

COVID-19 (SARS-CoV-2)

Also known as: 2019 Novel Coronavirus, COVID

Responsibilities:

Hospital: Report by IDSS, facsimile, phone, or mail

Lab: Report by IDSS, facsimile, phone, or mail

Physician: Report by facsimile, phone, or mail

Iowa Department of Public Health

Disease Reporting Hotline: (800) 362-2736

Secure Fax: (515) 281-5698

1) THE DISEASE AND ITS EPIDEMIOLOGY

A. Agent

COVID-19 is caused by the virus *SARS-CoV-2*.

B. Clinical Description

People with COVID-19 can have had a wide range of symptoms – from asymptomatic or mild to severe illness. This can 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

This list does not include all possible symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

If someone has any of the following symptoms, they should seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

C. Reservoir

COVID-19 is spread from person-to-person. Although we do not know the exact source of COVID-19, we know that it originally came from an animal, likely a bat.

D. Modes of Transmission

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

E. Incubation Period

Symptoms may appear 2-14 days after exposure to the virus.

F. Period of Communicability or Infectious Period

Persons sick with COVID-19 are considered infectious until:

- At least 10 days since symptoms first appeared **AND**
- At least 24 hours with no fever without fever-reducing medication **AND**
- Other symptoms of COVID-19 are improving

Persons who tested positive for COVID-19 but did not develop symptoms are considered infectious until:

- 10 days have passed following the date the positive specimen was collected.

G. Epidemiology

- People of any age, even healthy young adults and children, can become infected with COVID-19.
- Persons who are older or have underlying health conditions have been found to be at greater risk for poor outcomes including hospitalization and death.
- COVID-19 was first recognized as a cluster of pneumonia illnesses in Wuhan, China in December 2019.
- By early 2020, COVID-19 had demonstrated the necessary criteria for a pandemic which includes a new virus, that the entire population is susceptible to, with global spread.
- COVID-19 has subsequently been found to circulate around the world, including the United States.
- Nations and states have experienced different peaks of virus activity since its introduction and more continues to be learned about the evolving seasonal patterns of COVID-19.

H. Zoonotic Risk(s)

- There is no current evidence that animals play a significant role in spreading SARS-CoV-2 to people. Based on the available information to date, the risk of animals spreading COVID-19 to people is considered to be low.
- Companion animals like cats and dogs, big cats in zoos or sanctuaries, gorillas in zoos, mink on farms, and a few other mammals can be infected with SARS-CoV-2.
- There is no evidence birds can be infected with SARS-CoV-2 or that livestock (cattle, pigs, horses, sheep, goats) can be naturally infected with SARS-CoV-2.
- Concerns about ill pets should be managed with a veterinarian.

2) DISEASE REPORTING AND CASE INVESTIGATION

A. Purpose of Surveillance and Reporting

- To monitor geographic, demographic, and seasonal trends of SARS-CoV-2 activity in Iowa.
- To identify the presence, relative proportion and impact of SARS-CoV-2 variants.
- To evaluate potential immunity among Iowans via serologic/antibody test results.
- To identify clusters and outbreaks of COVID-19 that require targeted public health action.
- To understand and adjust COVID-19 control strategies.

B. Laboratory and Healthcare Provider Reporting Requirements

Iowa Administrative Code 641-1.3(139) stipulates that the laboratory and the healthcare provider must report. The preferred method of reporting is by utilizing the Iowa Disease Surveillance System (IDSS). However, if IDSS is not available, the reporting number for IDPH Center for Acute Disease Epidemiology (CADE) is (800) 362-2736; fax number (515) 281-5698, mailing address:

IDPH, CADE
Lucas State Office Building, 5th Floor
321 E. 12th St.
Des Moines, IA 50319-0075

Health care providers can report results from patients who used at-home testing at <https://redcap.link/HomeTestReporting>. This is not necessary for at-home tests sent to SHL for testing via the Test Iowa Program.

C. Laboratory Testing:

- Where is COVID-19 testing available?
 - Testing is available through Iowa's State Hygienic Laboratory (SHL), as well as numerous commercial and clinical laboratories across Iowa. There is no cost for testing at SHL.
 - For more information about testing at SHL, including collection/handling and test request forms, visit <https://covidtesting.shl.uiowa.edu/>.
- Who should get tested?
 - People who have symptoms of COVID-19. People who are fully vaccinated with COVID-19 vaccine should be evaluated by their healthcare provider and tested for COVID-19 if indicated.
 - People who have had close contact with someone with confirmed COVID-19, regardless of vaccination status.
 - People not fully vaccinated who have taken part in activities that put them at higher risk for COVID-19, such as attending large social or mass gatherings, or being in crowded indoor settings.
 - People not fully vaccinated who have been asked or referred to get testing by their school, workplace, healthcare provider, or health department.
- Who should not get tested if they do not have symptoms?
 - For residents in non-healthcare congregate settings (e.g. correctional and detention facilities, group homes) and employees of residential congregate settings and high-density workplaces (e.g. meat and poultry processing and manufacturing plants), refer to CDC's recommendations for fully vaccinated people.
 - People who have tested positive for COVID-19 within the past 3 months and recovered, as long as they do not develop new symptoms, do not need to get tested.

