

CDC WEEKLY KEY MESSAGES

Coronavirus Disease 2019 (COVID-19) Pandemic **November 10, 2020**

This document summarizes key messages about the COVID-19 outbreak and the response. It is updated and distributed regularly. For the most current information, visit www.cdc.gov/coronavirus. Updated content is shown in blue text.

TABLE OF CONTENTS

Coronavirus Disease 2019 (COVID-19) Naming	2
Outbreak Summary.....	2
U.S. Outbreak Statistics	3
Situation in the United States	3
Coronavirus Background.....	3
Transmission	4
Symptoms	4
Testing	5
Treatment	7
Prevention	7
People at Risk for Serious Illness	11
If You Are Sick	14
Stress and Coping	15
Minimizing Stigma and Misinformation.....	17
Animals and COVID-19.....	17
Travel	18
What CDC Is Doing	21
CDC International Response	24
Recommendations.....	25
Community-Based Interventions.....	26
Guidance for Healthcare Providers in Healthcare Settings.....	32
Guidance for Healthcare Providers Managing Patients with COVID-19	42

CORONAVIRUS DISEASE 2019 (COVID-19) NAMING

- On February 11, 2020, the World Health Organization (WHO) announced an official name for the disease causing the 2019 novel coronavirus outbreak.
 - Disease name: coronavirus disease 2019 (abbreviated as COVID-19)
 - In COVID-19, CO stands for corona, VI for virus, D for disease, and 19 is for 2019.
- The International Committee on Taxonomy of Viruses named virus causing the outbreak severe acute respiratory syndrome-related coronavirus 2 (SARS-CoV-2).
 - SARS-CoV-2 was first detected in Wuhan, Hubei Province, China.

OUTBREAK SUMMARY

- The COVID-19 outbreak caused by a novel (new) coronavirus is now a pandemic.
 - The outbreak began in China and spread worldwide.
- Initially, many patients reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. Since then, sustained (ongoing) person-to-person spread in the community has occurred worldwide.
 - CDC provides a list of [international locations](#) that have reported cases of COVID-19.
- COVID-19 is [spread](#) mainly from through close contact between people who are physically near each other (within about 6 feet).
- The virus can cause illness varying from mild to severe, including illness resulting in death.

INTERNATIONAL

- WHO reports global case numbers in their [COVID-19 situation reports](#).
 - As of **November 10, 2020**, a total of **50,459,886** cases have been confirmed worldwide.
- On January 30, 2020, WHO declared this outbreak a public health emergency of international concern (PHEIC). A PHEIC is declared if an event poses a public health threat to other nations through the spread of disease and potentially requires a coordinated international response.
- On March 11, 2020, WHO announced that the outbreak of COVID-19 could be characterized as a pandemic.

DOMESTIC

- On January 21, 2020, CDC activated its Emergency Operations Center to support the COVID-19 response.
- On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation’s healthcare community in responding to COVID-19.
- COVID-19 is a very serious public health threat. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing U.S. public health response is to reduce community spread of this new coronavirus in the United States and territories.
- As the virus continues to spread internationally and in the United States and territories, it becomes harder to contain its spread.
- On March 13, 2020, the President of the United States declared the COVID-19 outbreak a [national emergency](#).

U.S. OUTBREAK STATISTICS

Cases in the United States as of **November 9, 2020**

- Total confirmed and probable cases: **9,913,553**
- Total confirmed and probable deaths: **237,037**
- [Demographic trends of U.S. COVID-19 cases and deaths](#) reported to CDC

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C) STATISTICS

- As of **October 30, 2020**, CDC has received reports of **1,163** cases and **20** deaths potentially from [multisystem inflammatory syndrome in children \(MIS-C\)](#). These cases and deaths were reported by **44** U.S. states, [New York City](#) and [Washington, DC](#).
- Due to the small number of cases in most states and out of respect for the privacy of patients and their families, CDC is not reporting case counts in individual states.
 - CDC is closely monitoring characteristics of MIS-C patients such as race, ethnicity, and age.
 - To date, more than **75%** of MIS-C cases have been Hispanic/Latino or Non-Hispanic Black.
 - Most cases are in children between the ages of 1 and 14 years, with an average age of 8 years.
- CDC lists [jurisdictions](#) reporting any MIS-C cases on its [MIS-C case count webpage](#).
 - Data are reported voluntarily to CDC by each jurisdiction's health department.
- Case reporting may be delayed because of limited capacity at local and state health departments and CDC review to ensure cases meet the MIS-C case definition.

SITUATION IN THE UNITED STATES

- [CDC and state and local public health laboratories](#) are testing for the virus that causes COVID-19.
- All 50 states, the District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the Virgin Islands [have reported cases of COVID-19](#) to CDC.
- U.S. COVID-19 cases include
 - Imported cases in travelers
 - Cases among close contacts of a known case
 - Community-acquired cases where the source of infection is unknown
- Visit CDC's [COVIDView](#) for a weekly summary and interpretation of key indicators tracking the COVID-19 pandemic in the United States. On April 15, 2020, CDC began posting [demographic data associated with COVID-19](#).
- [CDC COVID Data Tracker](#) provides frequently updated surveillance data and contains cumulative counts reported to CDC since January 21, 2020.
- Longstanding systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. Visit CDC's [People Who Need Extra Precautions](#) website for more information.

CORONAVIRUS BACKGROUND

- Coronaviruses, named for the crown-like spikes on their surfaces, are a large family of viruses common in people and many different species of animals, including camels, cattle, cats, and bats.
- Some coronaviruses that infect animals can be spread to humans and then spread between people, but this is rare.
 - Animal to human spread of coronaviruses occurred with Middle East respiratory syndrome (MERS-CoV) and severe acute respiratory syndrome (SARS-CoV).
 - It is suspected that the virus that causes the current outbreak of COVID-19 spread from animals to

humans.

- Human coronaviruses are a common cause of mild to moderate upper-respiratory illness. Three coronaviruses, MERS, SARS, and COVID—19 can cause severe illness.

TRANSMISSION

- COVID-19 spreads very easily from person to person.
- People who are infected but do not show symptoms can also spread the virus to others.
- COVID-19 is spread mainly from person to person by the following routes:
 - Between people who are in [close contact](#) with one another (within 6 feet).
 - Through respiratory droplets produced when an infected person coughs, sneezes, breathes, sings, or talks.
 - If these droplets contain the virus, they can be inhaled or land on the mucous membranes that line the inside of the mouth and nose.
- Less common ways COVID-19 can spread:
 - Under certain conditions (for example, when people are in enclosed spaces with poor ventilation), COVID-19 can sometimes be spread by airborne transmission.
 - COVID-19 spreads less commonly through contact with contaminated surfaces.
- Cases of [reinfection](#) with COVID-19 have been reported but are rare.
- We are still learning about how the virus spreads and the severity of illness it causes.
- COVID-19 rarely spreads between people and animals.
- Mother-to-child transmission during pregnancy or delivery appears to be rare. Virus transmission to a newborn is thought to occur primarily through respiratory droplets. Current evidence suggests that breast milk isn't likely to spread the virus to babies.
- Currently, there is no evidence that people can get COVID-19 by eating or handling food.

SYMPTOMS

- [Symptoms](#) may appear 2-14 days after exposure to the virus. People with the following symptoms may have COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19.
- Look for [emergency warning signs](#) of 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
- Call 911 or call ahead to your local emergency facility. Notify the operator that you are seeking care for someone who has or may have COVID-19.

TESTING

- As of **November 9, 2020**, a total of **156,318,520** tests have been reported. Of those, **11,572,268** were positive (**7%**).
- Two kinds of tests are available for COVID-19: viral tests and antibody tests.
 - A [viral test](#) tells you if you have a current infection.
 - An [antibody test](#) might tell you if you had a past infection.
 - But there is a chance that a positive result means you have antibodies from an infection with another virus from the same family of viruses (called coronaviruses).
 - An antibody test should not be used to determine if you have a current infection because it can take 1-3 weeks after infection to make antibodies.
 - CDC does not know yet if having antibodies to the virus can protect someone from getting infected with the virus again or how long that protection might last.
- On September 18, 2020, CDC updated the testing guidance to reinforce the need to test people who aren't showing symptoms, including people who have had close contact (within 6 feet of an infected person for a total of 15 minutes or more) with someone with confirmed COVID-19.

RESULTS

- **If you test positive for COVID-19 by a viral test**, know what steps to take [if you are sick](#).
 - Most people have mild illness and are able to recover at home. Contact your healthcare provider if your symptoms are getting worse or if you have questions about your health.
- **If you test negative for COVID-19 by a viral test**, you may not be infected at the time your sample was collected. This does not mean you will not get sick.
 - A negative test result only means that you did not have COVID-19 at the time of testing or that your sample was collected too early in your infection.
 - [You could also be exposed to COVID-19 before the test but the infection may be too low to detect at the time the test was performed](#). If you have symptoms later, you may need another test to determine if you are infected with COVID-19.
- Whether you test positive or negative for COVID-19 on a viral or antibody test, you should take steps to [protect yourself and others](#).

VIRAL TESTING

- [There are two types of viral tests that can detect a current infection of SARS-CoV-2, the virus that causes COVID-19.](#)
 - [One type of test, sometimes called a molecular test, detects the genetic material of SARS-CoV-2.](#)
 - [This is how reverse transcriptase polymerase chain reaction \(RT-PCR\) tests work.](#)

- Most molecular tests need to be performed in a laboratory. It can take a day or longer to get results from molecular tests.
- The other type of test detects the presence of a specific viral protein (antigen) on the surface of the virus.
 - Antigen tests can be used at the point of care and results may be available in as few as 15 minutes.
 - Antigen tests are generally less sensitive than RT-PCR tests.
- CDC has developed and deployed two RT-PCR tests that detect the genetic material of SARS-CoV-2 in respiratory samples.
 - CDC's original rRT-PCR test only detects SARS-CoV-2. The U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for this test on February 4.
 - CDC's newest test will detect two types of influenza viruses (A and B) and SARS-CoV-2 at the same time. FDA issued an EUA for this test on July 2.
 - A single test that diagnoses current infection with one or more of these viruses allows public health laboratories to identify influenza infections while they test for SARS-CoV-2.
 - Use of this new test allows laboratories to conserve important testing materials that are in short supply and evaluate three common causes of respiratory illness with a single test.
 - The use of this specialized test focuses on public health surveillance efforts and will not replace any COVID-19 tests currently used in commercial laboratories, hospitals, clinics, and other healthcare settings.
 - CDC is conducting testing using its two RT-PCR tests in laboratories at its headquarters in Atlanta. CDC can test approximately 1,000 specimens per day.
- Viral tests are available in a variety of settings, including from healthcare providers, clinical laboratories, and public health departments.
 - Thirteen commercial laboratories, including large reference facilities at ARUP Laboratories, Mayo Clinic Laboratories, Quest Diagnostics, LabCorp, BioReference Laboratories, and Sonic Healthcare, can test approximately 580,000 tests per day. Additional commercial laboratories are also standing up testing, increasing the nation's testing capacity.
 - In addition, FDA has issued many EUAs for commercial manufacturers to distribute COVID-19 viral tests.
 - Acceptable respiratory samples vary considerably among authorized diagnostic tests, with some only able to test specific specimen types.
- CDC is evaluating the performance of rapid antigen tests.
 - As of November 3, 2020, FDA has authorized seven [antigen tests](#) for emergency use.

ANTIBODY TESTING

- Antibody tests check a person's blood to look for antibodies to SARS-CoV-2.
 - It typically takes 1-3 weeks after infection to develop antibodies to SARS-CoV-2.
 - A positive result from an antibody test may indicate that you were previously infected with the virus.
 - To test for current infected, you need a viral test that uses your saliva or samples from your respiratory system.
- CDC does not know yet if the antibodies that result from infection with SARS-CoV-2 can protect someone from a repeat infection with this virus. Scientists are working to understand this.
- Antibody tests are required to have an [EUA](#) from the U.S. Food and Drug Administration (FDA). As of October 2, 2020, FDA has authorized 51 [antibody tests](#) for emergency use.

TREATMENT

- Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.
- There is no specific antiviral treatment for COVID-19. For severe cases, treatment should include care to support vital organ functions.

PREVENTION

- There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.
- CDC recommends preventive actions to [protect yourself and others](#).
 - Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place; after blowing your nose, coughing, or sneezing; after going to the bathroom; and before eating or preparing food.
 - Always wash hands with soap and water if hands are visibly dirty.
 - If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol.
 - Avoid touching your eyes, nose, and mouth.
 - Avoid close contact.
 - Inside your home: Avoid close contact with people who are sick.
 - Outside your home: Stay at least 6 feet (about 2 arm lengths) from people who don't live in your household.
 - Keeping distance from others is especially important for [people at higher risk](#) of severe illness.
 - Cover your mouth and nose with a mask when around others.
 - Wear a mask in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.
 - Cover coughs and sneezes with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched surfaces daily using a household disinfectant.
 - Monitor your health daily.
 - Be alert for [symptoms](#)—fever, cough, shortness of breath, or other symptoms of COVID-19.

