Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases

Updated March 7, 2020

Recommendations in this document for actions by public health authorities apply primarily to US jurisdictions that are not experiencing sustained community transmission. CDC will provide separate guidance for US jurisdictions with sustained community transmission.

CDC has provided separate guidance for healthcare settings.

Summary of changes

Revisions were made on March 7, 2020, to reflect the following:

- Defintions for congregate settings and social distancing were revised

Revisions were made on March 5, 2020, to reflect the following:

- Clarified that in jurisdictions without sustained community transmission, decisions for public health action shou be based priorities of public health authorities (e.g., surveillance, contact tracing)., In jurisdictions with sustained community transmission, travelers and other potentially exposed individuals should follow local guidance. Also provided a rationale for these changes.
- Updated definitions for self-observation, self-monitoring, and self-monitoring with public health supervision
- Provided exposure risk definitions and recommended management for countries other than China
- Updated recommendations for Crews on Passenger or Cargo Flights
- Removed Workplace section
- Added links to information on discontinuation of isolation for patients with laboratory-confirmed COVID-19
- Clarified that a potentially exposed person's risk level does not change if symptoms develop
- Reorganized tables

Background

CDC is closely monitoring an epidemic of respiratory illness (COVID-19) caused by a novel (new) coronavirus (SARS-Co that was first detected in Wuhan, Hubei Province, China. Chinese health officials have reported tens of thousands of illnesses with COVID-19 in China and the virus is spreading from person-to-person in many parts of that country. Cas COVID-19 are also being reported in a growing number of international locations, several of which are experiencing sustained community-level or widespread person-to-person transmission. Cases of COVID-19 without direct links to t have been reported in the United States and sustained transmission is occurring in some US communities.

Purpose

The purpose of this interim guidance to provide public health authorities and other partners in US jurisdictions that a not experiencing sustained community transmission of COVID-19 with a framework for assessing and managing risk potential exposures to SARS-CoV-2 and implementing public health actions based on a person's risk level and clinical presentation. Public health actions may include monitoring or the application of movement restrictions, including isolation and quarantine, when needed to delay the introduction and spread of SARS-CoV-2 in these communities.

The recommendations in this guidance apply to US-bound travelers who may have been exposed to SARS-CoV-2 and people identified through contact investigations of laboratory-confirmed cases. CDC acknowledges that state and loc jurisdictions may make risk management decisions that differ from those recommended here. Public health management decisions should be based on the situation in the jurisdiction and the priorities of public health authori The guidance will be updated based on the evolving circumstances of the epidemic.

Rationale

The guidance was designed for a “containment” approach in the absence of sustained SARS-CoV-2 transmission in US communities in order to delay introduction and spread of SARS-CoV-2. It focuses on decreasing the risk of unrecogniz case importation from international locations with sustained transmission and managing contacts of laboratory-confirmed cases. In US jurisdictions that are not experiencing sustained community transmission, these activities are important; however, a resource-intense containment approach that focuses on international travelers poses a risk of diverting public health resources from other priority activities, including surveillance and case finding, contact tracing and preparing for community mitigation measures. Allowing health departments the flexibility to prioritize public hea actions in their jurisdictions enables prudent deployment of public health resources where they can have the most benefit based on the local situation. State and local health departments are best positioned to make such decisions within their jurisdictions.

In US jurisdictions with sustained community transmission, shifting from containment to mitigation conserves public health resources and directs them to where they can have the most benefit. In such jurisdictions, residents may have same exposure risk as international travelers from countries with sustained transmission; therefore, applying stringe containment measures to international travelers (e.g., staying home for 14 days) no longer has a public health benefi and would be arbitrary in the context of similar risk among others in the community. Applying such containment measures (e.g., asking people to stay home) community-wide would have severe detrimental effects on community infrastructure. When SARS-CoV-2 is spreading in a community, it is also not feasible to identify all people with sympto compatible with COVID-19 or identify all potentially exposed contacts. Applying stringent containment measures to people who are tested and have laboratory confirmation and their contacts, but not to others who are not tested and their contacts, would have no public health benefit. Such an approach could hamper surveillance efforts and ability o public health authorities to make data-driven decisions for the implementation of community mitigation measures. Separate CDC guidance is in development that harmonizes recommendations for people who are tested and confirm positive for COVID-19 and others in the community who are symptomatic but not tested, as well as their contacts.

