



Coronavirus Disease 2019 (COVID-19)

Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response

Updated June 25, 2020

Summary of Recent Changes

Revisions were made on June 12, 2020 to reflect the following:

- Updates were made to refine recommendations for ending home isolation and PPE guidelines based on results from validated SARS-CoV-2 RT-PCR diagnostic assays.

Revisions were made on May 12, 2020 to reflect the following:

- A section on PPE extended use and reuse was added.

CDC guidance for COVID-19 may be **adapted by state and local health departments** to respond to rapidly changing local circumstances.

Key Concepts

- This interim guidance is for veterinarians and their staff who may be treating or advising on companion animal medical care during the COVID-19 pandemic.
- Veterinary facilities have unique characteristics that warrant unique infection control considerations.
- At this time, there is no evidence that companion animals play a significant role in spreading SARS-CoV-2, 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. We are still learning about this virus, and **it appears that in some rare situations, people can spread the virus to animals**. Further studies are needed to understand if and how different animals could be affected by the virus, and the role animals may play in the spread of COVID-19.
- To protect staff and preserve personal protective equipment (PPE) and supplies during the COVID-19 pandemic, veterinary clinics should prioritize urgent and emergency visits and procedures until regular business operations resume in your community. Curbside service and telemedicine can be effective options to support patient care while social distancing.
- Proactively communicate to both staff and pet owners the need for them to stay at home if sick.
- Develop a plan for what to do if a pet owner with respiratory symptoms comes into your clinic, or if a pet with a history of exposure to a person with suspected or confirmed COVID-19 needs to be seen.

Who this guidance is for: Veterinarians and veterinary staff providing care to companion animals

Purpose: The intent of this guidance is to facilitate preparedness and to ensure practices are in place in a companion animal veterinary clinical setting to help people and animals stay safe and healthy.

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). This is a rapidly evolving situation. CDC will update this guidance as needed, and as additional information becomes available. States may have their own specific requirements for these circumstances. Please check the [CDC COVID-19 website](#) periodically for updated information as well as interim guidance.

Veterinarians should use their best clinical judgement when evaluating companion animals and considering appropriate PPE to use and precautions to take.

Note: The scientific name of this novel coronavirus is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). In people, the disease caused by the virus is called Coronavirus Disease 2019, or COVID-19. In the context of animal health, we refer to the disease as SARS-CoV-2.

What do we currently know about animals and COVID-19?

SARS-CoV-2, the virus that causes COVID-19 in humans, [is thought to be spread](#) primarily through respiratory droplets from coughing, sneezing, or talking. There are also reports that people may be able to spread the virus while pre-symptomatic or asymptomatic. We are still learning about this novel zoonotic virus, and **it appears that in some rare situations, human to animal transmission can occur.**

CDC is aware of a small number of animals, including dogs and cats, [reported](#) to be infected with SARS-CoV-2 after close contact with people with COVID-19. The United States Department of Agriculture (USDA) and CDC recently [reported](#) confirmed infection with SARS-CoV-2 in two pet cats with mild respiratory illness in New York, which were the first confirmed cases of SARS-CoV-2 infections in companion animals in the United States. Both cats are expected to recover. The cats had close contact with people confirmed or suspected to have COVID-19, suggesting human-to-cat spread. Further studies are needed to understand if and how different animals could be affected by SARS-CoV-2.

Limited information is available to characterize the spectrum of clinical illness associated with SARS-CoV-2 infection in animals. Clinical signs thought to be compatible with SARS-CoV-2 infection in animals include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, nasal/ocular discharge, vomiting, and diarrhea.

Advise veterinary clinic staff who are sick to stay home

Follow CDC's guidance on [what to do if you are sick](#). Ask staff to stay home if they are sick. Employees who appear to have [symptoms](#) (e.g., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other clinic employees, customers, and clients and sent home. Inform the staff's team members if they have been [exposed to someone who might have COVID-19](#), while maintaining confidentiality as required by the Americans with Disabilities Act. Notify the local health department of the potential exposure as well. Ill staff should **not return to work** until their fever (defined as $\geq 100.4^{\circ}\text{F}$) is absent for at least 72 hours without the use of fever-reducing medication, other symptoms have improved, and at least 10 days have passed since symptom onset.