- What types of testing are available?
 - Viral tests, including PCR and antigen tests are used to detect infection with SARS-CoV-2 and to inform an individual's medical care.
 - Antibody (or serology) tests are used to detect previous infection with SARS-CoV-2 and can aid in the diagnosis of Multisystem Inflammatory Syndrome in Children (MIS-C) and in adults (MIS-A). Antibody testing should not be used to diagnose current infection.
 - Self-collection (i.e. "At -Home") kits and tests are available by prescription or over the counter in a pharmacy or retail store. At-home test kits are also available from SHL via the Test Iowa program – more information is available at www.testiowa.com. Currently available self-collection kits and tests are used for the detection of current infection. Some at-home tests involve samples taken by a patient and sent in to a laboratory for testing to be performed. The results of those tests are required to be reported by the laboratory to public health. Some at-home tests involve samples that are taken by a patient and a result is immediately provided with a healthcare provider supervising remotely. These kinds of at-home test results should be reported by the healthcare provider to public health. Some at-home tests involve samples that are taken by a patient and a result is provided immediately without any laboratory or healthcare provider supervision. Among these are some test types with a built-in electronic interface for reporting to public health. These kinds of at-home tests can help to inform individual decision-making. All persons who contact public health about at-home tests should be advised on the best practice public health recommendations for staying home and alerting exposed persons to minimize risk. Health care providers can report results from patients who used at-home testing at <https://redcap.link/HomeTestReporting>. This is not necessary for at-home tests sent to SHL for testing via the Test Iowa Program.
 - Genomic sequencing of COVID-19 can be performed by the SHL and several other laboratories. However, this testing is not currently indicated for use in individual patient decision-making and instead is used for population level surveillance (see full guidance below).
- Testing animals for SARS-CoV-2:
 - Routine testing of animals for SARS-CoV-2 is not currently recommended and veterinarians are encouraged to consider other, more common causes of illness in animals and should use their clinical judgement when deciding whether to test animals for SARS-CoV-2.
 - SARS-CoV-2 animal testing is available at the Iowa State University Veterinary Diagnostic Laboratory (ISU VDL).
 - Veterinary requests for testing at ISU VDL will be jointly evaluated on a case-by-case basis by the State Veterinarian, Federal Area Veterinarian-In-Charge, and the State Public Health Veterinarian.
 - Confirmatory testing through USDA's National Veterinary Services Laboratories (NVSL) is required for all animals except domestic cats and dogs from state, territorial, local, and tribal jurisdictions that have previously confirmed SARS-CoV-2 in cats and dogs. As of May 18, 2021, the only animal species with a confirmed SARS-CoV-2 infection in [Iowa](#) is a single case in a dog.
 - The following factors will be considered as part of the case-by-case determination of whether animal testing is appropriate through the ISU VDL:
 - Is there a known epidemiological link to a COVID-19 positive human case?

- Is the animal showing any clinical signs that could be compatible with what is known about SARS-CoV-2 infection in that species?
- Has current research indicated that the animal species can be infected with SARS-CoV-2?
- Have more likely causes of illness (based upon clinical signs in the animal(s)) been ruled out?

Genomic sequencing

SHL is conducting variant strain surveillance in partnership with established influenza surveillance sites across the state. Identified clinics and hospitals that participate in influenza surveillance are voluntarily submitting PCR positive specimens (with Ct's less than 30) for COVID-19 sequencing.

Additionally, since January 2021, SHL has increased capacity to sequence SARS-CoV-2 and now accept all PCR positive SARS-CoV-2 samples for sequencing. If the Ct value is less than 30, please submit the sample to SHL. If the Ct value is unknown, submit the sample and SHL will determine the Ct value before performing the sequencing.

To order sequencing, please use SHL's "IDPH Coronavirus COVID-19 Test Request Form" found on SHL's webpage: www.shl.uiowa.edu/testmenu/formgenerator.xml.

Sequence testing is not currently FDA approved, therefore submitting healthcare providers will not receive sequencing results as this is not a test currently intended for clinical decision-making.