Definitions Used in this Guidance

Symptoms compatible with COVID-19, for the purpose of these recommendations, include subjective or measure fever, cough, or difficulty breathing.

Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperatu self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health o infection control program in coordination with the health department of jurisdiction. The occupational health or infe

control personnel for the employing organization should establish points of contact between the organization, the se
monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel w
during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation o
personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should includ
instructions for notifying occupational health and the local public health authority, and transportation arrangements
pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The
supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-
monitoring activities.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allo
health authorities may also check in intermittently with these people over the course of the self-monitoring period. If
travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify stat
and territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring means that the state or local public health authority assumes responsibility for establishing regu
communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. Fo
people with high-risk exposures, CDC recommends this communication occurs at least once each day**.** The mode of
communication can be determined by the state or local public health authority and may include telephone calls or ar
electronic or internet-based means of communication.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can o
while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

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

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or loc
entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or
group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for t
purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolat
quarantine or conditional release. The list of quarantinable communicable diseases for which federal public health or
are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the
definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive O
13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Isolation means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *expo to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the pos spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from mo stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or inte based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within United States for people under certain public health orders or if other conditions are met.

Congregate settings are crowded public places where close contact with others may occur, such as shopping cente movie theaters, stadiums.

Social distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

Exposure Risk Categories

These categories are interim and subject to change.

CDC has established the following exposure risk categories to help guide public health management of people follow potential SARS-CoV-2 exposure in jurisdictions that are not experiencing sustained community transmission. These categories may not cover all potential exposure scenarios. They should not replace an individual assessment of risk f the purpose of clinical decision making or individualized public health management.

All exposures apply to the 14 days prior to assessment.

For country-level risk classifications, see Coronavirus Disease 2019 Information for Travel.

CDC has provided separate guidance for healthcare settings.

Table 1. Risk Categories for Exposures Associated with International Travel or Identified during Contact Investigations of Laboratory-confirmed Cases

Risk Level	Geographic (Travel-associated) Exposures*	Exposures Identified through Contact Investigation
High	Travel from Hubei Province, China	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person

		with symptomatic laboratory-confirmed COVID-19 infection ***without using recommended precautions*** for home care and home isolation
Medium (assumes no exposures in the high-risk category)	• Travel from mainland China outside Hubei Province or Iran • Travel from a country with widespread sustained transmission, other than China or Iran • Travel from a country with sustained community transmission	• Close contact with a person with symptomatic laboratory-confirme COVID-19 • On an aircraft, being seated within 6 feet (two meters) of a travele with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction • Living in the same household as, an intimate partner of, or caring f a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection ***while consistently using recommended precautions*** for home care and home isolation
Low (assumes no exposures in the high-risk category)	Travel from any other country	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COV 19 for a prolonged period of time but not meeting the definition of clos contact
No identifiable risk	Not applicable	Interactions with a person with symptomatic laboratory-confirmed COV 19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

*In general, geographic exposure categories do not apply to travelers who only transit through an airport.

Recommendations for Exposure Risk Management

State and local authorities have primary jurisdiction for isolation and other public health orders within their respectiv jurisdictions. Federal public health authority primarily extends to international arrivals at ports of entry and to preve interstate communicable disease threats.

CDC recognizes that decisions and criteria to use such public health measures may differ by jurisdiction. Consistent w principles of federalism, state and local jurisdictions may choose to make decisions about isolation, other public heal orders, and monitoring that exceed those recommended in federal guidance. As the domestic COVID-19 situation evolves, public health authorities should base their decisions about application of individual-level monitoring or movement restrictions on the situation in their jurisdictions, including whether sustained community transmission is occurring and competing priorities.

