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Coronavirus Disease 2019 (COVID-19)



Frequently Asked Questions Frequently Asked Questions

Updated Aug. 4, 2020

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What are you looking for?

Enter a word or phrase below to locate questions and answers that match.

Basics

What is a novel coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. The virus that causes coronavirus disease 2019 (COVID-19), is not the same as the [coronaviruses that commonly circulate](#) and cause mild illness, like the common cold.

Why is the disease being called coronavirus disease 2019, COVID-19?

On February 11, 2020 the World Health Organization [announced](#) an official name for the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus.' Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not been found in humans.

Spread

How does the virus spread?

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely to occur from direct contact with one another (within about 6 feet).

COVID-19 seems to be spreading easily and sustainably in the community ("community [geographic areas](#)). Community spread means people have been infected with the virus in an area, but they are not sure how or where they became infected.

Can the virus that causes COVID-19 be spread through food, including restaurant takeout and frozen packaged food?

Coronaviruses are generally thought to be spread from person to person through respiratory droplets. There is no evidence to support transmission of COVID-19 associated with food. Before eating, it is important to always wash your hands with soap and water for at least 20 seconds for good hand hygiene. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after coughing or sneezing, or going to the bathroom.

Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature affect the spread of COVID-19. Some viruses that cause the common cold and flu, spread more during cold weather months but that it is impossible to become sick with these viruses during other months. There is much more research needed on the transmissibility, severity, and other features associated with COVID-19 and investigation is ongoing.

What is community spread?

Community spread means people have been infected with the virus in an area, including in an area where they became infected. Each health department determines community spread conditions. For information on community spread in your area, please visit your health department's website.

Can mosquitoes or ticks spread the virus that causes COVID-19?

At this time, CDC has no data to suggest that this new coronavirus or other similar coronavirus mosquitoes or ticks. The main way that COVID-19 spreads is from person to person. See [Spreads](#) for more information.

Prevention

How can I protect myself?

Visit the [How to Protect Yourself & Others](#) page to learn about how to protect yourself from COVID-19.

Does CDC recommend the use of masks to prevent COVID-19?

Wear masks in public settings when around people not living in your household and physical distancing measures are difficult to maintain, such as grocery stores, pharmacies, and public transit. Masks help reduce the spread of the virus and help people who may have the virus and do not know it from others.

COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. It's important for everyone to practice [social distancing](#) (staying at least 6 feet away from others) and wear masks in public settings. Masks provide an extra layer to help prevent the respiratory droplets from carrying the virus through the air and onto other people.

The masks recommended are not surgical masks or N-95 respirators. Those are critical to be reserved for healthcare workers and other medical first responders, as recommended by the CDC's guidance.

More information about masks can be found on our masks site.

- [How to Wear](#)
- [How to Wash](#)
- [How to Make](#)

Is it safe to get care for my other medical conditions during this time?

- It is important to continue taking care of your health and wellness.
- Continue your medications, and do not change your treatment plan without talking
- Continue to manage your disease the way your healthcare provider has told you.
- Have at least a 2-week supply of all prescription and non-prescription medications.
- Talk to your healthcare provider about whether your vaccinations are up-to-date.
- Call your healthcare provider
 - if you have any concerns about your medical conditions, or if you get sick.
 - to find out about different ways you can connect with your healthcare provider for disease management or other conditions.
- Do not delay getting emergency care for your health problems or *any* health concern that needs immediate attention.
 - If you need emergency help, call 911.
 - Emergency departments have infection prevention plans to protect you from getting COVID-19 while getting care for your medical condition.
- Continue to practice [everyday prevention](#). Wash your hands often, avoid close contact with people who are sick, and wear a face mask around others who are coughing and sneezing, and clean and disinfect frequently touched surfaces often.

For more information, see [Groups at Higher Risk for Severe Illness](#).

Am I at risk for COVID-19 from mail, packages, or products?

There is still a lot that is unknown about COVID-19 and how it spreads. Coronaviruses are spread often by respiratory droplets. Although the virus can survive for a short period on some surfaces, it is not thought to be spread from domestic or international mail, products or packaging. However, it may be possible to get COVID-19 by touching a surface or object that has the virus on it and then touching their face, possibly their eyes, but this is not thought to be the main way the virus spreads.

Learn more about [safe handling of deliveries and mail](#).

Is it okay for me to donate blood?

In healthcare settings across the United States, donated blood is a lifesaving, essential part of patient care. The need for donated blood is constant, and blood centers are open and in urgent need of donors. People who are well to continue to donate blood if they are able, even if they are practicing social distancing to prevent the spread of COVID-19. CDC is supporting blood centers by providing recommendations that will help them stay open and safe. Examples of these recommendations include spacing donor chairs 6 feet apart, thorough hand hygiene, and environmental cleaning practices, and encouraging donors to make donation appointments.

Should contact lens wearers take special precautions to prevent COVID-19?

- Currently there is no evidence to suggest contact lens wearers are more at risk for a respiratory infection than eyeglass wearers.
- Contact lens wearers should continue to [practice safe contact lens wear and care hygiene](#) against transmission of any contact lens-related infections, such as always washing hands before handling lenses.
- People who are healthy can continue to wear and care for their contact lenses as prescribed by an eye care professional.

Find more information about [how coronavirus spreads](#) and [how to protect yourself](#).

Visit [CDC's contact lens website](#) for more information on healthy contact lens wear and

Is contact lens disinfecting solution effective against COVID-19?

- [Hydrogen peroxide-based systems](#) for cleaning, disinfecting, and storing contact lens against the virus that causes COVID-19.
 - For other disinfection methods, such as multipurpose solution and ultrasonic cleaning, there is not enough scientific evidence to determine efficacy against the virus.
- [Always use solution](#) to disinfect your contact lenses and case to kill germs that may be on them.
- Handle your lenses over a surface that has been cleaned and disinfected.

Find more information about [how coronavirus spreads](#) and [how to protect yourself](#).

Visit [CDC's contact lens website](#) for more information on healthy contact lens wear and

Should I use soap and water or hand sanitizer to protect against COVID-19?

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing, going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use hand sanitizer with at least 60% alcohol.

What cleaning products should I use to protect against COVID-19?

Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them with water prior to disinfection. To disinfect, most common EPA-registered household disinfectants are effective. For more information, see [recommendations for household cleaning and disinfection](#).

If You or Someone You Know is Sick or Had COVID-19, or If You Know Someone who Has COVID-19

What should I do if I get sick or someone in my house gets sick?

Most people who get COVID-19 will be able to recover at home. [CDC has directions](#) for you and your caregivers, including:

- Stay home when you are sick, except to get medical care.
- Use a separate room and bathroom for sick household members (if possible).
- Wash your hands often with soap and water for at least 20 seconds, especially after coughing or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Provide your sick household member with clean disposable facemasks to wear at home to help prevent spreading COVID-19 to others.
- [Clean the sick room and bathroom](#), as needed, to avoid unnecessary contact with the sick person.

However, some people may need emergency medical attention. Watch for symptoms that require [emergency medical attention](#).

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, seek **emergency medical care immediately**.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms or concerns concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are calling for someone who has or may have COVID-19.

What should I do if I have had close contact with someone who has COVID-19?

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other [symptoms](#)
- Take your temperature and follow CDC guidance if you have symptoms.

Children

What is the risk of my child becoming sick with COVID-19?

Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases. Some children have developed [multisystem inflammatory syndrome \(MIS-C\)](#). Currently, information is limited. CDC is working with state and local health departments to learn more about MIS-C.

How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to should do to stay healthy.

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with
- Clean and disinfect frequently touched surfaces and objects, like tables, countertops and cabinet handles).

You can find additional information on preventing COVID-19 at [How to Protect Yourself](#) information on how COVID-19 is spread is available at [How COVID-19 Spreads](#).

More information on [Keeping Children Healthy during the COVID-19 Outbreak](#) is availat

Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms of COVID-19 are similar in children and adults. COVID-19 can look di For many people, being sick with COVID-19 would be a little bit like having the flu. Peop have a hard time taking deep breaths. Most people who have gotten COVID-19 have no group of people who get it have had more serious problems.

CDC and partners are investigating cases of multisystem inflammatory syndrome in chi COVID-19. Learn more about [COVID-19 and multisystem inflammatory syndrome in chi](#)

Should children wear masks?

CDC recommends that everyone 2 years and older wear a mask that covers their nose and mouth when around people not living in your household, particularly where other social distancing measures are difficult to maintain. Masks should NOT be put on babies or children younger than 2 because of their inability to breathe through them. Children younger than 2 years of age are listed as an exception as well as anyone who is blind, unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

How do I prepare my children in case of COVID-19 outbreak in our community?

Outbreaks can be stressful for adults and children. When you talk with your child, try to reassure them that they are safe. [Talk to your children](#) about COVID-19 and [help them cope with stress](#).

What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?

[Multisystem inflammatory syndrome in children \(MIS-C\)](#) is a condition where different body systems become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. It is thought to be caused by the virus that causes COVID-19. However, we know that many children with MIS-C had the virus that causes COVID-19 around someone with COVID-19. MIS-C can be serious, even deadly, but most children with this condition have gotten better with medical care.

Contact your child's doctor, nurse, or clinic right away if your child is showing [symptoms of MIS-C](#) or [seek medical care right away](#) if your child is showing any of these [emergency warning signs of MIS-C](#).

Can my child hang out with their friends?

The key to slowing the spread of COVID-19 is to practice social distancing. While school is in session, children should not have in-person playdates with children from other households. If children are playing outside, it is essential that they remain 6 feet from anyone who is not in their own household. Some children with underlying [medical conditions](#) are at higher risk for severe illness from COVID-19.

Make sure children practice [everyday preventive behaviors](#), such as washing their hands. Remember, if children meet outside of school in groups, it can put everyone at risk.

For more information, see [Help Stop the Spread of COVID-19 in Children](#).

How can I help my child continue learning?

- Stay in touch with your child's school.
 - Many schools are offering lessons online (virtual learning). Review assignments your child establish a reasonable pace for completing the work. You may need turning on devices, reading instructions, and typing answers.
- Create a schedule and routine for learning at home, but remain flexible.
- Consider the needs and adjustment required for your child's age group.
 - The transition to being at home will be different for preschoolers, K-5, middle school students. Talk to your child about expectations and how they are adjusting to school.
- Look for ways to make learning fun.

For more information, see [Help Children Learn at Home](#).

Will kids have access to school meals?