Implement [sick leave policies](#) for veterinary clinic staff that are flexible, nonpunitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection.

Follow CDC guidelines for [cleaning and disinfecting](#) areas the sick employee visited. If possible, staff should each have their own workspace/equipment and avoid sharing desks/work tools. If these items must be shared, they should be frequently disinfected.


Critical workers, like veterinarians and their staff, can be [permitted to continue to work](#) following a potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the workplace. Everyone who enters the clinic, including employees and visitors, should wear a cloth face covering over their nose and mouth to contain respiratory secretions, unless engaged in an activity that requires a different form of PPE.




See also: [Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19](#)

Postpone non-urgent veterinary visits and elective procedures until regular business operations resume in your community

Most jurisdictions recognize veterinary practices as essential and are allowing them to operate during the COVID-19 pandemic. To protect staff and preserve personal protective equipment (PPE) and supplies during the COVID-19 pandemic, veterinary clinics should make considerations to protect both human and animal health. Veterinarians should apply careful professional judgement to case management so that needed care for animals continues to be provided while limiting staff and client person-to-person exposure and conserving PPE. This may also include prioritizing urgent patient visits and postponing non-urgent veterinary visits and elective procedures until regular business operations resume in your community. In some jurisdictions executive orders will directly influence what types of procedures may be performed.

The greatest risk of COVID-19 exposure to staff at veterinary clinics comes from person-to-person transmission through respiratory droplets from coughing, sneezing, or talking, which is the main way SARS-CoV-2 spreads. Clinic staff should be screened daily, at the beginning of shifts prior to interacting with staff and clients, and should practice social distancing. Clinics should take precautions to minimize staff contact with all pet owners. Examples of actions to take to minimize contact with pet owners or other people include:

- Using professional judgement when determining whether [a case is urgent or non-urgent](#)  and when procedures should be postponed.
- Using telemedicine for consults or to help triage patients. Consult your state requirements for telemedicine and veterinary-client-patient relationship (VCPR) requirements.
- Scheduling drop-off appointments or receiving companion animals from their owners' vehicles (also called curbside).
- Communicating via telephone or video-chat to maintain social distancing.
- Using direct-to-exam-room admissions or enforcing social distancing in the lobby.
- Having staff members, rather than clients, hold animals to minimize direct contact.
- Using online payment and billing to reduce handling credit cards or other potential fomites.





Have a plan in place to handle animals with confirmed or suspected COVID-19 exposure, or potentially compatible clinical signs. Veterinarians should contact their [state public health veterinarian](#)   or [state animal health official](#)  for guidance on testing animals for SARS-CoV-2 infection.

Screen companion animals for exposure to people with COVID-19


Before scheduled appointments or upon arrival, a staff person should ask if the pet has had any exposure to a person with suspected or confirmed COVID-19.

Know actions to take if a pet owner has suspected or confirmed COVID-19

If a pet owner currently has respiratory symptoms or is suspected of or confirmed to have COVID-19, they should **not** visit the veterinary facility. Consider whether a telemedicine consult is appropriate. If possible, a healthy friend or family member from outside their household should bring the animal to the veterinary clinic. The clinic should use all appropriate precautions to minimize contact with the person bringing the animal to the clinic. If there is an emergency with the animal, the animal should not be denied care.

