Coronavirus Disease 2019 (COVID-19)

MENU ›

Frequently Asked Questions

Updated Sept. 9, 2020   Print

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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.

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.

Spread

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, sneezes, or talks. 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.

Can I get COVID-19 from food (including restaurant take-out, produce, refrigerated, or packaged food) or drinking water? −

Currently there is no evidence that people can get COVID-19 by eating or handling food.

It may be possible that people can get COVID-19 by touching a surface or object, such as a food package or dining ware that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads.

There is also no current evidence that people can get COVID-19 by drinking water. The COVID-19 virus 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 kill the virus that causes COVID-19.

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. Each health department determines community spread differently based on local conditions. For information on community spread in your area, please visit your health department's website.

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.

Prevention

How can I protect myself? −

Visit the How to Protect Yourself & Others page to learn about how to protect yourself from respiratory illnesses, like COVID-19.

Does CDC recommend the use of masks to prevent COVID-19? −

Wear masks in public settings when around people not living in your household and particularly where other social distancing measures are difficult to maintain, such as grocery stores, pharmacies, and gas stations. Masks may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.

COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. That's why it's important for everyone to practice social distancing (staying at least 6 feet away from other people) and wear masks in public settings. Masks provide an extra layer to help prevent the respiratory droplets from traveling in the air and onto other people.

The masks recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

More information about masks can be found on our masks site.

- How to Wear
- How to Wash
- How to Make

Is it safe to get care for my other medical conditions during this time? −

- **It is important to continue taking care of your health and wellness**.
- **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 about whether your vaccinations are up-to-date.**
- **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.
- **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, avoid close contact, wear a mask, cover coughs and sneezes, and clean and disinfect frequently touched surfaces often.

For more information, see Groups at Higher Risk for Severe Illness.

Am I at risk for COVID-19 from mail, packages, or products? −

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? −

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? −

- 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? −

- 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.

Should I use soap and water or 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.

If You or Someone You Know is Sick or Had Contact with Someone who Has COVID-19

What should I do if I get sick or someone in my house gets sick?　　　　　　　　　−

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.
- 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.

However, some people may need emergency medical attention. Watch for symptoms and learn when to seek emergency medical attention.

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.

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

- Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
- Take your temperature and follow CDC guidance if you have symptoms.

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. However, a few children have developed multisystem inflammatory syndrome (MIS-C). Currently, information about this syndrome is limited. CDC is working with state and local health departments to learn more about MIS-C.

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.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched surfaces and objects, like tables, countertops, light switches, doorknobs, and cabinet handles).

You can find additional information on preventing COVID-19 at How to Protect Yourself & Others. Additional information on how COVID-19 is spread is available at How COVID-19 Spreads.

More information on Keeping Children Healthy during the COVID-19 Outbreak 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. COVID-19 can look different in different people. For many people, being sick with COVID-19 would be a little bit like having the flu. People can get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. Only a small group of people who get it have had more serious problems.

CDC and partners are investigating cases of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. Learn more about COVID-19 and multisystem inflammatory syndrome in children (MIS-C).

Should children wear masks? −

CDC recommends that everyone 2 years and older wear a mask that covers their nose and mouth in public settings when around people not living in your household, particularly where other social distancing measures are difficult to maintain. Masks 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 mask without assistance.

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

Outbreaks can be stressful for adults and children. When you talk with your child, try to stay calm, and reassure them that they are safe. Talk to your children about COVID-19 and help them cope with stress.

What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk? −

Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. However, we know that many children with MIS-C had the virus that causes COVID-19, or had been around someone with COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care.

Contact your child's doctor, nurse, or clinic right away if your child is showing **symptoms** of MIS-C. **Seek emergency care right away** if your child is showing any of these **emergency warning signs of MIS-C** or other concerning signs.

Can my child hang out with their friends? −

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. Some children with certain underlying medical conditions are at higher risk for severe illness from COVID-19.

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.

For more information, see Help Stop the Spread of COVID-19 in Children.

How can I help my child continue learning? −

- 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.
- Create a schedule and routine for learning at home, but remain flexible.
- 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.
- Look for ways to make learning fun.

For more information, see Help Children Learn at Home.

Will kids have access to school meals?   −

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.

How can I keep my children healthy?   −

- **Watch your child for any signs of illness.**
- **Watch for signs of stress in your child.**
- **Teach and reinforce everyday preventive actions.**
- **Help your child stay active.**
- **Help your child stay socially connected.**

For more information, see Keep Children Healthy during the COVID-19 Outbreak.