Check with your school on plans to continue meal services during the school dismissal. Some schools have school facilities open to allow families to pick up meals or are providing grab-and-go meals.

How can I keep my children healthy?

- Watch your child for any signs of illness.
- Watch for signs of stress in your child.
- Teach and reinforce [everyday preventive actions](#).
- Help your child stay active.
- Help your child stay socially connected.

For more information, see [Keep Children Healthy during the COVID-19 Outbreak](#).

Limit time with older adults, including relatives, and people with chronic medical conditions

Older adults and people who have serious underlying medical conditions are at highest risk for severe illness from COVID-19.

- If others in your home are at [higher risk for severe illness from COVID-19](#), consider limiting your child's contact with those people.
- If you are unable to stay home with your child during school dismissals and someone with a serious underlying medical condition will be providing care (older adult or someone with a serious underlying medical condition), limit your children's contact with other people.
- Consider postponing visits or trip to see older family members and grandparents. Consider writing letters and sending via mail.

Is my child with an underlying medical condition at higher risk for severe illness from COVID-19?

It's not known yet whether all children with underlying medical conditions are at higher risk for severe illness from COVID-19.

Although most COVID-19 cases in children are not severe, serious illness that needs to be hospitalized can happen. Some data on children reported that the majority who needed hospitalization had one underlying medical condition. The most common underlying conditions reported include chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. This information suggests that children with these underlying medical conditions may be at higher risk for severe illness from COVID-19.

More data are needed to learn which underlying or complex medical conditions may put children at higher risk for severe illness from COVID-19. CDC is monitoring new information as it becomes available and will provide updates as more information becomes available.

Learn more about caring for [children with special health care needs during a disaster or emergency](#) and [children with special health care needs during a disaster at risk for severe illness from COVID-19](#).

What additional steps should families that have a child with an underlying medical c

In addition to following the recommendations to [prevent getting sick](#) and [running esser](#) take extra steps recommended for persons with [higher risk of severe COVID-19 illness](#) : with [potential COVID-19 exposure or confirmed illness](#).

- Identify potential alternative caregivers, if you or other regular caregivers become si your child. If possible, these alternative caregivers would not be at [higher risk of seve](#) themselves.
- Try to have at least one month of medication and medical supplies on hand. Some h supply of prescription medications. Consider discussing this option with your child's
- Review any care plans for your child, such as an asthma action plan, and make sure caregivers are familiar with these plans.
- If you do not have [care plans or an emergency notebook](#), try to make them. They typ information about your child's medical conditions, how to manage those conditions, child's doctors, allergies, information on medications (names, dosages, and administ preferences (food and other) or special needs, daily routines and activities, friends, a are important to support behavioral and emotional health.
- Learn if your child's healthcare providers, including doctors and therapists, have nev ways of providing appointments. If they offer telemedicine visits, find out how those additional information you need.
- If your child receives any support care services in the home that need to be continue will do if those direct care providers get sick, or if persons in your household are sick
- Discuss with the support care agencies and the providers ways to minimize risk for e causes COVID-19.
 - If your child or other persons in your household are sick with COVID-19 and are inform your direct care providers and consider postponing or rescheduling ser [discontinuing home isolation](#) have been met.
 - Ask service providers if they are experiencing any [symptoms of COVID-19](#), or if with someone who has COVID-19.
 - Tell the service provider to:
 - Wear a [mask](#) if they will be close (less than 6 feet) to you or persons in you helps protect you if they are infected but do not have symptoms.
 - Ask them to wash their hands with soap and water or, if unavailable, use h 60% alcohol when they enter your home, before and after helping your ch

What can I do if my child has difficulties adjusting to new routines and following rec

Helping children understand and follow recommendations, like social distancing and [w](#) challenging if your child has intellectual disabilities, sensory issues, or other special hea

- Keeping children at home can lower stress created by social distancing and mask rec others for help in running essential errands.
- Behavioral techniques can be used to address behavioral challenges and to develop social stories, video modeling, picture schedules, and visual cues. Try rewarding you or her favorite non-food treat or activities to help switch routines and to follow recor
- Many of the organizations you turn to for information and support around your child condition may have information on their websites to help families address issues rel
- Your child's therapist(s) and teachers may also have resources to help successfully ir child.
- While learning at home, continue special education services, accommodations, or se through your child's 504 plan or Individualized Educational Plan (IEP), as much as po continuing interventions like speech therapy, small group classes, extended time an [supporting children with distance learning](#).

Additional information on [caring for children](#) and on [child development specific conditi](#)

How can my family cope with the added stress?

Supporting children with special healthcare needs can put additional demands and stress during emergency situations. You have likely found ways to manage the stress and challenge situation. It is important to continue your family's coping methods, including reaching out to friends, support groups, and organizations that have been helpful in the past.

See information on [helping children cope](#) and coping with stress (such as [visiting parks](#), [making your family stronger](#)).

If you, or someone you care about, are feeling overwhelmed with emotions like sadness or feel like you want to harm yourself or others:

- Call 911
- Visit the [Disaster Distress Helpline](#) [↗](#), call 1-800-985-5990, or text TalkWithUs to 66
- Visit the [National Domestic Violence Hotline](#) [↗](#) or call 1-800-799-7233 and TTY 1-800-799-7233

What if my child or someone else in the home is sick with symptoms of COVID-19?

If your child with special healthcare needs becomes sick with [symptoms of COVID-19](#), call your healthcare provider. If your child has new or worsening [emergency warning signs](#), such as trouble breathing, chest pain, confusion or inability to wake them up, or bluish lips or face, call 911. If you think someone in your home has COVID-19, notify the operator so that first responders may be appropriately prepared to help others.

Notify your child's healthcare provider if someone else in your house becomes sick with COVID-19. They can provide any advice specific for your child.

See additional information if [someone in the home is sick with COVID-19](#) or suspected COVID-19.

What if my child's symptoms of their underlying medical condition or complex, chronic condition worsen?

- Call your child's healthcare provider if you have any concerns about your child's medical condition. In a medical emergency, call 911.
- Emergency departments have infection prevention plans to protect you and your child. Do not delay getting your child needs care for medical conditions not related to COVID-19. Do not delay getting your child's underlying condition or complex medical condition because you are afraid of COVID-19 when visiting the healthcare setting.

What if my child needs to go to the hospital?

If your child's healthcare provider tells you to go to the hospital for any health problem,

- Ask the healthcare provider to let the hospital know you are coming and to share information about caring for your child.
- Visiting policies may have changed due to COVID-19. If your child's hospital policy does not allow a parent to be present with a child, ask your child's healthcare provider for a statement explaining your child's condition to be present.
- Bring your care plans/emergency notebook with you along with paper and pen to write down during your time at the hospital.

Preparing for an Outbreak

How can I prepare for an outbreak in my area?




Create a household plan of action to help protect your health and the health of those you live with in the event of an outbreak of COVID-19 in your community:

- Talk with the people who need to be included in your plan, and discuss what to do if an outbreak occurs in your community.
- Plan ways to care for those who might be at [greater risk for serious complications](#).
 - Make sure they have access to 2 weeks of medications and supplies in case you need to be isolated for prolonged periods of time.
- Get to know your neighbors and find out if your neighborhood has a website or social media page that is connected.
- Create a list of local organizations that you and your household can contact in the event of an outbreak, including information, healthcare services, support, and resources.
- Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, employers, the local public health department, and other community resources.

How can I prepare for COVID-19 at work?

Plan for potential changes at your workplace. Talk to your employer about their emergency response plan, including sick-leave policies and telework options. [Learn how businesses and employers can prepare for COVID-19.](#)

Should I make my own hand sanitizer if I can't find it in the stores?

CDC does not encourage the production and use of homemade hand sanitizer products: [the correct use of the ingredients](#)  and the need to work under sterile conditions to n industries that are looking into producing hand sanitizer to fill in for commercial shorta [Health Organization guidance](#).   Organizations should revert to the use of commer approved product once such supplies again become available.

- To be effective against killing some types of germs, [hand sanitizers](#) need to have a alcohol and be used when hands are not visibly dirty or greasy.
- Do not rely on “Do It Yourself” or “DIY” recipes based solely on essential oils or forr compounding practices.
- Do not use hand sanitizer to disinfect frequently touched surfaces and objects. [See cleaning and sanitizing your home](#).

Symptoms & Emergency Warning Signs

What are the symptoms and complications that COVID-19 can cause?

People with COVID-19 have reported a wide range of symptoms – from mild symptoms may appear 2-14 days after exposure to the virus. If you have fever, cough, or other [sy COVID-19](#).

When should I seek emergency care if I have COVID-19?

Look for emergency warning signs* for COVID-19. If someone is showing any of these : medical care immediately

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are someone who has or may have COVID-19.

Is it possible to have the flu and COVID-19 at the same time?

Yes. It is possible to test positive for flu (as well as other respiratory infections) and COVID-19.

Testing

Should I be tested for a current infection?


Maybe; not everyone needs to be tested for COVID-19.




If you have [symptoms of COVID-19](#) and want to get tested, call your healthcare provider. If you have a mild illness and can recover at home without medical care and may not need to be tested.

CDC has guidance for who should be tested, but decisions about testing are made by state and local health departments and healthcare providers.

You can also visit your [state or local health department's website](#) to look for the latest information.

How can I get tested for a current infection (viral test) and what does my test mean?

Decisions about testing are made by [state](#) and [local](#)  health departments or healthcare providers. If you have symptoms of COVID-19 and are not tested, it is important to stay home. [What to do if you](#)

COVID-19 testing differs by location. If you have symptoms of COVID-19 and want to get tested, call your healthcare provider first. You can also visit your [state](#) or [local](#)  health department's website to look for information on testing. The U.S. Food and Drug Administration (FDA) has authorized viral tests that can be done either a [nasal swab](#)  or a [saliva sample](#)  at home. However, you will still need to send the sample to a laboratory for analysis.

If you test positive for COVID-19, know what protective steps to take [if you are sick or](#)

If you test negative for COVID-19, you probably were not infected at the time your sample was collected, but that does not mean you will not get sick. The test result only means that you did not have the virus at the time of testing. You might test negative if the sample was collected early in your infection and before you had symptoms. You could also be exposed to COVID-19 after the test and get infected then. This means you could still have the virus. If you develop symptoms later, you might need another test to determine if you have the virus that causes COVID-19.

For more information about viral tests, please visit [Test for Current Infection](#).

How can I get tested for a past infection (antibody test) and what does my test mean?

Antibody tests for COVID-19 are available through healthcare providers and laboratories. Contact your healthcare provider to see if they offer antibody tests and whether you should get one.

