

CDC WEEKLY KEY MESSAGES

Coronavirus Disease 2019 (COVID-19) Pandemic

April 11, 2020 at 1:00 p.m.

This document summarizes key messages about the COVID-19 outbreak and the response. It will be updated and distributed regularly. For the most current information, visit www.cdc.gov/COVID19.

All content updated since April 5 is shown in colored text.

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CORONAVIRUS DISEASE 2019 (COVID-19) NAMING

- The International Committee on Taxonomy of Viruses named the novel coronavirus causing an outbreak of respiratory illness that was first detected in Wuhan, Hubei Province, China, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).
 - Due to potential for confusion with SARS-CoV, where possible, public communications will use “the virus that causes COVID-19.”
- On February 11, 2020, the World Health Organization (WHO) named the disease caused by this virus Coronavirus Disease 2019 (COVID-19).
 - **Disease name:** COVID-19

OUTBREAK SUMMARY

- There is an expanding outbreak of COVID-19 caused by a novel (new) coronavirus.

- The outbreak began in China but is spreading worldwide and is now considered a pandemic.
- Initially, many of the 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 is occurring in some [international locations](#).
- The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).
- The virus can cause illness varying from mild to severe, including potentially resulting in death.
- Outbreaks like this — when a new virus has emerged to infect people and spread between people — are especially concerning.

International

- Global case numbers are reported by WHO in their [COVID-19 situation reports](#).
 - As of **April 10, 1,521,252** cases have been confirmed worldwide.
- On January 30, 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 can be characterized as a pandemic.

Domestic

- On January 31, 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.
- This is a very serious public health threat and 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 US.
- As the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- What is currently known about the community spread has raised the level of concern about the immediate threat for COVID-19 for many communities.
- The coming days and weeks are likely to bring more confirmed cases of COVID-19 in the United States and globally, but strong public health measures now may blunt the impact of the virus in the United States.
- Pandemics of respiratory disease follow a certain progression outlined in the [Pandemic Intervals Framework](#), part of the [National Pandemic Strategy](#).

- Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases.
- The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses.
- Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.
- Nationally, the United States is currently in the initiation phase, but states where community spread is occurring are in the acceleration phase.
- The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- Public health partners are encouraged to review their pandemic preparedness plans at this time. Selected [pandemic preparedness materials are available online](#).
- On March 13, the President of the United States declared the COVID-19 outbreak a [national emergency](#).
- On March 16, the White House announced a program called [15 Days to Slow the Spread](#). This is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.
 - On March 29, President Trump extended the nation’s Slow the Spread campaign until April 30.

U.S. OUTBREAK STATISTICS

Cases in the United States as of **April 10, 2020**:

- **Travel-related: 2,138**
- **Close contact: 10,956**
- **Under investigation: 446,071**
- **Total cases: 459,165**
- **Deaths: 16,570**
- **Jurisdictions reporting cases: All 50 states, the District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands have reported cases of COVID-19**

For global cases, please see the WHO [daily situation reports](#).

SITUATION IN THE U.S.

- The number of cases of COVID-19 being reported in the United States is rising quickly.
 - This increase is expected given an increase in testing and ongoing rapid spread of disease across communities in the United States.
 - While these numbers are concerning, the increase is not unexpected.
 - More robust data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.

- The United States nationally is currently in the [acceleration](#) phase of the epidemic. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- [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 U.S. 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 the infection is unknown.
- As of [April 10](#), 50 areas (49 states and Guam) report some community spread of COVID-19. Of those, 31 areas (30 states and Guam) report COVID-19 is “widespread.” See [CDC’s map](#) to stay up to date on what is happening in your state.
 - State and territorial health departments are reporting whether they have community spread of COVID-19 and characterizing the level of community transmission in their jurisdiction. CDC classifies these reports into one of four categories:
 1. “Yes, widespread” (widespread community transmission across several geographical areas);
 2. “Yes, defined area(s)” (distinct clusters of cases in a, or a few, defined geographical area(s);
 3. “Undetermined” (1 or more cases, but not reported as “Yes” to community transmission); or
 4. “N/A” (no cases).

CORONAVIRUS BACKGROUND

- Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. They are common in many different species of animals, including camels, cattle, cats, and bats.
- It is rare for animal coronaviruses to become capable of infecting humans and then spreading between people.
 - Severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) are examples of coronaviruses that originated in animals and spread to people.
 - That is what is suspected happened with the virus that causes the current outbreak of COVID-19.
- Human coronaviruses are a common cause of mild to moderate upper-respiratory illness. But three coronaviruses have emerged to cause more severe illness: Severe Acute Respiratory Syndrome (SARS-CoV), Middle East Respiratory Syndrome (MERS-CoV), and now the virus that causes COVID-19.

TRANSMISSION

- Much is unknown about how the new coronavirus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.
- Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other.
- Person-to-person spread is thought to occur mainly through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- How easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (sickest).
- A [recent MMWR](#) raises concerns about the level of virus spread that might occur before someone experiences symptoms.
 - This is why CDC recommends people stay at least six feet away from other people (“social distancing”), so they do not spread COVID-19 if they are sick or have become exposed through close contact with someone who is sick.
 - This research underscores the importance of social distancing to help break the chain of COVID-19 transmission.
 - The study findings are in line with recent COVID-19 studies and with previous studies of older adults with flu that show they may have few or atypical symptoms.
- Mother-to-child transmission during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- At this time, there is no evidence that companion animals, including pets, can spread COVID-19 to people or that they might be a source of infection in the United States.
 - CDC is aware of a very small number of pets outside the United States reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19.
 - There are reports of at least three animals in Hong Kong (two dogs and one cat) with confirmed infection and one cat in Belgium in whom infection is suspected but not confirmed.
 - On April 5, USDA reported the first confirmed case of COVID-19 infection in an animal in the United States, [a tiger in a zoo in New York](#).
 - This case is the first confirmed infection in a tiger in the world.
 - This is also the first animal reported to be sick with a confirmed COVID-19 infection in the world.

- It's important to remember that dogs and cats have their coronaviruses, which cannot spread to people.
- Further studies are needed to understand if and how different animals could be affected by COVID-19 and we are continuing to learn more every day.
- CDC continues to recommend that people sick with COVID-19 isolate themselves from other people **and** animals, including pets, during their illness until we know more about how this virus affects animals.
- At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes or ticks.
 - Mosquitoes and ticks cannot spread all types of viruses. For a virus to pass to a person through a mosquito or tick bite, the virus must be able to replicate inside the mosquito or tick.
- There is much more to learn about the spread of this new coronavirus, severity of the disease, and other features associated with this outbreak and investigations are ongoing. This information will further inform the [risk assessment](#).

