



Coronavirus Disease 2019 (COVID-19)



Frequently Asked Questions

Updated May 29, 2020

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Coronavirus Disease 2019 Basics

What is a novel coronavirus?

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

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

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

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

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) [best practice](#) [for naming of new human infectious diseases](#).

Why might someone blame or avoid individuals and groups (create stigma) because of COVID-19?

People in the U.S. may be worried or anxious about friends and relatives who are living in or visiting areas where COVID-19 is spreading. Some people are worried about getting the disease from these people. Fear and anxiety can lead to social stigma, for example, toward people who live in certain parts of the world, people who have traveled internationally, people who were in quarantine, or healthcare professionals.

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

Stigma hurts everyone by creating more fear or anger toward ordinary people instead of focusing on the disease that is causing the problem.

How can people help stop stigma related to COVID-19?

People can fight stigma by providing social support in situations where you notice this is occurring. Stigma affects the emotional or [mental health](#) of stigmatized groups and the communities they live in. Stopping stigma is important to making communities and community members resilient. See [resources on mental health and coping during COVID-19](#). Everyone can help stop stigma related to COVID-19 by [knowing the facts](#) and sharing them with others in your community.

Why do some state's COVID-19 case numbers sometimes differ from what is posted on CDC's website?

CDC's overall case numbers are validated through a confirmation process with jurisdictions. The process used for finding and confirming cases displayed by different places may differ.

How do CDC's COVID-19 case numbers compare with those provided by the World Health Organization (WHO) or Johns Hopkins? —

CDC's COVID-19 case numbers include many publicly reported numbers, including information from state, local, territorial, international and external partners.

Why do the number of cases for previous days increase? —

Delays in reporting can cause the number of COVID-19 cases reported on previous days to increase. (Sometimes this effect is described as "backfill.") State, local, and territorial health departments report the number of cases that have been confirmed and share these data with CDC. Since it takes time to conduct laboratory testing, cases from a previous day may be added to the daily counts a few days late.

COVID-19 and Hypertension —

Are people with high blood pressure (hypertension) at higher risk from COVID-19?

At this time, we do not think that people with high blood pressure and no other underlying health conditions are more likely than others to get severely ill from COVID-19. Although many people who have gotten severely ill from COVID-19 have high blood pressure, they are often older or have other medical conditions like obesity, diabetes, and serious heart conditions that place them at higher risk of severe illness from COVID-19.

If you have high blood pressure, it's critically important that you keep your blood pressure under control to lower your risk for heart disease and strokes. Take your blood pressure medications as directed, keep a log of your blood pressure every day if you are able to take your blood pressure at home, and work with your healthcare team to make sure your blood pressure is well controlled. Any changes to your medications should be made in consultation with your healthcare team.

Should I continue to take my blood pressure medication?

Yes. Continue to take your blood pressure medications exactly as prescribed and make lifestyle modifications agreed upon in your treatment plan. Continue all your regular medications, including angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs), as prescribed by your healthcare team. This is recommended by [current clinical guidelines](#) from the American Heart Association, the Heart Failure Society of America, and the American College of Cardiology

How COVID-19 Spreads

What is the source of the virus?

COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with [MERS-CoV](#) and [SARS-CoV](#), and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown.

More information about the source and spread of COVID-19 is available on the [Situation Summary: Source and Spread of the Virus](#).

How does the virus spread?

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs 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).

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

Learn what is known about the [spread of newly emerged coronaviruses](#).

Why are we seeing a rise in cases?

The [number of cases of COVID-19](#) being reported in the United States is rising due to [increased laboratory testing](#) and reporting across the country. The growing number of cases in part reflects the rapid spread of COVID-19 as many U.S. states and territories experience community spread. More detailed and accurate data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.

Can someone who has had COVID-19 spread the illness to others?

The virus that causes COVID-19 is [spreading from person-to-person](#). People are thought to be most contagious when they are symptomatic (the sickest). That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others. More recently the virus has also been detected in asymptomatic persons.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made using a test-based or non-test-based strategy (i.e. time since illness started and time since recovery) in consultation with state and local public health officials. The decision involves considering the specifics of each situation, including disease severity, illness signs and symptoms, and the results of laboratory testing for that patient.

Learn more about [CDC's guidance on when to release someone from isolation](#) and discharge hospitalized patients with COVID-19. For information on when someone who has been sick with COVID-19 is able to stop home isolation see [Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#).

Someone who has been released from isolation is not considered to pose a risk of infection to others.

Can someone who has been quarantined for COVID-19 spread the illness to others?

Quarantine means separating a person or group of people who have been exposed to a contagious disease but have not developed illness (symptoms) from others who have not been exposed, in order to prevent the possible spread of that disease. Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure because the incubation period for this virus is 2 to 14 days. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

Can the virus that causes COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

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

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, 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.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

Learn what is known about the [spread of COVID-19](#).

Can I get sick with COVID-19 if it is on food? –

Based on information about this novel coronavirus thus far, it seems unlikely that COVID-19 can be transmitted through food – additional investigation is needed.

Will warm weather stop the outbreak of COVID-19? –

It is not yet known whether weather and temperature affect the spread of COVID-19. Some other viruses, like those that cause the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

What is community spread? –

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

What temperature kills the virus that causes COVID-19? –

Generally coronaviruses survive for shorter periods at higher temperatures and higher humidity than in cooler or dryer environments. However, we don't have direct data for this virus, nor do we have direct data for a temperature-based cutoff for inactivation at this point. The necessary temperature would also be based on the materials of the surface, the environment, etc. Regardless of temperature please follow [CDC's guidance for cleaning and disinfection](#).

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

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

How to Protect Yourself

Am I at risk for COVID-19 in the United States? –

This is a rapidly evolving situation and the [risk assessment](#) may change daily. The latest updates are available on CDC's Coronavirus Disease 2019 (COVID-19) website.