A positive test result shows you might have antibodies from an infection with the virus that causes COVID-19. However, there is a chance a positive result means that you have antibodies from an infection with a different virus in the same family of viruses (called coronaviruses), such as the one that causes the common cold.

Having antibodies to the virus that causes COVID-19 might provide protection from getting infected again. If it does, we do not know how much protection the antibodies might provide or how long they might last.

You should continue to [protect yourself and others](#) since you could get infected with the virus again.

If you test negative, you might not have ever had COVID-19. Talk with your healthcare provider about the type of test you took to understand what your result means.

Regardless of whether you test positive or negative, the results do not confirm whether you have the virus that causes COVID-19. Until we know more, continue to take steps to [protect yourself and others](#).

If you want more information about antibody tests, see [Test for Past Infection](#).

Can someone test negative and later test positive on a viral test for COVID-19?

Yes, it is possible. You may test negative if the sample was collected early in your infection. You could also be exposed to COVID-19 after the test and get infected. If you test negative, you still should take steps to [protect yourself and others](#). See [Testing for Current Infection](#) for more information.

People at Higher Risk for Severe Illness

Who is at higher risk for serious illness from COVID-19?

COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, [older adults](#) and [people with underlying medical conditions](#) are at higher risk for severe illness from COVID-19.

What should people at higher risk of serious illness with COVID-19 do?

If you are at [higher risk for severe illness](#) from COVID-19, you should:

- Limit your interactions with other people as much as possible.
- Take [precautions to prevent getting](#) COVID-19 when you do interact with others.
- If you decide to engage in public activities, continue to protect yourself by [practicing](#) social distancing.
- Keep these items on hand and use them when venturing out: a mask, tissues, and a 60% alcohol hand sanitizer, if possible.
- If possible, avoid others who are not wearing [masks](#) or ask others around you to wear one.
- Delay or cancel a visit if you or your visitors have [symptoms](#) of COVID-19 or have been diagnosed with COVID-19 in the last 14 days.
- Anyone who has had [close contact](#) with a person with COVID-19 should [stay home](#) and avoid others.
- Continue your medicines and do not change your treatment plan without talking to your healthcare provider.
- Have at least a 30-day supply of prescription and non-prescription medicines.
- Do not delay getting emergency care for your underlying medical condition because hospital departments have contingency infection prevention plans to protect you from getting COVID-19.

Are people with disabilities at higher risk?

Most people with disabilities are not inherently at higher risk for becoming infected with COVID-19. Some people with physical limitations or other disabilities might be at a higher risk because of their underlying medical condition.

- People with certain disabilities might experience higher rates of chronic health conditions, a higher risk of serious illness and poorer outcomes from COVID-19. Adults with disabilities are more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

You should talk with your healthcare provider if you have a question about your health condition being managed.

Contact Tracing

What is contact tracing?

Contact tracing has been used for decades by state and local health departments to slow infectious diseases.

Contact tracing slows the spread of COVID-19 by

- Letting people know they may have been exposed to COVID-19 and should monitor [symptoms of COVID-19](#)
- Helping people who may have been exposed to COVID-19 get tested
- Asking people to [self-isolate](#) if they have COVID-19 or [self-quarantine](#) if they are a close contact of someone with COVID-19

During contact tracing, the health department staff **will not** ask you for

- Money
- Social Security number
- Bank account information
- Salary information
- Credit card numbers

What will happen with my personal information during contact tracing?

Discussions with health department staff are confidential. This means that your personal information will be kept private and only shared with those who may need to know, like your health department.

If you have been diagnosed with COVID-19, your name will not be shared with those you were not in close contact with. Your health department will only notify people you were in close contact with (within 6 feet for 15 minutes or longer) if they might have been exposed to COVID-19. Each state and jurisdiction use their own methods for protecting health information. To learn more, contact your state or local health department.

You may also be interested in: [If I participate in contact tracing for COVID-19 using a digital app, is my health information secure?](#)

Who is considered a close contact to someone with COVID-19?

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for whom a close contact can spread COVID-19 starting 48 hours (or 2 days) before the person has tested positive for COVID-19.

Am I considered a close contact if I was wearing a mask?

Yes, you are still considered a close contact even if you were wearing a mask while you were around someone with COVID-19. Masks are meant to protect other people in case you are infected, and not to protect you from being infected.

If I am a close contact, will I be tested for COVID-19?

If you have been around someone who is sick with COVID-19, CDC recommends that you get tested for COVID-19 as soon as you know that you have been around a person diagnosed with COVID-19. Your local health department may be able to provide resources for testing in your area.

- While you are waiting for your COVID-19 test result, stay home away from others (see your health [for symptoms of COVID-19](#) to protect your friends, family, and others from you).
- If your test is positive, you should continue to stay home and [self-isolate](#) away from others. If you have symptoms of COVID-19 and they worsen or become severe, you should seek medical care. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, inability to wake or stay awake, or bluish lips or face. Someone from the health department may be able to help you with the following:
 - Check on your health,
 - Discuss who you have been around, and
 - Ask where you have spent time while you may have been able to spread COVID-19.
- If your test is negative and you don't have symptoms you should continue to stay home away from others for 14 days after your last exposure to COVID-19 and follow all recommendations from the health department. This is important because symptoms can appear up to 14 days after you are infected. A negative result before the end of your quarantine period does not rule out infection. Additionally, you do not need a repeat test unless you develop symptoms, or if you return to work.
- If your test is negative and you have symptoms you should continue to self-quarantine and follow all recommendations from the health department. A second test and additional support may be needed if your symptoms do not improve.

What will happen during contact tracing if I am diagnosed with COVID-19?

If you are diagnosed with COVID-19, someone from the health department may call you to discuss who you have been around, and ask where you spent time while you may have COVID-19 to others. You will also be asked to continue to stay at home and [self-isolate](#),

- Your name **will not** be shared with those you came in contact with.
- The health department staff **will not** ask you for
 - Money
 - Social Security number
 - Bank account information
 - Salary information, or
 - Credit card numbers
- Self-isolation means staying at home in a specific room away from other people and bathroom, if possible.
- Self-isolation helps slow the spread of COVID-19 and can help protect the health of your neighbors, and others you may come in contact.
- If you need support or assistance while in self-isolation, your health department or community can be able to provide assistance.

Watch for or monitor your [symptoms of COVID-19](#). If your symptoms worsen or become severe, seek medical care.

What will happen during contact tracing if I have been around someone with COVID

If you were around someone who has been diagnosed with COVID-19, someone from the health department will contact you to let you know that you may have been exposed to COVID-19.

Stay home away from others for 14 days ([self-quarantine](#)) after your last contact with the person who was diagnosed. Health department staff can also help you get COVID-19 testing in your area.

- Self-quarantine means staying home away from others and monitoring your health.
- If you need to be around other people or animals in or outside of the home, wear a mask and avoid close contact with the people around you.
- If you need support or assistance while in self-quarantine, your health department can help you. They may be able to provide assistance.

Monitor your health and watch for [symptoms of COVID-19](#). Remember, symptoms may develop 2 to 14 days after you were exposed to COVID-19. Tell the health department if you develop any symptoms. Tell them when you were last around the person who was diagnosed, so they can monitor their health. If your symptoms worsen or you have trouble breathing, chest pain or pressure, or you wake or stay awake, or bluish lips or face.

The health department staff **will not** ask you for

- Money
- Social Security number
- Bank account information
- Salary information, or
- Credit card numbers

I was around someone who has COVID-19, and my COVID-19 test came back negative. Should I quarantine for 14 days after I was last exposed?

Yes. You should still self-quarantine for 14 days since your last exposure. It can take up to 14 days for the virus for a person to develop COVID-19 symptoms. A negative result before end of quarantine does not rule out possible infection. By self-quarantining for 14 days, you lower the chance of spreading the virus to others.

I was recently around someone who has COVID-19, but I feel fine. Why should I stay home?

People with COVID-19 can still spread the virus even if they don't have any symptoms. If you or someone you know had COVID-19, it is critical that you stay home and away from others for 14 days from the last time you were around that person. Staying home and away from others at all times helps your health and safety against COVID-19 and keeps you, your family, and your community safe.

What if I have been around someone who was identified as a close contact?

If you have been around someone who was identified as a close contact to a person with COVID-19, you should self-quarantine for 14 days. You do not need to self-quarantine unless you or the person identified as a close contact develops COVID-19.

Will there be a national app for contact tracing?

No, there will not be a national app for contact tracing. There are many options available at the state and individual level to decide which tools best fit their needs.

If I participate in contact tracing for COVID-19 using a digital tool, is my personal health information secure?

Yes, if you agree to participate in contact tracing for COVID-19 with the health department, your information is secure.

Discussions with health department staff are confidential. This means that your personal information will be kept private and only shared with those who may need to know, like your health department. Your information will not be shared with those you came in contact with. If you have been diagnosed with COVID-19, your health department will only notify people you were in close contact with (within 6 feet for more than 15 minutes) who might have been exposed to COVID-19.

Health departments may use *case management tools* to help make the contact tracing process easier. If you choose to provide information through one of these tools, your information is secure and your information is kept private. These tools also help health departments quickly receive and analyze information. All case management tools are under the same laws and regulations for all sensitive health information. You must provide consent for the health department to collect information using a case management tool. Unlike traditional contact tracing, digital tools will not collect information regarding money, Social Security account information, salary information, or credit card numbers.

Exposure notification tools may be an app that you can download on your personal cell phone. If you download an *exposure notification app* for COVID-19, your information is secure. Exposure notification apps are developed in collaboration with or endorsed by health departments. These apps undergo a review process to determine their trustworthiness, security, and ability to protect people's privacy. Until you delete the app, your information with your local health department, any information you have entered into the app is stored on your personal phone. Your information is stored only on your own phone and is not sent to any other third party. **The app and your information can be deleted any time.** When you delete the app, your information with the local health department, your information is secure.

Will I be required to download a contact tracing app for COVID-19 on my phone?

No, you are not required to download an app to give information for contact tracing for departments commonly use *case management tools* to make the contact tracing process. These tools are not downloaded on personal cell phones.

If you choose to give information to your local or state health department for contact tracing, you do not need to download an app on your cell phone. The health department staff may call

- Check on your health,
- Discuss who you have been around, and
- Ask where you have spent time while you may have been able to spread COVID-19 to others.

It is up to you to decide if you download an *exposure notification* app for COVID-19.