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 higher 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 and someone at higher risk for severe illness from COVID-19 will be providing care (older adult 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.

Is my child with an underlying medical condition at higher risk for severe illness from COVID-19? −

It's not known yet whether all children with underlying medical conditions 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 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 mask if they will be close (less than 6 feet) to you or persons in your household. Their mask 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 masks, can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs.

- Keeping children at home can lower stress created by social distancing and mask 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 teachers may also have resources to help successfully introduce new routines to your child.
- While learning at home, continue special education services, accommodations, or services received in school through your child's 504 plan or Individualized Educational Plan (IEP), as much as possible. Many schools are continuing interventions like speech therapy, small group classes, extended time and more. Learn more about supporting children with distance learning.

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 helping children cope and coping 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 important information about caring 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 for an Outbreak

How can I prepare for an outbreak in my area?   −

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.
    - Make sure they have access to 2 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.

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

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.

Symptoms & Emergency Warning Signs

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

People with COVID-19 have reported a wide range of symptoms – from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. If you have fever, cough, or other symptoms, you might have COVID-19.

When should I seek emergency care if I have COVID-19? −

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.

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.

Testing

Should I be tested for a current infection? −

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. Most people will have mild illness and can recover at home without medical care and may not need to be tested.

CDC has guidance for who should be tested, but decisions about testing are made by state and local health departments and healthcare providers.

You can also visit your state or local health department's website to look for the latest local information on testing.

How can I get tested for a current infection (viral test) and what does my test mean? −

Decisions about testing are made by state and local ↗ health departments or healthcare providers. If you have symptoms of COVID-19 and are not tested, it is important to stay home. What to do if you are sick.

COVID-19 testing differs by location. 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. The U.S. Food and Drug Administration (FDA) has authorized viral tests that let you collect either a nasal swab ↗ or a saliva sample ↗ at home. However, you will still need to send your sample to a laboratory for analysis.

If you test positive for COVID-19, know what protective steps to take if you are sick or caring for someone.

If you test negative for COVID-19, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing. You might test negative if the sample was collected early in your infection and test positive later during your illness. You could also be exposed to COVID-19 after the test and get infected then. This means you could still spread the virus. If you develop symptoms later, you might need another test to determine if you are infected with the virus that causes COVID-19.

For more information about viral tests, please visit Test for Current Infection.

How can I get tested for a past infection (antibody test) and what does my test mean? −

Antibody tests for COVID-19 are available through healthcare providers and laboratories. Check with your healthcare provider to see if they offer antibody tests and whether you should get one.

A positive test result shows you might have antibodies from an infection with the virus that causes COVID-19. However, there is a chance a positive result means that you have antibodies from an infection with a virus from the same family of viruses (called coronaviruses), such as the one that causes the common cold.

Having antibodies to the virus that causes COVID-19 might provide protection from getting infected with the virus again. If it does, we do not know how much protection the antibodies might provide or how long this protection might last.

You should continue to protect yourself and others since you could get infected with the virus again.

If you test negative, you might not have ever had COVID-19. Talk with your healthcare provider about your test result and the type of test you took to understand what your result means.

Regardless of whether you test positive or negative, the results do not confirm whether or not you are able to spread the virus that causes COVID-19. Until we know more, continue to take steps to protect yourself and others.

If you want more information about antibody tests, see Test for Past Infection.

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.

People at Higher Risk for Severe Illness

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 with underlying medical conditions** are at higher risk for severe illness from COVID-19.

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

If you are at higher risk for severe illness from COVID-19, you should:

- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.
- If you decide to engage in public activities, continue to protect yourself by practicing everyday preventive actions.
- Keep these items on hand and use them when venturing out: a mask, tissues, and a hand sanitizer with at least 60% alcohol, if possible.
- If possible, avoid others who are not wearing masks or ask others around you to wear masks.
- Delay or cancel a visit if you or your visitors have symptoms of COVID-19 or have been exposed to someone with COVID-19 in the last 14 days.
- Anyone who has had close contact with a person with COVID-19 should stay home and monitor for symptoms.
- **Continue your medicines** and do not change your treatment plan without talking to your healthcare provider.
- **Have at least a 30-day supply** of prescription and non-prescription medicines.
- **Do not delay getting emergency care for your underlying medical condition** because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care.

