Follow Up Testing Protocol of COVID-19 Cases

Day 1

First Day of Symptom Onset
(fever or cough)

↓

Day 10

Is fever present?

NO ← → **YES**

↓

Take two swabs
≥ 24 hours apart

If Negative

Discontinue Isolation

If Positive

Reassess Day 14

→ **Day 14**

Take two swabs ≥ 24 hours apart

If Negative

Discontinue Isolation

If Positive

Call Public Health