Funerals

Am I at risk if I go to a funeral or visitation service for someone who died of COVID-19?

There is currently no known risk associated with being in the same room at a funeral or visitation service for the body of someone who died of COVID-19.

See [How to Protect Yourself & Others](#) to learn how to protect yourself from respiratory viruses. You should decide to attend a funeral or visitation.

Am I at risk if I touch someone who died of COVID-19 after they have passed away?

COVID-19 is a new disease and we are still learning how it spreads. The virus that causes [spread](#) mainly from person-to-person through respiratory droplets produced when an individual sneezes, or talks. These droplets can land in the mouths or noses of people who are near and into the lungs. This type of spread is not a concern after death.

It may be possible that a person can get COVID-19 by touching a surface or object that someone who has died of COVID-19 touched before touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way of spread.


People should consider not touching the body of someone who has died of COVID-19. Older adults and people with severe underlying health conditions are at higher risk of severe illness from COVID-19. A chance of the virus spreading from certain types of touching, such as holding the hand of someone who has died of COVID-19, has been prepared for viewing. Other activities, such as kissing, washing, and shrouding the body during, and after the body has been prepared, if possible. If washing the body or shrouding the body, or cultural practices, families are encouraged to work with their community's cultural and funeral home staff on how to reduce their exposure as much as possible. At a minimum, people who are participating in activities should wear disposable gloves. If splashing of fluids is expected, additional personal protective equipment (PPE) may be required (such as disposable gown, face shield, or goggles and N-95 respirator).

How can loved ones safely handle belongings of someone who died from COVID-19?

If desired, you may retrieve the belongings of a loved one who has died of COVID-19 (for example, in a hospital setting). Depending on local rules and regulations, family members may retrieve belongings at the funeral home or the healthcare facility.

You should use gloves and practice good hand hygiene when handling your loved ones' belongings. For the type of belongings, such as electronics, you should also follow the [household item-s disinfection guidelines](#) when handling these items.

What should I do if my family member died from COVID-19 while overseas?

When a US citizen dies outside the United States, the deceased person's next of kin or I notify US consular officials at the Department of State. Consular personnel are available week, to provide assistance to US citizens for overseas emergencies. If a family member representative is in a different country from the deceased person, he or she should call Office of Overseas Citizens Services in Washington, DC, from 8 am to 5 pm Eastern time 888-407-4747 (toll-free) or 202-501-4444. For emergency assistance after working hours holidays, call the Department of State switchboard at 202-647-4000 and ask to speak with Services duty officer. In addition, the [US embassy](#)  closest to or in the country where provide assistance.

My family member died from COVID-19 while overseas. What are the requirements the United States?

CDC does not require an autopsy before the remains of a person who died overseas are returned to the United States. Depending on the circumstances surrounding the death, some countries may require support to the family include the local consulate or embassy, travel insurance provider, and aid organizations, and the deceased's employer. There likely will need to be an official and official documents issued by the consular office.

CDC requirements for importing human remains depend upon if the body has been examined if a person died from a [quarantinable communicable disease](#).

At this time, COVID-19 is a quarantinable communicable disease in the United States and standards for importation found in 42 Code of Federal Regulations Part 71.55 and may be authorized for entry into the United States only under the following conditions:

- The remains are cremated; OR
- The remains are properly embalmed and placed in a leak-proof container; OR
- The remains are accompanied by a permit issued by the CDC Director. The CDC permit must accompany the human remains at all times during shipment.
 - Permits for the importation of the remains of a person known or suspected to have died from a quarantinable communicable disease may be obtained through the CDC Division of Quarantine by calling the CDC Emergency Operations Center at 770-488-7100 or emailing dgmqpolicyoffice@cdc.gov.

Please see [CDC's guidance](#) for additional information.

Cleaning and Disinfection

What is the difference between cleaning and disinfecting?

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of infection. *Disinfecting* kills germs on surfaces. By killing germs on a surface after cleaning, you help prevent the spread of infection.

Is it safe to vacuum in a school, business, or community facility after someone with COVID-19 has been present?

The risk of transmitting or spreading SARS-CoV-2, the virus that causes COVID-19, during vacuuming is low. To reduce the need for cleaning, disinfection, and vacuuming, consider removing items if possible. At this time, there are no reported cases of COVID-19 associated with vacuuming. Vacuuming is not required in a school, business, or community facility that was used by a person with COVID-19, first follow the CDC recommendations for [Cleaning and Disinfection for Communities](#) which includes a wait time of 24 hours, or as long as practical.

After cleaning and disinfection, the following recommendations may help reduce the risk to individuals when vacuuming:

- Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.
- Do not vacuum a room or space that has people in it. Wait until the room or space is empty, at night, for common spaces, or during the day for private rooms.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces, such as carpet, clean the surface using soap and water or with cleaners appropriate for use on these surfaces. After cleaning, disinfect with an appropriate EPA-registered disinfectant on [List N: Disinfectants for Use Against SARS-CoV-2](#). Soft and porous materials, like carpet, are generally not as effective as non-porous surfaces. EPA has listed a limited number of products approved for disinfecting porous materials on List N. Follow the disinfectant manufacturer's safety instructions (including ensuring adequate ventilation), concentration level, application method and contact time if vacuum is not intended for wet surfaces.
- Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid spreading contaminants. Turn off HVAC units.
- Do NOT deactivate central HVAC systems. These systems tend to provide better filtration and do not introduce outdoor air into the areas that they serve.

What is routine cleaning? How frequently should facilities be cleaned to reduce the spread of COVID-19?

Routine cleaning is the everyday cleaning practices that businesses and communities use to maintain a healthy environment. Surfaces frequently touched by multiple people, such as door handles, handrails, and light switches, should be cleaned with soap and water or another detergent at least daily with frequent cleaning and disinfection may be required based on level of use. For example, in public spaces, such as shopping carts and point of sale keypads, should be cleaned after each use. Cleaning *removes* dirt and impurities, including germs, from surfaces. Cleaning also reduces the number of germs on a surface.

Is cleaning alone effective against the virus that causes COVID-19?

Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of a surface may have gotten the virus on it from a person with or suspected to have COVID-19. Disinfecting kills germs on surfaces.

Who should clean and disinfect community spaces?

Regular cleaning staff can clean and disinfect community spaces. Cleaning staff should be trained in the use of cleaning and disinfection chemicals and provided with the personal protective equipment (PPE) and chemicals used.

How long do companies need to close for disinfection after an exposure? How long can they come back to work?

Companies do not necessarily need to close after a person with confirmed or suspected COVID-19 visits a company facility. The area(s) used or visited by the ill person should be closed for 24 hours. Open outside doors and windows as much as possible ensuring that doing so does not compromise the facility (i.e. make sure that children are not able to enter the closed off area through doors), and use ventilating fans to increase air circulation in the area. Once the area has been [disinfected](#), it can be opened for use. Workers without close contact with the person with COVID-19 can return to work immediately after disinfection is completed.

How effective are alternative disinfection methods, such as ultrasonic waves, high ir and LED blue light?

The efficacy of these disinfection methods against the virus that causes COVID-19 is not recommends use of the [surface disinfectants identified on List N](#) [↗](#) against the virus th not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lig Therefore, EPA cannot confirm whether, or under what circumstances, such products r spread of COVID-19.

Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinf COVID-19?

Outdoor areas generally require normal routine cleaning and do not require disinfectio outdoor playgrounds is not an efficient use of disinfectant supplies and has not been p COVID-19 to the public. You should maintain existing cleaning and hygiene practices for high touch surfaces made of plastic or metal, such as grab bars and railings, should be and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundco recommended.

Can sanitizing tunnels be used at building entrances or exits to prevent the spread c

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respi

Should sidewalks and roads be disinfected to prevent COVID-19?

CDC does not recommend disinfection of sidewalks or roads. Spraying disinfectant on s efficient use of disinfectant supplies and has not been proven to reduce the risk of COV spreading the virus that causes COVID-19 from these surfaces is very low and disinfecti surfaces.

Pets and Animals

Can I get COVID-19 from my pets or other animals?

At this time, there is no evidence that animals play a significant role in spreading the virus. Based on the limited information available to date, the risk of animals spreading COVID-19 is likely to be low. A small number of pets have been reported to be infected with the virus that causes COVID-19, but contact with people with COVID-19.

Pets have other types of coronaviruses that can make them sick, like canine and feline coronavirus. These coronaviruses cannot infect people and are not related to the current COVID-19 outbreak.

However, since animals can spread other diseases to people, it's always a good idea to practice good hygiene around pets and other animals, such as washing your hands and maintaining good hygiene. For more information on the benefits of pet ownership, as well as staying safe and healthy around animals including wildlife, visit CDC's [Healthy Pets, Healthy People website](#).

Do I need to get my pet tested for COVID-19?

No. At this time, routine testing of animals for COVID-19 is not recommended.

Can animals carry the virus that causes COVID-19 on their skin or fur?

Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that the virus that causes COVID-19, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of animals.

However, because animals can sometimes carry other germs that can make people sick, it's important to practice [healthy habits](#) around pets and other animals, including washing hands before touching them.

Should I avoid contact with pets or other animals if I am sick with COVID-19?

We are still learning about this virus, but it appears that it can spread from people to animals. Until we learn more about this new coronavirus, you should restrict contact with pets if you are sick with COVID-19, just like you would with people. When possible, have another person care for your animals while you are sick. If you are sick with COVID-19, avoid contact with

- Petting
- Snuggling
- Being kissed or licked
- Sharing food or bedding

If you must care for your pet or be around animals while you are sick, wash your hands with soap and water and wear a mask.

What animals can get COVID-19?

We don't know for sure which animals can be infected with the virus that causes COVID-19. A number of pets, including dogs and cats, reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19. A tiger at a zoo in New York has also tested positive for COVID-19.

Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected and can spread the infection to other animals of the same species in laboratory settings. Dogs did not become infected or spread the infection based on results from these studies. Dogs are not as likely to become infected with the virus as cats and ferrets. These findings are based on a small number of animals, and do not show whether animals can spread infection to people.

At this time, there is no evidence that animals play a significant role in spreading the virus. Based on the limited information available to date, the risk of animals spreading COVID-19 is likely to be low. Further studies are needed to understand if and how different animals could be infected with the virus that causes COVID-19 and the role animals may play in the spread of COVID-19.

Should I worry about my pet cat?

We are still learning about this virus and how it spreads, but it appears it can spread from some situations. CDC is aware of a small number of pets, including cats, reported to be infected with COVID-19, mostly after close contact with people with COVID-19. Most of these animals were owned by a person with COVID-19. A tiger at a New York zoo has also tested positive for the virus through a nasal swab.