SOCIAL DISTANCING

- Limiting close face-to-face contact with others is the best way to reduce the spread of COVID-19.
- [Social distancing](#), also called “physical distancing,” means keeping space between yourself and other people who are not from your household.
- To practice social or physical distancing stay at least 6 feet (about 2 arms lengths) from other people who are not from your household in both indoor and outdoor spaces.
- People can spread the virus before they know they are sick, so stay away from others when possible, even if you—or they—do not have any symptoms.
- Social distancing is especially important for [people at higher risk](#) for severe illness.

MASKS

- CDC recommends people [wear masks](#) in public settings and anywhere they will be around other people.
- Masks may help prevent people who have COVID-19 from spreading the virus to others.

- Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings.
- Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Masks with exhalation valves or vents should NOT be worn to help prevent the person wearing the mask from spreading COVID-19 to others (source control).
- CDC’s recommendation is based on what is known about the role respiratory droplets play in the spread of COVID-19. The recommendation also is based on [emerging evidence](#) from clinical and laboratory studies that shows masks reduce the spray of droplets when worn over the nose and mouth.
 - COVID-19 spreads mainly among people who are in close contact with one another (within about 6 feet or 2 arm lengths).
 - The use of masks is particularly important in settings where people are close to each other or where social distancing is difficult to maintain.
- People who are sick or know that they have COVID-19 should stay home, but COVID-19 also can be spread by people who do not have symptoms and do not know that they are infected.
 - That’s why it’s important for everyone to stay at least 6 feet away from other people and wear masks in public places.
- While masks are strongly encouraged to reduce the spread of COVID-19, CDC recognizes there are specific instances when wearing a mask may not be feasible. In these instances, [adaptations and alternatives](#) should be considered whenever possible.
- [CDC strongly recommends everyone wear a mask on public transportation. This recommendation includes passengers and workers on airplanes, trains, ships, ferries, subways, taxis, and ride shares, and at transportation hubs such as airports and stations.](#)

HOW TO WEAR YOUR MASK

- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

HOW TO TAKE OFF YOUR MASK

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place mask in the washing machine (learn more about [how to wash masks](#))
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing

HOW TO STORE AND WASH MASKS

- [Store your cloth mask properly and wash it regularly](#) to keep it clean.
- Consider having more than one mask on hand so that you can easily replace a dirty mask with a clean one. Make sure to remove your mask correctly and wash your hands after touching a used mask.
- Store your mask
 - Store wet or dirty masks in a plastic bag.
 - Store masks that are not wet or dirty in a paper bag.
- Wash your mask

- Using a washing machine
 - You can include your mask with your regular laundry.
 - Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask.
- By hand
 - Wash your mask with tap water and laundry detergent or soap.
 - Rinse thoroughly with clean water to remove detergent or soap.
- Dryer
 - Dry your mask completely in a warm or hot dryer.
- Air dry
 - Hang your mask in direct sunlight to dry completely. If you cannot hang it in direct sunlight, hang or lay it flat and let it dry completely.

HANDWASHING

- Handwashing is one of the best ways to protect yourself and your family from getting sick.
- Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.
- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place; after blowing your nose, coughing, or sneezing; after going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Follow five steps to wash your hands the right way:
 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 4. Rinse your hands well under clean, running water.
 5. Dry your hands using a clean towel or air dry them.

CLEANING AND DISINFECTING YOUR HOME

- Wear reusable or disposable gloves for routine cleaning and disinfection.
- Clean surfaces using soap and water, then use disinfectant.
- Clean or launder items according to the manufacturer’s instructions.
- Wash your hands with soap and water for 20 seconds.
- If someone is sick, keep a separate bedroom and bathroom for the person who is sick (if possible).
- [Clean your home.](#)
 - Wear reusable or disposable gloves for routine cleaning and disinfection.
 - Clean surfaces using soap and water, then use disinfectant. Cleaning with soap and water reduces the number of germs, dirt, and impurities on the surface. Disinfecting kills germs on surfaces.
 - Routinely clean frequently touched surfaces, including tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- [Disinfect your home.](#)

- Use an [EPA-registered household disinfectant](#) in a room with good airflow.
- Follow the instructions on the label.
- Wear gloves and eye protection for potential splash hazards.
- Avoid mixing chemical products.
- Store and use chemicals out of the reach of children and pets.
- Do NOT eat, drink, breathe, or inject cleaning and disinfecting products into your body or apply them directly to your skin—this can cause serious harm.
- Do NOT wipe or bathe pets with these products or any other products that are not approved for animal use.
- Do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap.
- Do NOT wash produce with soap, bleach, sanitizer, alcohol, disinfectant, or any other chemical.

PROTECT YOURSELF WHILE RUNNING ERRANDS

- CDC provides information to help people make [decisions about going out](#) and recommendations for how to protect themselves.
- When [shopping and running other errands](#)
 - Wear a [mask](#) in public settings and around other people who don't live in your household.
 - Go during hours when fewer people will be there.
 - If you are [at higher risk for severe illness](#), find out if stores have special hours for people at higher risk. If they do, try to shop during those hours.
 - Disinfect the shopping cart using disinfecting wipes if available.
 - Do not touch your eyes, nose, or mouth with unwashed hands.
 - Stay at least 6 feet away from others while shopping and in lines.
 - If possible, use touchless payment (pay without touching money, a card, or a keypad). If you must handle money, a card, or use a keypad, use hand sanitizer right after paying.
 - When you get home, wash your hands with soap and water for at least 20 seconds.
- When unpacking groceries, do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap.
- Deliveries and takeout
 - Limit in person contact if possible
 - Pay online or on the phone when you order (if possible).
 - Accept deliveries without in-person contact whenever possible. Ask for deliveries to be left in a safe spot outside your house (such as your front porch or lobby), with no person-to-person interaction. Otherwise, stay at least 6 feet away from the delivery person.
 - Wash your hands or use hand sanitizer after accepting deliveries or collecting mail
 - After receiving your delivery or bringing home your takeout food, wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
 - After collecting mail from a post office or home mailbox, wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol.

DOCTOR VISITS AND GETTING MEDICINE

- Do not delay care you need to manage medical conditions or address new health issues.
 - Talk to your doctor online, by phone, or through e-mail when possible.

- If you must visit in-person, [protect yourself and others](#).
- If you need emergency medical care, seek it immediately.
- Parents should make sure their children receive on-time vaccinations so they continue to be protected from deadly vaccine-preventable diseases.
 - Call your pediatrician's office to learn about safety protocols in place for well-child visits.
- When picking up medicines, use drive-thru windows, curbside services (prescriptions brought to you in your car), mail-order, or other delivery services.

PEOPLE AT RISK FOR SERIOUS ILLNESS

- Based on what is known now, those at higher risk for severe illness from COVID-19 are
 - Older adults
 - As you get older, your risk for severe illness from COVID-19 increases.
 - For example, people in their 50s are at higher risk for severe illness than people in their 40s.
 - People in their 60s or 70s are, in general, at higher risk for severe illness than people in their 50s.
 - The greatest risk for severe illness from COVID-19 is among those aged 85 or older.
 - In the United States, 8 out of 10 reported COVID-19-related deaths have been among adults 65 years and older.
 - Adults of any age with the following conditions **are at increased risk** of severe illness from COVID-19:
 - [Cancer](#)
 - [Chronic kidney disease](#)
 - [COPD \(chronic obstructive pulmonary disease\)](#)
 - [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
 - [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
 - [Obesity \(body mass index \[BMI\] of 30 kg/m² or higher but <40 kg/m²\)](#)
 - [Severe obesity \(BMI ≥ 40 kg/m²\)](#)
 - [Sickle cell disease](#)
 - [Smoking](#)
 - [Type 2 diabetes mellitus](#)
- COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what CDC knows at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from COVID-19:
 - [Asthma \(moderate-to-severe\)](#)
 - [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
 - [Cystic fibrosis](#)
 - [Hypertension or high blood pressure](#)
 - [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune-weakening medicines](#)
 - [Neurologic conditions, such as dementia](#)
 - [Liver disease](#)
 - [Overweight \(BMI > 25 kg/m², but < 30 kg/m²\)](#)
 - [Pregnancy](#)
 - [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)

- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)
- Children can be infected with the virus that causes COVID-19 and some children develop severe illness.
 - Children with underlying medical conditions are at increased risk for severe illness.
 - Current evidence is limited about which underlying medical conditions in children are associated with increased risk.
 - Children with the following conditions might be at increased risk for severe illness:
 - Obesity
 - Medical complexity
 - Severe genetic disorders
 - Severe neurologic disorders
 - Inherited metabolic disorders
 - Congenital (since birth) heart disease
 - Diabetes
 - Asthma and other chronic lung disease
 - Immunosuppression due to malignancy or immune-weakening medications.
- We do not yet know who is at increased risk for developing the rare but serious complication associated with COVID-19 in children called [multisystem inflammatory syndrome in children \(MIS-C\)](#), nor do we know what causes MIS-C.
- It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.
 - The best way to [protect yourself](#) and to help reduce the spread of COVID-19 is to
 - 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 start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.
- If you have an underlying medical condition,
 - 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 nonprescription medicines. [Talk to a healthcare provider](#), insurer, and pharmacist about getting an extra supply (more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
 - Do not delay getting emergency care for your underlying medical condition because of COVID-19. Emergency departments have plans in place to protect you from getting COVID-19 if you need care.
 - Call your healthcare provider if you have any concerns about your underlying medical conditions or if you get sick and think you may have COVID-19. If you need emergency help, call 911 right away.
 - If you don't have a healthcare provider, contact your nearest [community health center](#) or [health department](#).

PREGNANT PEOPLE

- Based on what CDC knows at this time, [pregnant people are](#) at an increased risk for severe illness from COVID-19 compared to non-pregnant people.
 - [Adverse pregnancy outcomes, such as preterm birth and pregnancy loss, also have been reported among](#)

[pregnant people.](#)

- Pregnant people should take precautions to prevent getting COVID-19, including limiting interactions with people outside their household as much as possible, frequent handwashing, and wearing a mask.
- Prenatal care appointments should not be skipped.
- [Healthcare providers caring for pregnant people and infants should be aware of the risk of severe illness and the potential for preterm birth among people with COVID-19 during pregnancy.](#)

MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN

- [Multisystem inflammatory syndrome in children \(MIS-C\)](#) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.
- CDC and other public health experts are learning more about MIS-C and how it affects children every day.
 - Experts do not yet know what causes MIS-C.
 - Many children with MIS-C had COVID-19 or had been around someone with COVID-19.
 - Based on what experts know now about MIS-C, the best way you can protect your child is by taking everyday actions to [prevent your child and the entire household from getting COVID-19.](#)
- Contact your child’s doctor, nurse, or clinic right away if your child is showing symptoms of MIS-C or symptoms of COVID-19.
 - Children with MIS-C may have a fever and a variety of symptoms, including stomach pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired.
 - Not all children with MIS-C have the same symptoms.
 - If your child is showing any emergency warning signs, seek emergency care right away. Emergency warning signs include trouble breathing, pain or pressure in the chest that does not go away, new confusion, inability to wake or stay awake, bluish lips or face, severe abdominal pain, or other concerning signs.
- Parents and caregivers who have concerns about their child’s health, including concerns about COVID-19 or MIS-C, should contact a pediatrician or other healthcare provider immediately.
 - Healthcare providers can follow [CDC recommendations](#) to keep children and their parents or caregivers safe during in-person visits.

PEOPLE WITH DISABILITIES

- Disability alone may not be related to higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19.
- However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions.
- All people seem to be at higher risk of severe illness from COVID-19 if they have serious underlying chronic medical conditions like chronic lung disease, a serious heart condition, or a weakened immune system.

RACIAL AND ETHNIC MINORITY GROUPS

- Longstanding systemic health and social inequities have put many people from [racial and ethnic minority groups](#) at increased risk of getting sick and dying from COVID-19.
 - There is increasing evidence that some racial and ethnic minority groups—particularly Black or African American, Hispanic or Latino, and American Indian or Alaska Native people—are disproportionately affected by COVID-19.
 - Inequities in the social determinants of health, such as poverty and healthcare access, affecting these

groups are interrelated and influence a wide range of health and quality-of-life outcomes and risks.

- Community- and faith-based organizations, employers, healthcare systems and providers, public health agencies, policy makers, resettlement agencies, and others [all have a part](#) in helping promote fair access to health.
- People from some racial and ethnic minority groups, particularly those born outside the United States, are disproportionately represented in essential work settings (for example, farms, factories, other service-related jobs).
 - Some people who work in these settings have more chances to be exposed to COVID-19. Reasons for this include being a critical worker, having close contact with other workers, sharing transportation, sharing housing environments, not having paid sick days, lacking access to healthcare, having language barriers, and being part of a workforce that moves frequently.