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.

Contact Tracing

What is contact tracing? —

Contact tracing has been used for decades by state and local health departments to slow or stop the spread of infectious diseases.

Contact tracing slows the spread of COVID-19 by

- Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19
- Helping people who may have been exposed to COVID-19 get tested
- Asking people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact of someone with COVID-19

During contact tracing, the health department staff **will not** ask you for

- Money
- Social Security number
- Bank account information
- Salary information
- Credit card numbers

What will happen with my personal information during contact tracing? —

Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.

If you have been diagnosed with COVID-19, your name will not be shared with those you came in contact with. The health department will only notify people you were in close contact with (within 6 feet for more than 15 minutes) that they might have been exposed to COVID-19. Each state and jurisdiction use their own method for collecting and protecting health information. To learn more, contact your state or local health department.

You may also be interested in: **If I participate contact tracing for COVID-19 using a digital tool, is my personal health information secure?**

Who is considered a close contact to someone with COVID-19? —

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for at least 15 minutes. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person had any symptoms or tested positive for COVID-19.

Am I considered a close contact if I was wearing a mask? —

Yes, you are still considered a close contact even if you were wearing a mask while you were around someone with COVID-19. Masks are meant to protect other people in case you are infected, and not to protect you from becoming infected.

If I am a close contact, will I be tested for COVID-19?   −

If you have been around someone who is sick with COVID-19, local authorities, the health department, or your doctor may recommend that you get tested for COVID-19. The health department may be able to provide resources for testing in your area.

- While you are waiting for your COVID-19 test result, stay home away from others (self-quarantine) and monitor your health for symptoms of COVID-19 to protect your friends, family, and others from possibly getting COVID-19.
- If your **test is positive**, you should continue to stay home and self-isolate away from others and monitor your health. If you have symptoms of COVID-19 and they worsen or become severe, you should seek emergency medical care. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face. Someone from the health department may call you to
  - Check on your health,
  - Discuss who you have been around, and
  - Ask where you have spent time while you may have been able to spread COVID-19 to others.
- If your **test is negative** and you **don't have symptoms,** you should continue to stay home and self-quarantine away from others for 14 days after your last exposure to COVID-19 and follow all recommendations from the health department. This is important because symptoms can appear up to 14 days after you've been exposed and are infected. A negative result before the end of your quarantine period does not rule out possible infection. Additionally, you do not need a repeat test unless you develop symptoms, or if you require a test to return to work.
- If your **test is negative** and you **have symptoms,** you should continue to self-quarantine away from others for 14 days after your last exposure to COVID-19 and follow all recommendations from the health department. Additional medical consultation and a second test may be needed if your symptoms do not improve.

What will happen during contact tracing if I am diagnosed with COVID-19? −

If you are diagnosed with COVID-19, someone from the health department may call you to check on your health, discuss who you have been around, and ask where you spent time while you may have been able to spread COVID-19 to others. You will also be asked to continue to stay at home and self-isolate, away from others.

- Your name **will not** be shared with those you came in contact with.
- The health department staff **will not** ask you for
    - Money
    - Social Security number
    - Bank account information
    - Salary information, or
    - Credit card numbers
- Self-isolation means staying at home in a specific room away from other people and pets, and using a separate bathroom, if possible.
- Self-isolation helps slow the spread of COVID-19 and can help protect the health of your family, friends, neighbors, and others you may come in contact.
- If you need support or assistance while in self-isolation, your health department or community organizations may be able to provide assistance.

Watch for or monitor your symptoms of COVID-19. If your symptoms worsen or become severe, you should seek medical care.

What will happen during contact tracing if I have been around someone with COVID-19?   −

If you were around someone who has been diagnosed with COVID-19, someone from the health department may call you to let you know that you may have been exposed to COVID-19.

Stay home away from others for 14 days (self-quarantine) after your last contact with that person. Health department staff will help identify the dates for your self-quarantine. Health department staff can also provide resources for COVID-19 testing in your area.

- Self-quarantine means staying home away from others and monitoring your health.
- If you need to be around other people or animals in or outside of the home, wear a mask. This will help protect the people around you.
- If you need support or assistance while in self-quarantine, your health department or community organizations may be able to provide assistance.

Monitor your health and watch for symptoms of COVID-19. Remember, symptoms may appear 2-14 days after you were exposed to COVID-19. Tell the health department if you develop any symptoms. Tell people you were around recently if you become ill, so they can monitor their health. If your symptoms worsen or become severe, seek medical care. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face.