- If a pet owner is suspected or confirmed to have COVID-19 and must bring their pet to the clinic, the following actions should be taken:
 - Communicate via phone call or video chat to maintain social distancing.
 - Retrieve the animal from the owner's vehicle (also called curbside) to prevent the owner from having to enter the clinic or hospital.
 - Maintain social distancing and PPE recommendations when interacting with clients.
 - Request smaller animals be brought in a plastic carrier to facilitate disinfection of the carrier after use. Also advise the owner to leave all non-essential items at home to avoid unnecessary opportunities for additional exposure.
- Every effort should be made to prevent ill persons from entering the clinic, without negatively impacting animal welfare
 - If an ill pet owner must enter the clinic:
 - Have the person wear a cloth face covering over his or her nose and mouth. Be prepared to provide a face covering to the ill person if they do not have their own.
 - Direct the pet owner and patient to a single exam room or isolation room.
 - Limit the number of veterinary staff that enter the room, handle the animal, or interact with the pet owner and wear [appropriate PPE](#)  as described below.
 - [Clean and disinfect](#) the room, surfaces, supplies, floor, and equipment located within 6 feet of ill pet owners after they leave.
 - If you are a mobile or house call veterinarian and are called upon to evaluate a sick or injured companion animal in the home of a COVID-19 patient:
 - Enter the home only if absolutely necessary. [AVMA](#)  suggests that mobile and house call veterinarians consider examining companion animals in their vehicle, outside, or seek the assistance of a local clinic. If you must enter the home where someone is sick with COVID-19, wear [appropriate PPE](#)  .
 - PPE should be donned before entering the home and removed only after leaving the home, [following appropriate donning and doffing procedures](#)  .
 - If there is a sick person in the home, ask the sick person(s) to confine themselves to another room in the house if possible. If not possible, ask them to wear a cloth face covering and maintain a distance of at least 6 feet (2 meters). Be prepared to provide a face covering to the ill person if they do not have their own. Minimize contact with other household members, even if they appear healthy, as person-to-person

transmission can occur before symptom onset.

- [Wash hands immediately](#)  after removing PPE, handling the animal, or interacting with a sick person or household contact. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Critical workers, like veterinarians and their staff, can be [permitted to continue to work](#) following a potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the workplace.

Clinical signs in animals


The clinical spectrum of illness for the SARS-CoV-2 virus remains largely undefined in animals. Companion animals may present with respiratory or gastrointestinal clinical signs based on the presentation of other coronaviruses more commonly found in animals as well as other emerging coronaviruses, including SARS-CoV-1 infection.

Clinical signs more likely to be compatible with SARS-CoV-2 infection in mammalian animals may include a combination of the following:

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

Personal protective equipment (PPE)

Given current limitations in knowledge regarding COVID-19 and companion animals, these PPE guidelines use a cautious approach. Recommendations may change over time, as new information becomes available. Veterinarians should use their professional judgement regarding potential for exposure to COVID-19 and PPE resource constraints when determining the appropriate PPE precautions to apply.

- Veterinarians should be aware of the current shortage of PPE due to the high demand for PPE in human healthcare settings. Veterinarians should consider their current PPE supply and [rate of PPE use](#) and review [Strategies for Optimizing the Supply of PPE](#). Consider using [reusable PPE](#) where possible.
- Veterinarians and their staff should review the concepts in the [NASPHV Compendium of Veterinary Standard Precautions for Zoonotic Disease Prevention in Veterinary Personnel](#) . This document outlines routine infection prevention practices designed to minimize transmission of zoonotic pathogens from animals to veterinary personnel. These guidelines are applicable regardless of ongoing infectious disease outbreaks but are especially important during an outbreak of an emerging infectious disease such as COVID-19.