At this time, there is no evidence that animals play a significant role in spreading the virus. Based on the limited data available, the risk of animals spreading COVID-19 to people is low. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

People sick with COVID-19 should isolate themselves from other people and animals, in their home or elsewhere, until we know more about how this virus affects animals. If you must care for your pet while you are sick, wear a mask and wash your hands before and after you interact with the animal.

Can I walk my dog during the COVID-19 pandemic?

Walking your dog is important for both animal and human health and wellbeing. Walk your dog at least 6 feet (2 meters) away from others. Do not gather in groups, stay out of crowded places, and avoid large gatherings. To help maintain social distancing, do not let other people pet your dog while you are walking.

See “Can I take my dog to a dog park?” for information on dog parks.

Can I take my dog to a dog park?

Dog parks provide socialization and exercise for dogs, which is an important part of the a small risk that people with COVID-19 could spread it to animals, CDC recommends that with people outside of your household, especially in places with community spread of COVID-19, you should consider avoiding dog parks or other places where large numbers of people and dogs are gathered.

Some areas are allowing dog parks to open. If you choose to go to a dog park, follow local health department guidance to reduce the risk of you or your dog getting infected with COVID-19 if you go to a dog park.

- Do not take your dog to a dog park if you are [sick](#) or if you have recently been in close contact with someone who has COVID-19.
- Do not take your dog to a dog park if your dog is sick. Signs of sickness in dogs may include coughing, difficulty breathing or shortness of breath, lethargy, sneezing, discharge from the nose, or diarrhea.
- If your dog has [tested positive](#) for the virus that causes COVID-19, talk to your veterinarian for appropriate guidance for your pet to go back to normal activities.
- Try to limit your dog's interaction with other people outside of your household while at the dog park.
- As much as possible, avoid touching common items in the dog park like water bowls. Use hand sanitizer after touching items from the park. To make sure your dog has fresh water, bring your own portable water bowl.
- Limit other pet items brought to the dog park, such as toys. [Clean and disinfect](#) any items returned home (leashes, toys, water bowls).
- Do not wipe or bathe your dog with chemical disinfectants, alcohol, hydrogen peroxide, or other products not approved for animal use.

See more [information on pets and COVID-19](#) and recommendations for how to help keep your pet safe.

Can I take my dog to daycare or a groomer?

Until we know more about how this virus affects animals, CDC encourages pet owners to limit other human family members to protect them from possible infection. This means limit pets and people outside your household as much as possible and avoiding places where they gather.

Some areas are allowing groomers and boarding facilities such as dog daycares to operate. If you use a groomer or boarding facility, follow any protocols put into place at the facility, such as maintaining at least 6 feet of space between yourself and others if possible.

Limit pet items brought from home to the groomer or boarding facility, and disinfect them at the facility and returned home (such as leashes, bowls, and toys). Use an [EPA-registered disinfectant](#) and rinse thoroughly with clean water afterwards. **Do not** wipe or bathe your pet with chlorine bleach, hydrogen peroxide, or any other products not approved for animal use.

Do not put masks on pets, and do not take a sick pet to a groomer or boarding facility. Signs of illness may include:

- Fever
- Coughing
- Difficulty breathing or shortness of breath
- Lethargy
- Sneezing
- Nasal/ocular discharge
- Vomiting
- Diarrhea

If you think your pet is sick, call your veterinarian. Some veterinarians may offer telemedicine plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for treatment and care.

See more [information on pets and COVID-19](#) and recommendations for how to help keep your pet safe.

What should I do if my pet gets sick and I think it's COVID-19?

There is a small number of animals around the world reported to be infected with the virus, mostly after having contact with a person with COVID-19. Talk to your veterinarian about what you should do if you think your pet might have COVID-19. Your veterinarian will have information about your pets.

If your pet gets sick after contact with a person with COVID-19, do not take your pet to a public place. Call your veterinarian and let them know the pet was around a person with COVID-19. Your veterinarian may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and discuss the next steps for your pet's treatment and care.

Why are animals being tested when many people can't get tested?

Animals are only being tested in very rare circumstances. Routine testing of animals is rare, and any tests done on animals are done on a case by case basis. For example, if the pet owner reports a new illness with symptoms similar to those of COVID-19, the animal's veterinarian may recommend testing. Public health and animal health officials to determine if testing is needed.

Are pets from a shelter safe to adopt?

Based on the limited information available to date, the risk of animals spreading COVID-19 is expected to be low. There is no reason to think that any animals, including shelter pets, play a significant role in the spread of the virus that causes COVID-19.

What should I do if there are pets at my long-term care facility or assisted living facility?

Based on the limited information available to date, the risk of animals spreading COVID-19 is low. However, it appears that the virus that causes COVID-19 can spread from people in contact with people with COVID-19.

Until we learn more about how this virus affects animals, use similar precautions for pets in your facility as you would for other people in your facility. This will help protect both people and pets from COVID-19.

- Do not let pets in the facility interact with sick people.
- Pets or other animals should not be allowed to roam freely around the facility.
- Residents should avoid letting their pets interact with people as much as possible.
- Dogs should be walked on a leash at least 6 feet (2 meters) away from others.
- People sick with COVID-19 should **avoid contact with pets and other animals.**
- Do not allow pets into common areas of the facility such as cafeterias and social areas.
- Cats should be kept indoors to prevent them from interacting with other animals or people.

Talk to a veterinarian [if a pet in your facility gets sick](#) or if you have any concerns about your facility. If you think a pet in the facility was exposed to or is showing [signs](#) consistent with COVID-19, contact your [state health official](#) to discuss guidance on testing pets or other animals for the virus that causes COVID-19.

People who are at [higher risk for severe illness](#) from COVID-19 should avoid providing care to people with COVID-19.

For more information, visit CDC's [If You Have Pets](#) webpage.

What about imported animals or animal products?

CDC does not have any evidence to suggest that imported animals or animal products spread COVID-19 in the United States. This is a rapidly evolving situation and information will be made available. CDC, the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service have complementary roles in regulating the importation of live animals and animal products.

- [CDC regulates](#) animals and animal products that pose a threat to human health,
- [USDA regulate](#) [↗](#) animals and animal products that pose a threat to agriculture; and
- [FWS regulates](#) [↗](#) importation of endangered species and wildlife that can harm the environment, humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of the animals.

Can I travel to the United States with dogs or import dogs into the United States during a COVID-19 outbreak?

Please refer to [CDC's requirements for bringing a dog to the United States](#). The current [vaccination requirements](#) apply to dogs imported from high-risk countries for rabies.

What precautions should be taken for animals that have recently been imported from other countries (for example, by shelters, rescues, or as personal pets)?

Imported animals will need to meet [CDC](#) and [USDA](#) [↗](#) requirements for entering the United States. There is no evidence that companion animals, including pets and service animals, can spread COVID-19. As with any animal introduced to a new environment, animals recently imported should be monitored for signs of illness. If an animal becomes ill, the animal should be examined by a veterinarian at a veterinary clinic **before** bringing the animal into the clinic and let them know that the animal is from another country.

This is a rapidly evolving situation and information will be updated as it becomes available.

Can wild animals spread the virus that causes COVID-19 to people or pets?

Currently, there is no evidence to suggest the virus that causes COVID-19 is circulating in the United States, or that wildlife might be a source of infection for people in the United States. The first wild animal testing positive for the virus in the United States was a tiger with a respiratory illness in New York City. However, this tiger was in a captive zoo environment, and public health officials believe the virus was spread after being exposed to a zoo employee who was infected and spreading the virus.

If a wild animal were to become infected with the virus, we don't know whether the virus could spread among wildlife or if it could spread to other animals, including pets. Further studies are needed to understand how different animals, including wildlife, could be affected by COVID-19. Because wildlife can be infected even without looking sick, it is always important to enjoy wildlife from a distance.

Take steps to prevent getting sick from wildlife in the United States:


- Keep your family, including pets, a safe distance away from wildlife.
- Do not feed wildlife or touch wildlife droppings.
- Always wash your hands and supervise children washing their hands after working with wildlife.
- Leave orphaned animals alone. Often, the parents are close by and will return for their young.
- Consult your state wildlife agency's guidance if you are preparing or consuming legal wildlife.
- Do not approach or touch a sick or dead animal – contact your state wildlife agency if you see one.

Can bats in United States get the virus that causes COVID-19, and can they spread it?

Other coronaviruses have been found in North American bats in the past, but there is no evidence that the virus that causes COVID-19 is present in any free-living wildlife in the United States, including bats. While other coronaviruses do not cause illness or death in bats, but we don't yet know if this new coronavirus could affect American species of bats sick. Bats are an important part of natural ecosystems, and their populations are declining in the United States. Bat populations could be further threatened by the disease if people avoid bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by COVID-19.

Is hunter-harvested game meat safe to eat during the COVID-19 pandemic?

Currently, there is no evidence that you can get infected with the virus that causes COVID-19 from wild hunted game meat. However, hunters can get infected with other diseases when processing animals. Hunters should always practice good hygiene when processing animals by following the recommendations:

- Do not harvest animals that appear sick or are found dead.
- Keep game meat clean and cool the meat down as soon as possible after harvesting.
- Avoid cutting through the backbone and spinal tissues and do not eat the brains of animals.
- When handling and cleaning game:
 - Wear rubber or disposable gloves.
 - Do not eat, drink, or smoke.
- When finished handling and cleaning game:
 - Wash your hands thoroughly with soap and water.
 - Clean knives, equipment, and surfaces that were in contact with game meat with a disinfectant. While these recommendations apply to general food safety practices about COVID-19, you may use a product on the [EPA list of disinfectants for use against SARS-CoV-2](#) .
- Cook all game meat thoroughly ([to an internal temperature of 165°F or higher](#)).
- Check with your state wildlife agency regarding any testing requirements for other diseases and instructions regarding preparing, transporting, and consuming game meat.

How can I safely run my equestrian facility?

You should follow your state and/or local jurisdictional guidance regarding continuing care. There have not been any reports of horses testing positive for the virus that causes COVID-19. With limited information available to date, the risk of animals spreading the virus that causes COVID-19 is considered to be low. COVID-19 is primarily spread from person to person, so steps should be taken to reduce risks for people visiting your facility.