The health department staff **will not** ask you for

- Money
- Social Security number
- Bank account information
- Salary information, or
- Credit card numbers

I was around someone who has COVID-19, and my COVID-19 test came back negative. Do I still need to quarantine for 14 days after I was last exposed?   −

Yes. You should still self-quarantine for 14 days since your last exposure. It can take up to 14 days after exposure to the virus for a person to develop COVID-19 symptoms. A negative result before end of the 14-day quarantine period does not rule out possible infection. By self-quarantining for 14 days, you lower the chance of possibly exposing others to COVID-19.

I was recently around someone who has COVID-19, but I feel fine. Why should I stay at home?   −

People with COVID-19 can still spread the virus even if they don't have any symptoms. If you were around someone who had COVID-19, it is critical that you stay home and away from others for 14 days from the last day that you were around that person. Staying home and away from others at all times helps your health department in the fight against COVID-19 and helps protect you, your family, and your community.

What if I have been around someone who was identified as a close contact? −

If you have been around someone who was identified as a close contact to a person with COVID-19, closely monitor yourself for any symptoms of COVID-19. You do not need to self-quarantine unless you develop symptoms or if the person identified as a close contact develops COVID-19.

Will there be a national app for contact tracing? −

No, there will not be a national app for contact tracing. There are many options available now, and it is up to each state and individual to decide which tools best fit their needs.

If I participate in contact tracing for COVID-19 using a digital tool, is my personal health information secure? −

Yes, if you agree to participate in contact tracing for COVID-19 with the health department, your information is secure.
Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider. Your name will not be shared with those you came in contact with. If you have been diagnosed with COVID-19, the health department will only notify people you were in close contact with (within 6 feet for more than 15 minutes) that they might have been exposed to COVID-19.

Health departments may use *case management tools* to help make the contact tracing process more efficient. If you choose to provide information through one of these tools, your information is secure and stored with the health department. These tools also help health departments quickly receive and analyze information about COVID-19. Case management tools are under the same laws and regulations for all sensitive health information use (e.g. HIPPA). You must provide consent for the health department to collect information using a case management tool. Just like traditional contact tracing, digital tools will not collect information regarding money, Social Security numbers, bank account information, salary information, or credit card numbers.

Exposure notification tools may be an app that you can download on your personal cell phone. If you choose to download an *exposure notification* app for COVID-19, your information is secure. Exposure notification apps are developed in collaboration with or endorsed by health departments. These apps undergo rigorous testing to determine their trustworthiness, security, and ability to protect people's privacy. Until you give consent to share information with your local health department, any information you have entered into the app is stored *only* on your personal phone. Your information is stored only on your own phone and is not sent to the health department or any other third party. **The app and your information can be deleted any time**. When you consent to share your information with the local health department, your information is secure.

Will I be required to download a contact tracing app for COVID-19 on my phone? −

No, you are not required to download an app to give information for contact tracing for COVID-19. Health departments commonly use *case management tools* to make the contact tracing process more efficient. These types of tools are not downloaded on personal cell phones.

If you choose to give information to your local or state health department for contact tracing for COVID-19, you do not need to download an app on your cell phone. The health department staff may call you to

- Check on your health,
- Discuss who you have been around, and
- Ask where you have spent time while you may have been able to spread COVID-19 to others.

It is up to you to decide if you download an *exposure notification* app for COVID-19.

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.

See How to Protect Yourself & Others to learn how to protect yourself from respiratory illnesses, like COVID-19, if you decide to attend a funeral or visitation.

Am I at risk if I touch someone who died of COVID-19 after they have passed away? −

COVID-19 is a new disease and **we are still learning how it spreads.** The virus that causes COVID-19 is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs, sneezes, or talks. 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. 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 severe illness from COVID-19. 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, face shield, or goggles and N-95 respirator).

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

If desired, you may retrieve the belongings of a loved one who has died of COVID-19 outside their home (for example, in a hospital setting). Depending on local rules and regulations, family members may retrieve these belongings at the funeral home or the healthcare facility.

You should use gloves and practice good hand hygiene when handling your loved ones' belongings. Depending on the type of belongings, such as electronics, you should also follow the household item-specific cleaning and disinfection guidelines when handling these items.

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 leak-proof container; 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.