Recommended Personal Protective Equipment (PPE) Based on Companion Animal

HISTORY

Animal History	Facemask	Eye Protection (face shield, goggles)	Gloves	Protective Outerwear (gown or coveralls ³)	N95 Respirator or Suitable Alternative ⁴
Healthy companion animal without exposure to a person with COVID-19 compatible symptoms ^{1, 2}	N ¹	N ¹	N ¹	N ¹	N ¹
Companion animal with an illness that is not suspicious of SARS-CoV-2 infection ⁵ AND without exposure to a person with COVID-19 compatible symptoms ^{1, 2}	N ¹	N ¹	N ¹	N ¹	N ¹
Companion animal that is not suspicious of SARS-CoV-2 infection ⁵ BUT has exposure to a person with COVID-19 compatible symptoms	Y	N ¹	Y	N ¹	N ¹
Companion animal with an illness that is suspicious of SARS-CoV-2 infection ⁵	Y	Y	Y	Y	N ⁷
Aerosol-generating procedure for any animal without an exposure to a person with COVID-19 compatible symptoms ⁶	Y	Y	Y	Y	N ⁷
Aerosol-generating procedure for any animal with an exposure to a person with COVID-19 compatible symptoms ⁶	N	Y	Y	Y	Y
Any procedure on an animal that is known to be currently infected with SARS-CoV-2 through detection by a validated RT-PCR assay	N	Y	Y	Y	Y
Any procedure where a person with suspected or confirmed COVID-19 will be present	N	Y	Y	Y	Y

¹PPE Standard Precautions should be applied in any setting where veterinary care is delivered and if exposure to fluids, exudates, feces, saliva, or other animal fluids is possible.

²A SARS-CoV-2 or COVID-19 exposure in this context refers to the following conditions within the 14 days prior to presenting for veterinary care:

- Being within approximately 6 feet (2 meters) of a person with suspected or confirmed COVID-19; close contact can occur while an animal is living with, being pet, snuggled, giving kisses or licks, and/or sharing food or bedding with a

person.

- Having direct contact with infectious secretions from a person with suspected or confirmed COVID-19 (e.g., being coughed, sneezed or spit on, sharing food or consuming an object that was recently contaminated with an infected person's mucous or saliva).

³Reusable (i.e., washable) gowns are typically made of polyester or polyester-cotton fabrics. Gowns of these fabrics can be safely laundered according to routine procedures and reused.

⁴Respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator is recommended.

- Please see [CDC's recommendations for alternatives for N95 respirators](#).
- If an N95 respirator is not available, use a combination of a surgical mask and a full face shield.
- Respirator use should be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134), which includes medical evaluations, training, and fit testing.

⁵ Clinical signs expected to be compatible with possible SARS-CoV-2 infection in companion animals may include:

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

Veterinarians should consider the patient's potential for exposures to COVID-19 when determining whether the patient has suspected SARS-CoV-2 infection.

⁶Aerosol-generating procedures, such as suction or bronchoscopy, should be avoided if possible on any animals that have been exposed to or are suspected of being infected with SARS-CoV-2.

⁷An N95 mask may be preferred depending on practitioner's judgement.

Ensure that PPE is donned and doffed correctly

More than one donning method may be acceptable. Training and practice using your clinic's procedure is critical. More information on how to Put On (Don) PPE and how to Take Off (Doff) PPE can be found [here](#).

Facilities implementing reuse or [extended use of PPE](#) will need to adjust their donning and doffing procedures to accommodate those practices.

PPE Extended Use and Reuse

Key concepts: Strategies to optimize the supply of PPE and equipment

- [Strategies to Optimize the Supply of PPE and Equipment](#)

Protective Outerwear

- [Strategies for Optimizing the Supply of Isolation Gowns](#)
- [Surgical Gowns, Drapes, and Disposable Fabrics Laundering](#)

Respirators and facemasks

- [Understanding the Difference Between Respirators and Facemasks](#) 

Respirators Designed for Reuse (Elastomeric Half Facepiece Respirator: EHFR)

- [Types of EHFR](#)
- [Elastomeric Respirators: Strategies During Conventional and Surge Demand Situations](#)
- [CDC Webinar on medical use and reuse of EHFRs](#)

Respirators not designed for reuse (Disposable Filtering Facepiece Respirator: DFFR)

- [Decontamination and Reuse of DFFRs](#)
- [Strategies for Optimizing the Supply of N95 Respirators](#)

Disposable facemasks

- [Strategies for Optimizing the Supply of Facemasks](#)

Reusable Washable Cloth Face Coverings

Cloth face coverings are not considered PPE. They are designed for source control of droplets being emitted by the wearer. There is no guarantee of filtration efficiency with a reusable/washable cloth face covering.