- Encourage employees and other visitors, including boarders, owners, farriers, veterinarians, and lesson riders, not to enter the facility if they are sick. Employees should not return to work until the following criteria are met, after talking with their doctor. Implement sick leave policies that are nonpunitive, and consistent with public health guidance, allowing employees to stay home if they have signs of respiratory infection.
- Consider conducting daily health checks (e.g., symptom and/or temperature screening) for all others visiting the facility before they enter the premises. People with a fever of 100.4°F (38°C) or other [signs of illness](#) should not be admitted to the premises. If implementing health checks, do so in a safe and respectfully. See [General Business FAQs](#) for more information.
 - Employees or visitors who appear to have symptoms upon arrival or who become symptomatic should immediately be separated from other employees and visitors and sent home.
- Limit the number of people entering the facility. Consider staggering lesson and visitation times to reduce the number of people in the facility and potential for person-to-person contact. If possible, reduce high-traffic areas by limiting areas open to visitors/owners or staggering use of grooming or wash stalls and tack rooms.
- Increase distance and limit duration of contact between employees and visitors if possible, people should maintain at least 6 feet of distance between each other at the facility, including during teaching lessons. Allow for [social distancing](#) and avoid large numbers of people with employee-only areas.
- Visitors and employees should wear masks to protect others especially where social distancing is difficult to maintain. Wearing a mask does NOT replace the need to practice social distancing.
- Set up hand hygiene stations at the entrance and within the facility, so that employees and visitors can clean their hands before they enter. Employees should [wash hands](#) regularly with soap and water for 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used if soap and water are not available. If hand hygiene stations may be a hose and soap located at entrances to allow for hand washing.
- Clean and disinfect frequently touched surfaces such as grooming tools, halters, leashes, and equipment, and door handles/gates (including those to stall doors and pasture/turnout areas).

See also: [Pets and Other Animals](#)

Community Mitigation

What is community mitigation?

Community mitigation activities are actions that people and communities can take to slow the spread of diseases, and prepare for it if it occurs, including COVID-19. Community mitigation is essential until a vaccine or drug becomes widely available.

For more information, see [Community Mitigation Framework](#).

What are community mitigation actions for COVID-19?

For individuals

- [Washing](#) hands often
- Avoiding close contact with people who are sick, and practicing [social distancing](#)
- Covering mouth and nose with a [mask](#) when around others
- Covering coughs and sneezes
- Cleaning and disinfecting frequently touched surfaces daily

For communities

- Promoting behaviors that prevent spread
- Maintaining healthy environments
- Maintaining healthy operations
- Preparing for when someone gets sick
- Closing businesses and schools and limiting other services

For more information, see [Community Mitigation Framework](#).

Who is involved in community mitigation actions?

Individual people, communities, schools, businesses, and healthcare organizations have mitigation. Policies*, which include limits on large gatherings, restrictions on businesses: often needed to fully put in place community mitigation strategies.

Each community is unique. Because some actions can be very disruptive to daily life, mi different depending on how much disease has spread within the community, what the and the ability to take these actions at the local level. To identify appropriate activities, a might be affected need to be considered, including [populations most vulnerable to severe](#) might be more affected socially or economically. When selecting mitigation activities, st consider the spread of disease locally, characteristics of the people who live in the comm groups, languages spoken, overall health status), and the kind of public health resource (hospitals) that are available in the community. State and local officials may need to adju activities and immediately take steps to scale them up or down depending on the chang

Putting mitigation into practice is based on

- Emphasizing individual responsibility for taking recommended personal-level action:
- Empowering businesses, schools, and community organizations to take recommend ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at ir
- Minimizing disruptions to daily life to the extent possible

*CDC cannot address the policies of any business or organization. CDC shares recomm available science to help people make decisions that improve their health and safety. In guidance of your healthcare provider and local health department. Local decisions de

For more information, see [Community Mitigation Framework](#).

Water

Can the virus that causes COVID-19 spread through treated drinking water?


The virus that causes COVID-19 has not been detected in treated drinking water. Water and disinfectants to remove or kill germs, like the virus that causes COVID-19. The Enviro regulates water treatment plants to ensure that treated water is safe to drink.

Currently, there is no evidence that the virus that causes COVID-19 can be spread to pe water. COVID-19 is spread mainly through close contact from person-to-person. You ca water from your tap as usual.

Is the virus that causes COVID-19 found in feces (stool)?

The virus that causes COVID-19 has been found in the feces of some patients diagnosec is unclear whether the virus found in feces may be capable of causing COVID-19. There report of the virus spreading from feces to a person. Scientists also do not know how r could be spread from the feces of an infected person to another person. However, they data from previous outbreaks of diseases caused by related coronaviruses, such as sev syndrome (SARS) and Middle East respiratory syndrome (MERS).

Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water

There is no evidence that the virus that causes COVID-19 can be spread to people throu tubs, or water playgrounds. Additionally, proper operation of these aquatic venues and chlorine or bromine) should inactivate the virus. However, chlorinated water alone sho disinfectant. CDC recommends use of [EPA-registered household disinfectants](#)  to disi instructions on the label to ensure safe and effective use of the product.

Can the COVID-19 virus spread through sewerage systems?

Recently, ribonucleic acid (RNA) from the virus that causes COVID-19 has been found in data are limited, there is little evidence of infectious virus in wastewater, and no inform become sick with COVID-19 because of exposure to wastewater. At this time, the risk of causes COVID-19 through properly designed and maintained sewerage systems is thou,

Should wastewater workers take extra precautions to protect themselves from the virus that causes COVID-19?

Recently, ribonucleic acid (RNA) from the virus that causes COVID-19 has been found in wastewater. However, because data are limited, there is little evidence of infectious virus in wastewater, and no information indicates that people have become sick with COVID-19 because of exposure to wastewater.

Standard practices associated with wastewater treatment plant operations should be sufficient to protect wastewater workers from the virus that causes COVID-19. These standard practices can include engineering controls, hygiene precautions, specific safe work practices, and personal protective equipment required when handling untreated wastewater. No additional COVID-19–specific precautions are needed for wastewater workers involved in wastewater management, including those at wastewater treatment plants.

[See Information for Wastewater and Sanitation System Workers on COVID-19](#) for additional information.



If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?

In most cases, it is safe to [wash your hands](#) with soap and tap water during a [Boil Water Advisory](#). Follow the guidance from your local public health officials. If soap and water are not available, use hand sanitizer containing at least 60% alcohol.

Other Frequently Asked Questions and Answers About:

Travel	K-12 Schools and Child Care Centers
Healthcare Professionals	Retirement Communities and Assisted Living Facilities
Healthcare Infection Control	Correctional and Detention Facilities
Laboratory Viral Panels	Event Organizers & Individual Event Attendees
Laboratory Biosafety	Funeral Home Workers
General Business	HIV
Personal Protective Equipment	

Help control the spread of rumors and be aware of fraud schemes.

- [Coronavirus Rumor Control](#)  (FEMA)
- [COVID-19 Fraud Alert](#)  (Office of the Inspector General)

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period while caring for, living with, visiting, or sharing a health care waiting area or room with a C

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed

If such contact occurs while not wearing recommended personal protective equipment or NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration :

See CDC's updated [Interim Healthcare Infection Prevention and Control Recommendation Investigation for 2019 Novel Coronavirus](#).

Data to inform the definition of close contact are limited. Considerations when assessing duration of exposure (e.g., longer exposure time likely increases exposure risk) and the cl with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a several consideration should be given to those exposed in health care settings.

FAQ for School Administrators on Reopening S

[What can communities do to support schools to reopen safely for in-person instructi](#)

[What is cohorting, and how does it work?](#)

[How is cohorting different from class size? Are there maximum or minimum cohort s reduce SARS-CoV-2 transmission?](#)

What is meant by an alternating schedule and what are its advantages or disadvantages?

What can school staff do to protect themselves and others from getting sick with COVID-19?

How can students ride the school bus safely?

What strategies can schools use to help students, teachers and staff be successful in spreading SARS-CoV-2, the virus that causes COVID-19?

Can physical distance between students in the classroom be less than 6 feet?

What have other countries done when they reopened school for in-person learning?

Could reopening schools lead to increased rates of COVID-19?

What should schools do if a student or school staff member tests positive for COVID-19?

What about students and staff (or their family members) who are at increased risk for COVID-19?

What is symptom screening and does CDC recommend it for students and staff?

What is universal testing and does CDC recommend it for students and staff?

How should schools serve meals to students and staff?

At what point should schools close for in-person learning?

FAQs for Law Enforcement Agencies and Personnel

What does CDC recommend for law enforcement personnel who have been in close contact (within 6 feet) with a person with suspected or confirmed COVID-19?

Are first responders being prioritized for those who will be tested for COVID-19?

Should law enforcement agencies screen personnel for signs and symptoms of COVID-19?

How can law enforcement agencies get personal protective equipment (PPE) when they need it?

Are there additional precautions law enforcement personnel should take during dea

If law enforcement takes a person into custody who exhibits symptoms of COVID-19, take the person for intake processing (such as jail, hospital, or some other facility)?

Should law enforcement personnel and other first responders take additional precau home, even if they have no symptoms of COVID-19, to avoid potentially exposing ho

Is there any specific guidance for protecting police canines from COVID-19 exposure?

General Business Frequently Asked Questions

What should I do if an employee comes to work with COVID-19 symptoms?

What should I do if an employee is suspected or confirmed to have COVID-19?

If employees have been exposed but are not showing symptoms, should I allow them

What testing does CDC recommend for employees in a workplace?

What should I do if I find out several days later, after an employee worked, that they COVID-19?

When should an employee suspected or confirmed to have COVID-19 return to work

What should I do if an employee has a respiratory illness?

What does "acute" respiratory illness mean?

Are allergy symptoms considered an acute respiratory illness?

How do I keep employees who interact with customers safe?

What can be done to protect employees who cannot maintain social distancing of at employees or customers?

How can I help protect employees who may be at higher risk for severe illness?

When is a cloth face covering not appropriate while at work, and what can employee

What does source control mean?

Are cloth face coverings the same as personal protective equipment (PPE)?

How should cloth face coverings worn at work be handled, stored, and washed?

How often should my employees wash their hands while at work?

What can I tell my employees about reducing the spread of COVID-19 at work?

Should we be screening employees for COVID-19 symptoms (such as temperature ch
way to do that?

How do I handle personal protective equipment (PPE) waste?

What is social distancing and how can my workplace do that?

I don't provide paid sick leave to my employees. What should I do?

Should I require employees to provide a doctor's note or positive COVID-19 test resu

Should I cancel my meetings and conferences?

What measures should be taken to protect an employee who must travel for work?

