Coronavirus Disease 2019 (COVID-19)

Public Health Recommendations after Travel-Associated COVID-19 Exposure

CDC has separate guidance for exposures in healthcare settings, and U.S. communities. See also Guidance for essential workers 7.

Summary of changes

On March 30, 2020

Separated guidance for travel-associated exposures and community-related exposures.

Background

The epidemic of respiratory illness (COVID-19) caused by novel coronavirus (SARS-CoV-2) is spreading in all regions internationally as well as in many communities in the United States. As part of a strategy aimed to limit continued COVID-19 seeding of US communities, the US government has recommended that travelers stay home voluntarily for 14 days after traveling from countries with widespread ongoing transmission or on cruise ships or river cruises.

Recommended Public Health Management

CDC's recommendations for travel-associated exposures are provided below. Individuals should always follow guidance of the state and local authorities for the area where they are located.

International and Cruise Travelers

Exposure	Recommended Precautions
 Travel from a country with widespread ongoing transmission¹ Travel on cruise ship or river boat 	 Stay home until 14 days after arrival and maintain a distance of at least 6 feet (2 meters) from others² Self-monitor for symptoms Check temperature twice a day Watch for fever³, cough, shortness of breath Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) Follow CDC guidance if symptoms develop
Travel from a country with ongoing community transmission	 Practice social distancing Maintain a distance of at least 6 feet (2 meters) from others Stay out of crowded places Be alert for symptoms Watch for fever³, cough, shortness of breath Take temperature if symptoms develop Follow CDC guidance if symptoms develop

¹As of March 27, 2020, this includes all countries.

²See below for guidance on air crews. Guidance for other essential workers can be found here: https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce ☑ .

³For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

Crews on Passenger or Cargo Flights

CDC and the Federal Aviation Administration have jointly provided Updated Interim Occupational Health and Safety Guidance for Air Carriers and Crews [PDF – 7 pages] [2]. This FAA-CDC guidance includes recommendations for air crews to self-monitor under the supervision of their employer's occupational health program and to remain in their hotel rooms and practice social distancing while on overnight layovers in the United States (applies to US-based crews and crews based in other countries) or internationally (applies to US-based crews). These recommendations were made because SARS-CoV-2 is spreading in all regions internationally as well as in the United States. Also, the rapidly changing situation means country-level geographic risk assessments cannot be relied on to accurately judge the risk to crewmembers in any given location. As long as they remain asymptomatic, crew members may continue to work on flights into, within, or departing from the United States. Crew members who follow their carrier's occupational health plan as well as the FAA-CDC guidance are not subject to restrictions applied to other travelers. If they develop fever, cough, or difficulty breathing, crew members should self-isolate and be excluded from work on commercial flights immediately, and remain excluded until cleared to work by their occupational health program and public health authorities.

Regardless of residence or travel history, crew members who have known exposure to persons with COVID-19 should be assessed and managed on a case-by-case basis.

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