D. Local Public Health Agency (LPHA) Follow-Up Responsibilities

Case Investigation

1. Routine follow-up is not required for individual cases of COVID-19.
2. If surveillance identifies clusters or outbreaks of COVID-19, additional investigation may be warranted to determine if targeted public health recommendations and/or laboratory follow-up is required. Consult with an epidemiologist at IDPH or contact your regional epidemiologist if an outbreak is suspected.

Contact the assigned field epidemiologist with questions or if assistance is needed. (800-362-2736)

There is no need to conduct investigations for persons with positive serology results. Serology positive results indicate past infection, and the infectious period cannot be determined.

3) CONTROLLING FURTHER SPREAD AND PREVENTING DISEASE

A. Persons who test positive for COVID-19 are recommended to stay home until they are no longer infectious

Persons sick with COVID-19 are considered infectious 48 hours prior to symptom onset until:

- At least 10 days since symptoms first appeared **AND,**
- At least 24 hours with no fever without fever-reducing medication **AND,**
- Other symptoms of COVID-19 are improving.

Persons with severe, advanced immunosuppression should stay home longer than 10 days, until:

- Two negative test results in a row, at least 24 hours apart **OR**
- 20 days post symptom onset or date of test.

Persons who tested positive for COVID-19 but did not develop symptoms are considered infectious 48 hours prior to date of specimen collection until:

- 10 days have passed following the date the positive specimen was collected.

The above guidance applies to both unvaccinated and vaccinated individuals.

Reminder: All persons who are experiencing an illness should stay home while they are ill, even if they test negative for COVID-19 or receive an alternative diagnosis.

B. Individuals should be evaluated for exposure in outbreaks/clusters

When follow-up is performed, close contact is defined as being less than 6 feet away from an infectious person for more than 15 consecutive minutes **AND** the case, the contact, or both were not wearing a face covering during the interaction. Acceptable face coverings are described in CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>.

C. Unvaccinated, asymptomatic contacts are advised to stay home to monitor for symptoms

To help further reduce risk of spreading the virus, unvaccinated persons who are exposed but remain healthy (no symptoms) are advised to stay home to monitor for symptoms. This approach can help to reduce the risk of spread to other people, especially vulnerable populations.

Individuals exposed to COVID-19 may develop symptoms from 2-14 days after exposure. However, exposed individuals can reduce the length of time they are recommended to stay home from 14 days via the following options:

- Stay home through Day 10 if no symptoms have developed.
- Stay home through Day 7 if the exposed person tests negative and no symptoms have developed. The specimen must be collected within 48 hours before leaving the home (i.e. not earlier than Day 5).

In all cases, the individual should continue to monitor for symptoms and are recommended to wear a mask when around others through Day 14 in order to minimize risk of spread.

D. Vaccinated contacts do not need to stay home, but should monitor for symptoms and get tested

Fully vaccinated people with no COVID-like symptoms do not need to stay home following an exposure to someone with suspected or confirmed COVID-19. However, fully vaccinated people should still self-monitor for symptoms of COVID-19 for 14 days following an exposure. In addition, vaccinated contacts should get tested 3-5 days exposure, even if they don't have symptoms, and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

Fully vaccinated people who experience COVID-19 symptoms should stay home, be clinically evaluated, and be tested for COVID-19 infection if clinically indicated. Fully vaccinated people

should inform their health care provider of their vaccination status at the time of presentation to care.

Individuals are considered fully vaccinated 14 days after completion of their vaccination series (i.e. 2 weeks after the second dose in a 2-dose series or 2 weeks after a single-dose vaccine).

Note: This guidance only applies to individuals who have received vaccines currently authorized for emergency use by FDA (Pfizer-BioNTech, Moderna, Johnson and Johnson (Janssen)) or other vaccines authorized for emergency use by WHO (AstraZeneca/Oxford, Sinopharm, Sinovac). For a list of WHO approved COVID-19 vaccines, visit www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice.

E. Contacts who have tested positive for COVID-19 within the past 3 months do not need to stay home, but should monitor for symptoms

Persons who have tested positive for COVID-19 within the past 3 months and have met the recovery definition do not need to stay home or be tested following an exposure to someone with suspected or confirmed COVID-19, as long as they do not develop new symptoms. However, they should still self-monitor for symptoms of COVID-19 for 14 days following an exposure.

People who develop COVID-19 symptoms within 3 months of their first COVID-19 infection should stay home, be clinically evaluated, and be tested for COVID-19 infection if clinically indicated. People should inform their healthcare provider of their previous infection at the time of presentation to care. No contact tracing is necessary if symptoms developed within 3 months of first COVID-19 infection.

