# 2019 Novel Coronavirus (COVID-19)

| Signs and Symptoms | • Main symptoms: fever, cough, shortness of breath  
• May be: pneumonia, respiratory failure (ARDS); also, no or mild respiratory symptoms |
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<td>Incubation</td>
<td>Unknown. The estimated incubation period is 5 days (range 2-14 days)</td>
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| Case classification | **COVID-19 testing is available at Nevada State Public Health Laboratory (NSPHL), Southern Nevada Public Health Laboratory (SNPHL) and several clinical laboratories. Symptomatic persons in the following groups are high priority for testing:**  
• Patients hospitalized with severe lower respiratory signs and symptoms of illness  
• Health care providers and workers  
• Patients in other public safety occupations (e.g., law enforcement, firefighter, EMS)  
• Patients involved in an illness cluster in a facility or institution (e.g., health care, schools, corrections, homeless/shelters, other institution/congregate setting)  
**Please advise the following patients with COVID-19 symptoms to contact their health care provider to determine the need for COVID-19 testing should their symptoms worsen:**  
• Patients older than 60 years  
• Patients with underlying medical conditions  
• Pregnant women  
**Confirmed:** Test positive for COIVD-19  
**Probable:** Close contact of a confirmed case with any compatible symptom above; use in cluster investigation |
| Treatment | There is no specific antiviral treatment recommended for COVID-19 and no vaccine available. |
| Duration | Likely contagious with symptoms, possibly before and after. Asymptomatic infection may be contagious. |
| Exposure | Based on other coronaviruses, person-to-person transmission likely happens primarily through respiratory droplets from coughing or sneezing, but may occur through close personal contact, such as shaking hands, touching an object or surface with the virus on it and then touching mouth, nose, or eyes before washing hands; rarely fecal contamination with coronavirus present may be an exposure. |
| Laboratory testing | **Best specimens (collected while wearing personal protective equipment including eye cover)**  
• Upper respiratory nasopharyngeal (NP) swab placed in 2-3 ml viral transport media.  
• Oropharyngeal (OP) swabs are lesser priority, but if collected can be combined in the same tube as the NP.  
• Collection of sputum should only be performed on patients with a productive cough.  
• For patients for whom it is clinically indicated a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.  
• Also recommend a second nasal swab for rapid flu and respiratory panel at a clinical laboratory.  
**Specimen collection, shipping and handling information:** Keep specimens cold (2-8°C) up to 72 hours until receipt at laboratory, otherwise freeze < -70 degrees C |
| Public health actions | Interview confirmed cases or next of kin to determine if the person works in, or was likely exposed or infectious in a healthcare facility, school, or business. Prioritize healthcare-associated and fatal cases. If such exposures are identified, start a cluster investigation. Conduct contact investigations as resources allow.  
Inform the case to stay home while symptomatic except to get medical care; call the provider before visiting and identify themselves as having COVID-19; separate themselves from others (particularly sleeping area and bathroom) and avoid sharing household items such as dishes, towels, or bedding; practice respiratory etiquette and frequent hand hygiene. See: [Preventing the Spread of COVID-19 in Homes and Residential Communities](#) |