RURAL COMMUNITIES

- Longstanding systemic health and social inequities have put some rural residents at increased risk of getting COVID-19 or having severe illness.
- Rural areas can face different health challenges depending on where they are located. Each rural community should assess their unique [susceptibility and social vulnerability](#) to COVID-19.
- Rural healthcare infrastructure is limited. Since 2005, [170 hospitals have closed](#) and 700 more are currently at risk of closure. Many rural hospitals have a limited number of hospital beds, ICU beds, or ventilators, which can affect their ability to treat patients with COVID-19.
- Agriculture, [meat, poultry, and other food processing](#) industries are largely located in rural areas. [Jobs in these industries](#) often involve working within 6 feet of each other and having prolonged contact with coworkers. This puts workers at increased risk for getting and spreading COVID-19.
 - Workers are also at risk because these industries are considered critical and less likely to close, leaving workers little choice but to come to work even when other businesses are closed because of high transmission in their communities.
 - People from some racial and ethnic minority groups, particularly people who are Hispanic or Latino and those born outside the United States, are disproportionately represented among essential agriculture and food processing workers.
 - [COVID-19 outbreaks among agriculture, meat, poultry, and other food processing facility workers](#) can rapidly affect large numbers of workers and extend into the communities where they live.
 - [Targeted workplace interventions](#) and prevention efforts culturally and linguistically tailored to the groups most affected by COVID-19 are critical to reducing the risk of getting COVID-19 at work.
- Visit CDC's [Rural Communities](#) webpage for more information.

IF YOU ARE SICK

- Take [steps to help prevent the spread of COVID-19](#) if you are sick.
 - Stay home except to get medical care.
 - Separate yourself from other people and any animals, including pets.
 - Monitor your symptoms.
 - Call ahead before visiting your doctor.
 - If you are sick, wear a mask over your nose and mouth if you must be around other people or animals, including pets (even at home).
 - Cover your coughs and sneezes.
 - Clean your hands often.

- Avoid sharing personal household items such as dishes, towels, and bedding.
- Clean all “high-touch” surfaces every day.
- Your healthcare provider might recommend [treatments for severe illness](#).
 - Any treatments used for COVID-19 should be taken under the care of a healthcare provider.

WHEN YOU CAN BE AROUND OTHERS AFTER YOU HAD OR LIKELY HAD COVID-19

Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. [When you can be around others](#) depends on different factors for different situations. If you will be tested, [you can be around others](#) after you receive two negative test results in a row, at least 24 hours apart.

- If you think or know you had COVID-19, and you had symptoms, you can be around others after
 - 10 days since symptoms first appeared **and**
 - 24 hours with no fever without the use of fever-reducing medications **and**
 - Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation)
- If you tested positive for COVID-19 but had no symptoms and continue to have no symptoms, you can be around others after
 - 10 days have passed since you had a positive viral test for COVID-19.
 - Most people do not require testing to decide when they can be around others. But if your healthcare provider recommends testing, they will let you know when you can be around other people based on the results of your test.
- If you were severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication, consider the following:
 - People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared.
 - [People who are severely immunocompromised](#) may require testing to determine when they can be around others.
 - Talk to your healthcare provider for more information. If testing is available in your community, your healthcare provider may recommend it. Your healthcare provider will let you know if you can be around other people based on the results of your test.
 - Your doctor may work with [an infectious disease expert or your local health department](#) to determine whether testing will be necessary before you can be around others.
- [If you have been in close contact with a person who has COVID-19 \(within 6 feet for a total of 15 minutes or more\)](#),
 - You should stay home for 14 days **after your last exposure** to that person.
 - However, if you had close contact with someone with COVID-19 and you
 - Developed COVID-19 illness within the previous 3 months **and**
 - Have recovered **and**
 - You continue to have no COVID-19 symptoms (for example, cough, shortness of breath), you **do not** need to stay home.

STRESS AND COPING

- The COVID-19 pandemic may be [stressful](#) for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

- People who may respond more strongly to the stress of a crisis include the following:
 - People who are at higher risk for severe illness including older adults and people of any age who have serious underlying medical conditions, disabilities, or developmental delays
 - Children and teens
 - People helping with the response to COVID-19, like doctors, other healthcare providers, or first responders
 - People who have mental health conditions including problems with substance use
 - People who are essential workers or live in shared housing
- Stress during an infectious disease outbreak may appear as
 - Fear and worry about your own health and the health of your loved ones
 - Changes in sleep or eating patterns
 - Difficulty sleeping or concentrating
 - Worsening of chronic health problems
 - Worsening of mental health conditions
 - Increased use of alcohol, tobacco, or other drugs
- Things you can do to support yourself and the people you care for:
 - Take breaks from watching, reading, or listening to news stories, including those on social media. Repeatedly hearing about the pandemic can be upsetting.
 - Take care of your body. Take deep breaths, stretch, or meditate. [Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep](#), and [avoid alcohol](#) and drugs.
 - Make time to unwind. Try to do activities you enjoy.
 - Connect with others through phone calls or video chats, instant messaging, email, letters, or other forms of communication, even if you cannot be together in person.
 - Talk with people you trust about your concerns and how you are feeling.
- If you or someone you care about are feeling overwhelmed with emotions like sadness, depression, or anxiety, or if you are concerned about harming yourself or others, call 911 or the SAMHSA Disaster Distress Helpline: 1-800-985-5990.
- If you or someone you care about are experiencing domestic violence or are affected by abuse and need support, call 911 or the National Domestic Violence Hotline: 1-800-799-7233 (TTY 1-800-787-3224).

SUICIDE

- Different life experiences affect a person's risk for suicide.
 - Suicide risk is higher among people who have experienced violence, including child abuse, bullying, or sexual violence.
 - Feelings of isolation, depression, anxiety, and other emotional or financial stresses raise the risk for suicide. People may be more likely to experience these feelings during a crisis like a pandemic.
- There are ways to protect against suicidal thoughts and behaviors.
 - Support from family and community, or feeling connected, can help with suicidal thoughts and behavior.
 - Access to in-person or virtual counseling or therapy can help with suicidal thoughts and behavior, particularly during a crisis like the COVID-19 pandemic.
- If you or someone you care about are feeling overwhelmed with emotions like sadness, depression, or anxiety, or if you are concerned about harming yourself or others, get immediate help in a crisis:
 - Call 911
 - [Disaster Distress Helpline](#): 1-800-985-5990

- [National Suicide Prevention Lifeline](#): 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#).
- Additional suicide prevention resources:
 - [Suicide risk factors and warning signs](#)
 - [Five action steps for communicating with someone who may be suicidal](#)

MINIMIZING STIGMA AND MISINFORMATION

- [Minimizing stigma and misinformation](#) is important, especially during contagious disease outbreaks.
- Frontline healthcare workers, other essential workers, members of some racial and ethnic groups, and immigrants (including Asian Americans, Pacific Islanders, and black or African Americans) may experience stigma during the COVID-19 pandemic.
- Know the facts about COVID-19 and help [stop the spread of rumors](#).
 - Diseases can make anyone sick regardless of their race or ethnicity.
 - For most people, the immediate risk of becoming seriously ill from COVID-19 is thought to be low.
 - Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.
 - There are simple things you can do to help keep yourself and others healthy.
 - You can help stop COVID-19 by knowing the signs and symptoms.
- Community leaders and public health officials can [help prevent stigma](#) by
 - Maintaining privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
 - Quickly communicating the risk or lack of risk from contact with products, people, and places.
 - Correcting negative language that can cause stigma by sharing accurate information about how the virus spreads.
 - Speaking out against negative behaviors and statements, including those on social media.
 - Making sure that images used in communications show diverse communities and do not reinforce stereotypes.
 - Thanking healthcare workers, responders, and others working on the front lines.
 - Suggesting virtual resources for [mental health](#) or other social support services for people who have experienced stigma or discrimination.

ANIMALS AND COVID-19

- What you need to know about [animals and COVID-19](#):
 - We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
 - At this time, there is no evidence that animals play a significant role in spreading COVID-19.
 - Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered low.
 - More studies are needed to understand if and how different animals could be affected by COVID-19.
 - We are still learning about this virus, but it appears that it can spread from people to animals in some situations.
 - USDA maintains a list of all [animals with confirmed infections with SARS-CoV-2](#) in the United States.
- What you need to know about [pets and COVID-19](#):

- A small number of pets worldwide, including cats and dogs, have been reported to be infected with COVID-19, mostly after close contact with people with COVID-19.
- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered low.
- It appears that COVID-19 can spread from people to animals in some situations.
- Treat pets as you would other human family members: do not let pets interact with people outside the household.
- If a person inside the household gets sick, isolate that person from everyone else, including pets.
- Routine testing of animals for COVID-19 is not recommended at this time.
- [Guidance for service and therapy animals](#) differs in some situations.
- At this time, CDC has no data to suggest that COVID-19 or other similar coronaviruses are spread by mosquitoes or ticks.

TRAVEL

PRESIDENTIAL PROCLAMATIONS ANNOUNCING TRAVEL RESTRICTIONS FOR TRAVELERS FROM BRAZIL, IRAN, PARTS OF EUROPE, AND CHINA

- President Trump has signed five COVID-19 presidential proclamations suspending entry to the United States of foreign nationals who have, in the past 14 days, been in certain countries and regions named in the proclamations, with certain exceptions. For more information see the text of the proclamations on the White House website. Proclamations were issued on [January 31](#), [February 29](#), [March 11](#), [March 14](#), and [May 24](#), 2020.
- With specific exceptions, foreign nationals who have been in any of the following countries during the past 14 days may not enter the United States:
 - [Brazil](#) (May 24 proclamation)
 - [Republic of Ireland](#) (March 14 proclamation)
 - [United Kingdom](#): England, Scotland, Wales, and Northern Ireland (March 14 proclamation)
 - [European Schengen area](#): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland. (March 11 proclamation)
 - [Iran](#) (February 29 proclamation)
 - [People's Republic of China](#), excluding Hong Kong and Macau (January 31 proclamation)
- Citizens and lawful permanent residents of the United States, [certain family members, and other individuals who meet specified exceptions](#) who have been in one of the countries listed above in the past 14 days will be allowed to enter the United States..

DISCONTINUATION OF SCREENING AT PORTS OF ENTRY

- On [September 14, 2020](#), the U.S. government removed requirements for directing all flights carrying airline passengers arriving from, or who had recently had a presence in, certain countries to land at one of 15 designated airports. Enhanced entry health screening for these passengers was also stopped on this day.
- The U.S. government now has a better understanding of COVID-19 transmission that indicates symptom-based screening has limited effectiveness because people with COVID-19 may have no symptoms or fever at the time of screening or may have only mild symptoms.
- By refocusing mitigation efforts on individual passenger risk throughout the air travel journey, the U.S. government

can most efficiently protect the health of the American public. Therefore, CDC is shifting its strategy and prioritizing other public health measures to reduce the risk of travel-related disease transmission, including

- Health education for travelers before departure, during flights, and after arrival.
- Robust illness response at airports.
- Voluntary collection of contact information from passengers electronically to avoid long lines, crowding, and delays associated with collecting data manually.
- Potential testing to reduce the risk of travel-related transmission of COVID-19 and movement of the virus from one location to another.
- [Destination-specific risk assessments](#) to assist travelers in making informed decisions about travel-related risk.
- Enhanced training and education of partners in the transportation sector and at U.S. ports of entry to ensure recognition of illness and immediate notification to CDC.
- Post-arrival traveler recommendations for self-monitoring and precautions to protect others, including recommending people arriving from high-risk destinations stay home to the extent possible for 14 days.
- While enhanced entry health screening was in effect at the airports designated for funneling purposes, fewer than 15 cases of COVID-19 were identified among the 675,000 people who underwent the enhanced screening. More cases were identified through airport partner notifications to CDC and standard illness response during that period.

CDC TRAVEL HEALTH NOTICES AND OTHER TRAVEL GUIDANCE

- Travel increases your chances of getting and spreading COVID-19.
 - Find steps and consideration for types of [travel during the COVID-19 pandemic](#).
 - [Know your travel risk](#).
 - People who are sick, have recently tested positive for COVID-19, have been exposed to a person with COVID-19, [or are waiting for results of a viral test](#) should delay travel. Learn [when to delay travel](#) to avoid spreading COVID-19.
 - Find CDC's latest [after-travel recommendations](#) to protect others for 14 days after traveling.
- On October 19, 2020, CDC posted a strong recommendation for all passengers and workers to [wear face masks on public transportation conveyances and at transportation hubs](#).
 - Public transportation conveyances include airplanes, ships, ferries, trains, subways, buses, taxis, and rideshares.
 - Transportation hubs and other locations where people board public transportation conveyances include airports, bus or ferry terminals, train stations, and seaports.
- CDC notifies travelers about health threats in destinations around the world through Travel Health Notices (THNs).
 - On March 27, 2020, CDC posted a Level 3 Global Pandemic Notice advising travelers to avoid all nonessential international travel to foreign countries and U.S. territories around the world due to widespread, ongoing transmission of COVID-19.
 - On August 6, 2020, CDC replaced the global travel notice with destination-specific [COVID-19 THNs](#).
 - CDC developed an evidence-based process to assess COVID-19 risk in individual destinations.
 - Learn more about how CDC determines the [risk level for COVID-19 THNs](#).
 - Travelers can check the THN for their destinations on CDC's [COVID-19 Travel Recommendations by Destination](#) webpage.
- CDC has issued a [Level 3 THN](#) for cruise ship travel. CDC recommends travelers defer all cruise travel worldwide.
- CDC created toolkits to help partners share CDC resources with their communities.
 - The [road travel toolkit](#) helps transportation partners reach domestic travelers.
 - The [air travel toolkit](#) helps airline partners reach travelers and employees.