How many cases have been reported in the United States? –

COVID-19 case counts for the United States are updated regularly online. See the [current U.S. case count of COVID-19](#).

How can I help protect myself?

Visit the [COVID-19 Prevention and Treatment](#) page to learn about how to protect yourself from respiratory illnesses, like COVID-19.

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

There is information for [people who have had close contact](#) with a person confirmed to have, or being evaluated for, COVID-19 available online.

Does CDC recommend the use of facemask or face coverings to prevent COVID-19?

In light of data about how COVID-19 spreads, along with evidence of widespread COVID-19 illness in communities across the country, CDC recommends that people wear a [cloth face covering](#) to cover their nose and mouth in the community setting. This is an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others. This would be especially important in the event that someone is infected but does not have symptoms. A cloth face covering should be worn whenever people must go into public settings (grocery stores, for example). Medical masks and N-95 respirators are reserved for healthcare workers and other first responders, as recommended by current CDC guidance.

- **It is important to continue taking care of your health and wellness.** If you have a chronic health problem, you may be at [higher risk for severe illness from COVID-19](#). Below are some things you can do to take care of your health during this time.
- **Continue your medications**, and do not change your treatment plan without talking to your healthcare provider.
- **Continue to manage your disease** the way your healthcare provider has told you.
- **Have at least a 2-week supply** of all prescription and non-prescription medications. Talk to your healthcare provider, insurer, and pharmacist about getting an extra supply of prescription medications, if possible, to reduce trips to the pharmacy.
- **Talk to your healthcare provider about whether your vaccinations are up-to-date.** People aged 65 years or older, and those with some underlying medical conditions, are recommended to receive vaccinations against [influenza](#) and [pneumococcal disease](#) as soon as your provider tells you that can.
- **Call your healthcare provider**
 - **if you have any concerns** about your medical conditions, or if you get sick.
 - **to find out about different ways you can connect with your healthcare provider for chronic disease** management or other conditions. Ask about phone calls, video appointments, use of the patient portal, emails and mailings. Learn more about [telehealth here](#) [↗](#) .
- **Do not delay getting emergency care for your health problems or *any* health condition that requires immediate attention.**
 - If you need emergency help, call 911.
 - Emergency departments have infection prevention plans to protect you from getting COVID-19 if you need care for your medical condition.
- **Continue** to practice [everyday](#) prevention: wash your hands often, keep space between yourself and others, cover your mouth and nose with a cloth face cover when around other people, cover coughs and sneezes, and clean and disinfect frequently touched surfaces often.

There is still a lot that is unknown about COVID-19 and how it spreads. Coronaviruses are thought to be spread most often by respiratory droplets. Although the virus can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. However, it may be possible that people 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.

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

Is it okay for me to donate blood?

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In healthcare settings across the United States, donated blood is a lifesaving, essential part of caring for patients. The need for donated blood is constant, and blood centers are open and in urgent need of donations. CDC encourages people who are well to continue to donate blood if they are able, even if they are practicing social distancing because of COVID-19. CDC is supporting blood centers by providing recommendations that will keep donors and staff safe. Examples of these recommendations include spacing donor chairs 6 feet apart, thoroughly adhering to environmental cleaning practices, and encouraging donors to make donation appointments ahead of time.

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

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- Currently there is no evidence to suggest contact lens wearers are more at risk for acquiring COVID-19 than eyeglass wearers.
- Contact lens wearers should continue to [practice safe contact lens wear and care hygiene habits](#) to help prevent against transmission of any contact lens-related infections, such as always washing hands with soap and water before handling lenses.
- People who are healthy can continue to wear and care for their contact lenses as prescribed by their eye care professional.

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

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

Is contact lens disinfecting solution effective against COVID-19?

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

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

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

COVID-19 and Children

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

Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. You can learn more about who is at higher risk for severe illness from COVID-19 at [People who are at higher risk for severe illness](#).

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

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

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, 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.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

You can find additional information on preventing COVID-19 at [Prevention for 2019 Novel Coronavirus](#) and at [Preventing COVID-19 Spread in Communities](#). Additional information on how COVID-19 is spread is available at [How COVID-19 Spreads](#).

More information on [Children and Coronavirus Disease 2019 \(COVID-19\)](#) is available online.

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

No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It's not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

Should children wear masks?

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CDC recommends that everyone 2 years and older wear a cloth face covering that covers their nose and mouth when they are out in the community. Cloth face coverings should NOT be put on babies or children younger than 2 because of the danger of suffocation. Children younger than 2 years of age are listed as an exception as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

Wearing cloth face coverings is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning, and other everyday preventive actions. A cloth face covering is not intended to protect the wearer but may prevent the spread of virus from the wearer to others. This would be especially important if someone is infected but does not have symptoms. Medical face masks and N95 respirators are still reserved for healthcare personnel and other first responders, as recommended by current CDC guidance.

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

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Outbreaks can be stressful for adults and children. Talk with your children about the outbreak, try to stay calm, and reassure them that they are safe. If appropriate, explain to them that most illness from COVID-19 seems to be mild. [Children respond differently to stressful situations than adults](#). CDC offers [resources](#) to help talk with children about COVID-19.

What steps should parents take to protect children during a community outbreak?

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This is a new virus and we are still learning about it, but so far, there does not seem to be a lot of illness in children. Most illness, including serious illness, is happening in adults of working age and older adults. However, children do get the virus and become ill. Many schools across the country have announced dismissals for temporary periods. Keep track of school dismissals in your community. Read or watch local media sources that report school dismissals. If schools are dismissed temporarily, use alternative childcare arrangements, if needed.

If your child/children become sick with COVID-19, notify their childcare facility or school. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.

