVID-19 and they can transmit the virus to others. Most children do not appear to be at high risk for symptomatic COVID-19. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date.

- Most children who have gotten COVID-19 have not gotten very sick, but very young children, particularly infants under one year of age, and children with certain underlying medical conditions, have higher risk for significant illness. Infection in pediatric patients of all ages tends to be associated with significantly lower rates of hospitalization and significantly lower rates of critical and severe illness.
- A small group of children have had more serious problems. The CDC is

investigating a multisystem inflammatory syndrome in children (MIS-C) that has been associated with COVID-19. Children and adolescents with MIS-C have presented with persistent fever and a variety of signs and symptoms including involvement of multiple organs and elevated inflammatory markers.

- It is possible that younger people are less likely to spread COVID-19, as they may shed less virus than older sicker adults. However, if a child is infected, but doesn't seem sick, they could wind up infecting more people even if they are not shedding a lot of virus by having more close contacts. It is unknown how much asymptomatic shedding and transmission has occurred among children due to the limited testing done among this age group to date.
- It is important for children to take precautions to prevent asymptomatic spread.

Why it is important to wear a mask properly?

Masks may help prevent people who have COVID-19 from spreading the virus to others. Wearing a mask will help protect people around you, including those at higher risk of severe illness from COVID-19 and workers who frequently come into close contact with other people (e.g., in stores and restaurants).

- Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.
- The spread of COVID-19 can be reduced when masks are used along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces.

Thank you,



Dr. Sara Kariko, Chief Medical Officer