- The [southern border toolkit](#) helps partners provide timely, effective, and culturally appropriate COVID-19 information to those who live, work, and travel along the U.S.-Mexico border.
- Prevention messaging provided at airports and land border crossings
 - All international travelers arriving at a U.S. airport or land border crossing receive a [Traveler's Health Alert Notice \(T-HAN\)](#) with information about how to watch their health and protect others during the 14 days after their arrival.
 - Health information is also posted on electronic message boards in arrival areas.

REPATRIATION FLIGHTS AND QUARANTINE ORDERS

- All individuals under federal public health orders have completed quarantine or isolation and have returned home.
- CDC supported the Department of State in the safe and expedient ordered departure by chartered flights of U.S. citizens and residents from locations affected by outbreaks of COVID-19.
 - Individuals repatriated from Hubei Province, China, and from the Diamond Princess cruise ship docked in Yokohama, Japan, were issued quarantine orders on arrival in the United States.
- CDC also supported efforts to disembark and repatriate passengers aboard the Grand Princess, docked at the Port of Oakland.
- CDC managed approximately 3,200 federal [isolation and quarantine](#) orders for people from Hubei Province, China, the Diamond Princess cruise ship, and the Grand Princess cruise ship.

CRUISE SHIPS AND RIVER CRUISES

- On September 17, 2020, CDC updated its [interim guidance for ships on managing suspected or confirmed cases of COVID-19](#).
 - This guidance was originally posted on February 18, 2020.
- On March 17, 2020, CDC recommended that travelers [defer all cruise travel](#) worldwide. [This recommendation remains in place](#).
- CDC continuously tracks the status of cruise ships operating in U.S. waters or coming into U.S. ports.

FRAMEWORK FOR CONDITIONAL SAIL ORDER

- On October 30, 2020, CDC issued a [Framework for Conditional Sailing Order](#) for cruise ships operating or seeking to operate in U.S. waters.
 - This order replaces CDC's No Sail Order (NSO), which had been in place since March 14, 2020.
 - The Framework for Conditional Sailing Order will remain in effect until the earliest of
 - The expiration of the Secretary of Health and Human Services' declaration that COVID-19 constitutes a public health emergency;
 - The CDC Director rescinds or modifies the order based on specific public health or other considerations; or
 - November 1, 2021.
- This Order introduces a phased approach for the resumption of passenger cruises and describes requirements for testing crew and development of onboard testing capacity.
- Passenger operations continue to be suspended during the initial phases of this Order.
- During the initial phases, cruise ship operators must adhere to testing, quarantine and isolation, and social distancing requirements to protect crew members.
- During CDC's NSO period, cruise lines developed COVID-19 response plans for the protection of crew.

- Cruise ship operators must continue to follow their response plans and the [COVID-19 Color Coding System](#) requiring preventive measures for crew members on board based on the ship's status.
- Cruise ship operators also must follow CDC's [Technical Instructions](#).
- CDC will help cruise ship operators prepare and protect crew members during the initial phases.
 - CDC will establish a laboratory team dedicated to cruise ships to provide information and oversight for COVID-19 testing. Oversight will include remote observation of specimen collection and other activities.
 - CDC will update its [color-coding system](#) to indicate ship status. Ship status will be posted on CDC's website for transparency.
 - CDC will update its Technical Instructions, as needed.
 - CDC will update the its Enhanced Data Collection (EDC) During COVID-19 Pandemic Form to prepare for COVID-19 surveillance among passengers.
- CDC answers frequently asked questions about [disembarkations of crew members](#) on its website.
 - The Framework for Conditional Sailing Order will not prevent anyone from receiving emergency medical care.
- On July 21, 2020, CDC [invited public comment](#) on specific questions regarding interventions, methods, protocols, and procedures for protecting the public's health, as well as the health of prospective passengers, crew members, and industry-related service providers.
 - The public comment period closed on September 21, 2020, with more than 12,000 comments.
 - Approximately 75% of respondents expressed support for resuming passenger operations in a way that mitigates the risk of spreading COVID-19.
 - Most respondents also expressed the need for increased public health measures, including health screening, testing, mask use, social distancing, travel insurance, refunds, and public health capacity of ships.
- CDC will continue to consult with maritime public health partners on ways to reduce COVID-19 transmission on ships and will continue to monitor the global COVID-19 situation.
- On November 3, 2020, the [Cruise Line Industry Association \(CLIA\)](#) [announced](#) that its members would maintain the ongoing voluntary suspension of cruise operations in the U.S. through December 31, 2020.

WHAT CDC IS DOING IN THE UNITED STATES

- Since launching an agencywide response to the COVID-19 pandemic on January 21, 2020, CDC has been preparing healthcare workers; learning more about how the disease spreads; and supporting state, local, tribal, and territorial governments on the front lines of public health. Learn more about [CDC's response](#).
- CDC is supporting [state, local, tribal, and territorial health departments](#) in controlling the outbreak including
 - Working with health departments to detect and investigate and implement mitigation measures as needed in their communities
 - Working with health departments to address the needs of groups disproportionately affected by COVID-19 including racial and ethnic minority groups, tribal groups, and groups experiencing social and economic disparities
 - In the first 6 months of the pandemic, 28 CDC teams—13% of all teams the agency sent to the field—deployed to support responses to COVID-19 among racial and ethnic minority groups. These deployments included supporting public health response activities for tribal nations and among migrant farm workers
 - Providing funding to help health departments respond to current COVID-19 outbreaks and prepare for future outbreaks
 - Through the Public Health Emergency Preparedness (PHEP) cooperative agreement, 62 PHEP

programs across the country are part of the multiagency infrastructure working on quarantine, isolation, case finding, protecting healthcare workers, and ensuring medical supply chains

- Early in the response, CDC provided \$35 million to 21 jurisdictions for immediate COVID-19 response activities
- On March 16, 2020, ten days after the appropriations act was signed, CDC awarded nearly \$570 million in funding to 65 state, tribal, local, and territorial jurisdictions to prevent, prepare for, and respond to the COVID-19 outbreak.
 - The funding supports two required activities:
 - Accelerated laboratory testing, data collection, and real-time reporting to CDC for identification and tracking of COVID-19 cases in the community.
 - Implementation of COVID-19 community intervention plans.
 - Providing more than \$200 million in COVID-19 funding to Indian Country to support tribes and tribal organizations in carrying out COVID-19 preparedness and response activities, including surveillance, epidemiology, laboratory capacity, infection control, and mitigation.
- CDC is responding to the COVID-19 pandemic by
 - Preparing [healthcare providers and health systems](#), [first responders, law enforcement, and public services](#).
 - Learning more about [how the disease spreads and affects people and communities](#).
 - Conducting [surveillance, research, and analyzing data](#).
 - Developing diagnostic tests to equip public health laboratories with the capacity to test people for the virus that causes COVID-19.
 - Publishing the results of COVID-19 outbreak investigations in CDC's [Morbidity and Mortality Weekly Report](#).
 - Advising [businesses, communities, and schools](#).
 - Protecting the health of [travelers and communities in a globally mobile world](#).
 - Spreading the word about COVID-19 through a variety of [communications resources](#) state and local governments and community organizations can use to support their own response to the pandemic.
 - Working to protect people from [racial and ethnic minority groups](#) at increased risk of getting sick and dying from COVID-19.

CDC'S CORONAVIRUS SELF-CHECKER

- CDC's Coronavirus Self-Checker is [an online, mobile-friendly tool](#) that asks a series of questions and provides recommended actions and resources based on the user's responses.
- Anyone concerned about having or being exposed to COVID-19 can use the tool to help them assess if and when to seek testing or medical care.
- the Coronavirus Self-Checker can be used for children and youth ages 2-17 and for adults 18 and over.
- The tool encourages direct communication with a child's healthcare provider when needed.
 - The self-checker asks questions about symptoms that may be warning signs for [multisystem inflammatory syndrome in children \(MIS-C\)](#) so children with these symptoms can be referred to medical care as soon as possible.
 - This tool is "[open source](#)" in Open CDC and is available as an app through Apple and Google and through the [Open Source project](#) under Apache Public License v2.
- Health departments and healthcare systems can embed the Coronavirus Self-Checker to their own websites.

CONTACT TRACING

- COVID-19 is a [nationally notifiable disease](#) that must be reported by healthcare providers and laboratories to state, tribal, local, and territorial health departments. Health departments are responsible for leading case investigations, contact tracing, and outbreak investigations.
- Contact tracing is an important strategy to prevent the further spread of COVID-19.
 - For decades, public health departments have used contact tracing to slow or stop the spread of other infectious diseases, such as tuberculosis (TB), HIV, and sexually transmitted diseases (STDs).
 - The success of contact tracing depends in large part on a community's acceptance and participation. Health departments should communicate with the people and communities they serve to help them understand and accept contact tracing as an important way to slow the spread of COVID-19 and to protect their family, friends, and communities.
 - CDC developed a [webpage](#) and [frequently asked questions](#) to help with these efforts.
- Case investigation and contact tracing involves following up with people who have COVID-19 (also known as case investigation) and people who have been in [close contact](#) with someone who has COVID-19 (also known as contact tracing).

CDC CONTACT TRACING SUPPORT AND RESOURCES

- CDC provides guidance and support to help state, tribal, local, and territorial health departments launch effective contact tracing programs by
 - Providing COVID-19 assistance directly to states, tribes, localities, and territories through the more than [500](#) CDC field assignees embedded in health departments across the nation.
 - Linking health departments with other federal agencies, academia, and organizations that offer contact tracing and case management staffing solutions.
 - Providing guidance, technical assistance, and resources to help health departments rapidly hire and train staff.
 - Funding the CDC Foundation to hire local staff to augment health department response efforts, including contact tracing.
- CDC's [contact tracing resources](#) for health departments include the following:
 - [Guidance](#) on developing a COVID-19 case investigation and contact tracing plan.
 - [Digital tools](#) for COVID-19 contact tracing.
 - A [communications toolkit](#) (also [available in Spanish](#)) to help health departments share information about contact tracing with the people they serve.
 - [Training modules](#) to help health departments design and customize their own training plans for COVID-19 contact tracers, case investigators, and team leads.
 - [COVIDTracer](#), a spreadsheet-based tool public health officials and policy makers can use to compare three different contact tracing and monitoring strategies.
- CDC also provides considerations for COVID-19 case investigation and contract tracing for
 - [Administrators of public and private K-12 schools](#)
 - [Administrators of institutes of higher education \(IHEs\)](#)

CDC CASE INVESTIGATION AND CONTACT TRACING IN NONHEALTHCARE WORKPLACES

- CDC encourages employers to collaborate with health departments when investigating workplace exposures to infectious diseases, including COVID-19. Quick and coordinated actions, including case investigation and contact tracing, may lower the need for business closures to prevent the spread of the disease.

- Learn [what employers should know](#) about COVID-19 case investigation and contact tracing.

SEROLOGY SURVEILLANCE STRATEGY

- CDC has an overarching [serology surveillance strategy](#) for learning more about how many people have been infected with the virus that causes COVID-19 and how it is spreading throughout the population.
- The strategy includes using [serology \(antibody\) testing](#) for surveillance to better understand how many infections have occurred at different points in time, in different locations, and within different populations in the United States.
- CDC is collaborating with public health and private partners on [a variety of surveys](#) including:
 - Large-scale geographic seroprevalence surveys focusing on areas highly affected by COVID-19, such as Washington State and New York State, including New York City.
 - Community-level seroprevalence surveys that cover smaller areas using sampling from select counties and systematically selecting participants from within the area to allow for a more representative population to be tested.
 - Special populations seroprevalence surveys that answer important questions about the risk of infection within specific populations such as healthcare workers or pregnant people.

