

CDC Weekly Key Messages
Coronavirus Disease 2019 (COVID-19) Outbreak
March 17, 2020 as of 10:00pm

This document summarizes key messages about the COVID-19 outbreak and the response. It will be updated and distributed regularly. For the most current information, visit www.cdc.gov/COVID19.
All content updated since March 8 is shown in colored text.

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CORONAVIRUS DISEASE 2019 (COVID-19) NAMING

- The International Committee on Taxonomy of Viruses named the novel coronavirus causing an outbreak of respiratory illness that was first detected in Wuhan, Hubei Province, China, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).
 - Due to potential for confusion with SARS-CoV, where possible, public communications will use “the virus that causes COVID-19.”
- On February 11, 2020, the World Health Organization (WHO) named the disease caused by this virus Coronavirus Disease 2019 (COVID-19).
 - **Disease name:** COVID-19

OUTBREAK SUMMARY

- There is an expanding outbreak of COVID-19 caused by a novel (new) coronavirus.

- The outbreak began in China but is spreading worldwide **and is now considered a pandemic.**
- Initially, many of the patients reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. Since then, sustained (ongoing) person-to-person spread in the community is occurring in some [international locations](#).
- The newly emerged COVID-19 is a respiratory disease that seems to be spreading much like flu. It can spread from person-to-person.
- The new virus can cause illness varying from mild to severe, including potentially resulting in death.
- Outbreaks like this — when a new virus has emerged to infect people and spread between people — are especially concerning.

International

- Global case numbers are reported by WHO in their [COVID-19 situation reports](#).
 - As of **March 16, more than 167,511** cases have been identified worldwide. More than **86,434** of these cases have occurred outside of China.
- On January 30, WHO declared this outbreak a Public Health Emergency of International Concern (PHEIC). A PHEIC is declared if an event poses a public health threat to other nations through the spread of disease and potentially requires a coordinated international response.
- **On March 11, 2020, WHO announced that the outbreak of COVID-19 can be characterized as a pandemic.**

Domestic

- On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.
- This is a very serious public health threat and the federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to minimize introductions of this virus, detect new cases quickly, and reduce community spread of this new coronavirus in the US.
- As the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- What is currently known about the potential cases of community spread has raised the level of concern about the immediate threat for COVID-19 for certain communities.
- The coming days and weeks are likely to bring more confirmed cases of COVID-19 in the United States and globally, but strong public health measures now may blunt the impact of the virus in the United States.
- **Pandemics of respiratory disease follow a certain progression outlined in the [Pandemic Intervals Framework](#), part of the [National Pandemic Strategy](#).**
 - **Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases.**

- The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses.
- Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.
- Nationally, the United States is currently in the initiation phase, but states where community spread is occurring are in the acceleration phase.
- The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- **Public health partners are encouraged to review their pandemic preparedness plans at this time. Selected pandemic preparedness materials are available online.**
- On March 13, the President of the United States declared the COVID-19 outbreak a [national emergency](#).
- On March 16, the White House announced a program called “[15 Days to Slow the Spread](#).” This is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.

U.S. OUTBREAK STATISTICS

Cases in the United States as of **March 16, 2020**:

- **Travel-related: 205**
- **Close contact: 214**
- **Under investigation: 3,068**
- **Total cases: 3,487**
- **Deaths: 68**
- **Jurisdictions reporting cases: 53 (49 states and the District of Columbia)**

For global cases, please see the WHO [daily situation reports](#).

SITUATION IN THE U.S.

- Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the [initiation phase](#), but states where community spread is occurring are in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
- [CDC and state and local public health laboratories](#) are testing for the virus that causes COVID-19.
- More and more [states are reporting cases of COVID-19](#) to CDC.
- U.S. COVID-19 cases include:
 - Imported cases in travelers
 - Cases among close contacts of a known case
 - Community-acquired cases where the source of the infection is unknown.
- Three U.S. states are experiencing sustained community spread: Washington, California, and New York.

CLUSTER IN WASHINGTON STATE

- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19.

