

DO I NEED TO SEE A HEALTHCARE PROVIDER? (COVID-19 Coronavirus)

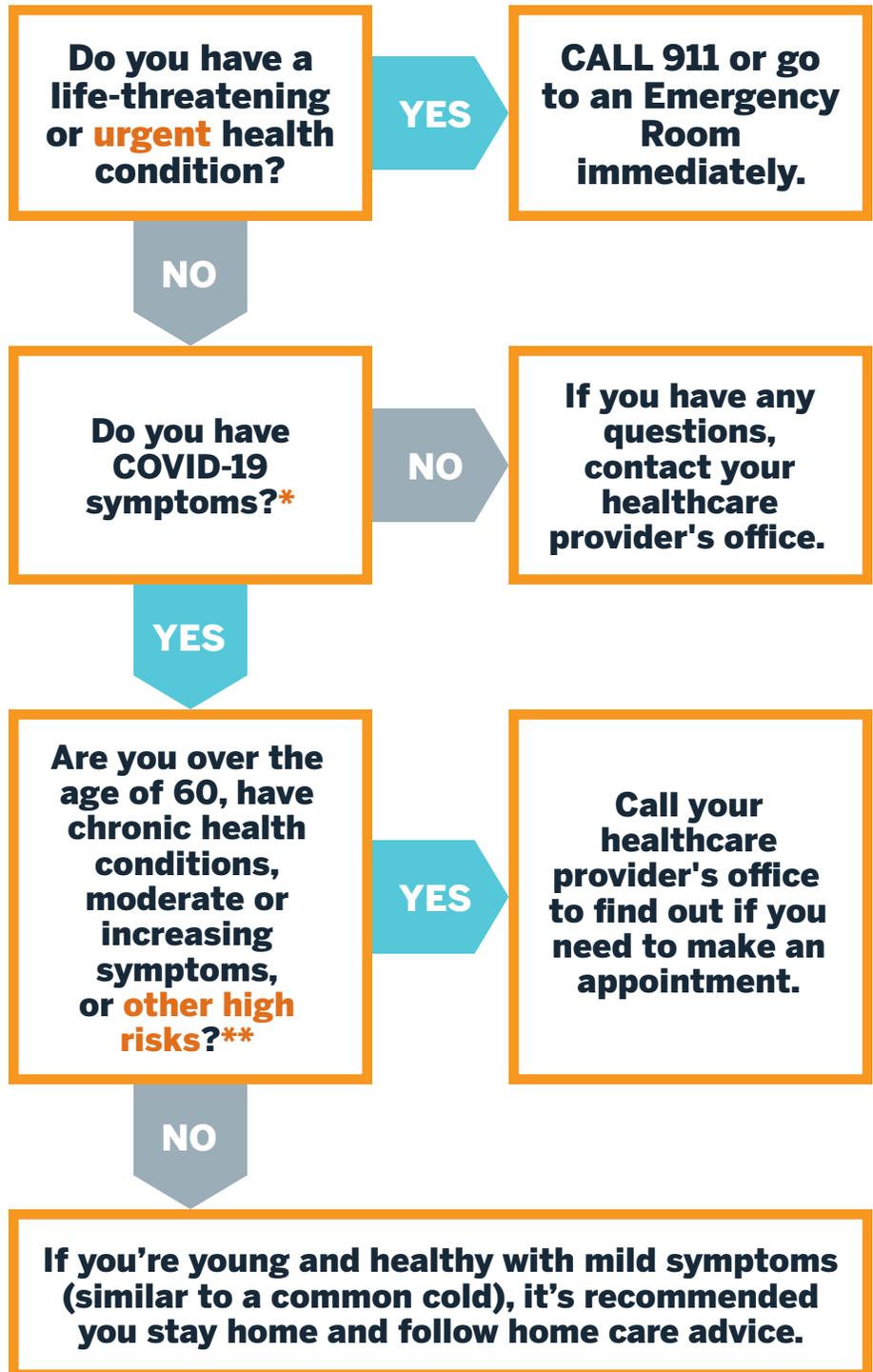
COVID-19 SYMPTOMS RANGE FROM MILD TO SEVERE AND MAY INCLUDE:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If you have any questions or concerns, contact your healthcare provider's office.