COLLABORATION FOR ANTIBODY TESTING STUDY IN 25 U.S. CITIES

- CDC is conducting a [nationwide COVID-19 seroprevalence survey](#) in 25 U.S. metropolitan areas to understand the percentage of people in the United States who may have been infected with SARS-CoV-2, the virus that causes COVID-19.
- This is the largest nationwide COVID-19 seroprevalence survey to date, and it will be conducted in collaboration with the National Institutes of Health, the Food and Drug Administration, Vitalant Research Institute (VRI), and large blood collection organizations to assess how many people in the United States may have been infected with the virus that causes COVID-19.
- As part of this collaboration, CDC will provide technical assistance and \$4.5 million in financial support to VRI and collaborating institutions for a seroprevalence survey in 25 U.S. metropolitan areas.
- In all, nearly 325,000 samples will be tested over the next 18 months by testing 1,000 blood samples apiece from the same 25 areas every month for 12 months with a final collection at 18 months.
- Because this survey will collect samples from major metropolitan areas at different time points, its findings will help scientists assess differences in infection rates around the country and over time.
- The results will help public health officials better understand how widespread the virus is.

WHAT CDC IS DOING INTERNATIONALLY

- The COVID-19 pandemic is a serious global health threat, and CDC is committed to stopping its spread. CDC has a long history of improving public health capacity throughout the world to contain outbreaks at their source and minimize their impact.
- CDC's [global COVID-19 response](#), in collaboration with other U.S. government agencies, supports countries and international partners to prevent, detect, and respond to the COVID-19 pandemic.
 - [CDC's global response aims to limit human-to-human transmission of COVID-19, minimize the impact of COVID-19 in vulnerable countries with limited response capacity, and reduce specific threats that pose current and future risk to the United States.](#)
 - [To meet these goals, CDC has allocated funds to assist more than 50 countries respond.](#)

- [These Funds support emergency response capacity; laboratory, surveillance, and epidemiology; border health and community mitigation; infection prevention, control, and preparedness in healthcare facilities; and pandemic and vaccine preparedness planning.](#)
- The goals of CDC’s global response to COVID-19 are to limit human-to-human transmission, minimize the impact of COVID-19 in vulnerable countries with limited preparedness capacity, and reduce specific threats that pose current and future risk to the United States.
- The Coronavirus Preparedness and Response Supplemental Appropriations Act and the Coronavirus Aid, Relief and Economic Security Act together have committed \$800 million for global disease detection and emergency response activities.
 - This funding builds on CDC’s long-standing global investments to control HIV, TB, and malaria; eradicate polio; and prepare for influenza and other pandemic diseases. CDC investments to improve global health security have laid the foundation to rapidly and effectively prepare for emerging threats, including the current coronavirus pandemic.

RECOMMENDATIONS

HEALTHCARE PROFESSIONALS

- Clinicians can access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by the U.S. Food and Drug Administration (FDA) under an emergency use authorization (EUA).
 - Clinicians can also access laboratory testing through public health laboratories in their jurisdictions.
 - Clinicians can learn more about [considerations and current CDC recommendations](#) regarding COVID-19 testing strategies.

RECOMMENDATIONS FOR REPORTING, TESTING, AND SPECIMEN COLLECTION

- Testing for other respiratory pathogens should not delay specimen testing for SARS-CoV-2.
- For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen. Always follow sample specimen recommendations. Generally, the following are acceptable specimens:
 - A nasopharyngeal (NP) specimen collected by a healthcare professional; or
 - An oropharyngeal (OP) specimen collected by a healthcare professional; or
 - A nasal mid-turbinate swab collected by a healthcare professional or by supervised onsite self-collection (using a flocked tapered swab); or
 - An anterior naris (nasal swab) specimen collected by a healthcare provider or by home or supervised onsite self-collection using a flocked or spun polyester swab.
 - NP wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare professional.
- For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended.
- For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample may be collected and tested as a lower respiratory tract specimen.
- Once a person under investigation (PUI) is identified, specimens should be collected as soon as possible, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for COVID-19](#) and [Laboratory FAQs](#) for handling and processing specimens from suspected cases and PUIs.
 - Collection of demographic and risk factors information in laboratory and case report forms is critical to identify populations of higher COVID-19 risk and those experiencing disparities in disease burden.

- Clinical specimens should be collected for routine testing of respiratory pathogens at either clinical or public health labs.
 - Clinical laboratories should NOT attempt viral isolation from specimens collected. Viral isolation from specimens should only be performed in a biosafety level 3 (BSL-3) laboratory.
- Maintain [proper infection control](#) when collecting specimens.
- [Additional guidance](#) for collection, handling, and testing of clinical specimens is available on CDC's website.
- Detailed information on specimen types and shipping is available in [CDC's guidelines for specimen collection, handling, and testing](#).

COMMUNITY-BASED INTERVENTIONS

- Protect yourself and your community from getting and spreading respiratory illnesses like COVID-2019. Everyone has a role to play in getting ready and staying healthy.
- A vaccine is not currently available for COVID-19. Until a vaccine is developed, community-based interventions, such as temporary school dismissals, postponing or cancelling large events, and limiting face-to-face contact (social distancing) can help slow the spread of COVID-19.
- Your state and local public health department and community partners have been preparing for disease outbreaks like COVID-19 and have plans in place. Now is a good time for businesses, community and faith-based organizations, and health-care systems to reexamine their preparedness plans to make sure they are ready.
- Strong community partnerships between state and local public health departments, the healthcare sector, faith-based organizations, and other community partners are vital for this response and will be necessary to prepare for and coordinate if an outbreak occurs in their local communities.
- Community-based interventions can be grouped into three categories:
 - Personal protective measures (for example, voluntary home isolation of ill persons, voluntary home quarantine of exposed household members, respiratory and cough etiquette, using masks in community settings, practicing hand hygiene).
 - Community measures aimed at increasing social distancing (for example, temporary school dismissals, social distancing in workplaces [such as working remotely], postponing or cancelling mass gatherings).
 - Environmental measures (for example, routine cleaning of frequently touched objects or surfaces).

PROMOTING FAIR ACCESS TO HEALTH FOR EVERYONE

RACIAL AND ETHNIC HEALTH INEQUITIES

- Longstanding systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19.
- [Social determinants of health](#) have historically prevented racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.
- Some [factors](#) that put racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19 include
 - Discrimination, including racism
 - Lack of access to quality health care and health insurance
 - Language and cultural barriers between patients and providers
 - More chances to be exposed to COVID-19 because of
 - Working conditions such as close contact with the public or other workers, not being able to work from home, and not having paid sick days

- Crowded living conditions for cultural or economic reasons
- Less access to high-quality education
- Lower income, less money saved up for emergencies, and limited job options

HEALTH EQUITY

- Health equity is when everyone has the opportunity to be as healthy as possible.
- Achieving health equity requires valuing everyone equally with focused and ongoing efforts to address preventable inequities, address historical and contemporary injustices, and eliminate health and healthcare disparities.

WHAT EVERYONE CAN DO ABOUT HEALTH INEQUITIES

- To stop the spread of COVID-19 and move toward greater health equity, we must work together to ensure resources are available to maintain and manage physical and mental health. This includes easy access to information, affordable testing, and medical and mental healthcare.
- Community- and faith-based organizations, employers, healthcare systems and providers, public health agencies, policy makers, and others can
 - Read CDC’s [health equity strategy](#) for the COVID-19 response.
 - Learn more about [why racial and ethnic minority groups are at increased risk](#).
 - Determine steps they can take to [promote fair access to health](#) for everyone.
 - Share CDC’s COVID-19 health equity [resources](#) and news about CDC’s efforts with partners.

CDC’S COVID-19 HEALTH EQUITY STRATEGY

- On July 24, 2020, CDC released its [COVID-19 health equity strategy](#). This strategy represents CDC’s commitment to
 - Reduce health disparities using data-driven approaches.
 - Engage community institutions and diverse leaders in efforts to reduce health disparities.
 - Conduct outreach that is culturally and linguistically responsive and tailored to address the unique circumstances of groups at increased risk of getting sick and dying from COVID-19.
 - Reduce [stigma](#), including stigma associated with race and ethnicity.
 - In the COVID-19 pandemic, stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

PERSONAL PROTECTIVE MEASURES

- Everyone can do their part to help prepare for, prevent, and respond to this emerging public health threat.
- CDC recommends individuals and households create an emergency plan of action, practice good personal health habits, and plan for home-based care (if needed).
- During an outbreak in your community, limit face-to-face contact with others.

COMMUNITY MEASURES

MASS GATHERINGS

- CDC and other public health authorities have reported a number of COVID-19 outbreaks that began at large gatherings.
- The *more people* you interact with at a gathering and the *longer* that interaction lasts, the higher the potential

risk of you becoming infected with COVID-19 and of COVID-19 spreading among attendees.

- The [higher the level of community spread](#) in the area where the gathering is being held, the higher the risk of COVID-19 spreading during a gathering.
- The size of an event or gathering should be determined based on state, tribal, local, or territorial safety laws and regulations.
- Event planners should consider implementing multiple, complementary strategies to
 - [Encourage behaviors that reduce the spread of COVID-19](#) among staff and attendees.
 - [Maintain healthy environments.](#)
 - [Respond when someone gets sick.](#)
- Event organizers and staff also may consider implementing multiple strategies to [maintain healthy operations](#).

COMMUNITY AND FAITH-BASED ORGANIZATIONS

- Local leaders and community organizers play a vital role in bringing the community together to help plan for and reduce the effect of a potential COVID-19 outbreak. Because you know your community members best, you can ensure groups most vulnerable to COVID-19 (such as racial and ethnic minority groups) are considered and included in the planning process.
- CDC created [considerations](#) to help your community- or faith-based organization protect individuals and communities and slow the spread of COVID-19.
- You can also help to promote fair access to health for everyone in your community by
 - Reviewing and putting into practice [CDC's guidance](#). This includes promoting preventive measures such as social distancing, use of masks, frequent handwashing, and staying home when appropriate.
 - Sharing COVID-19 prevention [information](#) with communities using ways you know are effective to connect with community members.
 - Working with trusted local media—such as local or community newspapers, radio, and TV—to share information in formats and languages suitable for diverse audiences.
 - Connecting people to healthcare providers and resources to help them get the treatment and medicines they may need.
 - Hiring people from the community to share COVID-19 prevention messages and linking people to resources and free or low-cost services, including testing.
 - Reaching out to the local public health department to offer to be a community testing site, provide a platform for information-sharing, or share community insights.
 - Working with others to connect people with goods, like healthy foods and temporary housing, and services to meet their physical, spiritual, and mental health needs.

U.S. CHILDCARE PROGRAMS, K-12 SCHOOLS, AND INSTITUTIONS OF HIGHER EDUCATION

- Schools should plan for and prepare for a potential community-level outbreak of COVID-19. Fortunately, many of the steps to plan and prepare for COVID-19 are the same steps schools take to keep students healthy and safe from the flu.
- CDC recommends working with local and state health officials to determine if, when, and how long schools may need to be dismissed in the event of an outbreak.
- School administrators should plan to provide critical support services, such as continuity of education and continuity of school meal programs, while schools are dismissed.
- CDC resources to help K-12 schools, institutions of higher education, and childcare programs include the following:
 - K-12 schools

- [Considerations for monitoring and evaluation of mitigation strategies](#)
- [Checklist: key considerations when planning for monitoring and evaluation of COVID-19 mitigation strategies](#)
- Institutions of higher education
 - [Considerations for monitoring and evaluation of mitigation strategies](#)
 - [Guidance](#) including considerations for addressing campus housing
 - [Guidance for institutions with students participating in international travel or study abroad programs](#)
- [Supplemental guidance for childcare programs](#)

HOMELESS SHELTERS

- People experiencing homelessness may be at risk for infection during an outbreak of COVID-19.
 - Some people who are experiencing unsheltered homelessness may be at higher risk of moderate to severe disease because of age or serious underlying health conditions.
- CDC resources to plan for and respond to COVID-19 in these settings include the following:
 - [Interim guidance for homeless shelters](#) and for responding [among people experiencing unsheltered homelessness](#)
 - [Considerations for health departments for testing in homeless shelters and encampments](#)
 - [Homeless shelter worker training](#)

CORRECTIONAL AND DETENTION FACILITIES

- People who are incarcerated or detained are at risk for COVID-19 if the virus is introduced to the facility.
 - Social distancing is often not feasible in correction and detention facilities, especially when there is overcrowding.
 - People in correctional and detention facilities may not be able to practice good hand hygiene.
 - People incarcerated or detained may be at additional risk due to chronic or underlying health conditions, which disproportionately affects this population, independent of age.
 - Staff working in correctional and detention facilities are at risk of COVID in the community, as well as within the correctional and detention facility.
 - A [recent study](#) showed that as of June 6, 2020, 1 in 30 people who are incarcerated or detained were infected with COVID-19, compared with 1 in 170 people in the general population. This means that the COVID-19 risk for people who are incarcerated or detained is over 5 times higher.
 - According to the [U.S. Immigration and Customs Enforcement](#), of the 28,888 [people detained who were](#) tested, 18.7% were infected with COVID-19 (as of September 1).
 - Testing for early detection, infection control and prevention protocols, good hygiene practices, masks, and physical distancing wherever possible work together to mitigate spread in prisons and detention facilities.
- CDC resources for correctional and detention facilities include the following:
 - [Interim guidance for management of COVID in correctional and detention facilities](#).
 - [Interim guidance on testing in correctional facilities](#).