CDC is working with state and local health departments to investigate reports of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19 and gather more information as quickly as possible about how common it is and who is at risk. As new information becomes available, we will continue to provide information for parents and caregivers as well as healthcare and public health professionals. MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs. Signs and symptoms of MIS-C include fever and various symptoms such as abdominal pain, vomiting, diarrhea, neck pain, rash, and feeling tired.

If your child has any of these symptoms, [other symptoms of COVID-19](#), or other concerning signs, **contact your pediatrician**. If your child is showing any emergency warning signs including trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, severe abdominal pain, or other concerning signs, **seek emergency care right away**.

School Dismissals and Children

- The key to slowing the spread of COVID-19 is to practice social distancing. While school is out, children should not have in-person playdates with children from other households. If children are playing outside their own homes, it is essential that they remain 6 feet from anyone who is not in their own household.
- To help children maintain social connections while social distancing, help your children have supervised phone calls or video chats with their friends.
- Make sure children practice [everyday preventive behaviors](#), such as washing their hands often with soap and water. Remember, if children meet outside of school in groups, it can put everyone at risk.
 - Revise spring break plans if they included non-essential travel.
- Information about [COVID-19 in children](#) is somewhat limited, but current data suggest children with COVID-19 may have only mild symptoms. However, they can still pass this virus onto others who may be at higher risk, including [older adults and people who have serious underlying medical conditions](#).

- **Stay in touch with your child's school.**
 - Many schools are offering lessons online (virtual learning). Review assignments from the school, and help your child establish a reasonable pace for completing the work. You may need to assist your child with turning on devices, reading instructions, and typing answers.
 - Communicate challenges to your school. If you face technology or connectivity issues, or if your child is having a hard time completing assignments, let the school know.
- **Create a schedule and routine for learning at home, but remain flexible.**
 - Have consistent bedtimes, and get up at the same time, Monday through Friday.
 - Structure the day for learning, free time, healthy meals and snacks, and physical activity.
 - Allow flexibility in the schedule—it's okay to adapt based on your day.
- **Consider the needs and adjustment required for your child's age group.**
 - The transition to being at home will be different for preschoolers, K-5, middle school students, and high school students. Talk to your child about expectations and how they are adjusting to being at home versus at school.
 - Consider ways your child can stay connected with their friends without spending time in person.
- **Look for ways to make learning fun.**
 - Have hands-on activities, like puzzles, painting, drawing, and making things.
 - Independent play can also be used in place of structured learning. Encourage children to build a fort from sheets or practice counting by stacking blocks.
 - Practice handwriting and grammar by writing letters to family members. This is a great way to connect and limit face-to-face contact.
 - Start a journal with your child to document this time and discuss the shared experience.
 - Use audiobooks or see if your local library is hosting virtual or live-streamed reading events.

Check with your school on plans to continue meal services during the school dismissal. Many schools are keeping school facilities open to allow families to pick up meals or are providing grab-and-go meals at a central location.

- **Watch your child for any signs of illness.**
 - If you see any sign of illness consistent with [symptoms of COVID-19](#), particularly fever, cough, or shortness of breath, call your healthcare provider and keep your child at home and away from others as much as possible. Follow CDC's guidance on "[What to do if you are sick.](#)"
- **Watch for signs of stress in your child.**
 - Some common changes to watch for include excessive worry or sadness, unhealthy eating or sleeping habits, and difficulty with attention and concentration. For more information, see the "For Parents" section on CDC's website, [Manage Anxiety and Stress](#).
 - Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and [share facts](#) about COVID-19 in a way that your child or teen can understand.
 - Go to CDC's [Helping Children Cope with Emergencies](#) or [Talking with Children About COVID-19](#) for more information.
- **Teach and reinforce [everyday preventive actions](#).**
 - Parents and caretakers play an important role in teaching children to wash their hands. Explain that hand washing can keep them healthy and stop the virus from spreading to others.
 - Be a good role model—if you wash your hands often, they're more likely to do the same.
 - Make [handwashing a family activity](#).
- **Help your child stay active.**
 - Encourage your child to play outdoors—it's great for physical and mental health. Take a walk with your child or go on a bike ride.
 - Use indoor activity breaks (stretch breaks, dance breaks) throughout the day to help your child stay healthy and focused.
- **Help your child stay socially connected.**
 - Reach out to friends and family via phone or video chats.
 - Write cards or letters to family members they may not be able to visit.
 - Some schools and non-profits, such as the [Collaborative for Academic, Social, and Emotional Learning](#) [↗](#) and [The Yale Center for Emotional Intelligence](#) [↗](#), have resources for social and emotional learning. Check to see if your school has tips and guidelines to help support social and emotional needs of your child.

While school's out, limit time with older adults, including relatives, and people with chronic medical conditions.

Older adults and people who have serious underlying medical conditions are at highest risk of getting sick from COVID-19.

- If others in your home are at particularly [high risk for severe illness from COVID-19](#), consider extra precautions to separate your child from those people.
- If you are unable to stay home with your child during school dismissals, carefully consider who might be best positioned to provide childcare. If someone at higher risk for COVID-19 will be providing care (older adult, such as a grandparent or someone with a serious underlying medical condition), limit your children's contact with other people.
- Consider postponing visits or trip to see older family members and grandparents. Connect virtually or by writing letters and sending via mail.

Children and Youth with Special Healthcare Needs

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

Children with complex, chronic medical conditions, including children with physical, developmental, behavioral, or emotional differences, can have special healthcare needs. It's not known yet whether all of these children are at higher risk for severe illness from COVID-19.

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

More data are needed to learn which underlying or complex medical conditions may put children at increased risk. CDC is monitoring new information as it becomes available and will provide updates as needed.

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

What additional steps should families that have a child with an underlying medical condition or special health care need take?