- [Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](#)

Face shields and goggles

- [Strategies for Optimizing the Supply of Eye Protection](#)

Gloves

Single use nitrile and latex gloves should never be reused.


Additional Considerations

Elastomeric half facepiece respirators and reusable face shields and goggles must be doffed and decontaminated in a designated area. Decontamination areas/surfaces should be considered dirty and signage should indicate this designated area.

Cleaning and disinfection

Spills

- Wear appropriate PPE.
- Contain the urine, feces, blood, saliva, or vomit with absorbent material (e.g., paper towels, sawdust, or cat litter).
- Pick up the material and seal it in a leak-proof plastic bag.

- [Clean and disinfect](#) the area with an [EPA-registered, hospital grade disinfectant](#)  according to the disinfectant label instructions.
- After disinfection, safely remove and dispose of PPE according to facility/clinic's standard procedures and wash hands.
- Keep other people and animals away from the area until disinfection is completed.

Waste disposal

- [Certain waste](#) produced during the care of animals that may be infected with SARS-CoV-2 should be disposed of as medical waste while other waste may be disposed of in sealed normal trash. Waste that needs to be segregated as medical waste includes animal feces, blood and bodily fluids, and any disposable materials (including PPE) soiled with animal waste, blood or bodily fluids. PPE without visible staining or saturation may be disposed of as normal trash in separate sealed bags. As necessary, refer to state and local requirements on disposal of medical waste.
- See also: [Interim guidance on disinfection procedures](#)

Laundering items exposed to SARS-CoV-2




- Soft items such as scrubs, gowns, blankets or towels, can be safely [laundered](#) and reused. Remove visible contamination if present (do not shake) and launder with a detergent (or bleach, if appropriate for the item) in accordance with the manufacturer's instructions using the warmest appropriate water setting.
- See also: [Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\), Background G. Laundry and Bedding](#)

Evaluating and testing companion animals for SARS-CoV-2 infection

Routine testing of companion animals for SARS-CoV-2 is currently not recommended. Animal testing for SARS-CoV-2 is available for mammalian species for certain situations; testing is not currently available for amphibians, reptiles, fish, or birds. Veterinarians are strongly encouraged to rule out other, more common causes of illness before considering SARS-CoV-2 testing, especially among companion animals without a COVID-19 exposure.

Additional guidance on determining when testing a companion animal for SARS-CoV-2 is recommended can be found [here](#).

Take a thorough history to assess for likely exposure or risk factors in the 2 weeks prior to symptom onset, such as whether the animal has been in contact with a person diagnosed with COVID-19, a person with COVID-19 compatible symptoms, or had recent exposure to a known high-risk environment, such as a nursing home.

Veterinarians who have evaluated a companion animal and determined that it is consistent with SARS-CoV-2 testing guidance should contact their [state public health veterinarian](#)   (SPHV) or [state animal health official](#)  to discuss testing options.

What to do if a companion animal tests positive for SARS-CoV-2

If an animal test is presumptive positive, veterinarians should immediately contact their state public health veterinarian or state veterinarian regarding next steps, and the testing laboratory should contact USDA's National Veterinary Services Laboratories for guidance on forwarding samples for confirmatory testing. Confirmed SARS-CoV-2 infections in animals must be reported by USDA to the [World Organisation for Animal Health \(OIE\)](#). [↗](#)

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. We are still learning about this virus, and **it appears that in some rare situations, people can spread the virus to animals**. Further studies are needed to understand if and how different animals could be affected by the virus and the role animals may play in the spread of COVID-19.