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. In order to reduce the need for cleaning, disinfection, and vacuuming, consider removing area rugs completely, if possible. 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:

- 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.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces, such as carpeted floors or rugs, clean the surface using soap and water or with cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV-2 ☐ . Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
- Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.
- Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.

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.

Pets and Animals

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

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. See If You Have Pets for more information about pets and COVID-19.

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.

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.

Can I take my dog to a dog park? −

Dog parks provide socialization and exercise for dogs, which is an important part of their wellbeing. Because there is a risk that people with COVID-19 could spread it to animals, CDC recommends that you do not let pets interact with people outside of your household, especially in places with community spread of COVID-19. Therefore, you should consider avoiding dog parks or other places where large numbers of people and dogs gather.

Some areas are allowing dog parks to open. If you choose to go to a dog park, follow local guidelines. There are ways to reduce the risk of you or your dog getting infected with COVID-19 if you go to a dog park.

- Do not take your dog to a dog park if you are sick or if you have recently been in close contact with a person with COVID-19.
- Do not take your dog to a dog park if your dog is sick. Signs of sickness in dogs may include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, discharge from the nose or eyes, vomiting, or diarrhea.
- If your dog has tested positive for the virus that causes COVID-19, talk to your veterinarian about when it is appropriate for your pet to go back to normal activities.
- Try to limit your dog's interaction with other people outside of your household while at the dog park.
- As much as possible, avoid touching common items in the dog park like water bowls. Wash your hands or use hand sanitizer after touching items from the park. To make sure your dog has fresh water, consider bringing your own portable water bowl.
- Limit other pet items brought to the dog park, such as toys. Clean and disinfect anything taken to the park and returned home (leashes, toys, water bowls).
- Do not wipe or bathe your dog with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian.

See more information on pets and COVID-19 and recommendations for how to help keep your pet safe.

Can I take my dog to daycare or a groomer? −

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 your pets and people outside your household as much as possible and avoiding places where large numbers of 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 mask 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 other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian.

Do not put masks on pets, and do not take a sick pet to a groomer or boarding facility. Signs of sickness in dogs may include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, discharge from the nose or eyes, vomiting, or 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? −

Most pets that have gotten sick from the virus that causes COVID-19 were infected after close 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, call your veterinarian and let them know the pet was around a person with COVID-19. If you are sick with COVID-19, do not take your pet to the veterinary clinic yourself. 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. Routine testing of animals for COVID-19 is not recommended at this time.

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 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.

Are imported animals or animal products safe? —

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 regulates ⬀ 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's ⧉ 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.

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.

See COVID-19 and Animals for more information.

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 $100.4^0(38.0^0C)$ 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 masks** to protect others especially where social distancing measures are difficult to maintain. Wearing a mask 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 mask 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, and prepare for it if it occurs, including COVID-19. Community mitigation is especially important before a vaccine or drug becomes widely available.

For more information, see Community Mitigation Framework.

What are community mitigation actions for COVID-19? −

For individuals

- Washing hands often
- Avoiding close contact with people who are sick, and practicing social distancing
- Covering mouth and nose with a mask when around others
- Covering coughs and sneezes
- Cleaning and disinfecting frequently touched surfaces daily

For communities

- Promoting behaviors that prevent spread
- Maintaining healthy environments
- Maintaining healthy operations
- Preparing for when someone gets sick
- Closing businesses and schools and limiting other services

For more information, see Community Mitigation Framework.

Who is involved in community mitigation actions? −

Individual people, communities, schools, businesses, and healthcare organizations 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 affected need to be considered, including populations most vulnerable to severe illness, and those who might be more affected 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.

For more information, see Community Mitigation Framework.

Water

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

The virus that causes COVID-19 has not been detected in treated drinking water. Water treatment plants use filters and disinfectants to remove or kill germs, like the virus that causes COVID-19. The Environmental Protection Agency regulates water treatment plants to ensure that treated water is safe to drink.

Currently, there is no evidence that the virus that causes COVID-19 can be spread to people by drinking treated water. COVID-19 is spread mainly through close contact from person-to-person. You can continue to use and drink water from your tap as usual.

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 COVID-19 virus spread through sewerage systems?   −

Recently, ribonucleic acid (RNA) from the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is little evidence of infectious virus in wastewater, and no information to date that anyone has become sick with COVID-19 because of exposure to wastewater. 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, ribonucleic acid (RNA) from the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is little evidence of infectious virus in wastewater, and 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.