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

- Identify potential alternative caregivers, if you or other regular caregivers become sick and are unable to care for your child. If possible, these alternative caregivers would not be at [higher risk of severe illness from COVID-19](#) themselves.
- Try to have at least one month of medication and medical supplies on hand. Some health plans allow for a 90-day supply of prescription medications. Consider discussing this option with your child's healthcare provider.
- Review any care plans for your child, such as an asthma action plan, and make sure caregivers and backup caregivers are familiar with these plans.
- If you do not have [care plans or an emergency notebook](#), try to make them. They typically include important information about your child's medical conditions, how to manage those conditions, how to get in touch with your child's doctors, allergies, information on medications (names, dosages, and administration instructions), preferences (food and other) or special needs, daily routines and activities, friends, and details about routines that are important to support behavioral and emotional health.
- Learn if your child's healthcare providers, including doctors and therapists, have new ways to be contacted or new ways of providing appointments. If they offer telemedicine visits, find out how those are arranged and any additional information you need.
- If your child receives any support care services in the home that need to be continued, make plans for what you will do if those direct care providers get sick, or if persons in your household are sick.
- Discuss with the support care agencies and the providers ways to minimize risk for exposure to the virus that causes COVID-19.
 - If your child or other persons in your household are sick with COVID-19 and are able to recover at home, inform your direct care providers and consider postponing or rescheduling services until the criteria for [discontinuing home isolation](#) have been met.
 - Ask service providers if they are experiencing any [symptoms of COVID-19](#), or if they have been in contact with someone who has COVID-19.
 - Tell the service provider to:
 - Wear a [cloth face covering](#) if they will be close (less than 6 feet) to you or persons in your household. Their cloth face covering helps protect you if they are infected but do not have symptoms.
 - Ask them to wash their hands with soap and water or, if unavailable, use hand sanitizer with at least 60% alcohol when they enter your home, before and after helping your child (dressing, bathing/showering, transferring, toileting and/or diapering, feeding), after handling tissues, and after changing linens or doing laundry. [Learn more about proper handwashing](#).
 - Service providers and families should:
 - Routinely clean and disinfect frequently touched objects and surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, oxygen tanks and tubing, communication boards, and other assistive devices. Refer to CDC's recommendations for [Cleaning and Disinfecting Your Home](#).

What can I do if my child has difficulties adjusting to new routines and following recommendations? –

Helping children understand and follow recommendations, like social distancing and [wearing cloth face coverings](#), can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs.

- Keeping children at home and sheltering in place can lower stress created by social distancing and cloth face covering recommendations. Reach out to others for help in running essential errands.
- Behavioral techniques can be used to address behavioral challenges and to develop new routines. These include social stories, video modeling, picture schedules, and visual cues. Try rewarding your child in small ways with his or her favorite non-food treat or activities to help switch routines and to follow recommendations.
- Many of the organizations you turn to for information and support around your child's complex, chronic medical condition may have information on their websites to help families address issues related to COVID-19.
- Your child's therapist(s) and/or teachers may also have resources to help successfully introduce new routines to your child.

Additional information on [caring for children](#) and on [child development specific conditions](#) are available.

How can my family cope with the added stress? –

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

See information on ways to cope with stress (such as [visiting parks, trails, or open spaces](#)) and [making your family stronger](#).

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

- Call 911
- Visit the [Disaster Distress Helpline](#) [🔗](#), call 1-800-985-5990, or text TalkWithUs to 66746
- Visit the [National Domestic Violence Hotline](#) [🔗](#) or call 1-800-799-7233 and TTY 1-800-787-3224

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

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

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

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

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

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

What if my child needs to go to the hospital?

If your child's healthcare provider tells you to go to the hospital for any health problem, including COVID-19:

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

Preparing Your Home and Family for COVID-19

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

- Talk with the people who need to be included in your plan, and discuss [what to do if a COVID-19 outbreak occurs in your community](#).
- Plan ways to care for those who might be at greater risk for serious complications, particularly [older adults and those with severe chronic medical](#) conditions like heart, lung or kidney disease.
 - Make sure they have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- Get to know your neighbors and find out if your neighborhood has a website or social media page to stay connected.
- Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support, and resources.
- Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.

What steps can my family take to reduce our risk of getting COVID-19?

Practice everyday preventive actions to help reduce your risk of getting sick and remind everyone in your home to do the same. These actions are especially important for older adults and people who have severe chronic medical conditions:

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, 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.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

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

- Stay home when you are sick, except to get medical care.

When to Seek Emergency Medical Attention

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

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

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

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

- Use a separate room and bathroom for sick household members (if possible).
- Wash your hands often with soap and water for at least 20 seconds, especially after 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.
- Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others.
- [Clean the sick room and bathroom](#), as needed, to avoid unnecessary contact with the sick person.
- Avoid sharing personal items like utensils, food, and drinks.

Talk to the [school or facility](#) about their emergency operations plan. Understand the plan for continuing education and social services (such as student meal programs) during school dismissals. If your child attends a [college or university](#), encourage them to learn about the school's plan for a COVID-19 outbreak.

How can I prepare for COVID-19 at work? —

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

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

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands 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.

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

Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common EPA-registered household disinfectants will work. See CDC's recommendations [for household cleaning and disinfection.](#)

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

CDC recommends handwashing with soap and water for at least 20 seconds or, using alcohol-based hand sanitizer with at least 60% alcohol when soap and water are not available. These actions are part of [everyday preventive actions](#) individuals can take to slow the spread of respiratory diseases like COVID-19.

- When washing hands, you can use plain soap or antibacterial soap. Plain soap is as effective as antibacterial soap at removing germs.
- If soap and water are not readily available, you can use an FDA-approved alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

CDC does not encourage the production and use of homemade hand sanitizer [products because of concerns over the correct use of the ingredients](#) [↗](#) and the need to work under sterile conditions to make the product. Local industries that are looking into producing hand sanitizer to fill in for commercial shortages can refer to the [World Health Organization guidance](#) [📄](#) [↗](#). Organizations should revert to the use of commercially produced, FDA-approved product once such supplies again become available.