The issuance of public health orders should be considered in the context of other less restrictive means that could accomplish the same public health goals. People under public health orders must be treated with respect, fairness, a compassion, and public health authorities should take steps to reduce the potential for stigma (e.g., through outreac affected communities, public education campaigns). Considerable, thoughtful planning by public health authorities is needed to implement public health orders properly. Specifically, measures must be in place to provide shelter, food, water, and other necessities for people whose movement is restricted under public health orders, and to protect thei dignity and privacy.

CDC's recommendations for public health management of international travelers with potential exposure to SARS-Co and people identified through contact investigations of laboratory-confirmed cases, including monitoring and the application of travel or movement restrictions, are summarized in Table 2.

Additional recommendations in specific groups or settings are provided below.

Crews on Passenger or Cargo Flights

For country-level risk classifications, see Coronavirus Disease 2019 Information for Travel. Regardless of residence o travel history, crew members who have known exposure to persons with COVID-19 should be assessed and manage a case-by-case basis.

Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC's recommendations.

US-based crews who have layovers in countries with sustained (community or widespread) transmission or other international locations

US-based crew members who are on layovers in countries with sustained (community or widespread) transmission should limit their activities in public and their interactions with local populations and practice social distancing while i those countries. Crew members who follow these recommendations, and who have no known exposure to persons w COVID-19, are assessed as low risk. These crew members should self-monitor for 14 days after their layovers under t supervision of the air carrier's occupational health program. These crew members have no movement restrictions wh in the United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic. A carriers should coordinate with health departments of jurisdiction for crew members' residences to establish plans fo managing crew members identified as symptomatic. If individualized planning with health departments is infeasible based on volume of crew members or priorities of health departments, air carriers should at a minimum ensure crew members know how to contact their local health departments. If they develop fever, cough, or difficulty breathing, cr members should self-isolate and be excluded from work on flights immediately until cleared by public health authori

At this time, CDC recommends that US-based flight crews consider practicing social distancing during layovers or oth travel at all international destinations and self-observation at all times.

Crews based in countries without sustained (community or widespread) transmission who have had layovers in countries with sustained (community or widespread) transmission

Crew members who are based in other countries not known to have sustained transmission and who practice social distancing during layovers in a country with sustained transmission in the past 14 days are assessed as low risk. The members should self-monitor for 14 days after their layovers under the supervision of the air carrier's occupational

health program while on layovers in the United States. These crew members have no movement restrictions while in United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic. Air carri should coordinate with health departments of jurisdiction for airports where they operate to establish plans for managing crew members identified as symptomatic while in the United States. If they develop fever, cough, or difficu breathing, crew members should self-isolate and be excluded from work on commercial flights immediately until clea by public health authorities.

Crews based in countries with sustained community transmission

Crew members who are based in countries with sustained community transmission and who are in the United States layovers are assessed as medium risk but may continue to work on passenger or cargo flights to and within the Unite States as long as they remain asymptomatic. The crew members should self-monitor under the supervision of the air carrier's occupational health program. These crew members are also recommended practice social distancing while i United States. Air carriers should coordinate with health departments of jurisdiction for airports where they operate establish plans for managing crew members identified as symptomatic while in the United States. If they develop fev cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities.

Crews based in countries with widespread sustained transmission

Crew members who are based in countries with widespread sustained transmission and who are in the United States layovers are assessed as medium risk but may continue to work on passenger or cargo flights to and within the Unite States as long as they remain asymptomatic. These crew members should self-monitor under the supervision of the carrier's occupational health program. These crew members are also recommended to remain in their hotel rooms, l activities in public, and practice social distancing while in the United States. Air carriers should coordinate with health departments of jurisdiction for airports where they operate to establish plans for managing crew members identified symptomatic while in the United States. If they develop fever, cough, or difficulty breathing, crew members should se isolate and be excluded from work on commercial flights immediately until cleared by public health authorities.

