

A photograph of two children sitting in the back seat of a car. Both are wearing light blue surgical face masks. The child on the left is wearing an orange vest over a white long-sleeved shirt. The child on the right is wearing a blue quilted jacket. The car's interior and window are visible.

## Next Steps:

close contacts of someone with COVID-19

**If you have had close contact with someone who has been diagnosed with COVID-19**, you should get tested and follow these essential public health practices for 14 days since your last close contact:

- It is important to **self-quarantine** and **monitor for symptoms** to protect yourself, your family, and your community.
  - ◆ **A 14-day quarantine remains the safest option if you are a close contact of someone who has COVID-19.**
  - ◆ Quarantine may be shortened to 10 days, provided people still monitor for symptoms for the full 14 days.
  - ◆ Quarantine may be shortened further to 7 days if a person receives a negative test result (PCR or antigen) that was collected on day 6 or 7.
- If you have been fully vaccinated against COVID-19, meaning it has been at least two weeks since you received your last dose in the vaccine series, and were in close contact with someone with COVID-19, you do not have to quarantine. However, you should:
  - ◆ Get tested 3-5 days after close contact with someone with COVID-19, even if you don't have symptoms.
  - ◆ Wear a mask in indoor spaces for 14 days after exposure or until you receive a negative COVID-19 test result.
  - ◆ Monitor for symptoms for 14 days after your last close contact.
  - ◆ Isolate at home if you develop symptoms or test positive for COVID-19.

# What does it mean to be a “close contact” of someone with COVID-19?



You are a “close contact” if **ANY** of the following situations happened while you spent time with the person with COVID-19 (even if they didn’t have symptoms):

- Had direct physical contact with the person (e.g., hug, kiss, handshake).
- Were within 6 feet of the person for more than 15 minutes.
- Had contact with the person’s respiratory secretions (e.g., coughed/sneezed on, contact with dirty tissue, sharing a drinking glass, food or towels or other personal items).
- Stayed overnight for at least one night in a household with the person.

## REMEMBER:

- Someone who is sick with COVID-19 can spread it two days before they show any symptoms.
- Not everyone with COVID-19 will have symptoms, but they may still spread it to others.

## How do I self-quarantine?

- **Stay home as much as possible.**
- **Most people should not go to work if they have to be around other people.** Talk with your employer about working remotely if your employer allows it. Health care workers should contact their employer for the current health policy.
- **Avoid travel.** You may not fly or take other public transportation during your quarantine period. If travel is absolutely necessary, public health may permit you to use a private or rental vehicle to return home as long as you haven’t developed symptoms. If while traveling you become ill, you should expect to isolate in place and may not be able to return home until after you recover.
- **Wash your hands often and practice good hygiene.**
- **Do not use public transportation, ride-sharing, or taxis.**
- **Go out only if absolutely necessary.** Instead, see if someone can drop off essentials at your house. If you need to go out, limit your travel to essential needs, for example, going to the doctor, getting groceries, or picking up medication. Remember to always wear a cloth face covering.
- **Postpone all non-essential medical appointments until your quarantine is over.** If you have an essential appointment during quarantine, call your doctor about what arrangements can be made.
- **Wear a face covering when you are around others.** This helps protect others by preventing respiratory droplets from getting into the air.

# How do I self-monitor?

- **Measure your temperature twice a day, once in the morning and once at night.** If you don't have a thermometer, watch for symptoms of fever like feeling hot, chills, or sweats.
- **Watch for cough or difficulty breathing.**
- **Respond to your local health department.** They may ask you for information about how you are feeling. If they do, they will tell you how to provide this information (for example, phone calls, emails, text message) and how often.



## If you develop fever, cough, have difficulty breathing, or any other symptoms of COVID-19\*:



1. **Contact your doctor.** Tell them your symptoms and see if you need medical care or testing. Do not go to your doctor's office without contacting them first.
2. **Stay home unless you need emergency medical attention.** Isolate yourself from others in your home, practice good hand hygiene, sanitize surfaces in your home, and wear a face covering if you need to be around other people. If you need emergency medical attention, call 911 and let them know that you are being monitored for COVID-19.

\*Other COVID-19 symptoms may include sore throat, runny nose, muscle pain, headache, new loss of sense of taste or smell. Some people may also experience fatigue or gastrointestinal symptoms such as nausea, vomiting, diarrhea, or abdominal pain.



## 14-day Fever and Symptom Tracker - COVID-19

Name			Age (years)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	Your Telephone Number
Local Health Department			Telephone Number – Daytime	Telephone Number – After hours

Put the **current date** in the space provided for the next 14 days. Take your temperature twice a day; **once in the morning (a.m.) and once in the evening (p.m.)**, circle **Yes** or **No** if you have fever or are feverish, then write your temperature in the space.

Circle **Yes** or **No** - If you have a cough, sore throat, or shortness of breath for each day.

**Do not leave any spaces blank.** If you have a fever or any symptom, immediately call your doctor.

Date (month/day) (Days 1-14)	Feverish?	Temperature Morning (a.m.)	Temperature Evening (p.m.)	Cough	Sore Throat	Shortness of Breath	Other Symptoms
1	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
2	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
3	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
4	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
5	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
6	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
7	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
8	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
9	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
10	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
11	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
12	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
13	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	
14	Yes / No	°C / °F	°C / °F	Yes / No	Yes / No	Yes / No	