HIGH RISK** PATIENTS INCLUDE:

- Close contact with someone known to have COVID-19
- Adults 60 years and older
- Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
- Persons with immunosuppression, including that caused by medications or by HIV infection



To limit your exposure potential, call your personal healthcare provider, or check with your health plan for telehealth options before visiting a health care facility in person.



COVID-19 TESTING FAQ

WHAT KIND OF TESTING IS USED AT UT HEALTH AUSTIN?

We are currently using a test called the RT-PCR, which is designed to detect evidence of viral genetic material in the nose and mouth of potentially infected individuals. This test has been conditionally approved by the FDA for the diagnosis of COVID-19 under an Emergency Use Authorization.

Additionally, we are offering antibody tests, which detects the presence of antibodies in the blood that are formed after infection and remain in the bloodstream even after the infection has been cleared. Please contact 1-833- UT-CARES for more information.

WHAT DOES A POSITIVE TEST RESULT MEAN?

A positive test result for COVID-19 indicates that viral genetic material was detected, and the patient is infected with the virus and presumed to be contagious. Test results should always be considered alongside clinical observations and symptoms in making a final diagnosis. Patient management decisions should be made with a healthcare provider and follow current CDC guidelines.

WHAT DOES A NEGATIVE TEST RESULT MEAN?

A negative test result for this test means that viral genetic material was not present in the specimen above the limit of detection. However, a negative result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions.

WHAT IS THE FALSE-POSITIVE RATE? WHAT IS THE FALSE-NEGATIVE RATE?

The RT-PCR test has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include the following: a recommendation for isolation of the patient, monitoring of household or other close contacts for symptoms, the delayed diagnosis and treatment for the true infection causing the symptoms, and unnecessary prescription of a treatment or therapy.

When diagnostic testing is negative, the possibility of a false negative result should be considered in the context of a patient's recent exposures and the presence of clinical signs and symptoms consistent with COVID-19. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate that COVID-19 is likely, and diagnostic tests for other causes of illness (e.g., other respiratory illness) are negative.

If COVID-19 is still suspected based on exposure history together with other clinical findings, re-testing should be considered by healthcare providers in consultation with public health authorities.

We are still collecting data on the false-positive and false-negative rates of these tests.

DO I NEED A SECOND TEST? WHEN SHOULD I GET ONE?

A diagnosis of COVID-19 is made based on both the test result and the presence of symptoms fitting the viral syndrome. Sometimes, a test can come back negative if it was done too early in the course of the infection, and the patient can develop illness later. It is also possible that a second exposure after a negative test can result in illness.

A second test may be indicated if your symptoms are getting worse, including worsening shortness of breath or high fevers. It may also be indicated if you have a history of exposure and then begin to develop symptoms like a dry cough, sore throat, or fevers.

WHY DID I TEST POSITIVE, BUT A MEMBER OF MY HOUSEHOLD DID NOT?

COVID-19 is spread through person-to-person contact via respiratory droplets containing the virus. It is highly contagious, which is why the CDC recommends distancing yourself from other people by at least 6 feet to reduce the chance of transmission. However, it does not have a 100% transmission rate. Even among members of the same household, some may be found to have a positive test result while others have a negative test result.

If your household has people in it who have tested positive, it is very important for them to practice strict self-isolation to prevent further transmission between members of the household. The sick household member(s) should stay in another room or be separated from the other household members as much as possible. If they do need to share a room with non-infected people, wear a mask. Do not share any personal items, such as utensils, towels or bedding. Everyone should wash their hands often and disinfect high-touch surfaces daily.

IF I GET SICK WITH COVID-19, HOW LONG WILL IT TAKE BEFORE I FEEL BETTER

Those with mild cases of COVID-19 appear to recover within one to two weeks. For severe cases, recovery may take six weeks or more. About 5% of infected people worldwide will die from the disease.

Eighty percent of patients with COVID-19 are expected to recover without hospitalization and with supportive care at home.