- One of the patients died and was the first reported death in the United States from COVID-19.
- Two of the patients are from a long-term care facility where one is a healthcare worker.
 - This was the first reported case in a healthcare worker.
- Additional residents and staff of the long-term care facility who have not yet been tested for COVID-19 are reportedly either ill with respiratory symptoms or hospitalized with pneumonia of unknown cause.
- The patient who died was being treated in the same hospital as one of the other presumptive positive cases, but was not a resident of the long-term care facility.
- While there is an ongoing investigation, the source of these infections is currently unknown.
- Circumstances suggest person-to-person spread, including in the long-term care facility.
- CDC has deployed a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.
- CDC infection control experts are assessing the risk of additional healthcare worker exposures and carefully reviewing infection control practices within the facility to protect residents and healthcare workers from further spread of COVID-19.
 - The general strategies CDC recommends to prevent the spread of COVID-19 in long-term care facilities (LTCF) are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. View [Strategies to Prevent the Spread of COVID-19 in LTCF](#) for more information.
 - All healthcare facilities [can take steps](#) now to prepare for COVID-19 and protect both their patients and staff.

CORONAVIRUS BACKGROUND

- Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. They are common in many different species of animals, including camels, cattle, cats, and bats.
- It is rare for animal coronaviruses to become capable of infecting humans and then spreading between people.
 - Severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) are examples of coronaviruses that originated in animals and spread to people.
 - That is what is suspected happened with the virus that causes the current outbreak of COVID-19.
- Human coronaviruses are a common cause of mild to moderate upper-respiratory illness. But three coronaviruses have emerged to cause more severe illness: Severe Acute Respiratory Syndrome (SARS-CoV), Middle East Respiratory Syndrome (MERS-CoV), and now the virus that causes COVID-19.
 - At this time, there is no evidence that companion animals, including pets, can spread COVID-19. CDC has not received any reports of pets or other animals becoming sick with COVID-19.
 - There is no reason to think that any animals, including pets, in the United States might be a source of infection with this new coronavirus.

- On February 28, the Hong Kong Agriculture, Fisheries and Conservation Department (AFCD) reported a pet dog had tested “weak positive” to COVID-19 through nose and mouth samples. The dog had contact with a person infected with COVID-19.
- CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available.
- It’s important to remember that dogs have their own coronaviruses, which cannot spread to people.
 - [AFCD official report available](#)

TRANSMISSION

- Much is unknown about how the new coronavirus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.
- Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other.
- Person-to-person spread is thought to occur mainly through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- How easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.
- Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (sickest).
- Mother-to-child transmission during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- To date, CDC does not have any evidence to suggest that animals imported from China pose a risk for spreading the new coronavirus in the United States.
- At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes [or ticks](#).
 - Mosquitoes [and ticks](#) cannot spread all types of viruses. For a virus to pass to a person through a mosquito [or tick](#) bite, the virus must be able to replicate inside the mosquito [or tick](#).
- There is much more to learn about the spread of this new coronavirus, severity of the disease, and other features associated with this outbreak and investigations are ongoing. This information will further inform the [risk assessment](#).

DIAGNOSIS AND TREATMENT

- CDC developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test to detect SARS-CoV-2 (the virus that causes COVID-19) in respiratory samples from clinical specimens.
- On January 24, CDC publicly posted the assay protocol for this test.
- CDC submitted an Emergency Use Authorization (EUA) package to the U.S. Food and Drug Administration on February 3 for its test.
- FDA approved the Emergency Use Authorization on February 4.
- The first manufactured batch of CDC test kits were made available for ordering by domestic and international partners through the agency's [International Reagent Resource \(IRR\)](#) on February 5.
- Upon arrival at public health laboratories, when laboratories began trying to verify the assay, several laboratories reported issues.
 - Specifically, some laboratories found sporadic reactivity in the negative control of one of the three assay components.
 - This sporadic activity resulted in an inconclusive test result.
- [Routine quality control \(QC\) measures aim to identify these types of issues. It is unclear why QC did not detect this issue before the kits were sent out to states.](#)
- [On February 18, CDC stood up a new surge laboratory to support testing for COVID-19. This expanded capacity to 350 samples per day](#)
- [On February 20, CDC completed contracts with 2 large commercial](#) manufacturers to ensure reagent availability for the public health laboratories
- On February 26, CDC, in conjunction with FDA, determined how to move forward and shared this information immediately with public health labs through the Association of Public Health Laboratories (APHL):
 - CDC is remanufacturing the test kits to ensure that laboratories have effective and reliable kits. The new kits include the two components (e.g., reagents) that are specific to novel coronavirus.
 - Before new test kits were available:
 - States that were able to validate all three assays should continue to test in this manner.
 - States that were able to validate the other two assays (N1 and N2) can test using these two assays.
 - FDA granted CDC "enforcement discretion," which means that testing in this manner was able to move forward while an updated EUA is officially completed.
 - CDC distributed updated instructions for use through APHL.
- On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure these health departments are able to verify the assay. An additional 40 test kits were hand-carried to IRR for repackaging and distribution to additional public health labs.
- On February 29, IRR began to distribute new test kits to the additional 40 laboratories.
- [As of the evening of March 16, at least one lab in all 50 states \(and Washington, D.C.\) is able to run the CDC assay. 89 public health labs are running the CDC test.](#)
- [Commercial manufacturers are now producing their own tests.](#)
- [As of March 16th, CDC has tested over 4255 samples.](#)