Options for companion animals that test positive for SARS-CoV-2

Veterinarians should assess whether pets infected with SARS-CoV-2 can be cared for at home. [Considerations](#) for home isolation include whether:


- The pet is stable enough to receive care at home.
- The pet owner is able to safely provide care at home.
- There is a separate room where the pet can continue to recover without sharing immediate space with other pets and people, including [high-risk individuals](#).
- The pet owner and other household members have access to appropriate, recommended PPE (at a minimum, gloves and facemask or cloth face covering) and are capable of adhering to precautions recommended as part of home care (e.g., hand hygiene).
- The pet owner or other person who will be the primary caretaker of the pet at home does not have conditions that would put them at [increased risk](#) of complications from COVID-19 infection.
- Based on what we know now, those at high-risk for severe illness from COVID-19 are:
 - People 65 years and older
 - People who live in a nursing home or long-term care facility
 - People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

Home isolation recommendations

If the pet can be isolated at home, advise the pet owner to do the following:

- Have the pet stay in a designated "sick room" (such as a laundry room or extra bathroom) if possible, or otherwise be separated from people and other animals. This is similar to how [a person with COVID-19 would separate from](#)

others in their household.

- Limit interaction with the isolated pet as much as possible, while still ensuring appropriate care is provided for the animal.
- If possible, the pet should use a litterbox or bathroom that is separate from other animals.
- Dogs in households with access to private areas for elimination (e.g., backyard) should not be taken on walks. When walks are unavoidable, they should be limited to bathroom breaks, and restricted to the immediate vicinity of the dog's home. Interaction with other people or animals should be avoided.
- Cats should be kept inside in a designated area away from people and other animals. Do not allow cats positive for SARS-CoV-2 to roam outside.
- Use gloves when picking up feces (poop). Throw out gloves and place waste material or litterbox waste in a sealed bag before throwing it away in a trashcan lined with a trash bag. Always wash your hands with soap and water immediately after cleaning up after your pet.
- At this time, there is no evidence that companion animals play a significant role in spreading the virus that causes COVID-19, but there are other zoonotic diseases that can spread between animal and people, so it is always a good idea to practice [healthy habits](#) around pets and other animals, including washing hands before and after interacting with them. If a companion animal is under home isolation for suspected or confirmed SARS-CoV-2:
 - Provide bedding, bowls or containers, treats, and toys that are separate from those used by other people or animals in the household.
 - Disinfect bowls, toys, and other animal care items with an [EPA-registered disinfectant](#)  and rinse thoroughly with clean water afterwards.
 - Soft items like towels, blankets, and other bedding, can be safely laundered and reused. Dirty laundry that has been in contact with an ill animal can be washed with other items.
- Avoid taking the pet to human healthcare facilities, schools, dog parks, parks, groomers, and pet daycares, pet stores, boarding facilities, or similar places until the animal is cleared to resume normal activities.
- If direct contact with the ill animal cannot be avoided, out of an abundance of caution, follow similar [recommended precautions](#) as for humans caring for other infected humans at home.

Veterinary clinic isolation recommendations:

Veterinary clinics or hospitals caring for ill, test-positive companion animals should have:

- A room where SARS-CoV-2-positive companion animals can be isolated from the rest of the patient population.
 - A planned route for moving the animal from the transport vehicle to an isolation space.
 - Where possible, only animals being evaluated and treated for SARS-CoV-2 should be housed in this isolation space.
 - Space for veterinary personnel to don and doff PPE prior to entering the room, and immediately upon exiting. Alcohol-based hand rub, or a sink with soap and water (preferred) should be easily accessible and used before donning and immediately after doffing PPE.
- Availability of an adequate amount of appropriate PPE for the projected duration of hospitalization. Consider utilizing [reusable PPE](#) when available.
 - Veterinarians and veterinary staff should follow appropriate PPE guidance when providing care to sick, test positive companion animals.
- Plans for limiting the number of veterinary clinic staff that have contact with the animal and maintaining a log of all

personnel who have had contact with the animal for occupational health monitoring.

- Ability to clean and disinfect the area with [EPA-registered disinfectants](#) [↗](#) .
- Procedures to limit or prohibit visitors and additional clinic or hospital traffic in the area(s) where sick, test-positive household animals are being housed and treated.