DIAGNOSIS AND TREATMENT

Diagnostocs

- CDC developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test to detect SARS-CoV-2 (the virus that causes COVID-19) in respiratory samples from clinical specimens.
- On January 24, CDC publicly posted the assay protocol for this test.
- CDC submitted an Emergency Use Authorization (EUA) package to the U.S. Food and Drug Administration on February 3 for its test.
- FDA approved the Emergency Use Authorization on February 4.
- The first manufactured batch of CDC test kits were made available for ordering by domestic and international partners through the agency's [International Reagent Resource \(IRR\)](#) on February 5.
- Routine quality control (QC) measures aim to identify these types of issues. It is unclear why QC did not detect this issue before the kits were sent out to states.
- On February 18, CDC stood up a new surge laboratory to support testing for COVID-19. This expanded capacity to 350 samples per day
- On February 20, CDC completed contracts with 2 large commercial manufacturers to ensure reagent availability for the public health laboratories
- On February 26, CDC, in conjunction with FDA, determined how to move forward and shared this information immediately with public health labs through the Association of Public Health Laboratories (APHL):
 - CDC has remanufactured the test kits to ensure that laboratories have effective and reliable kits. The new kits include the two components (e.g., reagents) that are specific to novel coronavirus.
 - Before new test kits were available:

- States that were able to validate all three assays could continue to test in this manner.
- States that were able to validate the other two assays (N1 and N2) could test using these two assays.
 - FDA granted CDC “enforcement discretion,” which means that testing in this manner was able to move forward while an updated EUA is officially completed.
 - CDC distributed updated instructions for use through APHL.
- On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure these health departments are able to verify the assay. An additional 40 test kits were hand-carried to IRR for repackaging and distribution to additional public health labs.
- On February 29, IRR began to distribute new test kits to the additional 40 laboratories.
- On March 16, FDA reauthorized the EUA for the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
- On March 30, the U.S. Food and Drug Administration granted CDC’s request to add three enzyme master mix options to the instructions for use of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel.
- As of April 7, 95 public health labs are running the CDC test, representing all 50 states, as well as the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.
- CDC is conducting laboratory testing in two of its laboratories at its headquarters in Atlanta. CDC can test approximately 600 specimens per day.
- Commercial manufacturers are now producing their own tests.
- Private laboratories are increasing their testing capacity. Six large commercial laboratories (ARUP, Mayo Clinic Laboratory, Quest Diagnostics, Lab Corp, Bioreference, and Sonic Heathcare) are providing more than 60,000 tests per day. Additional commercial laboratories are also standing up tests, increasing the nation’s testing capacity.
 - In addition, the U.S. Food and Drug Administration has issued several Emergency Use Authorizations for commercial manufacturers to develop other COVID-19 tests, including a point-of-care test could deliver results in as short as 30 minutes.
- As of April 10, CDC has tested 4,983 samples.
- Public health labs have tested 256,514 samples as of April 10.

Treatment

- There is no specific antiviral treatment for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms.
- Most people have mild illness and are able to recover at home.
- For severe cases, treatment should include care to support vital organ functions.
- See more in [Management of Patients Guidance for Healthcare Providers](#) section.

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 always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Stay home when you are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
 - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing or sneezing; going to the bathroom; and before eating or preparing food.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

PEOPLE AT RISK FOR SERIOUS ILLNESS

- Based on what we know now, those at higher-risk for severe illness from COVID-19 are:
 - People 65 years and older
 - People who live in a nursing home or long-term care facility
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease
- It is unknown if people who are pregnant are at higher risk for having severe illness from COVID-19. [Based on current available information, pregnant people seem to have the same risk as adults who are not pregnant.](#) However, pregnant people are known to be at higher risk for developing severe illness from other viral respiratory illnesses such as the flu.
- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

- Severe illness leading to hospitalization, including ICU admission and death, can occur in people of any age with COVID-19. However, older adults and people who have **serious** underlying medical conditions are at higher risk for severe COVID-19 illness.
- The risk for serious disease and death from COVID-19 in the United States increases with age.
- Eight out of 10 deaths reported in the United States have been in adults aged 65 years or older.
- Among adults 85 years and older with confirmed COVID-19 reported in the U.S.:
 - An estimated 31-70% required **hospitalization**,
 - An estimated 6-29% required **admission to an intensive care unit**, and
 - An estimated 10-27% **died**.
- Among adults 65-84 years old with confirmed COVID-19 reported in the U.S.:
 - An estimated 31-59% required **hospitalization**,
 - An estimated 11-31% required **admission to an intensive care unit**, and
 - An estimated 4-11% **died**.
- Based on preliminary U.S. data, persons with underlying health conditions such as diabetes mellitus, chronic lung disease, and cardiovascular disease, appear to be at higher risk for severe COVID-19-associated disease than persons without these conditions.
- Based on [preliminary reported outcomes](#) among COVID-19 patients:
 - Of COVID-19 patients with complete information about all health conditions 78% of ICU admissions and 71% of non-ICU hospitalizations were among persons with one or more underlying health conditions. In contrast, 27% of those not hospitalized were reported to have one or more underlying health condition.
 - Among those with one or more underlying health conditions who had COVID-19, 52% were not hospitalized, 27% were hospitalized (not-ICU), and 13% were admitted to the ICU (for 7%, hospitalization status was unknown)
- If you are at **higher risk for severe illness from COVID-19** due to age or because you have a serious underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure.
- If you are a person with a serious underlying medical condition that can put you at higher risk, [stay home and away from other people](#).
 - Stock up on supplies.
 - Make a plan with family members, friends, caregivers, and/or healthcare providers and consider including the following in your plan:
 - Identify alternate caregivers in case your caregiver is sick or paid service is limited or unavailable—it's a good idea to have at least three alternate caregivers
 - A 30-day supply of medications and a checklist to monitor usage
 - **Have enough nonperishable food items to last at least 14 days**
 - Develop a phone bank plan in case of quarantine (this reduces feelings of loneliness and isolation)
 - If you feel sick, use these guidelines to reduce the risk of spread:
 - Stay home.

- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you need emergency help, call 911.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).

What People at Higher Risk can do to Prepare

- Have supplies on hand
 - Contact your healthcare professional to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home.
 - If you cannot get extra medications, consider using mail-order for medications.
 - Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
 - Have enough household items and groceries on hand so that you will be prepared to stay at home for at least 14 days.
- Take everyday precautions
 - Avoid close contact with people who are sick.
 - Take everyday preventive actions.
 - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
 - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
 - Wash your hands after touching surfaces in public places.
 - Avoid touching your face, nose, eyes, etc.
 - Clean and disinfect your home to remove germs. Practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks and cell phones).
 - Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people.
 - Stay home as much as possible.
 - Consider ways of getting food brought to your house through family, social, or commercial networks.

- Have a plan for if you get sick.
 - **Consult with your healthcare provider for more information about** monitoring your health for symptoms suggestive of COVID-19.
 - Develop a [care plan](#) which summarizes your health conditions and current treatment.
 - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
 - Determine who can provide you with care if your caregiver gets sick.
 - Plan for how you will get more supplies if you need them before you recover.
- Watch for symptoms and emergency warning signs.
 - Check symptoms on CDC's [Coronavirus Self-Checker](#) to help make decisions about seeking appropriate medical care.
 - Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
 - If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:
 - Difficulty breathing or shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

What to do if you are at Higher Risk for Severe Illness and get Sick

- Stay home and call your doctor.
- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).
- [Know when](#) to get emergency help.
- Get medical attention immediately if you have any of the emergency warning signs listed above.

Community Support for Older Adults

- Community preparedness planning for COVID-19 should include older adults, people with disabilities, their [caretakers](#), and the organizations that support them in their communities, to ensure their needs are taken into consideration.
 - Many of these people live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.
- Long-term care facilities should be vigilant to prevent the introduction and spread of COVID-19. [Information for long-term care facilities can be found here](#).