If a person previously diagnosed with COVID-19 becomes ill with symptoms consistent with COVID-19 or tests positive more than 3 months following the date of symptom onset (or date of test if asymptomatic persons), they should be treated as any other newly positive individual, not taking their previous illness into account for the purposes of public health recommendations.

Note: For the above recommendations, the 3 month timeline begins on the date of symptom onset, or, for asymptomatic individuals, the date of specimen collection.

F. Unvaccinated contacts who have tested antibody positive within 3 months before or immediately following an exposure are generally not advised to stay home, but should monitor for symptoms

Unvaccinated persons who have tested antibody positive (IgG, IgM, or Total Antibody) within 3 months before or immediately following an exposure to someone with confirmed COVID-19 and who have remained asymptomatic since the current COVID-19 exposure do not need to stay home in low risk situations. High risk situations include settings where contact with persons at high risk of COVID-19 severe illness, including older adults and persons with certain medical conditions, is not anticipated for at least 10 days following exposure.

Contacts should still monitor themselves for symptoms of COVID-19 during the 14 days after exposure and if symptoms develop they should stay home and seek testing.

G. Vaccination

The best COVID-19 vaccine is the first one that is available to you. Do not wait for a specific brand. All currently authorized and recommended COVID-19 vaccines:

- are safe,
- are effective, and
- reduce your risk of severe illness.

CDC does not recommend one vaccine over another.

Vaccine Brand Name	Who can get this vaccine	How many shots will you need	When are you fully vaccinated
Pfizer-BioNTech	People 12 years and older	2 shots, given 3 weeks apart	2 weeks after your second shot
Moderna	People 18 years and older	2 shots, given 4 weeks apart	2 weeks after your second shot
Johnson & Johnson's Janssen	People 18 years and older	1 shot	2 weeks after your shot

If you have had a severe [allergic reaction](#) (anaphylaxis) or an immediate allergic reaction to any [ingredient in the vaccine you are scheduled to receive](#), you should not get that vaccine. If you have been instructed not to get one type of COVID-19 vaccine, you may still be able to get another type. Learn more [information for people with allergies](#).

You should get your second shot as close to the recommended 3-week or 4-week interval as possible. However, your second shot may be given up to 6 weeks (42 days) after the first dose, if necessary.

More information about vaccination is available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>.

H. Managing Special Situations

School

Students and teachers who test positive for COVID-19 should remain home until they are no longer infectious.

COVID-19 positive persons can return to normal activities after:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

If a case of COVID-19 is identified in a school, exposed students and teachers should consider staying home in accordance with public health best practices to monitor for symptoms. If a student or teacher becomes symptomatic they should stay home while ill and consider getting tested.

If a cluster or outbreak of COVID-19 is identified in a school, additional investigation may be warranted to determine if targeted public health recommendations and/or laboratory follow-

up is required. Consult with an epidemiologist at IDPH or contact your regional epidemiologist if an outbreak is suspected.

For more information, visit <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/Schools-and-Organizations>.

Child care

Child care attendees and child care providers who test positive for COVID-19 should remain home until they are no longer infectious.

COVID-19 positive persons can return to normal activities after:

- 10 days since symptoms first appeared and
- 24 hours with no fever without the use of fever-reducing medications and
- Other symptoms of COVID-19 are improving*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

If a case of COVID-19 is identified in a child care, exposed attendees and staff should consider staying home in accordance with public health best practices to monitor for symptoms. If an attendee or staff member becomes symptomatic they should stay home while ill and consider getting tested.

If a cluster or outbreak of COVID-19 is identified in a child care facility, additional investigation may be warranted to determine if targeted public health recommendations and/or laboratory follow-up is required. Consult with an epidemiologist at IDPH or contact your regional epidemiologist if an outbreak is suspected.

For more information, visit <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/Schools-and-Organizations>.

Congregate Living Settings

Due to the higher health risks of persons residing in long-term care settings, symptomatic residents and staff testing positive on antigen testing for COVID-19 should start the appropriate isolation period. Asymptomatic residents or staff testing positive should be re-tested using confirmatory PCR testing within 48 hours of the when the positive antigen specimen was collected.

More detailed guidance related to interpreting antigen testing results and the subsequent mitigation steps to enact can be found at <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus/Long-Term-Care>.

Correctional and Detention Facilities

Persons who test positive in a correctional or detention facility should remain away from other persons while they are infectious. Identified close contacts should be separated from others who live in the facility, if appropriate, as outlined in this document above.