- To be effective against killing some types of germs, [hand sanitizers](#) need to have a strength of at least 60% alcohol and be used when hands are not visibly dirty or greasy.
- Do not rely on “Do It Yourself” or “DIY” recipes based solely on essential oils or formulated without correct compounding practices.
- Do not use hand sanitizer to disinfect frequently touched surfaces and objects. [See CDC's information for cleaning and sanitizing your home.](#)

See [FAQs about hand hygiene for healthcare personnel responding to COVID-2019.](#)

In Case of an Outbreak in Your Community

What should I do if there is an outbreak in my community?

During an outbreak, stay calm and put your preparedness plan to work. Follow the steps below:

Protect yourself and others.

- Stay home if you are sick. Keep away from people who are sick. Limit close contact with others as much as possible (about 6 feet).

Put your household plan into action.

- **Stay informed about the local COVID-19 situation.** Be aware of temporary school dismissals in your area, as this may affect your household's daily routine.
- **Continue practicing everyday preventive actions.** Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.
- **Notify your workplace as soon as possible if your regular work schedule changes.** Ask to work from home or take leave if you or someone in your household gets sick with [COVID-19 symptoms](#), or if your child's school is dismissed temporarily. [Learn how businesses and employers can plan for and respond to COVID-19.](#)
- **Stay in touch with others by phone or email.** If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends, especially those at increased risk of developing severe illness, such as older adults and people with severe chronic medical conditions.

Will schools be dismissed if there is an outbreak in my community?

Depending on the situation, public health officials may recommend community actions to reduce exposures to COVID-19, such as school dismissals. Read or watch local media sources that report school dismissals or and watch for communication from your child's school. If schools are dismissed temporarily, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Should I go to work if there is an outbreak in my community?

Follow the advice of your local health officials. Stay home if you can. Talk to your employer to discuss working from home, taking leave if you or someone in your household gets sick with [COVID-19 symptoms](#), or if your child's school is dismissed temporarily. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual in case of a community outbreak.

Will businesses and schools close or stay closed in my community and for how long? Will there be a “stay at home” or “shelter in place” order in my community?

CDC makes recommendations, shares information, and provides guidance to help slow down the spread of COVID-19 in the U.S. including guidance for schools and businesses. CDC regularly shares information and provides assistance to state, local, territorial, and tribal health authorities. These local authorities are responsible for making decisions including “stay at home” or “shelter in place.” What is included in these orders and how they are implemented are also decided by local authorities. These decisions may also depend on many factors such as how the virus is spreading in a certain community.

Please [contact your local health department](#) to find out more.

Can CDC tell me or my employer when it is safe for me to go back to work/school after recovering from or being exposed to COVID-19?

CDC cannot address the policies of any business or organization. CDC shares recommendations based on the best available science to help people make decisions that improve their health and safety. Employers, schools, and organizations may decide to visibly screen for symptoms or perform on-site symptom checks.

If your employer, school, or organization requires you to present documentation regarding COVID-19 before returning to work or school (for example, proof of a negative COVID-19 lab test, if a test was performed, contact your healthcare provider to ask if he or she would be able to provide a form of documentation for you. Documentation of self-isolation and self-quarantine may not be possible.

CDC has guidance for when and how people with COVID-19 can discontinue home isolation:
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

CDC also has guidance for what people should do if they think they have been exposed or feel sick:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.

In all cases, **follow the guidance of your healthcare provider and local health department.** Local decisions depend on local circumstances.

Symptoms & Testing

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

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

Read more about [COVID-19 Symptoms](#).

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

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

Should I be tested for COVID-19?


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

If you have [symptoms of COVID-19](#) and want to get tested, call your healthcare provider first.

You can also visit your state or local health department's website to look for the latest local information on testing. [See Test for Past Infection for more information.](#)

How can I get tested for COVID-19?

Two kinds of tests are available for COVID-19: viral tests and antibody tests. A viral test checks for a current infection. An antibody test checks for a previous infection.

If you think you need a viral test, call your healthcare provider or [state](#) or [local](#)  health department and tell them about your symptoms and how you think you may have been exposed to the virus. Your healthcare provider can let you know if they offer viral tests at their office. Your state or local health department can provide local information on where testing is available. See [Testing for Current Infection](#) for more information.

If you want an antibody test, call your healthcare provider to see if they offer antibody tests and whether you should get one. You can also visit your state or local health department's website for local information on antibody testing.


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

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

What kind of tests are being used to diagnose COVID-19?

Viral tests are used to diagnose COVID-19. These tests tell you if you currently have an infection with the virus that causes COVID-19. There are many viral tests available. All of the viral tests identify the virus in respiratory samples, such as from swabs from the inside of your nose.

Some tests are conducted at the testing site you visit, and results are available to you within minutes. Other tests must be sent to a laboratory to analyze, a process that takes 1-2 days once the laboratory receives your samples. Two tests allow you to collect your sample at home – either a swab from the inside of your nose or a saliva sample – but you will still need to send the sample to a laboratory for processing.

Locations and types of testing sites vary depending on where you live (see question: Where can I get tested). Check with your testing site to learn which test it uses. You can find a [patient information sheet about each test on FDA's website](#) .

What is antibody testing? And can I be tested using this method?

Antibody testing checks a sample of a person's blood to look for antibodies to the virus that causes COVID-19. When someone gets COVID-19, their body usually makes antibodies. However, it typically takes one to three weeks to develop these antibodies. Some people may take even longer to develop antibodies, and some people may not develop antibodies. A positive result from this test may mean that person was previously infected with the virus. Talk to your healthcare provider about what your antibody test result means.

Antibody tests should **not** be used to diagnose COVID-19. To see if you are currently infected, you need a viral test. Viral tests identify the virus in respiratory samples, such as swabs from the inside of your nose.