Family and Caregiver Support

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies (hearing aid batteries, oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- Stock up on non-perishable food items to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

Rural Communities

- Rural communities face some COVID-19 challenges that are different from urban and suburban communities. These differences warrant additional guidance.
- Many rural communities have experienced multiple closings of hospitals and healthcare facilities. This can leave an already vulnerable population without immediate access to healthcare, should an outbreak occur in the community.
- People living in rural communities can take steps to prepare.
 - Identify the two closest healthcare facilities to contact in case of an outbreak
 - Create an information card with the numbers and addresses of healthcare facilities and the family and friends who are physically nearest to you.
 - Locate state, local, or tribal health centers in advance to identify available resources
 - Create a phone tree system (activating a group of people by telephone to get a message out quickly) with family, friends, and neighbors

People with Asthma

- People with moderate to severe asthma may be at higher risk of getting **very sick from** COVID-19. COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and acute respiratory disease.
- If you have asthma, you should [prepare for COVID-19](#) and follow your Asthma Action Plan.
 - Take your asthma medication exactly as prescribed.
 - Talk to your healthcare provider, insurer, and pharmacist about creating an emergency supply of prescription medications, such as asthma inhalers.
 - Make sure that you have 30 days of non-prescription medications and supplies on hand too, in case you need to stay home for a long time.
 - Know how to use your inhaler.
 - Avoid your asthma triggers.
 - Clean and disinfect frequently touched surfaces like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks daily to protect yourself against COVID-19.
 - Avoid disinfectants that can cause an asthma attack.

- As more cases of COVID-19 are discovered and our communities take action to combat the spread of disease, it is natural for some people to feel concerned or stressed. Strong emotions can trigger an asthma attack. Take steps to help yourself cope with stress and anxiety.
- If you have symptoms
 - Contact your health care provider to ask about your symptoms.

Pregnant People

- CDC does not currently know if pregnant people have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. [Based on current available information, pregnant people seem to have the same risk as adults who are not pregnant.](#)
- [However, we do know that](#) pregnant people have changes in their bodies that may increase their risk of some infections.
 - With viruses from the same family as COVID-19—and other viral respiratory infections, such as influenza—[pregnant people](#) have had a higher risk of developing severe illness.
- It is always important for pregnant [people](#) to [protect themselves from illnesses](#).

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.
 - Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities.
- People with certain disability types might be at increased risk of becoming infected or having unrecognized illness, including:
 - People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
 - People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
 - People who may not be able to communicate symptoms of illness
- People with disabilities may experience potential challenges to routine medical care and access.

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:

- People who are at higher risk for severe illness including older adults and people of any age who have serious underlying medical conditions
- Children and teens
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
- People who have mental health conditions including problems with substance use
- 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
 - Increased use of alcohol, tobacco, or other drugs
- People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms.
 - Additional information can be found at the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)) website.
- Things you can do to support yourself and the people you care for:
 - Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly 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 calls (audio or video), 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, is 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 or text TalkWithUs to 66746 (TTY 1-800-846-8517).
- If you, or someone you care about, is experiencing domestic violence or is affected by abuse and needs support, call 911 or the National Domestic Violence Hotline: 1-800-799-7233 (TTY 1-800-787-3224).

Responders

- Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:
 - Acknowledge that STS can impact anyone helping families after a traumatic event.
 - Learn the symptoms, including physical symptoms (fatigue, illness) and mental symptoms (fear, withdrawal, guilt).
 - Allow time for you and your family to recover from responding to the pandemic.

- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.
- Learn more tips for [taking care of yourself](#) during emergency response.

People Who Have Been Released from Quarantine

- Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick.
- Everyone feels differently after coming out of quarantine. Some feelings include:
 - Mixed emotions, including relief after quarantine;
 - Fear and worry about your own health and the health of your loved ones;
 - Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19;
 - Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious;
 - Guilt about not being able to perform normal work or parenting duties during quarantine; and
 - Other emotional or mental health changes.
- Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine. [You can help your child cope.](#)

MINIMIZING STIGMA AND MISINFORMATION

- [Minimizing stigma and misinformation](#) is important, especially during contagious disease outbreaks.
- **Everyone:** Know the facts about COVID-19 and help prevent the spread of rumors:
 - Fight stigma by supporting people who are coming back to school or work after completing their quarantine or isolation period for COVID-19 exposure or illness.
 - Someone who has completed their quarantine or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
 - People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Let people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
 - Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
 - People who have not been in contact with a person who is a confirmed or suspected case are not at greater risk of acquiring and spreading this new virus than others.

- People who returned more than 14 days ago from an [area with widespread or ongoing community spread](#) and do not have symptoms of coronavirus do not put others at risk.
- To [help counter stigma](#), public health professionals can:
 - Maintain privacy and confidentiality of those seeking health care and those who may be part of any contact investigation.
 - Communicate the risk or lack of risk from associations with products, people, and places in a timely manner.
 - Raise awareness of COVID-19 while showing empathy for people's concerns and fears.
 - Counter myths and rumors by sharing accurate information about how the virus spreads.
 - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
 - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
 - Engage with stigmatized groups in person and through media channels including news media and social media.
- Share with others the need for social support for people who have experienced stigma, who have returned from an area with ongoing spread, or who are worried about friends or relatives in the affected areas.

TRAVEL

Presidential Proclamations announcing travel restrictions for travelers from China, Iran, United Kingdom, Republic of Ireland, and most of Europe

- On January 31, President Trump issued the first [Presidential Proclamation](#) implementing temporary measures to increase our abilities to detect and contain the novel coronavirus proactively and aggressively.
 - The proclamation suspends entry to the United States of foreign nationals who have been in China (excluding Hong Kong and Macau) in the past 14 days.
- On March 2, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in Iran in the past 14 days.
 - For more information, consult the [notice published in the Federal Register](#).
- On March 11, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in 26 countries in Europe (known as the Schengen Area) in the past 14 days.
 - The order suspends the entry of foreign nationals for 30 days from these European states: 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.

- On March 14, a [Presidential proclamation](#) suspended entry to the United States of foreign nationals who have been in the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland in the past 14 days.
- Exemptions to these travel restrictions include American citizens, legal permanent residents, and immediate family members of US citizens and legal permanent residents. (Hereafter referred to as “American citizens and exempted persons.”)
- **Under the Presidential Proclamations:** All American citizens and exempted persons coming from
 - **China, and Iran** will be directed to (“funneled to”) one of 11 US airports (the first 11 airports in the list below).
 - **Europe, the United Kingdom, and the Republic of Ireland** will be directed to (“funneled to”) one of 13 US airports (including the last 2 airports in the list below).
- American citizens and exempted persons who have been in **China or Iran** in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.
- American citizens and exempted persons who have been to the **Schengen area of Europe, UK and Ireland** in the previous 14 days will be screened by Department of Homeland Security and receive a Travel Health Alert Notice.
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.
- The 13 airports where travelers are being funneled are:
 - John F. Kennedy International Airport (JFK), New York
 - Chicago O’Hare International Airport (ORD), Illinois
 - San Francisco International Airport (SFO), California
 - Seattle-Tacoma International Airport (SEA), Washington
 - Daniel K. Inouye International Airport (HNL), Hawaii
 - Los Angeles International Airport (LAX), California
 - Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
 - Washington-Dulles International Airport (IAD), Virginia
 - Newark Liberty International Airport (EWR), New Jersey
 - Dallas/Fort Worth International Airport (DFW), Texas
 - Detroit Metropolitan Airport (DTW), Michigan
 - Boston Logan International Airport (BOS), Massachusetts
 - Miami International Airport (MIA), Florida

CDC Travel Health Notices and Other Travel Guidance

- On March 27, CDC issued a [Level 3 Global Travel Health Notice](#), advising travelers to avoid all nonessential international travel.
 - This is consistent with the U.S. State Department's [Level 4 Global Health Advisory](#), posted on March 19, warning travelers Do Not Travel.
 - [Travelers returning from international destinations](#) should stay home for a period of 14 days after returning to the United States, monitor their health, and practice social distancing.
- CDC has issued a [Level 3 Travel Health Notice](#) for cruise ship travel. CDC recommends that all people [defer travel on cruise ships](#), including river cruises, worldwide.
- CDC has posted a webpage about [COVID-19 and considerations for travel in the United States](#).
- On March 28, due to extensive community transmission of COVID-19 in the area, [CDC urged residents of New York, New Jersey, and Connecticut](#) to refrain from non-essential domestic travel for 14 days effective immediately.