PARKS AND RECREATIONAL FACILITIES

- Information for park visitors:
 - Staying [physically active](#) is one of the best ways to keep your [mind](#) and body healthy.
 - In many areas, people can visit parks, trails, and open spaces as a way to relieve stress, get some fresh air and vitamin D, stay active, and connect safely with others.
 - Although these facilities and areas can offer health benefits, it is important to [follow the steps](#) to protect yourself and others from COVID-19.
- Information for park administrators:
 - Parks, trails, and open spaces can provide opportunities for physical activity and respite, contributing to health and wellness.
 - Individuals are encouraged to use parks, trails, and open spaces safely while following current guidance to [prevent the spread of COVID-19](#).
 - CDC offers [guidance](#) for the use and administration of local, state, and national parks.

LAW ENFORCEMENT

- CDC developed [recommendations for law enforcement](#) to protect themselves from exposure.
 - Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's [interim guidance for EMS](#).
 - Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
 - Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Different styles of PPE may be necessary to perform operational duties.
 - These alternative styles must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.
- If close contact occurs during apprehension,
 - Clean and disinfect duty belt and gear prior to reuse. Use a household cleaning spray or wipe, according to the product label.
 - Follow standard operating procedures for the containment and disposal of used PPE.
 - Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

MEAT AND POULTRY PROCESSING FACILITIES

- CDC and the U.S. Department of Labor's Occupational Safety and Health Administration developed [interim guidance for meat and poultry processing workers and employers](#) to help these facilities decrease the [spread of COVID-19](#) and lower its impact on the workplace.
- Meat and poultry processing facilities are critical infrastructure, and health and safety practices for critical infrastructure workers should be implemented.
- These recommendations are discretionary and not required or mandated by CDC.
- Management should conduct worksite assessments to identify COVID-19 risks and prevention strategies and develop a COVID-19 infection control plan.
- Workers involved in meat and poultry processing are not exposed to COVID-19 through the meat products they handle. However, their work environments—processing lines and other areas in busy plants where they have close contact with coworkers and supervisors—may contribute substantially to their potential exposures. Racial and ethnic minority individuals are disproportionately represented among those workers.

- Meat and poultry processing employers should implement a combination of engineering controls, cleaning and disinfection, social distancing, work practice controls, administrative controls, and use of personal protective equipment.
- Basic worker infection prevention information and training, including training on social distancing and ways to reduce the spread of infection, should be provided for all workers in a language and at a literacy level that they understand.

AGRICULTURAL WORKERS AND EMPLOYERS

- CDC and the U.S. Department of Labor developed [interim guidance for agricultural workers and employers](#) to help these workers and their employers prevent and control the spread of COVID-19.
- Management in the agriculture industry should conduct [work site assessments](#) to identify COVID-19 risks and infection prevention strategies to protect workers.
- Worksite guidance for COVID-19 prevention and control should be taken into consideration in employer-provided shared worker housing, transportation vehicles, and work settings.
- Basic information and training about infection prevention and safety should be provided to all farmworkers in [languages and literacy level](#) they understand.
- Agriculture work sites developing plans for continuing operations where COVID-19 is spreading among workers or in the surrounding community should work directly with appropriate [state and local public health officials](#) and occupational safety and health professionals.

COMMUNITY DECISION TOOLS FOR OPERATIONS

- CDC released decision tools for [camps](#), [schools](#), [childcare facilities](#), [restaurants and bars](#), [mass transit](#), and [workplaces](#) to help government, business, and community leaders think through health considerations and operational decisions during the COVID-19 pandemic.
- The decision tools include questions and considerations organizations should think through when deciding how to scale up their operations.
 - These resources do not supersede state, tribal, local, and territorial public health recommendations.
- The decision and strategy tools emphasize the importance of working with appropriate health officials and being flexible to the unique needs and circumstances within communities.
- These tools can be implemented at the state, tribal, local, and territorial levels. Every locale is different and individual jurisdictions have the authority and local awareness needed to protect their communities.
- These critical resources complement other guidance CDC has released to help communities plan for, respond to and recover from COVID-19.
- CDC will continue to update these resources and may release additional resources to help government, business, and community leaders as they implement, adapt, and adjust COVID-19 mitigation strategies in their communities.

CONSIDERATIONS AFTER REOPENING

- CDC has published health consideration documents to help [institutes of higher education](#), [restaurants and bars](#), [schools](#), [youth and summer camps](#), and [youth sports](#) operate as safely as possible during the COVID-19 pandemic.
- Considerations documents are concrete, actionable resources that focus on four categories of safeguards:
 - Promoting behaviors to reduce spread.
 - Maintaining healthy environments.
 - Maintaining healthy operations.
 - Preparing for when someone gets sick.

- Combining multiple safeguards can reduce the spread of COVID-19.
 - Leveraging multiple layers of protections is a common, effective public health strategy.
 - Stacking best practices—with several layers of safeguards to reduce the spread of COVID-19 and lower the risk of another spike in cases and deaths—is necessary to manage this pandemic while reengaging our economy.
- The considerations documents complement other CDC resources that help inform decisions about resuming and gradually scaling up operations in community settings.

CLEANING AND DISINFECTING FOR PUBLIC SPACES, WORKPLACES, BUSINESSES

DEVELOP YOUR PLAN

- Determine what needs to be cleaned: areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.
- Determine which areas will be disinfected: consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.
- Consider the resources and equipment needed: keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

IMPLEMENT YOUR PLAN

- Clean visibly dirty surfaces with soap and water before disinfection.
- Use the appropriate cleaning or disinfectant product: use an [EPA-approved disinfectant](#) against COVID-19 and read the label to make sure it meets your needs.
- Always follow the directions on the label: the label will include safety information and application instructions. Keep disinfectants out of the reach of children.

MAINTAIN AND REVISE YOUR PLAN

- Continue routine cleaning and disinfection: continue or revise your plan based on availability of appropriate disinfectant and PPE. Clean dirty surfaces with soap and water before disinfection. Routinely disinfect frequently touched surfaces at least daily.
- Maintain safe practices such as frequent handwashing, using masks, and staying home if you are sick.
- Continue practices that reduce the potential for exposure: stay 6 feet away from others. Reduce sharing of common spaces and frequently touched objects.

GUIDANCE FOR HEALTHCARE PROVIDERS IN HEALTHCARE SETTINGS

INFECTION PREVENTION AND CONTROL

- Protection of healthcare personnel is a priority. CDC's updated [guidance on infection control](#) aims to prioritize the use of N95 respirators and other respiratory protection devices for use during high-risk procedures while still protecting healthcare personnel with facemasks and eye protection during other routine patient care activities, in the setting of respirator shortages.
 - The guidance also outlines multiple interventions that can be implemented to enhance protection of healthcare personnel.
 - CDC guidance updates the personal protective equipment (PPE) healthcare personnel should use when caring for patients with known or suspected COVID-19:

- Eye protection, gown, and gloves continue to be recommended.
- While respirators remain preferred, facemasks are an acceptable alternative until the supply chain is restored.
- Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to healthcare professionals.
- PPE is only one aspect of safe care of patients with COVID-19.
 - It is critical to focus on other strategies to prevent spread of COVID-19 in healthcare settings. Examples include prompt screening and triage of patients and limiting the numbers of healthcare personnel entering the patient room.
- All healthcare facilities should continuously review their infection control supply inventories and take steps to optimize supplies.
 - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.
 - CDC's [strategies to optimize the current supply of N95 respirators](#) includes use of devices that provide higher levels of respiratory protection (for example, powered air purifying respirators [PAPRs]) when N95s are not available.
 - CDC's [companion checklist](#) can help healthcare facilities prioritize the implementation of the strategies is available.
- Healthcare administrators should continue to do everything possible to acquire the needed supplies to protect staff and patients.
- Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#).
 - All healthcare facilities should ensure that their healthcare personnel are correctly trained and capable of implementing infection control procedures. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.
- CDC has released a [framework to support healthcare practices and systems](#) as they provide clinical care for patients with conditions other than COVID-19.
 - Clinical services should be prioritized for patients most at risk if care is delayed. This includes high-risk populations such as people with serious underlying health conditions and people without access to telehealth.
 - Facilities should follow existing [CDC guidance](#) to reduce the risk of patient and healthcare provider exposure to COVID-19 during care.
 - Healthcare practices and systems should work with state and local public health officials as they make decisions about providing non-COVID-19 clinical care.
 - Public health departments can provide information to support decision making, including local COVID-19 transmission trends and region-specific recommendations.
 - Healthcare practices and systems should prioritize clinical services for patients most at risk [for COVID-19](#) if care is otherwise delayed.
 - Examples of this type of care include symptoms of stroke or heart attack, dental emergencies, treatment for a new cancer diagnosis, and well-child visits for newborns.
 - Even in areas with high local COVID-19 transmission, these types of care should not be delayed.
 - Many healthcare practices and systems will expand clinical services gradually.
 - As they consider their ability to expand services beyond urgent and emergent care services to include routine visits and elective procedures, facilities and providers will need to ensure they have adequate staffing, bed capacity, PPE, and supplies.

- Healthcare practices and systems should provide clinical services in the safest way possible for both patients and healthcare workers by optimizing telehealth services, when available and appropriate, and following recommended [infection control practices](#).

CARING FOR NEWBORNS

- Current evidence suggests that SARS-CoV-2 infections in newborns are uncommon.
 - Transmission of SARS-CoV-2 occurs primarily through respiratory droplets when newborns are exposed to mothers or other caregivers who are infected. Rates of infection in newborns do not appear to be affected by mode of delivery, method of feeding, or contact with a mother with suspected or confirmed COVID-19.
 - If newborns do become infected, the majority either don't show symptoms or have mild disease that does not require respiratory support, and they recover.
 - Severe illness in newborns has been reported but appears to be rare.
 - Newborns with underlying medical conditions and preterm infants (<37 weeks gestational age) may be at higher risk of severe illness from COVID-19.
- [Testing](#) is recommended for all newborns born to mothers with suspected or confirmed COVID-19, regardless of whether there are signs of infection in the newborn.
- Mothers [or caregivers](#) with suspected or confirmed SARS-CoV-2 infection and their newborns should be isolated from other healthy mothers and newborns and cared for according to recommended [infection prevention and control practices](#) for routine healthcare delivery.
- There is no difference in risk of SARS-CoV-2 infection to the newborn whether cared for in the mother's [or caregiver's](#) room or in a separate room.
 - A mother [or caregiver](#) with COVID-19 and her/[his/their](#) healthcare providers should discuss whether the newborn should be cared for in her room or a separate location.
 - Healthcare providers should respect maternal autonomy in the medical decision-making process.
- Newborns who meet clinical criteria for discharge do not require the results of SARS-CoV-2 testing for discharge. Newborns with suspected or confirmed COVID-19, or ongoing exposure, require close outpatient follow-up after discharge.
- Breastfeeding remains the recommended method of infant feeding.
- All caregivers should practice infection prevention and control measures (wearing a mask, practicing [hand hygiene](#)) before and while caring for a newborn, including when mothers are breastfeeding.

DENTAL SETTINGS

- As the COVID-19 pandemic evolves, dental settings are preparing their practices to deliver nonemergency dental care.
- CDC's [guidance for dental settings](#) include recommendations for dental healthcare facilities as they begin to restart elective procedures (nonemergency dental care) in accordance with guidance from local and state officials.
- Dental settings should balance the need to provide necessary services with minimizing risk to patients and dental healthcare personnel (DHCP).
- CDC has a [framework](#) for healthcare personnel and healthcare systems on delivery of non-COVID-19 health care during the pandemic. DHCP should regularly consult their state dental boards and [state or local health departments](#) for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.
- DHCP should wear a surgical mask or cloth face covering at all times while they are in the dental setting.
 - DHCP should continue to practice universal source control and actively screen for fever and symptoms of

COVID-19 for everyone entering the dental facility.