Repeat testing

Where deemed appropriate, repeat testing of pets for SARS-CoV-2 or additional testing (e.g., serology) should be conducted in coordination with a state public health veterinarian and/or state animal health official.

When a pet can resume normal activities

If the companion animal is test-positive for SARS-CoV-2, monitoring, isolation, and movement restrictions can end if these conditions are met:

- The animal has not shown clinical signs consistent with SARS-CoV-2 infection for at least 72 hours without medical management;
AND one of the following conditions:
- It has been at least 14 days since their last positive test from a lab that uses a validated SARS-CoV-2 RT-PCR diagnostic assay;
OR
- All sample types collected at follow-up are negative by a validated SARS-CoV-2 RT PCR diagnostic assay.

Employees at increased risk for severe illness or outcomes

Based on currently available information and clinical expertise, older adults and people of any age who have certain underlying medical conditions might be at [increased risk for severe illness](#) from COVID-19. Based on what we know at this time, pregnant people might be at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among [pregnant people with COVID-19](#). For people at increased risk for severe illness and pregnant veterinary staff, facilities may want to consider limiting exposure of these individuals to both pet owners with confirmed or suspected COVID-19 and to sick animals with a history of exposure to a human COVID-19 case.












What to tell pet owners during the COVID-19 outbreak

Informing pet owners on what is known about companion animals and SARS-CoV-2 is important to help them stay safe and healthy around their pets. Below are key messages to share with [pet owners](#):

- 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. Further studies are needed to understand if and how different animals could be affected by the virus and the role animals may play in the spread of COVID-19.
- We are still learning about this virus, and **it appears that in some rare situations, people can spread the virus to animals.**
- If you are sick with COVID-19 (either suspected or confirmed by a test), you should restrict contact with pets and other animals, just as you would with people.
 - When possible, have another member of your household care for your pets while you are sick.

- Avoid contact with your pet, including petting, snuggling, being kissed or licked, and 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 them and wear a [cloth face covering](#).
- Until we know more about how this virus affects animals, treat pets as you would other family members to prevent them from getting infected.
 - 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.
 - Do not let pets interact with people or other animals outside the household.
 - Walk dogs on a leash, maintaining at least 6 feet from other people and animals.
 - Avoid dog parks or public places where large numbers of people and dogs gather.
 - Keep cats indoors when possible to prevent them from interacting with other people or animals.
- Because all animals can carry germs that can make people sick, it's always a good idea to practice healthy habits around pets and other animals.
 - Wash your hands after handling animals, their food, waste, or supplies.
 - Practice good pet hygiene and clean up after pets properly.
 - Visit CDC's [Healthy Pets, Healthy People](#) website for more information on keeping animals and people safe and healthy.
- At this time, routine testing of animals for this new coronavirus is not recommended.

Additional resources

- [Centers for Disease Control and Prevention Novel Coronavirus Frequently Asked Questions and Answers](#)
- [Centers for Disease Control and Prevention 2019 Novel Coronavirus](#)
- [CDC Handwashing Guidelines](#)
- [Centers for Disease Control and Prevention Healthy Pets Healthy People](#)
- [US Department of Agriculture Novel Coronavirus Frequently Asked Questions and Answers](#) 
- [NASPHV Model Infection Control Plan for Veterinary Practices, 2015](#) 
- [NASPHV Veterinary Standard Precautions](#)  
- [NASPHV State Public Health Veterinarians](#)  
- [Listing of State Animal Health Officials](#) 
- [American Veterinary Medical Association COVID-19 webpage](#) 
- [Occupational Safety and Health Administration Respiratory Protection Standard](#) 
- [World Organisation for Animal Health Questions and Answers on 2019 Novel Coronavirus](#) 
- [World Health Organization Novel Coronavirus \(2019-nCoV\)](#) 
- [World Health Organization Novel Coronavirus Q&A](#) 