Repatriation flights and quarantine orders

- CDC has supported the Department of State in the safe and expedient ordered departure of US citizens and residents affected by outbreaks of COVID-19.
- Chartered flights returned passengers from Wuhan City, China and passengers from a cruise ship docked in Japan. (See section: Diamond Princess).
- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to all such passengers entering the United States.
 - The quarantine period was for 14 days.
 - The quarantine was a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
 - This quarantine order also served to protect the health of the repatriated persons, their families, and their communities.
- Based on what is known about this virus and other coronaviruses, CDC believes the risk to the communities temporarily housing these people *was* low.
- At the end of the 14-day period, people who had not developed symptoms had their quarantine order lifted and were free to return home.
- As of March 18th, everyone from the Wuhan and Diamond Princess repatriation flights who were quarantined or isolated under federal orders had been released and returned home.
 - A small number of people were isolated or quarantined under state orders after they returned home.
 - [CDC continues to support the Department of State in its efforts to repatriate US citizens and residents affected by international travel restrictions associated with the pandemic.](#)

Cruise Ships and River Cruises*

- CDC recommends all persons defer any travel on cruise ships, including river cruises, worldwide because of the increased risk of COVID-19 on board ships.
- On April 4, CDC updated its recommendations to help US cruise ship travelers (passengers and crew) get home as quickly and safely as possible. Cruise line companies must get travelers directly to their homes via chartered or private transportation. Commercial flights and public transportation may not be used.
 - Cruise line passengers and crew members are advised to stay home for 14 days, and monitor their health.
 - Cruise lines will give disembarking travelers detailed health information about how to monitor themselves at home and practice social distancing.
 - These recommendations are consistent with CDC recommendations for travelers returning from countries with widespread ongoing transmission.
- Travelers with mild symptoms may return home alone or with other symptomatic travelers by charter flight, air ambulance, ground ambulance, or other private vehicle that can be properly sanitized. Any passengers who get sick with fever, new or worsening cough, or shortness of breath during their cruise should isolate themselves in their cabin and notify the onboard medical center immediately.
 - Crew members who get sick should follow any instructions from the cruise line.
 - Cruise lines are responsible for treating all ill or infected patients, including those who need hospitalization and emergency medical attention. Cruise lines must have a plan in place with U.S. Coast Guard, shoreside public health, and hospitals in anticipation of medical evacuations.
- CDC has posted [Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019](#).
- If an ill passenger or crew member (as defined in [federal regulations](#)) is identified on board the ship, the cruise line will report this to the CDC Quarantine Station responsible for the port. CDC staff and U.S. Coast Guard will determine if further action is needed.
- CDC is continuously tracking cruise ships that are coming into domestic ports that may have confirmed, suspected, or no cases of COVID-19.
 - Cruise ships, both domestic and international, carrying American citizens are being assessed and documented.
 - The situation in the United States is evolving, both with increasing community transmission and an increasing number of cruise ships coming into port. CDC is continuing to reevaluate its approach to returning cruise ships.
 - As CDC reevaluates the approach to returning cruise ships, CDC's priority is to protect passengers' and crews' health while helping them get home as quickly and safely as possible.
- On March 13, the Cruise Lines International Association voluntarily suspended cruise travel out of U.S. ports.
 - The majority of cruise ships have ended their passenger voyages - new cruise voyages will be postponed. Cruise lines are now working to repatriate large numbers of crew members to their home countries.

- On April 9, 2020, CDC extended its [No Sail Order](#) until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID-19 constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) 100 days from the date of publication in the Federal Register.
- On March 15, CDC released a Health Alert Network (HAN) Update providing information and guidance about global travel on cruise ships, including river cruises, due to COVID-19.
 - The HAN provides broad information and recommendations for clinicians seeing patients who have recently traveled by cruise ship or river cruise.
 - State and local health departments should check the Epidemic Information Exchange (Epi-X) notification system for information on COVID-19 cases on cruise ships and river cruises. If a ship has one or more confirmed COVID-19 cases on board [the current voyage](#), CDC will send an Epi-X alert to state health departments alerting them to [the contacts who are disembarking](#).
- On March 17, CDC posted a [Level 3 Travel Health Notice](#) for Cruise Ship Travel recommending travelers defer all cruise ship travel worldwide.
 - Cruise travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

Diamond Princess

- CDC supported the Department of State-led mission to repatriate US citizens returning to the United States from Japan who were aboard the *Diamond Princess* cruise ship.
- On February 16, 329 American citizens returned by flights chartered by the State Department.
- Americans returned by flights chartered by the State Department are subject to a 14-day federal quarantine and were housed at two existing federal quarantine sites for repatriated travelers:
 - Travis Air Force Base in California
 - Joint Base San Antonio-Lackland in Texas
- The passengers were screened before leaving the ship and were monitored and evaluated by medical and public health personnel during the trip and after arrival. They were monitored by medical and public health personnel throughout the 14-day quarantine period. All of these individuals completed their quarantine.
- [One American who was on board the *Diamond Princess* remains in Japan on the Do Not Board list; plans to remove this person from the Do Not Board list are in the final stages.](#)

Grand Princess*

- CDC worked with the California Department of Public Health, other federal, state, and local partners and the Princess Cruise Line to investigate a cluster of COVID-19 cases connected with a Grand Princess voyage from February 11-21.
- On March 9, the Grand Princess docked in the Port of Oakland. The Department of Health and Human Services (HHS) evacuated almost 2,000 passengers to four Department of Defense (DoD)

military facilities: Travis Air Force Base and Marine Corps Air Station Miramar in California; Joint Base San Antonio-Lackland, Texas; and Dobbins Air Reserve Base, Georgia.

- Passengers underwent medical screening, COVID-19 testing, and a 14-day quarantine.
- The mission to receive and care for these passengers is in the final stages.
 - As of April 3, almost all the over 2,000 passengers aboard the Grand Princess returned to their home states—45 states in total. As of that date, only a few individuals remained in hospitals under federal isolation orders. [As of April 3, only a few individuals remain in hospitals under federal isolation orders.](#)

Nile River Cruises

- As of March 27, 2020, 16 state health departments have notified CDC of 73 COVID-19 cases and 27 patients under investigation (PUIs) associated with cruise boats on the Nile River in Egypt. Those 16 states are California, Colorado, Delaware, Florida, Iowa, Illinois, Maryland, North Carolina, New Mexico, Ohio, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, and Wisconsin.
 - Most of these American citizens have returned to the United States.
- The affected cruise boats on the Nile River include at least the following ships:
 - M/S A'sara
 - M.S. Esplanade
 - M.S. Queen of Hansa
 - M.S. Sun Goddess
 - Crown Empress
 - M.S. Mayfair
- On March 19, Cairo, Egypt temporarily halted all flights to its airports as a further measure against the spread of COVID-19. The suspension of air traffic will continue until March 31.