- CDC's [infection prevention and control recommendations for patients with suspected or confirmed COVID-19 in healthcare settings](#) updated the definition of fever to measured temperature $\geq 100.0^{\circ}\text{F}$ OR subjective fever
- For patients who arrive at the facility with suspected or confirmed COVID-19, dental treatment should be deferred unless medically necessary.
- For patients who do not exhibit COVID-19 symptoms, treatment may be provided only after assessing and considering the risks to the patient and DHCP.
- In areas with moderate to substantial community transmission, during encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends DHCP wear eye protection in addition to their facemask. This helps to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
- DHCP should regularly consult their state dental boards and state and local health departments as they make decisions about providing non-emergency dental care in their practice.
 - In communities with no transmission or minimal community transmission of COVID 19, dental settings can provide nonemergency dental care to patients without suspected or confirmed COVID-19 using CDC's [standard precautions](#).
 - Transmission patterns can change and patients may be able to spread the virus without showing symptoms. CDC recommends DHCP practice according to CDC's [infection prevention and control guidance for dental settings](#) whenever feasible.
 - In communities experiencing minimal to moderate or substantial COVID-19 transmission, dental settings should provide dental care to patients without suspected or confirmed COVID-19 using special considerations to protect DHCP and patients as described in CDC's [infection prevention and control guidance for dental settings](#).
- CDC continues to recommend full PPE including an N95 or higher-level respirator, eye protection, gloves, and a gown for aerosol generating procedures conducted on patients with confirmed or suspected COVID-19.
- If PPE and supplies are limited, dental healthcare practices should prioritize dental services for patients most at risk for COVID-19 if care is delayed.
 - CDC developed a [series of strategies to optimize supplies of PPE](#) in healthcare settings and a [burn rate calculator](#) so healthcare facilities can plan and optimize the use of PPE for response to the COVID-19 pandemic.
- If DHCP have a potential work exposure to SARS-CoV-2, follow CDC's guidance for healthcare workers on [potential exposure at work](#).
- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in CDC's [return-to-work criteria](#) for healthcare workers.
- Dental healthcare delivery requires close physical contact between patients and DHCP. However, when possible, maintaining at least 6 feet between people is an important strategy to prevent SARS-CoV-2 transmission.
 - For DHCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures in breakrooms or coworkers or visitors in other common areas to coworkers who have COVID-19 but do not have symptoms or have not yet developed symptoms.
- People with SARS-CoV-2 infection who have [ended home isolation](#) can receive dental care using CDC's [standard precautions](#).

LONG-TERM CARE FACILITIES

- Nursing home populations are vulnerable to COVID-19.
- Ill visitors, healthcare personnel, and other facility staff are the most likely source of introduction of COVID-19 into nursing homes.
- To protect residents and nursing home staff, facilities need to take aggressive measures to limit COVID-19 exposure and prevent spread.
- The general strategies CDC recommends to prevent the spread of COVID-19 in long-term care facilities (LTCF) are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.
- CDC has issued [recommendations every LTCF can follow](#) to
 - Keep COVID-19 from entering their facility
 - Identify infections in residents and staff early
 - Prevent the spread of COVID-19 in their facility
 - Assess and optimize supply of personal protective equipment (PPE)
 - Identify and manage severe illness
- LTCFs should screen residents and healthcare personnel for fever and respiratory symptoms. This will help facilities react quickly to contain spread of COVID-19 and ensure residents receive appropriate care when sick.
- As part of source control efforts, HCP should wear a facemask or cloth face covering at all times while they are in the LTCF.
- CDC has updated its [guidance](#) to help nursing homes add testing to other infection prevention and control practices to keep COVID-19 out, detect cases quickly, and stop transmission. When used together, nursing homes have a more robust strategy to protect residents and staff.
 - Testing is just one part of a comprehensive infection prevention and control program and should be implemented in addition to existing infection prevention and control interventions.
 - CDC recommends nursing homes that have identified a new confirmed COVID-19 case consider performing facility-wide testing among nursing home residents and staff.
- CDC's National Healthcare Safety Network (NHSN) provides nursing homes with a customized system to track infections and prevention measures.
 - NHSN is the nation's most widely used healthcare-associated infection tracking system.
 - NHSN identifies problem areas, measures progress of prevention efforts, and can ultimately help eliminate healthcare-associated infections.
 - Facilities, states, regions, and the nation can use NHSN data to know when action is needed to stop healthcare-associated infections.
 - The [Centers for Medicare and Medicaid Services](#) now requires nursing homes to report COVID cases through NHSN's new [COVID-19 module](#). Nursing homes should report cases, facility staffing, and supply information.
- Nursing homes may need to continue to restrict all visitors, including residents' family and friends, except in end of life situations.
 - This restriction may be difficult for residents and their families, but it is an important temporary measure to protect residents.
 - Facilities should work to implement alternative solutions, including the use of web-based services like video chats. Regular communication with residents and their families is an important factor in the well-being of the residents.
- CMS recently issued [reopening guidance for nursing homes](#) that outlines criteria to help determine when nursing homes may be able to relax restrictions on visitation and group activities.

- Nursing homes should consider the current situation in their facility and the community and refer to guidance and direction from local and state officials when making decisions about relaxing restrictions.
- Nursing homes that begin to relax restrictions must remain vigilant for COVID-19 among residents and healthcare personnel to prevent spread and protect against severe infections, hospitalizations, and death.
- CDC's [guidance for assisted living facilities](#) can help facilities prevent spread of COVID-19 as they begin to relax restrictions on visitors and group activities.
 - Assisted living facilities should refer to state and local officials for guidance on making decisions about relaxing restrictions (for example, easing visitor restrictions, allowing group activities and group dining).
 - State licensing authorities overseeing assisted living facilities should share CDC's guidance with all such facilities in their jurisdiction. [State healthcare-associated infections programs](#) can help assisted living facilities respond to COVID-19 and implement recommended practices.
 - CDC recommends source control measures for anyone out in public, including in a setting like an assisted living facility.
 - Personnel and visitors should always wear a facemask or cloth face covering while in the facility. Residents should be encouraged to wear a cloth face covering whenever they are around others inside or outside of the facility.
 - Cloth face coverings are not considered PPE and should not be worn by personnel instead of a respirator or facemask if more than source control is required.
 - Assisted living facilities should encourage personnel and residents to practice social distancing.
 - Facilities should provide access to appropriate supplies so personnel can follow CDC's recommended [infection prevention and control practices](#).
 - When relaxing restrictions, assisted living facilities should continue to monitor for COVID-19 among residents and personnel to prevent spread and protect residents and personnel.
 - Assisted living facilities should promptly notify the state or local health department about residents or personnel with suspected or confirmed COVID-19 to help ensure all recommended infection prevention and control measures are in place.
 - Residents and personnel with suspected COVID-19 should be prioritized for testing.
 - Assisted living facilities should encourage residents to limit outside visitors, even as restrictions begin to relax.
 - Alternative visitation methods should be facilitated to protect residents and personnel who may be more vulnerable to severe illness from COVID-19.
 - CDC recommends assisted living facilities actively screen all visitors and personnel for fever and [symptoms of COVID-19](#) before entering the facility.
 - Anyone exhibiting a fever or symptoms of COVID-19 should be sent home.

DIALYSIS SETTINGS

- Dialysis is a lifesaving therapy and patients cannot postpone treatments.
- Hemodialysis patients are at increased risk of severe illness from COVID-19 due to end-stage renal disease and other underlying medical conditions.
- Dialysis facilities should follow [CDC guidance](#) to protect vulnerable patients and facility staff from respiratory infections, including COVID-19.
- CDC released a suite of [outpatient hemodialysis infection prevention materials](#) to support implementation of COVID-19 prevention strategies so dialysis patients can continue to receive the care they need.
- Dialysis facilities should ensure they are implementing infection prevention and control measures.

- Patient-specific and facility-wide measures should be implemented immediately, regardless of whether COVID-19 cases are suspected or confirmed in the facility.
- All outpatient dialysis facilities should ensure staff are trained, equipped, and capable of practices needed to
 - Prevent the spread of respiratory infections, including COVID-19, within the dialysis facility.
 - Promptly identify and isolate patients with suspected COVID-19 and inform the correct dialysis facility staff and public health authorities.
 - Provide dialysis for patients with suspected or confirmed COVID-19 as part of routine operations.
 - Prepare to provide dialysis for an increasing number of COVID-19 patients in the context of an escalating outbreak.
 - Monitor and manage any healthcare personnel who might be exposed to COVID-19.
 - Assess and optimize supply of personal protective equipment (PPE).
- It is essential to identify patients with signs or symptoms of COVID-19 *before* they enter the facility. A multistep screening process to assure patients do not enter the treatment area without being screened is critical.
 - [CDC guidance](#) provides strategies for dialysis facilities to prepare for patient arrival, screen and place patients appropriately, and properly clean and disinfect the facility after treatment.
 - Because an infected person can spread COVID-19 before showing symptoms or without ever showing symptoms, everyone entering the dialysis facility should wear a cloth face covering or facemask. This includes healthcare personnel, patients, and visitors regardless of their symptoms.
 - Personal protective equipment (PPE) should be used by healthcare personnel as recommended by CDC and required by facilities.
 - Cloth face coverings are not PPE.
 - Facemasks, if available, should be reserved for healthcare personnel.
 - If a visitor or a patient arrives without a face covering, provide them with one.
- Facilities should consider cohorting patients with suspected or confirmed COVID-19 in the same section of the unit, in the same shift of the day, or even by designating facilities for COVID-19 patients.

PHARMACY SETTINGS

- Pharmacy staff can [minimize their risk of exposure](#) to COVID-19 while continuing to play an important role in providing healthcare services.
- All pharmacies can implement the strategies to keep staff and customers healthy.
 - Require everyone entering the pharmacy to wear a mask, regardless of symptoms.
 - Ensure pharmacists and pharmacy technicians always wear a facemask while they are in the pharmacy for source control.
 - Advise pharmacy staff who have fever or symptoms consistent with COVID-19 to stay home while sick. Ensure flexible, nonpunitive sick leave policies.
 - Ask prescribers to submit prescription orders to pharmacies via telephone or electronically.
 - Encourage customers to pick up orders by drive-through windows, curbside pick-up, or home delivery.
 - Ask sick customers to stay home and request home delivery of medications.
 - Limit physical contact with customers and their items.
 - Promote the use of self-serve checkout registers and clean them frequently.
 - Use telehealth or telepharmacy strategies to provide chronic disease management services, medication management services, and other nonproduct, patient-oriented services.
 - Take steps in the pharmacy to limit possible exposure of pharmacy staff and customers, such as
 - Limiting the number of customers in the pharmacy area at any given time,

- Using signage to encourage social distancing,
 - Removing shared items like magazines,
 - Closing self-serve blood pressure monitors, and
 - Frequently cleaning and disinfecting all customer service counters and customer contact areas.
- Create separation between sick people who are seeking care at co-located retail clinics and other customers.
- Postpone and reschedule some routine clinical preventive services that require face to face encounters, such as adult immunizations.
- Pharmacies participating in public health testing for COVID-19 and other close-contact patient care procedures should
 - Communicate with local and state public health staff to determine which persons meet the criteria for COVID-19 testing and clarify procedures for collecting, storing, and shipping COVID-19 specimens.
 - Follow all relevant [infection control guidance for healthcare professionals](#).
 - Be provided with appropriate PPE and training on its proper use.

WHAT CDC IS DOING TO PROTECT HEALTHCARE PERSONNEL

- Protecting healthcare personnel (HCP) is a CDC priority and continues to be an urgent focus of the nation's public health response to COVID-19.
- CDC is preparing [healthcare providers and health systems](#) by
 - Establishing visibility across healthcare systems to understand healthcare use, particularly surges in demand for medical care and associated resources.
 - Conducting extensive outreach to clinical and hospital professional organizations to ensure health system preparedness.
 - Producing guidance documents on infection control, hospital clinical evaluation, and patient management.
 - Working closely with healthcare facilities and providers to reinforce infection control principles that recognize PPE is one component of a larger set of practices that help to limit the spread of disease.
 - Developing a range of respirator conservation [strategies](#), including strategies to make supplies last longer (such as using alternative products like reusable respirators) and extending the use of disposable respirators.
 - Leveraging existing telehealth tools to direct people to the right level of care.
 - Working with supply chain partners to understand supply usage, what products are available, and when more aggressive measures may need to be taken to ensure that HCPs at highest risk have access to PPE.
 - Sharing information with [partners](#) to help them recognize when to shift the strategies they are using.
- HCP often have prolonged close contact with patients in healthcare settings and may come in contact with a person infected with COVID-19. HCPs can protect themselves by following recommended infection control practices, including the appropriate use of PPE when caring for patients with COVID-19.
- CDC recommends evaluating healthcare personnel who don't have symptoms if they have been in close contact with someone who has COVID-19 or have had a potential exposure to COVID-19 by assessing risk, monitoring symptoms, and determining the need for appropriate work restrictions.
- CDC has been responding aggressively to advise healthcare personnel and keep them safe as the pandemic evolves.
 - CDC regularly develops and updates guidance, resources, and practical tools to prevent COVID-19 cases among HCP across various settings as more is learned about the virus and how it spreads.
 - CDC released [strategies](#) to help healthcare facilities and personnel make the best use of available personal

protective equipment (PPE) if they experience a lack of supplies due to COVID-19-related strains on the U.S. healthcare system.

- CDC recommends strategies to reduce risk for HCP and everyone by promoting universal use of facemasks in healthcare settings for source control and identifying ways to safely reuse limited supplies of PPE.
- Many CDC staff are also practicing doctors, nurses, and healthcare personnel, standing with colleagues on the front lines of this pandemic.