See Information for Wastewater and Sanitation System Workers on COVID-19 for additional information.

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.

Can the virus that causes COVID-19 spread to people through the water in pools, hot tubs, or water playgrounds?

CDC is not aware of any scientific reports of the virus that causes COVID-19 spreading to people through the water in pools, hot tubs, or water playgrounds. Plus, proper operation of public pools, hot tubs, and water playgrounds (such as at an apartment complex or owned by a community) and disinfection of the water (with chlorine or bromine) should inactivate the virus.

The virus mainly spreads when respiratory droplets from infected people land in the mouths or noses of others or possibly when inhaled into the lungs by others. If a public pool, hot tub, or water playground is open, it is important for all visitors and staff to take steps to slow the spread of the virus:

- Stay home if you are infected or might be infected with the virus that causes COVID-19.
- Stay at least 6 feet apart (in and out of the water) from people you don't live with.
- Wear cloth masks when not in water.
- Cover coughs and sneezes with a tissue (or use the inside of your elbow), throw used tissues in the trash, and wash hands.
- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not readily available.

See Considerations for Public Pools, Hot Tubs, and Water Playgrounds for more information.

Can the virus that causes COVID-19 spread to people through the water in saltwater pools?

CDC is not aware of any scientific reports of the virus that causes COVID-19 spreading to people through the water in pools, including saltwater pools. Plus, proper operation of public pools (such as at an apartment complex or owned by a community) and disinfection of the water (with chlorine or bromine) should inactivate the virus. Saltwater pools are chlorinated pools.

In traditional pools, chlorine products (such as granules or liquid bleach) are added to the water to disinfect it. In saltwater pools, table salt (made up of sodium and chloride) is added to the water, and an electrical current is then run through the water with dissolved salt. This creates the same disinfecting form of chlorine that is created when chlorine products are added to the water in traditional pools.

Can the virus that causes COVID-19 spread to people through the water in lakes, oceans, or rivers? −

CDC is not aware of any scientific reports of the virus that causes COVID-19 spreading to people through the water in lakes, oceans, rivers, or other natural bodies of water.

The virus mainly spreads when respiratory droplets from infected people land in the mouths or noses of others or possibly when inhaled into the lungs by others. If a public beach or other swim area in a natural body of water is open, it is important for all visitors and staff to take steps to slow the spread of the virus:

- Stay home if you are infected or might be infected with the virus that causes COVID-19.
- Stay at least 6 feet apart (in and out of the water) from people you don't live with.
- Wear cloth masks when not in water.
- Cover coughs and sneezes with a tissue (or use the inside of your elbow), throw used tissues in the trash, and wash hands.
- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not readily available.

See Considerations for Public Beaches for more information.

RNA ⬈ of the virus that causes COVID-19 has been found in untreated wastewater, which can come from combined sewer overflows ⬈ (rainwater runoff, domestic sewage, and industrial wastewater) and other sources ⬈ (such as, leaking septic tanks or animal waste from farms nearby) and enter swim areas. While data are limited, there is little evidence of infectious virus in wastewater. Plus, CDC is not aware of any scientific reports of the virus being spread by swallowing or coming in contact with water contaminated by feces (poop) from an infected person.

At lakes, oceans, and rivers with routine water quality monitoring programs, staff look for changes in fecal (poop) contamination of the water. Water quality advisories and beach closures alert the public to avoid getting in or on the water because of increased fecal contamination. Learn more about healthy swimming in natural bodies of water and access water quality information by state.

Can cloth masks be worn in the water? −

No, do **NOT** wear a cloth mask in the water. It can be difficult to breathe through a cloth mask when it is wet. Plus, wet cloth masks don't slow the spread of the virus that causes COVID-19 as well as dry cloth masks. All of this means it is particularly important to stay at least 6 feet apart in the water from people you don't live with.

In case cloth masks do get wet by mistake, bring a second (or extra) cloth mask for everyone heading out to the public pool or beach.

Can Lycra (Spandex or elastane), the cloth used to make swimsuits, be used to make cloth masks? −

CDC does not yet have evidence on the effectiveness of different types of cloth materials.

Wearing cloth masks can help prevent people infected with the virus that causes COVID-19 from spreading the virus. Make sure your cloth mask:

- fits snugly but comfortably against the side of the face,
- completely covers the nose and mouth,
- is secured with ties or ear loops,
- includes multiple layers of fabric,
- allows for breathing without restriction, and
- can be laundered and machine dried without damage or change to shape.