WHAT CDC IS DOING

CDC Response in the US:

- 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 US public health response is to detect new cases quickly and prevent further spread of COVID-19 in this country.
- CDC established a COVID-19 Incident Management Structure on January 7. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
 - The US government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus.
 - Effective February 2, at 5pm, the [US government suspended entry of foreign nationals who have been in China within the past 14 days.](#)

- US citizens, residents, and their immediate family members who have been in mainland China are allowed to enter the United States, but they are subject to health monitoring for up to 14 days.
- On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.
- As of March 13, all American citizens and exempted persons coming from most of Europe (known as the Schengen Area) will be funneled through 13 airports (listed in the above Travel section). As of March 16, all American citizens and exempted persons coming from the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland will also be funneled through those 13 airports.
 - CDC and partners will conduct enhanced illness response at these points of entry.
- On March 27, CDC issued a [Level 3 Global Travel Health Notice](#), advising travelers to avoid all nonessential international travel.
 - Prior to March 27, CDC had issued more than 50 Level 3 Travel Health Notices for countries across the globe with widespread ongoing transmission.
 - On March 27, CDC issued a Level 3 Global Travel Health Notice: <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-global>
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>
- CDC has posted a webpage about [COVID-19 and considerations for travel in the United States](#).
- On March 28, due to extensive community transmission of COVID-19 in the area, [CDC urged residents of New York, New Jersey, and Connecticut](#) to refrain from non-essential domestic travel for 14 days effective immediately.
 - CDC is issuing [clinical guidance](#), including [clinical care guidance](#) and [healthcare infection control guidance](#).
 - On March 2, FDA announced that commercial companies may sell test kits under CDC's EUA.
 - CDC has deployed multidisciplinary teams to support state, local, tribal, and territorial health departments with clinical management, contact tracing, community mitigation, infection prevention and control, surveillance, data management, and communications.
 - CDC has helped mobilize state health departments to receive returned repatriated travelers.
 - State, local, territorial and tribal health departments continue to work to detect and investigate cases, and to help implement community mitigation measures, as needed in their communities.
 - CDC is working closely with these health departments to strengthen the public health response to this disease outbreak.
 - Through the Public Health Emergency Preparedness (PHEP) cooperative agreement, 62 state PHEP programs across the country are part of the multi-agency infrastructure

working on quarantine, isolation, case finding, protecting health care workers and assuring medical supply chains.

- On March 16, CDC awarded nearly \$570 million in funding to 65 state, local, territorial, and tribal jurisdictions to provide resources to prevent, prepare for, and respond to the COVID-19 outbreak.
 1. CDC made these awards 10 days after the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123)
 2. CDC has authorized recipients to begin spending their funds immediately.
- This funding gives state and local health departments the flexibility to implement response actions based on the disease characteristics and priorities in their communities.
- The funding supports two required activities:
 1. Accelerated laboratory testing, data collection, and real-time reporting to CDC for identification and tracking of COVID-19 cases in the community; and
 2. Implementation of COVID-19 community intervention plans.
- The supplemental funding is in addition to funding in the amount of \$35 million to 21 jurisdictions for immediate COVID-19 response activities.
 - CDC awarded that initial funding on March 6.
 - For the 21 jurisdictions that received the initial funding, CDC has combined their initial funding with the new supplemental funding to reduce the administrative burden of managing two awards.
- CDC has worked with the Department of State, supporting the safe return of Americans who have been stranded as a result of the ongoing outbreaks of COVID-19 and related travel restrictions. CDC has worked to assess the health of passengers as they return to the United States and provided continued daily monitoring of people who are quarantined.
- An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity. CDC developed a molecular test to detect COVID-19 from human clinical specimens and distributed this test to state and local health laboratories.
- After distribution of a CDC rRT-PCR test to diagnose COVID-19 to state and local public health labs started, performance issues were identified related to a problem in the manufacturing of one of the reagents. Laboratories were not able to verify the test performance.
- CDC worked on two potential resolutions to this problem.
 - CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19 after establishing that the third component, which was the problem with the original test, could be excluded from testing without affecting accuracy.

- CDC worked with FDA to amend the existing Emergency Use Authorization (EUA) for the test.
- Further, newly manufactured kits were provided to the [International Reagent Resource](#) for distribution.
 - On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure health departments are able to verify the assay. On February 29, 6 of 7 pilot laboratories reported successful completion of the verification panel.
 - An additional 40 test kits were hand carried to IRR for repackaging and distribution to additional public health labs.
 - On February 28, IRR began to distribute new test kits to the additional 40 laboratories.
 - As of [April 7, 95](#) public health labs are running the CDC test, representing all 50 states, as well as the District of Columbia, Guam, Puerto Rico, [and the U.S. Virgin Islands](#).
- [CDC is studying human blood samples to detect the presence of antibodies to SARS-CoV-2.](#)
- [The results of these serology studies will allow us to estimate how many people have been infected nationally. The results will also provide information about the percentage of U.S. residents who have not had COVID-19 and are still at risk for infection.](#)
- [This research aims to provide information to help us understand when people may be able to return to work, school, and everyday activities. It will help us understand who has been infected with SARS-CoV-2 and determine factors that confer protection against this virus.](#)
- CDC has been uploading the entire genome of the viruses from reported cases in the United States to GenBank as sequencing was completed.
- CDC has grown the virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broad scientific community.
- CDC has deployed staff to assist in local areas experiencing clusters of COVID-19.

CDC International Response

- The COVID-19 pandemic is a serious global health threat and CDC is committed to stopping the global spread. One country cannot do it alone. CDC has a long history of improving public health capacity throughout the world to contain outbreaks at their source and minimize their impact.
- CDC has staff stationed in more than 60 countries. CDC has offices in a number of countries reporting cases of COVID-19, and in many countries that have not yet reported cases. CDC is providing assistance with planning and preparedness efforts.
- In addition to working with host country officials, CDC staff is coordinating with Department of State and other agencies within U.S. embassies.
- Due to global travel restrictions, CDC is mobilizing staff to support the global response from Atlanta headquarters. Many of these staffers have extensive experience responding to global outbreaks and pandemics.

- In many countries, CDC experts are working with WHO, international partners, and other U.S. government agencies to support Ministries of Health to prepare and respond to the pandemic.
- CDC supports countries in:
 - Carrying out WHO recommendations related to the diagnosis and care of COVID-19 patients and tracking the epidemic;
 - Conducting collaborative investigations that will help inform response efforts;
 - Providing technical assistance on emergency operations, laboratory operations, infection prevention and control, screening at ports of entry, risk communication and community engagement, and disease surveillance;
 - Conducting training on preparedness and response;
 - Serving as an important technical partner developing and strengthening [Field Epidemiology Training Programs \(FETP\)](#), which educate field epidemiologists—disease detectives—to identify and contain outbreaks; and
 - Developing well-functioning national public health institutes with strong linkages among the public health functions critical for more efficient outbreak preparedness and response efforts.
- Since 2015, CDC has been a key implementing partner of the USG Global Health Security Agenda (GHSA).
 - GHSA investments have helped countries build national capacities to prevent, detect, and respond to infectious disease threats.
 - These investments and partnerships have laid foundations to rapidly and effectively prepare for emerging threats, including the current COVID-19 pandemic.
 - Lessons learned from addressing HIV, influenza, Ebola, dengue, Zika, and many other viruses are being applied to the COVID-19 response.
- For country-specific information, please contact CDCglobal@cdc.gov.

