Q: How is “recovered” defined?

A: According to the symptom-based strategy to discontinue isolation for persons with COVID-19, the word recovered is used to describe someone who is no longer infectious, or able to pass the virus to another person. A person who is recovered may still experience ongoing effects from the virus. Those who have had COVID-19 illness are considered recovered when at least 10 days have passed since symptoms began AND at least 3 days (72 hours) have passed with no fever, without the use of fever-reducing medications, AND they experienced progressive improvement or an ending of other symptoms.

Q: What is a probable case?

A: CCHD’s uses the Centers for Disease Control and Prevention’s (CDC) case definitions for COVID-19, which can be found at https://bit.ly/376walO. A probable case:

- Meets clinical criteria (symptoms) AND epidemiologic evidence (a known or likely exposure to the virus) with no confirmatory laboratory testing performed for COVID-19; or
- Meets presumptive laboratory evidence (such as having antibodies) AND either clinical criteria OR epidemiologic evidence; or
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

Q: Why does the number of probable cases go up and down? Why are there still probable cases if testing is widely available?

A: Some cases are considered probable while awaiting lab results based on symptoms. They will cause the probable number to go up. Once test results are known, the case may be moved to the positive category or removed (if results are negative) causing the probable number to go down. Some individuals who were categorized as probable, recovered or passed away before testing was widely available. These people may always remain on the probable list. Some people with positive antibody tests but no diagnostic test are also considered probable.

Q: What does the total number tested really tell us?

A: This number tells us that we are continuing to look for cases of the virus. It is important to note that anyone who has symptoms can be tested at this time. Others who are likely to be tested include those who have frequent contact with people who are more vulnerable to the virus, such as the elderly; people who are in higher risk occupations; and people undergoing a procedure at a health care facility. Some individuals will be tested more than once as part of an ongoing effort to stop the spread of COVID-19.
Recurring COVID-19 Questions & Answers  
June 5, 2020

Q: *Can a person test negative and then later test positive for COVID-19?*

A: Yes, you could test negative but then be exposed to COVID-19 after the test. You may also test negative if the sample was collected early in your infection. A negative test result only tells you that you were not infected, or it was too early to detect infection on the day of the test. This is why certain people, including nursing home workers, are being tested frequently.

Q: *When will the number of positive cases go down?*

A: The number of positive cases of COVID-19 won’t go down. It is a running total of all of the people who have had a positive test result since testing began. Active cases indicate the number of individuals currently ill or infectious with COVID-19. The active case number will increase as new cases are identified and decrease as people recover.

Q: *Are people who have recovered now immune to the virus?*

A: It is not yet known if people who recover from COVID-19 can get infected again. CDC and partners in the scientific community are investigating to determine if a person can get sick with COVID-19 more than once. Until more is known, you should continue to take steps to protect yourself and others.