OPTIMIZING THE SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

- The outbreak of COVID-19 has led to a disruption in the global supply chain of PPE, particularly of N95 respirators.
- Employers have a responsibility to protect patients and healthcare personnel to the greatest extent possible.
 - When PPE is available, it needs to be made available to healthcare personnel under the facility's optimization plan.
- Healthcare facilities may experience temporary shortages even if they do not care for patients with COVID-19. Personnel caring for patients with other serious infections like active TB and measles also need PPE.
- CDC released [strategies](#) to help healthcare facilities and providers conserve PPE during times of COVID-19-related strain on the U.S. healthcare system.
 - These strategies include considerations like what PPE to use, when to use it, and for how long.
 - CDC uses three categories (conventional, contingency, and crisis capacities) to describe the levels of PPE a facility has available.
 - Healthcare providers and facilities should use the contingency and crisis strategies according to whether they have expected or current PPE shortages.
 - These strategies provide options for how to provide care and protect healthcare personnel when best practices for infection control cannot be met because of national supply disruptions.
 - The crisis strategies include homemade facemasks as a last-resort strategy.
 - These should *only* be an option when there are absolutely no respirators or facemasks left, and they should be used with other protective equipment (face shields).
 - If no respirators or facemasks are left, and as a last resort, using a homemade facemask may be preferable to not covering the nose and mouth when providing COVID-19 patient care.
- These strategies also emphasize the need to postpone nonurgent medical visits and procedures to reduce the overall burden on the healthcare system. This will reduce PPE use (also called "burn") and help prevent spread of COVID-19.
- All healthcare systems should stretch their PPE supply so they can still perform critical procedures.
 - Even facilities that do not yet have supply shortages should practice optimization strategies to help prepare for anticipated supply limitations.
- These strategies do not adhere to the typical standards of care in the United States.
 - These strategies reflect the hard realities on the ground and the best possible approaches for many healthcare providers right now.
 - These strategies also mean healthcare professionals may have to make hard decisions about how to allocate the resources they have.
 - CDC will continue to revise these strategies as the situation changes.
- PPE is not the only way to keep healthcare providers safe. As PPE supplies diminish, leaning on other strategies becomes increasingly important.
 - Implement practical [engineering and administrative control measures](#) in the continuum of care (for example, restricting personnel not involved in direct patient care from entry into the patient's room).
 - Optimize use of telemedicine.

- Emphasize hygiene—keeping hands clean can stop the spread of germs between people.
- CDC’s additional resources related to these strategies include the following:
 - The [summary for healthcare facilities](#) helps healthcare facilities prioritize implementation of [strategies for optimizing the supply for N95 respirators](#).
 - In times of increased demand and decreased supply, [consideration can be made to use stockpiled N95s beyond the manufacturer-designated shelf life](#) when responding to COVID-19.
 - This preliminary information from the NIOSH study suggests certain N95 models beyond their manufacturer-designated shelf life will be protective. CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in CDC’s [strategies for optimizing the supply of N95 respirators](#).
 - CDC designed a tool to [calculate the average consumption rate \(burn rate\) of PPE](#) to help healthcare and non-healthcare systems, such as correctional facilities, track how quickly PPE will be used at those facilities.
 - Facilities can use the tool to enter the type of PPE they are using, such as gowns, gloves, surgical masks, respirators, and face shields.
 - The tool can also be used to calculate the use of other types of PPE.
 - It can also estimate the remaining supply of PPE based on the average consumption rate.

MITIGATING HEALTHCARE PERSONNEL STAFFING SHORTAGES

- Healthcare facilities may be experiencing staffing shortages due to COVID-19. CDC has strategies to help healthcare facilities [mitigate these staffing shortages](#).
- Contingency capacity strategies include the following:
 - Cancel all nonessential procedures and visits and shift healthcare personnel who work in these areas to support other patient care activities in the facility.
 - Adjust staff schedules, hire additional HCP, and rotate HCP to positions that support patient care activities.
 - Develop regional plans to identify designated healthcare facilities or alternate care sites with adequate staff to care for patients with COVID-19.
 - Prioritize healthcare personnel with suspected COVID-19 for testing. Testing results will impact when they can return to work and which patients they might be permitted to care for.
 - Develop plans to allow healthcare personnel who have had an unprotected exposure to COVID-19 but who do not have symptoms to continue to work.
 - These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear facemasks (for source control) while at work for 14 days after the exposure event.
 - If shortages persist despite implementing the strategies above, facilities should develop plans and criteria for allowing HCP with suspected or confirmed COVID-19 who are well enough to return to work, while taking precautions to reduce spread of virus.
- CDC has also provided crisis capacity strategies for healthcare facilities and employers to consider when staffing shortages occur.

KEY CONSIDERATIONS FOR TRANSFERRING PATIENTS TO RELIEF HEALTHCARE FACILITIES WHEN RESPONDING TO COMMUNITY TRANSMISSION OF COVID-19

- During the COVID-19 pandemic, health systems and health departments should consider using relief healthcare facilities to reduce the strain on healthcare personnel and resources like personal protective equipment (PPE).
 - When the impact of COVID-19 is higher in one region than another, patients could be moved to relief healthcare facilities in less-affected areas.
- Rural healthcare facilities should be strongly considered as potential candidates for relief healthcare facilities.
 - Many healthcare facilities in urban settings with high population densities are facing patient surges and resource shortages.
 - Some rural healthcare facilities have more beds, healthcare personnel, and equipment available because of elective medical procedure cancellations, stay-at-home orders, and few COVID-19 patients.
 - Rural healthcare facilities may be at risk of long-term, negative financial effects caused by the reduction in patients and services.
- Using relief healthcare facilities and establishing [medical operations coordination cells](#) to coordinate the transfer of patients and resources between facilities can help meet system-wide needs to
 - Maximize available resources by ensuring that healthcare facilities with a high burden of patients with COVID-19 can shift patients to lower burden relief healthcare facilities quickly and systematically.
 - Support long-term viability of the limited healthcare facilities and personnel available in more rural areas.

GUIDANCE FOR HEALTHCARE PROVIDERS MANAGING PATIENTS WITH COVID-19

CLINICAL PRESENTATION

- The [signs and symptoms of COVID-19 present at illness](#) vary, but over the course of the disease, most persons with COVID-19 will experience fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- Older patients and people with underlying medical conditions might be at increased risk of severe illness.
 - Possible risk factors for progressing to severe illness may include, but are not limited to, older age and people of any age with underlying chronic medical conditions such as heart disease, lung disease, and diabetes.
- [Signs of COVID-19 in newborns](#) may include fever, lethargy, runny nose, cough, fast breathing, difficulty breathing, vomiting, diarrhea, and difficulty feeding or reduced appetite.
- Most [children with COVID-19](#) have mild illness or do not develop symptoms at all. The most common symptoms of COVID-19 in children are cough and/or fever, and children can have many of the same symptoms as adults.

CLINICAL COURSE

- Symptoms among reported cases of COVID-19 vary in severity from mild illness to severe or fatal illness.
- Some reports suggest the potential for clinical deterioration during the second week of illness.
- Among hospitalized patients with confirmed COVID-19, some will develop complications:
 - Pneumonia, respiratory failure, or acute respiratory distress syndrome (ARDS)
 - Multiorgan system failure
 - Coagulopathy
 - Death

DIAGNOSIS

- Viral tests (nucleic acid or antigen) are recommended to diagnose SARS-CoV-2 infection.
- Cases of [reinfection](#) with COVID-19 have been reported but are rare.
- In general, reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Based on what we know from similar viruses, some reinfections are expected. We are still learning more about COVID-19.
- Coinfections have been reported. Detection of another respiratory pathogen does not (and should not) rule out COVID-19.
- CDC and the American College of Radiology do not recommend computed tomography (CT) for screening or as a first-line test for diagnosis of COVID-19.

LABORATORY AND RADIOGRAPHIC FINDINGS

- SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and the virus has been isolated from bronchoalveolar lavage fluid.
- The duration of shedding of SARS-CoV-2 RNA in the upper and lower respiratory tracts is not yet known but may be several weeks or longer.

CLINICAL MANAGEMENT AND TREATMENT

- CDC has [clinical care guidance for management of patients with COVID-19](#), including information for pediatric healthcare providers and considerations for newborns.
- Clinical management includes infection prevention and control measures and supportive care, including supplementary oxygen and mechanical ventilatory support when indicated.
- The National Institutes of Health published interim guidelines for the [medical management of COVID-19](#) prepared by the COVID-10 Treatment Guidelines Panel.
- Patients with mild clinical presentation may not initially require hospitalization.
- The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis.
- The [World Health Organization](#) and the [Surviving Sepsis Campaign](#) both released comprehensive guidelines for the inpatient and ICU management of patients with COVID-19, including those who are critically ill.

THERAPEUTIC OPTIONS FOR COVID-19 PATIENTS

- There are no drugs or other therapeutics currently approved by the U.S. Food and Drug Administration (FDA) to prevent or treat COVID-19.
- Current clinical management includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated.
- The National Institutes of Health's interim guidelines for the [medical management of COVID-19](#) contain information about investigational therapeutics.
 - These guidelines will be updated as new information emerges and drugs and other therapeutic interventions are approved for use by FDA.
- Persons seeking information about registered clinical trials for COVID-19 in the United States can search for such information at [ClinicalTrials.gov](#).

CLINICAL INFORMATION ABOUT MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN

- On May 14, 2020, CDC released a [Health Alert Network \(HAN\) Advisory](#) on multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19.
 - The HAN provided background on several recent cases and a case definition of this syndrome.
- MIS-C has been described as inflammation across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs.
- Symptoms of MIS-C include fever and various body complaints such as abdominal pain, vomiting, diarrhea, neck pain, rash, conjunctivitis, and fatigue. Not all children will have the same symptoms.
- MIS-C may begin weeks after a child is infected with the virus that causes COVID-19. The child may not have shown symptoms and—in some cases—the child and their parents or caregivers may not even know they had been infected.
- CDC recommends healthcare providers who have cared or are caring for patients younger than 21 years of age meeting [MIS-C criteria](#) should report suspected cases to their [local, state, or territorial health department](#).
 - For additional information, please contact CDC’s 24-hour Emergency Operations Center at 770-488-7100 or submit a question using their [online form](#).
 - After-hours phone numbers for health departments are available on the [Council of State and Territorial Epidemiologists website](#).
- CDC is collaborating with domestic and international partners to better understand this new syndrome, including how common it is and its risk factors, and to begin tracking cases.
 - CDC investigators hope that by assessing reported cases and the children’s health outcomes, they may learn more about the risk and course of the syndrome in kids.
 - Several additional studies are planned to learn more about how the syndrome affects children and whether there are specific risk factors in addition to prior COVID-19 infection.
- CDC and its state partners will update recommendations as more is learned from monitoring MIS-C cases.

PROMOTING HEALTH EQUITY FOR PATIENTS AND CLIENTS

- Healthcare providers and organizations can promote health equity for their patients and clients and in the communities they serve by
 - Ensuring chronic disease management and services to prevent illnesses are maintained and accessible and provide patient support such as reminders and self-care management programs.
 - Increasing availability and accessibility of COVID-19 testing for racial and ethnic minority populations and other populations that are disproportionately affected.
 - Working with [community health workers and promotores de salud](#), other healthcare providers, and patient navigators to [connect community members](#) with health resources.
 - Increasing engagement with trusted community and faith-based organizations and institutions that have relationships with local communities.
 - Providing [telehealth](#) options tailored to the needs of patients.
 - Showing [awareness of and respect](#) for [culture](#) when providing COVID-19 testing and care.
 - Training employees at all levels of the organization to identify and interrupt all forms of discrimination, including providing them with [training](#) in [implicit bias](#).
 - Increasing language access and adapting public health guidance to local circumstances so that health information and recommendations reach the people who need it the most.

GUIDANCE FOR BUSINESSES AND EMPLOYERS (NON-HEALTHCARE)

- [Interim guidance for businesses and employers](#) to plan for and respond to COVID-19 is available on CDC’s website. This guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-

healthcare settings.

- Employers need to consider how best to [decrease the spread of COVID-19 and lower the impact in the workplace](#), including activities to
 - Prevent and reduce transmission among employees.
 - Maintain healthy business operations.
 - Maintain a healthy work environment.
- Employers can help promote [health equity](#) in their [places of work](#) by
 - Maintaining flexible leave policies.
 - Allowing employees who are sick or who must care for others to stay home without fear of being fired or other punishments.
 - Considering additional flexibilities that might include giving advances on future sick leave days and allowing employees to donate sick leave to each other.
 - Allowing employees to use sick leave and return from sick leave without a doctor's note or a COVID-19 test.
 - Providing employees with COVID-19 prevention messages and trainings tailored to employees' languages, literacy levels, and cultures.
 - Providing masks, hand sanitizers, handwashing stations, and [personal protective equipment](#) as appropriate.
 - Establishing fair policies and practices for all employees to [maintain physical distance between each other and customers, as possible](#).
 - Training employees at all levels of the organization to identify and interrupt all forms of discrimination, including providing them with training in [implicit bias](#).