RECOMMENDATIONS

- CDC routinely advises that people help protect themselves from respiratory illnesses by washing their hands often, avoiding touching their face with unwashed hands, avoiding close contact with people who appear sick, and cleaning frequently touched surfaces.
 - CDC defines close contact as—
 - Being within about 6 feet (2 meters) of someone with COVID-19 for a prolonged period of time, such as living with, visiting, caring for or sharing a room in a healthcare facility
 - or -
 - By having direct contact with infectious secretions from a patient, such as being coughed on.
 - If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.

- If you have symptoms of COVID-19 and want to get tested, try calling your state or local health department or a medical provider. While supplies of these tests are increasing, it may still be difficult to find a place to get tested.
- Most people have [mild illness](#) and are able to [recover at home](#).
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.

Recent International Travelers

- If you have [traveled internationally](#) in the past 14 days, stay home and monitor your health.
- [If you need to seek essential medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel.](#)
- If you [get sick with fever or cough in the 14 days after you return from travel:](#)
 - [Stay home. Avoid contact with others.](#)
 - [You might have COVID-19; most people are able to recover at home without medical care.](#)
 - [If you have trouble breathing or are worried about your symptoms, call or text a health care provider. Tell them about your recent travel and your symptoms.](#)
 - [Call ahead before you go to a doctor's office or emergency room.](#)

People Confirmed to Have, or Being Evaluated for, COVID-19

- Your doctors and public health staff will evaluate whether you can be cared for at home.
- If it is determined that you can be isolated at home, you will be monitored by staff from your local or state health department.
 - You should follow the prevention steps below until a healthcare professional or local or state health department says you can return to your normal activities.
 - Stay home except to get medical care.
 - Separate yourself from other people [and pets](#) in your home.
 - Call ahead before visiting your doctor.
 - If possible, wear a [cloth face covering over your nose and mouth if you must be around other people even at home](#).
 - Cover your coughs and sneezes with a tissue, [then throw the tissue away](#), or cough or sneeze into your sleeve.
 - Wash your hands often with soap and water for at least 20 seconds.
 - Avoid sharing household items like eating utensils, cups, or linens.
 - Monitor your symptoms and seek prompt medical attention if your symptoms worsen.
 - Detailed information is available in CDC's [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#).

- On February 27, CDC updated interim guidance for state and local public health officials on how to assess and manage the risks posed by patients who may have been exposed to this new coronavirus.
 - This guidance establishes four risk categories: High, Medium, Low and No Identifiable Risk.
 - The categories are based on a person’s travel history and possible contact with patients who have laboratory-confirmed infections.
 - The guidance **offers recommendations** for movement restrictions and public health evaluations for people in different risk categories.
 - **In most cases, state and local authorities will make these decisions.**
 - **Federal public health authority primarily extends to international arrivals at ports of entry and preventing interstate communicable disease threats.**
 - These guidelines are subject to change as the situation requires. They do not apply retroactively to people who have been in [an affected area](#) with sustained transmission during the previous 14 days and are already in the United States, or those being managed as part of a contact investigation.
 - CDC will provide separate guidance for healthcare settings.

Close Contacts of Patients Under Investigation

People who have had close contact with someone who is confirmed to have, or being evaluated for, COVID-19, should:

- Monitor your health starting from the day you first had close contact with the person and continue for 14 days after you last had close contact with the person. Watch for these signs and symptoms:
 - Fever—take your temperature twice a day.
 - Coughing.
 - Shortness of breath or difficulty breathing.
 - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea, vomiting, and runny nose.
- **If you develop fever or any of these symptoms, call your healthcare professional right away.**
 - **Before** going to your medical appointment, be sure to tell your healthcare professional about your close contact with someone who is confirmed to have, or being evaluated for, COVID-19.
 - This notification will help the healthcare professional’s office take steps to keep other people from getting infected. Ask your healthcare professional to call the local or state health department.
- On March 16, the White House [recommended](#) that if someone in your household has tested positive for COVID-19, the entire household should stay home and you should contact your medical provider.

- Detailed information for caregivers and household members can be found on the [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#) web page.

Healthcare Professionals

- As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA).
 - Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.
- This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
 - Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness.
 - Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).
 - Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

Recommendations for Reporting, Testing, and Specimen Collection

- Clinicians should immediately implement recommended [infection prevention and control practices](#) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19.
- State health departments that have identified a PUI or a laboratory-confirmed case should complete a [PUI and Case Report form](#) through the processes identified on CDC's Coronavirus Disease 2019 website.
- State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays.
- Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.
- On March 13, CDC updated its [guidance for specimen collection](#) for testing for COVID-19 to collect a single upper respiratory nasopharyngeal swab (NP) instead of an NP and oropharyngeal swab (OP).

- On April 8, CDC updated its [guidance for specimen collection for testing for COVID-19](#) to allow for other swab types with new data and to align with FDA guidance. When collection of a nasopharyngeal swab is not possible, the following are acceptable alternatives:
 - An oropharyngeal (OP) specimen
 - A nasal mid-turbinate (NMT) swab
 - An anterior nares (nasal swab; NS)
- 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 should be collected and tested as a lower respiratory tract specimen.
- Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for COVID-19](#) and [Biosafety FAQs](#) for handling and processing specimens from suspected cases and PUIs.
- Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs. Note that clinical laboratories should NOT attempt viral isolation from specimens collected.
- 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 can be found on [CDC's Information for Laboratories](#) web page.

COMMUNITY BASED INTERVENTIONS (AKA COMMUNITY MITIGATION)

- Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy.
 - In places where ongoing community spread of the virus that causes COVID-19 has been reported, people are at elevated risk of exposure.
- Currently a vaccine is not available for COVID-19. Until a vaccine is developed, community-based interventions, such as temporary school dismissals, postponing or cancelling large events, social distancing (i.e., limiting face-to-face contact) can help slow the spread of coronavirus.
- Your 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 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 in three categories:

- Personal protective measures (e.g., voluntary home isolation of ill persons, voluntary home quarantine of exposed household members, respiratory and cough etiquette, using [cloth face coverings](#) in community settings, practicing hand hygiene)
- Community measures aimed at increasing social distancing (e.g., temporary school dismissals, social distancing in workplaces (like working remotely), postponing or cancelling mass gatherings)
- Environmental measures (e.g., routine cleaning of frequently touched objects or surfaces)

Household/Personal Protective Measures

- Everyone can do their part to help prepare for, prevent, and respond to this emerging public health threat.
- CDC recommends that individuals/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:**
 - Mass gatherings and events, such as concerts, festivals, conferences, worship services, and sporting events, increase the chance of a virus, like COVID-19, to spread and infect people crowded together within a close proximity.
 - On March 16, the White House [recommended](#) avoiding social gatherings in groups of more than 10 people.
- **Community and faith-based organizations:**
 - Local leaders and community organizers play a vital role to bring the community together to help plan for and reduce the impact of a potential COVID-19 outbreak. Since you know your community members the best, you can ensure groups most vulnerable to COVID-19 are considered and included in the planning process.
 - CDC recommends finding out if your local government has a private-public emergency planning group that meets regularly that you can join. If not, suggest one that should be set up. Building strong alliances before an outbreak can help provide your organization with the support and resources needed.
 - CDC has created [interim guidance](#) to help you create an emergency plan for your community and faith-based organization.
- **Administrators of 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 for 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 has posted [guidance for childcare and K-12 school settings](#) on its website.
- CDC has posted [supplemental guidance for childcare programs](#) on its website.
- CDC has posted recommendations of [considerations for school dismissals](#).
- CDC has posted [guidance for institutions of higher education](#) (IHE) on its website.
 - This guidance includes considerations about addressing campus housing. [Guidance for IHE with students participating in international travel or study abroad programs](#) is also available.
- **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 has created [interim guidance for homeless shelters](#) that address planning for and responding to COVID-19 in these settings.
 - CDC has also posted [Interim Guidance for Responding to COVID-19 among People Experiencing Unsheltered Homelessness](#).