How do I clean and disinfect machinery or equipment?

How can I safely use cleaning chemicals?

In addition to cleaning and disinfecting, what can I do to decrease the spread of dise.

Should I adjust my ventilation system?

How should restrooms be cleaned and disinfected?

If I shut down my facility as a result of a COVID-19 case or outbreak, what is the recor
and disinfect, and what is the appropriate timeframe to resume operations?

How do I know if my business is considered critical?

Should I allow critical infrastructure employees to work if they have been exposed bu

symptoms of COVID-19?

Is other specific CDC guidance available for critical infrastructure workplaces?

Preguntas frecuentes relativas a la prevención de infecciones asociadas a la atención médica por COVID-19

Las recomendaciones provisionales de los CDC para la prevención y el control de infecciones por COVID-19, ¿se aplican a hospitales psiquiátricos o a otros establecimientos de salud con licencia?

Si un establecimiento de cuidados a largo plazo tiene un residente o un miembro de personal con COVID-19 presunto o confirmado, ¿cómo y a quién se debe comunicar esto?

Antes de darle el alta a un paciente hospitalizado para que regrese a un hogar de ancianos, ¿debe tener una prueba de detección del SARS-CoV-2 —el virus que causa el COVID-19— negativa?

Durante la pandemia de COVID-19, ¿hay consideraciones especiales para los entornos de atención médica y otros procedimientos, incluida la realización de procedimientos generadores de aerosol (por ejemplo, procedimientos en inglés)?

¿Por qué siguen recomendando los CDC un nivel de protección respiratoria que equivale a un respirador con mascarilla de filtrado N95 desechable para la atención médica de pacientes que se sabe o se sospecha que tienen COVID-19?

¿Qué equipo de protección personal (EPP) deben usar las personas que transporten a un paciente con COVID-19 confirmado o que esté sospechoso de COVID-19? Por ejemplo, ¿qué EPP se debe usar cuando se transporte a un paciente con COVID-19 a una sala de radiología para las pruebas de imagen que no se puedan realizar en su habitación?

Dado el potencial de transmisión asintomática del SARS-CoV-2, ¿qué equipo de protección personal debe usar el personal de atención médica (HCP) que provea cuidado a pacientes que tengan COVID-19?

¿Qué equipo de protección personal (EPP) debe usar el personal de servicios ambientales para desinfectar las habitaciones de los pacientes hospitalizados con COVID-19?

En los entornos de atención médica, ¿cuáles procedimientos son considerados como aerosoles?

¿Dónde deberían realizarse las pruebas de hisopado nasofaríngeo a pacientes con COVID-19 presunto, y con qué EPP?

¿Es necesario que todos los pacientes con COVID-19 confirmado o presunto sean ubicados en aislamiento por infecciones de transmisión por vía aérea?

¿Por cuánto tiempo debe permanecer desocupada una sala de atención de paciente después de haber sido ocupada por un paciente con COVID-19 confirmado o presunto?

En mi hospital hay escasez de batas de aislamiento. Para preservar nuestros suministros, ¿deberíamos usarlas cuando atendamos a pacientes con *Staphylococcus aureus* resistentes a los antibióticos u otros organismos endémicos multirresistentes (MDRO), y *Clostridioides difficile*?

A un proveedor de atención médica en nuestro establecimiento recientemente le diagnosticaron COVID-19. ¿Qué tiempo y qué criterios usamos para determinar cuáles pacientes, visitantes o miembros del personal de atención médica (HCP) podrían haber estado expuestos a un paciente que era potencialmente infeccioso?

Preguntas frecuentes relativas a la prevención de infecciones asociadas a la atención médica por COVID-19

Do CDC's interim infection prevention and control recommendations for COVID-19 apply to hospitals or other behavioral health facilities?

If a long-term care facility has a resident or staff member with suspected or confirmed COVID-19, to whom should this be communicated?

Is a negative test for SARS-CoV-2, the virus that causes COVID-19, required before a patient can be discharged to a nursing home?

During the COVID-19 pandemic, are there special considerations for surgical and other high-risk settings, including performance of aerosol-generating procedures (AGPs)?

Why does CDC continue to recommend respiratory protection equivalent or higher to an N95 disposable filtering facepiece respirator for care of patients with known or suspected COVID-19?

What personal protective equipment (PPE) should be worn by individuals transporting a patient confirmed with or under investigation for COVID-19 within a healthcare facility? For example, what PPE should be worn when transporting a patient to radiology for imaging that cannot be performed in a patient room?

Given the potential for asymptomatic transmission of SARS-CoV-2, what personal protective equipment (PPE) should be worn by healthcare personnel (HCP) providing care to patients who are confirmed to have COVID-19?

What personal protective equipment (PPE) should be worn by environmental services staff to clean and disinfect rooms of hospitalized patients with COVID-19?

Which procedures are considered aerosol generating procedures in healthcare settings?

Where should nasopharyngeal swabs be performed on a known or suspected COVID-19 patient? What PPE?

Do all patients with confirmed or suspected COVID-19 need to be placed in airborne isolation rooms?

How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19?

My hospital is experiencing a shortage of isolation gowns. To preserve our supply, can we use gowns for the care of patients with methicillin-resistant Staphylococcus aureus (MRSA) and multidrug-resistant organisms (MDROs), and Clostridioides difficile?

A healthcare provider at our facility was recently diagnosed with COVID-19. What time period do we use to determine the patients, visitors, and other healthcare personnel (HCP) who were exposed to this individual while he/she was potentially infectious?

FAQs for Correctional and Detention Facilities

What steps should I take to prepare my facility?

How can I lower the chance that my staff will get COVID-19?

How can I lower the chance that people who are incarcerated will get COVID-19?

How can I find out if the virus has spread to the local community close to my facility?

What steps should I take to protect my staff and people who are incarcerated if there is spread of COVID-19 in the local community close to my facility?

What should be included in my screening procedures for new entrants to the facility?

What is a safe way to perform temperature checks?

Should I allow visitors into the facility if there is spread of COVID-19 in the community?

How should the facility be cleaned to limit spread of the virus?

What should I do if a person who is incarcerated in my facility may have COVID-19?

What should I do if one of my staff might have COVID-19?

What is the best way to clean and disinfect my facility after a confirmed case of COVID-19?

Should I allow visitors into the facility?

What do medical staff need to know about caring for a person with COVID-19 in my facility?

What steps do I need to take to implement quarantine in my facility?

How can I lower the chance that I will get COVID-19?

Do I have a greater chance of getting COVID-19?

What should I do if I think I may be sick with COVID-19?

What does it mean to be in quarantine?

How can I lower the chance that I will get COVID-19?

Do I have a greater chance of getting COVID-19?

What should I do if I think I may be sick with COVID-19?

What does it mean to be in quarantine?

Is it ok for people to visit me?

Do people who are incarcerated (in prison, jail, or detention facilities) have a greater COVID-19 than others?

What does it mean if someone I know is in quarantine?

Is it ok for me to visit?

If a family member or friend is returning home soon (during the COVID-19 pandemic) from a detention facility, how should a household prepare to receive them and maintain everyone's health?

Retirement Communities and Independent Living

What actions can residents and staff take to prevent the spread of COVID-19?

How can my retirement community or independent living facility prepare for COVID-19?

What resources does CDC have available to share with facilities?

Does CDC have recommendations for cleaning and disinfecting surfaces?

What should administrators do if a resident or staff shows symptoms of COVID-19?

What should administrators do if there is a case of COVID-19 in our facility?

Event Planning and COVID-19: Questions and Answers

What actions should I take to plan for an outbreak?

How many guests can safely attend a conference, sporting event, concert, or other community event?

Does CDC have recommendations on how to maintain 6 feet between attendees dur

Should organizers test all attendees and staff for COVID-19 before they can enter an

Does CDC recommend all event attendees wear cloth face coverings?

What actions can staff and attendees take to prevent the spread of COVID-19?

How should staff clean the facility before and during the event to limit spread of the

What are things to consider when determining if an event needs to be postponed or

Is there information I can share with staff and attendees about COVID-19?

What steps should I take if an attendee or staff person develops symptoms of COVID

What is the best way to clean and disinfect the event space after a confirmed case of

Event Planning and COVID-19: Questions and A

Are pregnant women more susceptible to infection, or at increased risk for severe illn
mortality with COVID-19, compared with the general public?

Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcom

Are pregnant healthcare personnel at increased risk for adverse outcomes if they ca
COVID-19?

Can pregnant women with COVID-19 pass the virus to their fetus or newborn (i.e. ver

Are infants born to mothers with COVID-19 during pregnancy at increased risk for ad

Is there a risk that COVID-19 in a pregnant woman or neonate could have long-term
and development that may require clinical support beyond infancy?

Is maternal illness with COVID-19 during lactation associated with potential risk to a l

Event Planning and COVID-19: Questions and Answers

Can the virus that causes COVID-19 spread through drinking water?

Is the virus that causes COVID-19 found in feces (stool)?

Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water

Can the COVID-19 virus spread through sewerage systems?

Should wastewater workers take extra precautions to protect themselves from the virus that causes COVID-19?

If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?

Event Planning and COVID-19: Questions and Answers

What should I consider as I plan and prepare for COVID-19?

What groups should I work with in our community to prepare?

What should I include in my emergency operations plan?

How can our campus health clinic prepare for COVID-19?

What can staff and students do to prevent the spread of COVID-19?

What resources does CDC have available to share with staff, students, and parents?

How should my school prepare when there is minimal to moderate community transmission?

What should I do if there is substantial community transmission?

What should we do if a student, staff or faculty member shows symptoms of COVID-19?

What should we do if we have a confirmed case of COVID-19 on campus or identify a suspected case?

campus?

When should I suspend classes or cancel events/activities on campus?

How long should colleges or universities be dismissed?

Should we continue teaching and/or research activities if we decide to dismiss classes?

Should we temporarily cancel extracurricular group activities and large events?

If classes are dismissed, how should we decide when to re-open the campus?

What should we do if a student or staff member recently traveled to an area with COVID-19? Or a staff member who has traveled to an area with COVID-19?

K-12 Schools and Child Care Programs

What should I consider as I plan and prepare for COVID-19?

What can staff and students do to prevent the spread of COVID-19?

How should my school prepare when there is no community transmission in our area?

What should I include in my emergency operations plan?

How should my school prepare when there is minimal to moderate community transmission?

What should I do when there is substantial community transmission?

What resources does CDC have available to share with staff, students, and parents?

What should I do if my school experiences increased rates of absenteeism?