Cloth masks should **NOT** be worn by children less than 2 years old or anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Learn more about how to wear, take off, and wash your cloth masks.

How many people, visitors and staff, can be in and around a public pool, hot tub, or water playground (such as at an apartment complex or owned by a community) at the same time? −

The design of the public pool, hot tub, or water playground and surrounding deck and if visitors live together or not will affect how many people can stay at least 6 feet apart from those they don't live with.

CDC recommends operators of public pools, hot tubs, and water playgrounds:

- comply with local, state, territorial, federal, and tribal regulatory agency policies and requirements on gathering (so the number of swimmers in the water isn't more than the maximum allowed) and
- teach and reinforce social (physical) distancing among visitors and staff.

Operators might want to limit the number of people in and around the water so if the water needs to be evacuated (because of lightning or other health or safety threat) social distancing can be maintained on the deck. Otherwise, if the water is evacuated and social distancing cannot be maintained on the deck, close the deck to visitors. There is no standard formula to determine how many people can maintain social distancing in the water and on the surrounding deck.

See Considerations for Public Pools, Hot Tubs, and Water Playgrounds for more information.

Can I use pool, hot tub, or water playground water to disinfect surfaces or shared objects? —

No. Only List N disinfectants approved by the U.S. Environmental Protection Agency ↗ should be used to disinfect surfaces (such as handrails and in bathrooms) and shared objects (such as kickboards and pool noodles).

The list includes hundreds of disinfectants. Operators of public pools, hot tubs, or water playgrounds (such as at an apartment complex or owned by a community) should consult with the design company or engineer to determine which disinfectants are best suited for surfaces and with manufacturers to determine which disinfectants are best suited for shared objects.

Remember to clean surfaces and shared objects **before** disinfecting them and to follow directions on labels of cleaning products and disinfectants.

Can the sun's ultraviolet (UV) light disinfect surfaces and shared objects? —

We don't know yet. Early scientific data suggest that SARS-CoV-2, the virus that causes COVID-19, can be inactivated by the sun's UV light. However, the ability of the sun's UV light to inactivate the virus on surfaces (such as handrails and in bathrooms) and shared objects (such as kickboards and pool noodles) needs more research. Factors — such as cloudiness, latitude (distance from equator), time of day, and amount of time exposed to the sun's UV light — will determine how effectively the virus is inactivated.

Remember to clean surfaces and shared objects **before** disinfecting them and to follow directions on labels of cleaning products and disinfectants ↗ .

How often do surfaces (such as handrails and in bathrooms) at public pools, hot tubs, or water playgrounds (such as at an apartment complex or owned by a community) need to be cleaned and disinfected? —

The more frequently a surface is touched by multiple people, the more frequently it should be cleaned and then disinfected with a List N disinfectant approved by the U.S. Environmental Protection Agency ↗ . Frequently touched surfaces should be cleaned and disinfected at least daily.

Remember to clean surfaces and shared objects **before** disinfecting them and to follow directions on labels of cleaning products and disinfectants.

Do procedures for responding to formed fecal (poop) or diarrheal incidents in public pools, hot tubs, or water playgrounds (such as at an apartment complex or owned by a community) need to change during the COVID-19 pandemic? —

No. RNA ↗ of the virus that causes COVID-19 has been found in feces (poop). While data are limited, there is little evidence of infectious virus in feces. Plus, CDC is not aware of any scientific reports of the virus being spread by swallowing or coming in contact with water contaminated by feces from an infected person. As a result, CDC has not changed its fecal incident response recommendations. Remember, do **NOT** vacuum feces out of the water.

Can lifeguards monitor how visitors socially distance (stay at least 6 feet apart from people you don't live with), wear cloth masks, or wash hands? −

Not when lifeguards are actively lifeguarding. Lifeguards actively lifeguarding should not be doing other tasks that could distract them. Drowning deaths have resulted, at least in part, from lifeguards being distracted.

Drowning can occur quickly and quietly. Learn and take steps to prevent drowning.