People with Laboratory-Confirmed COVID-19 and Symptomatic People Under Investigation for COVID-19

CDC has established criteria for determining when an individual can be considered non-infectious to guide discontinuation of transmission-based precautions for hospitalized patients or home isolation. While individuals are considered infectious, local or long-distance travel should occur only by medical transport (e.g., ambulance or air me transport) or private vehicle. Isolation and travel restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious.

Symptomatic people who meet CDC's definition of Persons Under Investigation (PUI) should be evaluated by healthca providers in conjunction with local health authorities. PUIs awaiting results of rRT-PCR testing for COVID-19 should remain in isolation at home or in a healthcare facility until their test results are known. Depending on the clinical suspicion of COVID-19, PUIs for whom an initial rRT-PCR test is negative may be candidates for removal of any isolati and travel restrictions specific to symptomatic people, but any restrictions for asymptomatic people according to the assigned risk level should still apply. Management decisions of PUIs who are not tested should be made on a case-by case basis, using available epidemiologic and clinical information, in conjunction with CDC guidance.

Contacts of Asymptomatic People Exposed to COVID-19

CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomati people with potential exposures to SARS-CoV-2 (such as in a household), i.e., “contacts of contacts;” these people are considered exposed to SARS-CoV-2.

Table 2. Summary of CDC Recommendations for Management of Exposed Persons with by Risk Level and Presence of Symptoms

The public health actions recommended in the table below apply to people who have been determined to have at lea some risk for COVID-19. People who are being managed as asymptomatic in a particular risk level who develop signs symptoms compatible with COVID-19 should be moved immediately into the symptomatic category in the same risk l and be managed accordingly. The risk level does not change if symptoms develop.

Risk Level	Management if Asymptomatic	Management if Symptomatic[1]
High risk	• Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel	• Immediate isolation with consideration of public health orders • Public health assessment to determine the need fo medical evaluation; if medical evaluation warrante diagnostic testing should be guided by CDC’s PUI definition • If medical evaluation is needed, it should occur wit pre-notification to the receiving HCF and EMS, if EM transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Medium risk	**Close contacts in this category:** • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances **Travelers from mainland China (outside Hubei Province) or Iran** • Recommendation to remain at home or in a comparable setting • Practice social distancing • Self-monitoring with public	• Self-isolation • Public health assessment to determine the need fo medical evaluation; if medical evaluation warrante diagnostic testing should be guided by CDC’s PUI definition • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF an EMS, if EMS transport indicated, and with all recommended infection control precautions in pla • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.

	health supervision as determined by local priorities • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination	
	Travelers from other country with widespread transmission • Recommendation to remain at home or in a comparable setting, • Practice social distancing • Self-monitoring • Recommendation to postpone additional long-distance travel on commercial conveyances after they reach their final destination	
	Travelers from country with sustained community transmission • Practice social distancing • Self-observation	
Low risk	• No restriction on movement • Self-observation	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing f COVID-19 should be guided by CDC's PUI definitio • Travel on commercial conveyances should be postponed until no longer symptomatic.
No identifiable risk	None	• Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed. • If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing f COVID-19 should be guided by CDC's PUI definitio • Travel on commercial conveyances should be postponed until no longer symptomatic.

EMS = emergency medical services; HCF = healthcare facility; PUI = Person Under Investigation for COVID-19

[1]For the purpose of this document: subjective or measured fever, cough, or difficulty breathing.

Note: The public health management recommendations made above are primarily intended for jurisdict not experiencing sustained community transmission. In jurisdictions not experiencing sustained community transmission, CDC recommends that post-exposure public health management for asymptomatic exposed individual continue until 14 days after the last potential exposure; however, these decisions should be made based on the local situation, available resources, and competing priorities. These factors should also guide decisions about managing symptomatic exposed individuals.

International travelers and other potentially exposed individuals in jurisdictions experiencing sustained community transmission should follow local guidance.

For country-level risk classifications, see Coronavirus Disease 2019 Information for Travel.

CDC has provided separate guidance for healthcare settings.

Page last reviewed: March 7