We do not know yet if having antibodies to the virus that causes COVID-19 can protect someone from getting infected again or, if they do, how long this protection might last. Scientists are conducting research to answer those questions.

If I have recovered from COVID-19, will I be immune to it?

We do not know yet if people who recover from COVID-19 can get infected again. CDC and partners are investigating to determine if a person can get sick with COVID-19 more than once. Until we know more, continue to take steps to [protect yourself and others](#).

Higher Risk

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

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults** and **people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- [People aged 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] ≥ 40)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

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

If you are at higher risk of getting very sick from COVID-19, you should:

- Stock up on supplies
- Take everyday precautions to keep space between yourself and others
- When you go out in public, keep away from others who are sick
- Limit close contact and wash your hands often
- Avoid crowds, cruise travel, and non-essential travel

If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs. If you get sick, stay home and call your doctor. More information on how to prepare, what to do if you get sick, and how communities and caregivers can support those at higher risk is available on [People at Risk for Serious Illness from COVID-19](#).

How were the underlying conditions for people considered higher risk of serious illness with COVID-19 selected? —

This list is based on:

- What we are learning from the outbreak in other countries and in the United States.
- What we know about risk from other respiratory infections, like flu.

As CDC gets more information about COVID-19 cases here in the United States, we will update this list as needed.

Are there any medications I should avoid taking if I have COVID-19? —

Currently, there is no evidence to show that taking ibuprofen or naproxen can lead to a more severe infection of COVID-19.

People with high blood pressure should take their blood pressure medications, as directed, and work with their healthcare provider to make sure that their blood pressure is as well controlled as possible. Any changes to your medications should only be made by your healthcare provider.

What about underlying medical conditions that are not included on this list? —

Based on available information, adults aged 65 years and older and people of any age with underlying medical conditions included on this list are at higher risk for severe illness and poorer outcomes from COVID-19. CDC is collecting and analyzing data regularly and will update the list when we learn more. People with underlying medical conditions not on the list might also be at higher risk and should consult with their healthcare provider if they are concerned.

We encourage all people, regardless of risk, to:

- Take [steps](#) to protect yourself and others.
- **Call** your healthcare provider if you are [sick](#) with a fever, cough, or shortness of breath.
- Follow CDC [travel](#) guidelines and the recommendations of your state and local health officials.

What does a well-controlled health condition mean? —

Generally, well-controlled means that your condition is stable, not life-threatening, and laboratory assessments and other findings are as similar as possible to those without the health condition. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

What does more severe illness mean? —

Severity typically means how much impact the illness or condition has on your body's function. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

Are people with disabilities at higher risk?

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

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

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

COVID-19 and Hypertension

Are people with high blood pressure (hypertension) at higher risk from COVID-19?

At this time, we do not think that people with high blood pressure and no other underlying health conditions are more likely than others to get severely ill from COVID-19. Although many people who have gotten severely ill from COVID-19 have high blood pressure, they are often older or have other medical conditions like obesity, diabetes, and serious heart conditions that place them at higher risk of severe illness from COVID-19.

If you have high blood pressure, it's critically important that you keep your blood pressure under control to lower your risk for heart disease and strokes. Take your blood pressure medications as directed, keep a log of your blood pressure every day if you are able to take your blood pressure at home, and work with your healthcare team to make sure your blood pressure is well controlled. Any changes to your medications should be made in consultation with your healthcare team.

Should I continue to take my blood pressure medication?

Yes. Continue to take your blood pressure medications exactly as prescribed and make lifestyle modifications agreed upon in your treatment plan. Continue all your regular medications, including angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs), as prescribed by your healthcare team. This is recommended by [current clinical guidelines](#) from the American Heart Association, the Heart Failure Society of America, and the American College of Cardiology.

Healthcare Professionals and Health Departments

What should healthcare professionals and health departments do? –

For recommendations and guidance on persons under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see [Information for Healthcare Professionals](#). For information on specimen collection and shipment, see [Information for Laboratories](#). For information for public health professional on COVID-19, see [Information for Public Health Professionals](#).

See also: [FAQs for Healthcare Professionals](#)

COVID-19 and Funerals

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

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

COVID-19 is a new disease and **we are still learning how it spreads**. The virus that causes COVID-19 is thought to mainly spread from close contact (i.e., within about 6 feet) with a person who is currently sick with COVID-19. The virus likely spreads primarily through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory infections spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. This type of spread is not a concern after death.


It may be possible that a person can get COVID-19 by touching a surface or object that 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.


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

Cleaning should be conducted in accordance with manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time). [Products with EPA-approved emerging viral pathogens claims](#) are expected to be effective against COVID-19 based on data for harder to kill viruses. After removal of PPE, perform [hand hygiene](#) by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Soap and water should be used if the hands are visibly soiled.

What do funeral home workers need to know about handling decedents who had COVID-19?

—

A funeral or visitation service can be held for a person who has died of COVID-19. Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow [Standard Precautions](#), including additional personal protective equipment (PPE) if splashing of fluids is expected. For transporting a body after the body has been bagged, disinfect the outside of the bag with a [product with EPA-approved emerging viral pathogens claims](#)  expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

Embalming can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, faceshield or goggles and N95 respirator). Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer's label. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin. Additional information on how to safely conduct aerosol-generating procedures is in the [CDC's Postmortem Guidance](#). Cleaning should be conducted in accordance with manufacturer's instructions. [Products with EPA-approved emerging viral pathogens claims](#)  are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

After cleaning and removal of PPE, perform [hand hygiene](#) by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Decedents with COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

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

—

The belongings of someone who has died of suspected or confirmed COVID-19 outside their home (for example, in a hospital setting) may be returned to family members along with instructions for [cleaning and disinfection](#). Depending on local rules and regulations, family members may retrieve these belongings at the funeral home or the healthcare facility.