How can the spread of the virus that causes COVID-19 be slowed during lifeguard training? −

Lifeguard trainers can consider the following steps to slow the spread of the virus that causes COVID-19:

- **Have the virus? Stay home to save lives.**
  - Educate instructors, lifeguard students, and others about when they should stay home to isolate (if they have symptoms of COVID-19 or tested positive for COVID-19) or quarantine (if they have been in close contact with someone who has COVID-19) and when they can return or reschedule training.
  - Conduct daily health checks (see frequently asked question on screening) or ask instructors, students, and others to conduct self-checks (such as temperature screening or symptom checking), if possible.
    - Conduct health checks safely and respectfully and in accordance with any applicable local, state, territorial, federal, and tribal privacy and confidentiality laws, rules, and regulations.
- **Be smart, stay at least 6 feet apart**
  - Conduct knowledge training virtually or online, when possible, to limit contact among instructors, students, and others.
  - Teach and reinforce social (physical) distancing during in-person skills training in and out of the water — maintaining at least 6 feet between people who don't live together.
    - Provide physical cues or guides (such as lane lines in the water or chairs and tables on the deck) and visual cues (such as posted signs or tape on the deck).
  - Limit close contact, particularly face-to-face interactions, between people who don't live together, as recommended by the lifeguarding-certifying organization. Such as
    - Aquatic rescue
      - For practice rescues
        - Have each student practice rescues on his or her household member instead of another student.
      - For actual rescues
        - Stress the need to keep the number of people involved in rescue and resuscitation to the minimum number needed to provide proper care.
        - Stress the need to 1) perform rescues from the deck (using an extending or throwing device) if conditions allow and 2) if possible, have people on the deck wear cloth masks, when removing victim from the water because social distancing cannot be maintained. If an in-water rescue is needed, minimize exposure to the distressed swimmer's face without protection, if possible approaching him or her from behind.
    - Cardiopulmonary Resuscitation (CPR)
      - For practice resuscitation
        - Limit student-to-manikin ratio and student-to-automated external defibrillator (AED) training device ratio to 1:1. Have each student use his or her own breathing barrier when doing rescue breathing on a manikin.
      - For actual resuscitation

- Stress the need for and train with personal protective equipment (PPE) during resuscitation, as recommended by the CPR-certifying organization (such as the American Red Cross [↗]), and use a bag-valve mask (BVM) with a high-efficiency particulate air (HEPA) filter. BVM ventilation is best delivered with two rescuers.

- **Wear a mask. Save lives.**
  - Teach and reinforce use of cloth masks in public settings when around people you don't live with, particularly when it is difficult to maintain social distancing.
    - Advise people wearing masks to not wear them in the water. Cloth masks can be difficult to breathe through when they're wet. This means it is particularly important to maintain social distancing in the water. Plus, wet cloth masks don't slow the spread of the virus that causes COVID-19 as well as dry cloth masks.

- **Cover coughs and sneezes**
  - Teach and reinforce covering coughs and sneezes with a tissue (or use the inside of elbow), throw used tissues in the trash, and wash hands.

- **Wash hands often**
  - Teach and reinforce handwashing with soap and water for at least 20 seconds, particularly after being in a public place or after blowing your nose, coughing, or sneezing.
    - Use hand sanitizer with at least 60% alcohol, if soap and water are not readily available.

- **Clean and then disinfect**
  - Clean and then disinfect surfaces frequently touched by multiple people (such as door handles, light switches, and tables). Use cleaning product and a List N disinfectant approved by the U.S. Environmental Protection Agency [↗] as per label instructions.
  - Clean and then disinfect all shared equipment that is not disposable (such as manikins and rescue tubes) between users. Use cleaning product and a List N disinfectant approved by the U.S. Environmental Protection Agency [↗] as per label instructions. Consult with manufacturers to decide which List N disinfectants are best for equipment.

CDC has more COVID-19–related considerations for public pools and public beaches and non-COVID-19–related healthy and safe swimming resources.

Other Frequently Asked Questions and Answers About:

Travel

Healthcare Professionals

Healthcare Infection

Laboratory Viral Panels

Laboratory Biosafety

General Business

Personal Protective Equipment

K-12 Schools and Child Care Program Administrators

Retirement Communities and Independent Living Facilities

Correctional and Detention Facilities

Event Organizers & Individuals

Funeral Home Workers

HIV

Help control the spread of rumors and be aware of fraud schemes.

- Coronavirus Rumor Control ↗ (FEMA)
- COVID-19 Fraud Alert ↗ (Office of the Inspector General)

Footnotes

[1]Fever may be subjective or confirmed

[2]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can 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.