Information for Law Enforcement

- CDC has 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 (i.e. coveralls) 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.

HAND HYGIENE IN COMMUNITY SETTINGS (ENVIRONMENTAL MEASURES)

- 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.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Follow these steps to make sure you wash your hands properly:
 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.

INFECTION PREVENTION AND CONTROL FOR HEALTHCARE SETTINGS

- Healthcare facilities are increasingly unable to procure reliable and sufficient supplies for infection control, including N95 respirators.
- Because of demands associated with the COVID-19 response, CDC has updated the [current national COVID-19 infection control guidance for healthcare](#) in the midst of supply realities and growing insight about the spread of COVID-19.
- 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 health care personnel with facemasks and eye protection during other routine patient care activities, in the setting of respirator shortages.
- CDC’s updated, interim IPC guidance also aims to support health care facilities in practical decision-making at the local level to maintain a functional health care system while protecting healthcare workers.
- The guidance also outlines multiple interventions that can be implemented to enhance protection of health care personnel
- CDC has updated guidance on the 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.
 - Facemasks protect the wearer from splashes and sprays.

- Respirators, which filter inspired air, offer respiratory protection.
 - Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to healthcare professionals.
- The risk of transmission can be reduced by several types of actions, like prompt screening and triage, limiting personnel in the room, hand hygiene, source control, and effective environmental cleaning.
- CDC reminds all employers and healthcare personnel about the hierarchy of controls.
 - PPE is only one aspect of patient and worker safety and involves a high level of worker involvement and is highly dependent on proper fit and correct use.
- All healthcare facilities should continuously review their infection control supply inventories and taking steps to optimize supplies.
 - This is particularly true for areas in facilities where aerosol-generating procedures are performed, so that appropriate PPE will be available for high-risk procedures now and as potential COVID-19 cases increase.
- Healthcare administrators should continue to do everything possible to acquire the needed supplies to protect their staff and patients.
- 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.
- The anticipated timeline for return to routine levels of PPE is not known.
 - CDC has posted information about [strategies to optimize the current supply of N95 respirators](#), including the use of devices that provide higher levels of respiratory protection (e.g., powered air purifying respirators [PAPRs]) when N95s are not available.
 - CDC has also posted a [companion checklist](#) to help healthcare facilities prioritize the implementation of the strategies is available.
- The majority of nursing homes and outpatient clinics, including hemodialysis facilities, do not typically procure N-95 respirators, currently have respiratory protection programs, nor fit-tested HCP. Therefore, they would not be able to implement all the recommended infection control interventions for care of COVID-19 patients.
 - Without respiratory protection programs and fit testing, unnecessary transfer of stable patients with known or suspected COVID-19 to another facility (e.g., acute care hospital) for evaluation and care may occur.
 - In areas with community transmission, acute-care facilities will be quickly overwhelmed by transfers of patients who have only mild illness and do not require hospitalization.
- Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible COVID-19. HCP caring for these patients have an increased risk of exposure to this virus.
- HCP can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control (IPC) guidelines, including use of recommended personal protective equipment (PPE).
- Infection control procedures and appropriate use of PPE are necessary to prevent infections from spreading while caring for patients. CDC reminds all employers and HCP that PPE is only one aspect of safe care of patients with COVID-19.

- Focusing only on PPE gives a false sense of security of safe care and worker safety.
- 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.
- CDC's current guidelines are designed to prevent the spread of COVID-19 within healthcare facilities to healthcare personnel, visitors, and other patients who may be exposed to a patient with COVID-19.
- Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#):
 - Assess and triage patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure. Care for patients with known or suspected COVID-19 in a single-person room with the door closed. Reserve Airborne Infection Isolation Rooms (AIIRs) for patients undergoing aerosol-generating procedures.
 - Use [Standard, Contact, and Airborne](#) Precautions, including eye protection, when caring for patients with confirmed or possible COVID-19.
 - Perform hand hygiene with alcohol-based hand sanitizer before and after all patient contact, before and after contact with potentially infectious materials, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
 - Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
 - Perform aerosol-generating procedures (e.g., sputum induction, open suctioning of airways) in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
 - The collection of respiratory specimens (e.g., nasopharyngeal swabs) are not considered aerosol generating procedures. These procedures should take place in an examination room with the door closed.
 - Healthcare facilities can minimize the chance for exposures by ensuring facility policies and practices are in place and implemented before patient arrival, upon patient arrival, and throughout the duration of the affected patient's time in the healthcare setting.
 - CDC has created [Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)
- Healthcare facilities should promptly notify state or local public health authorities of patients with known or possible COVID-19 (i.e., persons under investigation or PUIs), and should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.
- 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.

- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 - Products with [EPA-approved emerging viral pathogens claims](#) are recommended for use against SARS-CoV-2, the virus that causes COVID-19.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Federal, state, and local guidelines and regulations specify the categories of medical waste that are subject to regulation and outline the requirements associated with treatment and disposal.
- CDC recommends that employees who are confirmed to have COVID-19, those who appear to have acute respiratory illness symptoms upon arrival to work, and persons who become sick during the work day promptly put on a facemask, be separated from other people, and be sent home immediately.
- If facemasks are not available, sick healthcare personnel should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), prior to leaving the facility.

Long-term care facilities

- 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. View [Strategies to Prevent the Spread of COVID-19 in LTCF for](#) more information.
- All healthcare facilities [can take steps](#) now to prepare for COVID-19 and protect both their patients and staff.
- In late February, there was an outbreak of COVID-19 in a long-term care facility in Washington state infecting patients and a healthcare professional.
- CDC deployed a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.

WHAT CDC IS DOING TO PROTECT HEALTHCARE PERSONNEL

- CDC is providing regular communication to the US healthcare community through targeted outreach activities.
- CDC is rapidly developing [guidance and resources](#) to protect US healthcare personnel. Current guidance and recommendations are designed to protect healthcare personnel and prevent the spread of the virus that causes COVID-19 within US healthcare facilities.
- CDC has deployed field teams to provide onsite infection control assessment and consultation to the US healthcare facilities currently treating confirmed COVID-19 patients and the passengers returning from China.
- CDC is preparing first responders, 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 stakeholders to help them recognize when to shift the strategies they are using.
- The first report of an infected healthcare provider occurred on February 29 in a long-term care facility in Washington.
- Healthcare personnel (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 properly following recommended infection control practices, including the appropriate use of PPE when caring for patients with COVID-19.
- CDC recommends evaluating asymptomatic HCPs with close contact or a potential exposure to COVID-19 by assessing risk, monitoring symptoms, and determining the need for appropriate work restrictions.

