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**Date:** Saturday, March 14, 2020 at 6:42 AM  
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**Subject:** Re: Testing - JAMA - Important

[Warning External Email]

Good morning, Howard—some answers and non-answers. As is the case for most answers, the most accurate is “it depends”, but I realize that is not helpful in busy clinical settings:  
No symptoms – get test positive – can you work

At this point in the pandemic, no. While we do not know what role asymptomatic infection may play in transmission and it is plausible that someone who is NOT coughing and sneezing (or any other respiratory droplet self-generating acts) is going to be less infectious than someone who is, persons known to be infected should self-isolate. This, of course, is particularly important for someone who has closed contact with someone at greater risk of severe illness and health care providers.

Symptoms – test negative – can you work – or do you need 2 negatives – or the test has to be done 2-3-4 days after you develop symptoms

Even before COVID-19, working while ill with a respiratory illness puts others at risk. Particularly during when flu activity is high. Not toughing it out and going into work while sick is more important now than ever and is an important component of social distancing—this is one of the foundational ways that we distribute the impact of the pandemic over as long of a period as possible. (We are all getting good at drawing the two pandemic curves in the air on imaginary x- and y-axes.). One of the critical areas where we need more data is on when someone who is infected becomes test-positive. Presumably, test-positivity would correlate with viral load in the respiratory tract and a + would indicate greater likelihood of infectiousness. But the real challenge of the return-to-work issue lies in your next question:

Test positive – back to work when – do you need negative tests – or just time - ? 2 weeks after first symptoms, first test positive.

Ah, there is the rub—currently, the recommendations vary—CDC has gone with 2 negative swabs 24 hours apart, but we do not believe that positivity during recovery necessarily proves infectiousness. This is a crucial question. We are reviewing the available data, examining at how PCR positivity, cycle threshold, and viral culture line up—the goal is to develop good,