What steps should my school take if a student or staff member shows symptoms of COVID-19?

What should I do if the suspected sick student or staff member is confirmed to have COVID-19?

If children with asthma use “breathing treatments” or peak flow meters, do schools need to be concerned about aerosolizing the virus that causes COVID-19?

If each child has his or her own spacer, can a school's metered dose inhaler be used student if the actuator is cleaned before use by another student?

If a school is considering limiting students to the local geographic area due to a phas children displaced due to homelessness be prohibited from attending their home scl

When should I dismiss our school/child care program?

Are there ways for students to keep learning if we decide to dismiss schools?

If I make the decision for a school dismissal, what else should I consider?

If we dismiss school, what do we need to consider when re-opening the building to s

What should we do if a child, student, or staff member has recently traveled to an ar has a family member who has traveled to an area with COVID-19?

What can teachers do to protect themselves and their students?

How should I talk to my students about COVID-19?

What are schools doing to prepare for COVID-19?

How will I know if my child's school is closed?

Are children more at-risk?

How should parents talk to children about COVID-19?

Clinical Questions about COVID-19: Questions

Who is at risk for infection with SARS-CoV-2, the virus that causes COVID-19?

What should healthcare providers (HCP) do outside of work to prevent transmission virus that causes COVID-19?

Who is at risk for severe COVID-19?

If my patient has an underlying medical condition associated with an increased risk of COVID-19, what is my patient's risk of developing severe COVID-19, and what should I do to reduce their risk?

Are pregnant healthcare providers (HCP) at increased risk for adverse outcomes if they are exposed to COVID-19?

What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?

Do CDC's interim infection prevention and control recommendations for COVID-19 apply to hospitals or other behavioral health facilities?

If a long-term care facility has a resident or staff member with suspected or confirmed COVID-19, to whom should this be communicated?

Is a negative test for SARS-CoV-2, the virus that causes COVID-19, required before a patient can be discharged to a nursing home?

During the COVID-19 pandemic, are there special considerations for surgical and other clinical settings, including performance of aerosol-generating procedures (AGPs)?

Why does CDC continue to recommend respiratory protection equivalent or higher than an N95 disposable filtering facepiece respirator for care of patients with known or suspected COVID-19?

What personal protective equipment (PPE) should be worn by individuals transporting a patient with suspected or confirmed SARS-CoV-2 infection within a healthcare facility? For example, what PPE should be worn when transporting the patient to radiology for imaging that cannot be performed in a dedicated COVID-19 room?

What personal protective equipment (PPE) should be worn by environmental services staff when cleaning and disinfecting rooms of hospitalized patients with SARS-CoV-2 infection?

Which procedures are considered aerosol-generating procedures in healthcare settings?

How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19?

My hospital is experiencing a shortage of isolation gowns. To preserve our supply, can I use gowns for the care of patients with methicillin-resistant Staphylococcus aureus (MRSA) and other multidrug-resistant organisms (MDROs), and Clostridioides difficile?

A healthcare provider at our facility was recently diagnosed with COVID-19. What time should they be isolated?

we use to determine the patients, visitors, and other healthcare personnel (HCP) who exposed to this individual while he/she was potentially infectious?

A healthcare provider in our facility worked while infected with SARS-CoV-2. However, they wore a facemask at all times while interacting with patients. Are the patients at risk for SARS-CoV-2? Should they be notified?

Questions addressing the proper handling of healthcare personnel (HCP) who have a confirmed SARS-CoV-2 Infection, but are still within 3 months of onset of their prior infection.

If healthcare personnel (HCP) are living with someone who has been diagnosed with COVID-19, should they be excluded from work? If so, for how long?

When is someone infectious?

Which body fluids can spread infection?

Can people who recover from COVID-19 be re-infected with SARS-CoV-2?

How do you test a patient for infection with SARS-CoV-2?

Do existing commercially available multiple respiratory virus panels detect SARS-CoV-2?

If a patient tests positive for another respiratory virus, should that exclude SARS-CoV-2 testing?

Should chest CT be used for diagnosis of COVID-19?

Whom should healthcare providers notify if they suspect a patient has COVID-19?

How do you diagnose and report a potential case of multisystem inflammatory syndrome (MIS-C)?

Do residents or healthcare personnel (HCP) who previously had SARS-CoV-2 confirmed by reverse-transcriptase polymerase chain reaction, RT-PCR) and who have recently retested as part of facility-wide testing?

Should residents or HCP who have a positive antibody test for SARS-CoV-2 be tested by RT-PCR?

How should facilities approach residents who decline testing?

How should facilities approach HCP who decline testing?

If HCP work at multiple facilities, do they need to receive a viral test at each facility?

How long should facilities continue serial testing of HCP?

How can public health jurisdictions prioritize testing across nursing homes?

Should asymptomatic HCP who are tested as part of facility-wide testing be excluded waiting for test results?

Should post-exposure prophylaxis be used for people who may have been exposed to COVID-19?

How are COVID-19 patients treated?

Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

When can patients with confirmed COVID-19 be discharged from the hospital?

What do we know about detection of SARS-CoV-2 RNA after clinical recovery from COVID-19?

Are clinically recovered persons infectious to others if they test persistently or recurrently positive for SARS-CoV-2 RNA?

Can cycle threshold (Ct) values be used to assess when a person is no longer infectious?

What further evidence is needed to be reassured that persistent or recurrent shedding after recovery does not represent the presence of infectious virus?

Can viral culture be used to demonstrate that a person who had persistently or recurrently positive SARS-CoV-2 RNA is not infectious to others?

A person who previously tested positive by RT-PCR for SARS-CoV-2 and clinically recovered later tested again, for example, as part of a contact tracing investigation. If that person tests positive by RT-PCR, should they be managed as potentially infectious to others, and isolated accordingly?

If a previously infected person has clinically recovered but later develops symptoms of COVID-19, should the person be isolated again and tested for SARS-CoV-2?

If an infected person has clinically recovered and then later is identified as a contact, do they need to be quarantined?

If an infected person has clinically recovered using the symptom-based strategy, do they

show they are not infectious?

If an infected person has clinically recovered, should the person continue to wear a mask in public?

Does CDC recommend use of facemasks or respirators for healthcare personnel (HCP) caring for patients with known or suspected COVID-19 infection?

How should the use of N95 respirators be prioritized within obstetric healthcare settings?

Is forceful exhalation during the second stage of labor considered an aerosol-generating procedure? How should respirator prioritization during shortages?

Is use of high-flow oxygen considered an aerosol-generating procedure for respiratory therapy during shortages?

Should intrapartum fever be considered as a possible sign of COVID-19 infection?

What guidance is available for labor and delivery HCP with potential exposure in a healthcare setting with patients with COVID-19 infection?

Are empiric antibiotics recommended for patients suspected of having COVID-19?

What antiviral drugs are available to treat COVID-19?

Do nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the course of disease for patients with COVID-19?

If I have patients with asthma, do I need to make any changes to their daily asthma management regimens to reduce their risk of getting sick with COVID-19?

If my patient experiences an asthma exacerbation, should the exacerbation be treated to reduce risk of COVID-19?

Are any changes recommended to the asthma treatment plan if my patient with asthma has COVID-19?

Should people with COVID-19 and increased ALT or AST be tested for viral hepatitis?

During the COVID-19 pandemic, should high-risk populations continue to be vaccinated in response to the ongoing hepatitis A outbreaks?

Should routinely recommended hepatitis A and hepatitis B vaccines continue to be administered to children?

Should vaccination of HBV-exposed infants continue during the COVID-19 pandemic?

Should management of infants born to HBV-infected women continue during the COVID-19 pandemic?

Should hepatitis A and hepatitis B vaccines continue to be administered to adults at risk for hepatitis B?

Are patients with hypertension at increased risk for severe illness from COVID-19?

Should angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs) be stopped in patients with COVID-19?

What do waste management companies need to know about wastewater and sewage from a healthcare facility or community setting with either a known COVID-19 patient or person under investigation (PUI)?

Do wastewater and sewage workers need any additional protection when handling wastewater from a healthcare or community setting with either a known COVID-19 patient or PUI?

Should medical waste or general waste from healthcare facilities treating PUIs and patients with COVID-19 be handled any differently or need any additional disinfection?

Personal Protective Equipment: Questions and Answers

What testing and standards should I consider when looking for CDC-recommended personal protective equipment (PPE)?

What type of gown is recommended for patients with suspected or confirmed COVID-19?

What types of gowns are available for healthcare personnel to protect from COVID-19?

What is the difference between gowns and coveralls?

How do I put on (don) and take off (doff) my gown?

Is it acceptable for emergency medical services to wear coveralls as an alternative to gowns if a patient is suspected in a patient needing emergency transport?

What type of glove is recommended to care for suspected or confirmed COVID-19 patients in community settings?

What standards should be considered when choosing gloves?

Is double gloving necessary when caring for suspected or confirmed COVID-19 patient in healthcare settings?

Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?

How do I put on (don) or take off (doff) my gloves?

Should I wear a respirator in public?

What is a respirator?

What is an N95 filtering facepiece respirator (FFR)?

What makes N95 respirators different from facemasks (sometimes called a surgical mask)?

What is a Surgical N95 respirator and who needs to wear it?

My employees complain that Surgical N95 respirators are hot and uncomfortable - what can I do?

My N95 respirator has an exhalation valve. Is that okay?

Can a respirator with an exhalation valve be used as source control?

How can I tell if a respirator is NIOSH-approved?

How do I know if a respirator is falsely advertising NIOSH-approval?

How do I know if my respirator is expired?

What do I do with an expired respirator?

What methods should healthcare facilities consider in order to avoid unintentional local transmission of COVID-19?

Travel: Frequently Asked Questions and Answers

If I travel, what steps should I take to help reduce my chance of getting sick or getting sick?

Should I wear a mask?

What if I recently traveled and get sick?

How can I protect myself from COVID-19 when using different types of transportation?

Can traveling to visit family or friends increase my chances of getting and spreading COVID-19?

Does traveling to campgrounds or going camping pose any risks?

Should I avoid traveling internationally?

What can I expect when departing other countries?

What can I expect when arriving to the United States?

When can I return to work after international travel?

How does CDC determine the COVID-19 risk level of a country?

How often are international travel recommendations (country risk levels) updated?

What restrictions might be in place in other countries that affect US travelers?

Can flying on an airplane increase my risk of getting COVID-19?

What happens if there is a sick passenger on an international or domestic flight?

Should I delay going on a cruise?