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.
- CDC recognizes that healthcare facilities may experience temporary shortages even if they do not care for patients with COVID-19.
- The COVID-19 pandemic is unprecedented and has directly impacted supply chains for tools needed by healthcare systems.
 - In response, CDC released [PPE optimization strategies](#) for eye protection, isolation gowns, facemasks, and N95 respirators.
 - PPE is needed not only to protect healthcare personnel against COVID-19, but also for personnel caring for patients with other serious infections like active TB and measles.
- 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.
- CDC released strategies to help healthcare facilities and providers conserve PPE as we start to see strain on the U.S. healthcare system due to COVID-19. 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 due to 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 should be used with other protective equipment (i.e., face shields).
 - If there are no respirators or facemasks left, and as a last resort, using a homemade facemask may be preferable to not covering one's nose and mouth when providing COVID-19 patient care.
- These strategies also emphasize the need to postpone non-urgent medical visits and procedures in order to reduce the overall burden on the healthcare system. This will reduce PPE use (also called "burn") and help prevent spread of COVID-19.
- ***It is essential that all healthcare systems act now*** to stretch their PPE supply so that critical procedures can still be performed.
 - Even facilities that do not yet have supply shortages should be practicing optimization strategies that will help prepare them for anticipated supply limitations.
- These strategies do not adhere to the typical standards of care that we are accustomed to 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 (e.g., restricting personnel not involved in direct patient care from entry into the patient's room).
 - Optimize the use of telemedicine.
 - Emphasize hygiene—keeping hands clean can stop the spread of germs between people.

- CDC has provided additional resources related to these strategies:
 - [Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response](#) is intended to help healthcare facilities prioritize the implementation of the strategies presented in the [Strategies for Optimizing the Supply for N95 Respirators](#) guidance.
 - [Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response](#)
 - In times of increased demand and decreased supply, consideration can be made to use the N95s listed in the guidance past their 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 the [Strategies for Optimizing the Supply of N95 Respirators](#).
 - [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)
 - CDC designed the tool to help healthcare and non-healthcare systems, such as correctional facilities, track how quickly PPE will be used at those facilities.
 - The tool is based on data provided by healthcare systems on use of PPE during responses to infectious disease outbreaks.
 - Healthcare and non-healthcare systems can use the tool to enter the type of PPE they are using, such as gowns, gloves, surgical masks, respirators, and face shields.
 - The spreadsheet is open-ended and can also be used to calculate the use of other types of PPE as well.
 - This tool calculates the average consumption rate, also referred to as a “burn rate.”
 - Healthcare personnel or facilities can use this tool to track the number of full boxes of each component of PPE that they have in stock, such as gowns or respirators.
 - They can enter these numbers to estimate the remaining supply of PPE based on the average consumption rate.
 - CDC released updated guidance on [Strategies to Optimize the Supply of PPE](#) that highlights some strategies—including extended use and reuse without decontamination—that facilities can use in the event of an acute shortage of supply.
 - Many hospitals across the country already have begun using these methods without fully considering the risk-benefit of the methods. This guidance helps provide increased clarity about the benefits and risks of each method.
 - CDC’s new guidance provides information on promising methods for decontamination and methods that are not recommended. The methods the

show the most promise are vaporous hydrogen peroxide, ultraviolet germicidal irradiation, and moist heat.

- Research shows some methods are **not** promising because they may change the filtering facepiece respirator's (FFR) performance or function or because of the uncertainties around the carcinogenic properties of the respirator after decontamination. The methods that are **not** promising include:
 - Ethylene oxide
 - Autoclave
 - Dry heat
 - Isopropyl alcohol
 - Soap
 - Dry microwave irradiation
 - Bleach
 - Disinfectant wipes
- At this time, CDC and NIOSH do not recommend that FFRs be decontaminated and then reused. This practice would be inconsistent with their approved use, but in times of crisis, this option may need to be considered.

Mitigating Healthcare Personnel Staffing Shortages

- As the COVID-19 pandemic progresses, healthcare facilities must plan for [potential staffing shortages](#).
- Healthcare facilities and employers should use contingency capacity strategies now to prepare for mitigating this problem.
- Contingency capacity strategies include:
 - Cancel all non-essential 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.
 - Healthcare personnel with suspected COVID-19 should be prioritized for testing, as testing results will impact when they may return to work and which patients they might be permitted to care for.
 - Develop plans and criteria for asymptomatic HCP who have had an unprotected exposure to COVID-19 to continue to work.
 - 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 do occur.

MANAGEMENT OF PATIENTS GUIDANCE FOR HEALTHCARE PROVIDERS

Clinical Presentation

- Most frequently reported symptoms of COVID-19 include fever, cough, sore throat, myalgia, or fatigue. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. Older patients and people with chronic medical conditions may be at higher 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.

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:
 - Acute respiratory distress syndrome (ARDS)
 - Intensive care for respiratory support
 - Pneumonia resulting in death
 - Secondary infection

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

- There are no U.S. Food and Drug Administration (FDA)-approved drugs specifically for the treatment of patients with COVID-19.
- At present, clinical management includes infection prevention and control measures and supportive care, including supplementary oxygen and mechanical ventilatory support when indicated.
- 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.

Therapeutic Options for COVID-19 Patients

- There are two approved drugs (chloroquine and hydroxychloroquine) and one investigational agent (remdesivir) currently in use in the United States.

- The two approved drugs have not been approved specifically for the treatment of patients with COVID-19.
- For full information on therapeutic options and obtaining these drugs, visit [Information for Clinicians on Therapeutic Options for COVID-19 Patients](#).
- Remdesivir is an investigational intravenous drug with broad antiviral activity that inhibits viral replication through premature termination of RNA transcription. It has in-vitro activity against SARS-CoV-2 and in-vitro and in-vivo activity against related betacoronaviruses.
 - It is available through three clinical trials or on an uncontrolled compassionate use basis.
- Hydroxychloroquine and chloroquine are oral prescription drugs that have been used for treatment of malaria and certain inflammatory conditions.
 - Based upon limited in-vitro and anecdotal data, chloroquine or hydroxychloroquine are currently recommended for treatment of hospitalized COVID-19 patients in several countries.

INTERIM GUIDANCE FOR BUSINESSES AND EMPLOYERS (NON-HEALTHCARE SETTINGS)

- [Interim guidance for businesses and employers](#) to plan for and respond to COVID-19 is now available on CDC's website. This interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings.
- Employers can use strategies now to prevent workplace exposures to acute respiratory illness:
 - Actively encouraging sick employees to stay home
 - Separating sick employees
 - Emphasizing staying home when sick, respiratory etiquette, and hand hygiene by all employees
 - Performing routine environmental cleaning
 - Advising employees before traveling to take certain steps
 - Checking the [CDC's Traveler's Health Notices](#) website for the latest guidance and recommendations for each country to which you will travel
- Some people, like healthcare workers caring for COVID-19 patients and other close contacts of COVID-19 patients, will have an increased risk of infection.
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. [Recommendations released March 16](#) state that if someone in a household has tested positive, keep the entire household at home.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- Employers should be ready to implement strategies to protect the workforce from COVID-19 while ensuring the continuity of operations.

- An infectious disease outbreak response plan should include possible work-related exposures and health risks to employees. The plan should also explore flexible worksites (e.g., telecommuting) and work hours in accordance with human resource policies.
- Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children dismissed from childcare programs and K-12 schools.