Family members should use gloves and practice good hand hygiene when handling these items. Depending on the belongings received, family members should also [follow the household item-specific cleaning and disinfection guidelines for personal items, such as electronics](#).

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

When a US citizen dies outside the United States, the deceased person's next of kin or legal representative should notify US consular officials at the Department of State. Consular personnel are available 24 hours a day, 7 days a week, to provide assistance to US citizens for overseas emergencies. If a family member, domestic partner, or legal representative is in a different country from the deceased person, he or she should call the Department of State's Office of Overseas Citizens Services in Washington, DC, from 8 am to 5 pm Eastern time, Monday through Friday, at 888-407-4747 (toll-free) or 202-501-4444. For emergency assistance after working hours or on weekends and holidays, call the Department of State switchboard at 202-647-4000 and ask to speak with the Overseas Citizens Services duty officer. In addition, the [US embassy](#) closest to or in the country where the US citizen died can provide assistance.

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

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

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

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

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

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

What CDC is Doing

What is CDC doing about COVID-19?

CDC is working with other federal partners in a whole-of-government response. This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. More information about [CDC's response to COVID-19](#) is available online.

Cleaning and Disinfection

What is the difference between cleaning and disinfecting?

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection. *Disinfecting* kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

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

The risk of transmitting or spreading SARS-CoV-2, the virus that causes COVID-19, during vacuuming is unknown. At this time, there are no reported cases of COVID-19 associated with vacuuming. If vacuuming is necessary or required in a school, business, or community facility that was used by a person with suspected or confirmed COVID-19, first follow the CDC recommendations for [Cleaning and Disinfection for Community Facilities](#) that apply, which includes a wait time of 24 hours, or as long as practical.

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

- Consider removing smaller rugs or carpets from the area completely, so there is less that needs to be vacuumed.
- Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.
- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

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

Routine cleaning is the everyday cleaning practices that businesses and communities normally use to maintain a healthy environment. Surfaces frequently touched by multiple people, such as door handles, bathroom surfaces, and handrails, should be cleaned with soap and water or another detergent at least daily when facilities are in use. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use. Cleaning *removes* dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.

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

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

Who should clean and disinfect community spaces? —

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

How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work? —

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

How effective are alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light? —

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

Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinfected to prevent COVID-19? –

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

Can sanitizing tunnels be used at building entrances or exits to prevent the spread of COVID-19? –

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

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

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

COVID-19 and Animals

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

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

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

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

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

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

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

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

However, because animals can sometimes carry other germs that can make people sick, it's always a good idea to practice [healthy habits](#) around pets and other animals, including washing hands before and after interacting with them.

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

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

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

If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a cloth face covering.

What animals can get COVID-19? —

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

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

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

Should I worry about my pet cat?

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

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

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with pets.

Can I walk my dog?

Walking a dog is important for both animal and human health and well-being. Walk dogs on a leash, maintaining at least 6 feet (2 meters) from other people and animals, do not gather in groups, and stay out of crowded places and avoid mass gatherings. Do not go to dog parks or public places where a large number of people and dogs gather. To help maintain social distancing, do not let other people pet your dog when you are out for a walk.

Until we know more about how this virus affects animals, CDC encourages pet owners to treat pets as you would other human family members to protect them from possible infection. This means limiting contact between pets and people or animals outside the household as much as possible and avoiding places where large numbers of animals and people gather.

Some areas are allowing groomers and boarding facilities such as dog daycares to open. If you must take your pet to a groomer or boarding facility, follow any protocols put into place at the facility, such as wearing a [cloth face covering](#) and maintaining at least 6 feet of space between yourself and others if possible.

Limit pet items brought from home to the groomer or boarding facility, and disinfect any objects that are taken into a facility and returned home (such as leashes, bowls, and toys). Use an [EPA-registered disinfectant](#) [↗](#) to clean items and rinse thoroughly with clean water afterwards. **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use.

Do not put face coverings on pets, and do not take a sick pet to a groomer or boarding facility. Signs of sickness in animals may include:

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

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

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

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

There is a small number of animals around the world reported to be infected with the virus that causes COVID-19, mostly after having contact with a person with COVID-19. Talk to your veterinarian about any health concerns you have about your pets.

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

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

—

Animals are only being tested in very rare circumstances. Routine testing of animals is not recommended at this time, and any tests done on animals are done on a case by case basis. For example, if the pet of a COVID-19 patient has a new, concerning illness with symptoms similar to those of COVID-19, the animal's veterinarian might consult with public health and animal health officials to determine if testing is needed.

Are pets from a shelter safe to adopt?

—

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

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

—

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

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

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

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

People who are at [higher risk for severe illness](#) from COVID-19 should avoid providing care for sick pets, if possible.

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

What about imported animals or animal products?

CDC does not have any evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. CDC, the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service (FWS) play distinct but complementary roles in regulating the importation of live animals and animal products into the United States.

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

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

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

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

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

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

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

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

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

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

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


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

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

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

—

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

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

How can I safely run my equestrian facility?

—

You should follow your state and/or local jurisdictional guidance regarding continuing operations at your facility.

There have not been any reports of horses testing positive for the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading the virus that causes COVID-19 to people is considered to be low. COVID-19 is primarily spread from person to person, so steps should be taken to reduce the risks for people visiting your facility.

- **Encourage employees and other visitors, including boarders, owners, farriers, veterinarians, and those taking lessons, not to enter the facility if they are sick.** Employees should not return to work until the [criteria to discontinue home isolation](#) are met, after talking with their doctor. Implement sick leave policies that are flexible, nonpunitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection.
- **Consider conducting daily health checks (e.g., symptom and/or temperature screening) of employees and others visiting the facility before they enter the premises.** People with a fever of 100.4⁰(38.0°C) or above or other [signs of illness](#) should not be admitted to the premises. If implementing health checks, conduct them safely and respectfully. See [General Business FAQs](#) for more information.
 - Employees or visitors who appear to have symptoms upon arrival or who become sick during their visit should immediately be separated from other employees and visitors and sent home.
- **Limit the number of people entering the facility.** Consider staggering lesson and visiting times to limit the number of people in the facility and potential for person-to-person contact. If possible, you can also take steps to decrease high-traffic areas by limiting areas open to visitors/owners or staggering use of common areas like grooming or wash stalls and tack rooms.