Those who are exposed are advised to monitor for signs and symptoms in the 2-14 days after exposure. Those who live in a correctional or detention facility and are around someone who has COVID-19 should get tested even if they do not have symptoms, regardless of vaccination status.

CDC guidance for correctional and detention facilities can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

Homeless Shelters

Persons who test positive in a homeless shelter should remain away from other persons while they are infectious. Identified close contacts should be separated from others who live in the facility, if appropriate, as outlined in this document above.

Those who are exposed can be advised to monitor for signs and symptoms in the 2-14 days after exposure, regardless of vaccination status. Those who live in a homeless shelter and are around someone who has COVID-19 should get tested even if they do not have symptoms, regardless of vaccination status.

Specific guidance for homeless shelters can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>.

Patient Care Settings

Due to the nature of patient care/healthcare settings, the frequency and types of interactions they have with patients, and the procedures performed, COVID-19 risk can vary. The CDC has made numerous resources available for healthcare workers, many of which are setting specific, that can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

You can also consult with the IDPH Healthcare Associated Infections (HAI) Program by calling CADE at (800) 362-2736 and asking to speak with the HAI Program or emailing hai-ar@idph.iowa.gov.

Reported Incidence Is Higher than Usual/Cluster/Outbreak Suspected

Consult with the epidemiologist on-call at CADE, (800) 362-2736. CADE can help determine a course of action to prevent further cases and can perform surveillance for cases that may cross several county lines and therefore may be difficult to identify at a local level.

If the number of reported cases in any city or county is higher than usual, or if an outbreak is suspected, investigate clustered cases to identify other potential illnesses and exposures. Recommendations can then be made for people to stay home after an exposure or while sick and testing recommendations can be shared.

I. Travel

Domestic Travel

Vaccinated Domestic Traveler

People who are fully vaccinated with an FDA-authorized vaccine can travel safely within the United States. If you are fully vaccinated, take the following steps to protect others if you travel:

- Wear a mask over your nose and mouth.
- Avoid crowds and stay at least 6 feet from anyone who is not traveling with you.
- Wash your hands often or use hand sanitizer.
- After you travel, self-monitor for symptoms of COVID-19; stay home and get tested if you develop symptoms.

Unvaccinated Domestic Traveler

CDC recommends delaying travel until you are fully vaccinated, because travel increases your chance of spreading and getting COVID-19. If you are not fully vaccinated and must travel, follow CDC's recommendations for unvaccinated people.

- Get tested with a viral test 1-3 days before your trip. Make sure you have the results of your negative test before you travel. Keep a copy of your results with you during travel; you might be asked for them.
- Do not travel if you test positive. Stay home and follow public health recommendations.
- Get tested again with a viral test 3-5 days after your trip and stay home for a full 7 days after travel, even if your test is negative. If you don't get tested, stay home for 10 days after travel. If your test is positive, stay home to protect others from getting infected.

International Travel

Vaccinated International Traveler

If you are fully vaccinated and must travel internationally, take the following steps in addition to those listed for domestic travel:

- Understand and follow all airline and destination requirements related to travel, testing or quarantine, which may differ from U.S. requirements.
- Get tested again with a viral test 3-5 days after your trip

Unvaccinated International Traveler

CDC recommends not to travel internationally until you are fully vaccinated. If you are not fully vaccinated and must travel, follow all of the public health recommendation for fully vaccinated individuals in addition to the following steps to protect yourself and others from COVID-19:

- Get tested with a viral test 1-3 days before your trip. Make sure you have the results of your negative test before you travel. Keep a copy of your results with you during travel; you might be asked for them.
- Do not travel if you test positive. Stay home and follow public health recommendations.
- Get tested again with a viral test 3-5 days after your trip and stay home for a full 7 days after travel, even if your test is negative. If you don't get tested, stay home for 10 days after travel. If your test is positive, stay home to protect others from getting infected.

Note: CDC does not recommend testing asymptomatic individuals again in the three months after a positive viral test. If you are eligible, get fully vaccinated for COVID-19. Wait 2 weeks after getting your second vaccine dose to travel - it takes time for your body to build protection after any vaccination.

International Travel Requirements

All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States. For more information, visit www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html.

Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations. For more information, visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html>.

Several Presidential proclamations established restrictions on the entry of certain travelers into the United States in an effort to help slow the spread of COVID-19. For more information, visit www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html.

For full guidance about travel and COVID-19, visit
www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.

Additional Resources

IDPH COVID-19 page: <https://idph.iowa.gov/emerging-health-issues/novel-coronavirus>
Coronavirus.iowa.gov: <https://coronavirus.iowa.gov/>
CDC main COVID-19 page: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
CDC Health Care Provider COVID-19 page: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>