- **Increase distance and limit duration of contact between employees and visitors in the facility.** Whenever possible, people should maintain at least 6 feet of distance between each other at the facility, including instructors teaching lessons. Allow for [social distancing](#) and avoid large numbers of people within the facility, including in employee-only areas.
- **Visitors and employees should wear cloth face coverings** to protect others especially where social distancing measures are difficult to maintain. Wearing a cloth face covering does NOT replace the need to practice social distancing.
- **Set up hand hygiene stations** at the entrance and within the facility, so that employees and people entering can clean their hands before they enter. Employees should [wash hands](#) regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but if hands are visibly dirty, they should be washed with soap and water before using an alcohol-based hand sanitizer. Examples of hand hygiene stations may be a hose and soap located at entrances to allow for handwashing before entry.
- **Clean and disinfect frequently touched surfaces** such as grooming tools, halters, lead ropes, shared tack and equipment, and door handles/gates (including those to stall doors and pasture/turn out areas) on a routine basis. To disinfect, use products that meet [EPA's criteria for use against the](#) [☒](#) virus that causes COVID-19 and are appropriate for the surface, diluted household bleach solutions prepared according to the manufacturer's label for disinfection, or alcohol solutions with at least 70% alcohol. Follow manufacturer's directions for use, especially regarding product contact time and protections from chemical hazards posed by cleaners and disinfectants.
- **Follow local guidance** on shelter in place and travel recommendations when traveling for showing, training, or trail riding.
- If traveling to a new facility, **limit contact between people, horses, tack, equipment, and other supplies** from different facilities, and maintain a distance of at least 6 feet between horses and riders.
 - Follow state and local guidance on travel. People who are sick should not travel to other facilities.
 - People visiting other facilities should follow the same precautions as they would normally, including maintaining at least 6 feet of distance between each other, wearing a cloth face covering to protect others, and washing hands frequently with soap and water.
- If other animals, such as barn cats, are present at the facility, be aware that a small number of [pets](#) have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

For more information, see [Guidance on Preparing Workplaces for COVID-19](#) [📄](#) [☒](#) and [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#).

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

Community Mitigation

What is community mitigation?

Community mitigation activities are actions that people and communities can take to slow the spread of infectious diseases, including COVID-19. Community mitigation is especially important before a vaccine or drug becomes widely available.

What are community mitigation actions for COVID-19?

Some community mitigation actions may include:

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

Who is involved in community mitigation actions?

Individuals, communities, schools, businesses and healthcare organizations all have a role to play in community mitigation. Policies*, which include limits on large gatherings, restrictions on businesses, and school closures are often needed to fully put in place community mitigation strategies.

Each community is unique. Because some actions can be very disruptive to daily life, mitigation activities will be different depending on how much disease has spread within the community, what the community population is like, and the ability to take these actions at the local level. To identify appropriate activities, all parts of a community that might be impacted need to be considered, including [populations most vulnerable to severe illness](#), and those who might be more impacted socially or economically. When selecting mitigation activities, states and communities need to consider the spread of disease locally, characteristics of the people who live in the community (for example, age groups, languages spoken, overall health status), and the kind of public health resources and healthcare systems (like hospitals) that are available in the community. State and local officials may need to adjust community mitigation activities and immediately take steps to scale them up or down depending on the changing local situation.

Putting mitigation into practice is based on:

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

*CDC cannot address the policies of any business or organization. CDC shares recommendations based on the best available science to help people make decisions that improve their health and safety. In all cases, **follow the guidance of your healthcare provider and local health department**. Local decisions depend on local circumstances.

COVID-19 and Water

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

The virus that causes COVID-19 has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

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

The virus that causes COVID-19 has been found in the feces of some patients diagnosed with COVID-19. However, it is unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person. Scientists also do not know how much risk there is that the virus could be spread from the feces of an infected person to another person. However, they think this risk is low based on data from previous outbreaks of diseases caused by related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

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

There is no evidence that the virus that causes COVID-19 can be spread to people through the water in pools, hot tubs, or water playgrounds. Additionally, proper operation of these aquatic venues and disinfection of the water (with chlorine or bromine) should inactivate the virus.

While there is [ongoing community spread](#) of the virus, it is important for individuals, as well as operators of public pools, hot tubs, and water playgrounds (for example, at hotels or apartment complexes or owned by communities) to take steps to ensure health and safety:

- Everyone should follow state, local, territorial, or tribal guidance that might determine when and how public pools, hot tubs, or water playgrounds may operate and might include [CDC considerations](#).
- Individuals should continue to [protect themselves and others](#) at public pools, hot tubs, and water playgrounds, both in and out of the water – for example, by [staying at least 6 feet away from people you don't live with](#) and [wearing cloth face covers](#) when not in the water.
- In addition to ensuring water quality and safety, operators of public pools, hot tubs, and water playgrounds should follow [guidance on cleaning and disinfecting community facilities](#).

Can the COVID-19 virus spread through sewerage systems? –

The virus that causes COVID-19 has been found in untreated wastewater. Researchers do not know whether this virus can cause disease if a person is exposed to untreated wastewater or sewerage systems. There is no evidence to date that this has occurred. At this time, the risk of transmission of the virus that causes COVID-19 through properly designed and maintained sewerage systems is thought to be low.

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

Recently, the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is no information to date that anyone has become sick with COVID-19 because of exposure to wastewater.

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

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

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

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care 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)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met”

See CDC’s updated [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).

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