- There is no specific antiviral treatment for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms.
- For severe cases, treatment should include care to support vital organ functions.

PREVENTION

- There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.
- CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Stay home when you are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
 - 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.

PEOPLE AT RISK FOR SERIOUS ILLNESS

- Older adults and people who have severe underlying medical conditions seem to be at higher risk for more serious COVID-19 illness.
- Based upon available information to date, those most at risk include—
 - People 65 years and older
 - People who live in a nursing home or long-term care facility
 - People of any age with the following underlying medical conditions, particularly those that are not well controlled
 - Heart disease
 - Diabetes
 - Lung disease
- Early data suggest older people are twice as likely to have serious COVID-19 illness.
- If you are at increased risk for COVID-19 complications due to age or because you have a serious [underlying](#) medical condition, it is especially important for you to take actions to reduce your risk of exposure.
- [If you are a person with a serious underlying medical condition that can put you at higher risk, stay home and away from other people.](#)
 - Stock up on supplies
 - [Make a plan with family members, friends, caregivers, and/or healthcare providers and consider including the following in your plan:](#)

- Alternate caregiver in case your caregiver is sick or paid service is limited or unavailable—it's a good idea to have at least three alternate caregivers
- A 30-day supply of medications and a checklist to monitor usage
- Nonperishable food items for at least 30 days
- Phone bank plan in case of quarantine (this reduces feelings of loneliness and isolation)
- If you feel sick, use these guidelines to reduce the risk of spread:
 - Stay home.
 - Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
 - If you need emergency help, call 911.
 - If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).

What people at higher risk can do to prepare

- Have supplies on hand
 - Contact your healthcare professional to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home.
 - If you cannot get extra medications, consider using mail-order for medications.
 - Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
 - Have enough household items and groceries on hand so that you will be prepared to stay at home [for at least 14 days](#).
- Take everyday precautions
 - Avoid close contact with people who are sick.
 - Take everyday preventive actions.
 - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
 - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
 - Wash your hands after touching surfaces in public places.
 - Avoid touching your face, nose, eyes, etc.
 - Clean and disinfect your home to remove germs. Practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks and cell phones).

- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people.
 - Stay home as much as possible.
 - Consider ways of getting food brought to your house through family, social, or commercial networks.
- Have a plan for if you get sick.
 - **Consult with your healthcare provider for more information about** monitoring your health for symptoms suggestive of COVID-19.
 - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
 - Determine who can provide you with care if your caregiver gets sick.
 - Plan for how you will get more supplies if you need them before you recover.
- Watch for symptoms and emergency warning signs.
 - Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
 - If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs*:
 - Difficulty breathing or shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

What to do if you are at higher risk and get sick:

- Stay home and call your doctor.
- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).
- Know when to get emergency help.
- Get medical attention immediately if you have any of the emergency warning signs listed above.

Community Support for Older Adults

- Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration.

- Many of these people live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.
- Long-term care facilities should be vigilant to prevent the introduction and spread of COVID-19. [Information for long-term care facilities can be found here.](#)

Family and Caregiver Support

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies ([hearing aid batteries](#), oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- Stock up on non-perishable food items to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

Coping for People at Risk for Serious Illness and Caregivers

- People at higher risk for COVID-19 (including older people and people with severe underlying medical conditions), as well as the people who care for and about them, may feel especially stressed, worried, or anxious.
 - Things you can do to take care of yourself and help the people you care for:
 - Take breaks from watching, reading, or listening to news stories, including social media. Remind others that you care for to do the same.
 - Stay connected to others through calls (audio or video), instant messaging, email, letters, or other forms of communication, even if you cannot be together in person.
 - Talk with people you trust about your concerns and how you are feeling.
- If you, or someone you care about, is feeling overwhelmed with emotions like sadness, depression, or anxiety, or if you are concerned about harming yourself or others, call 911 or the SAMHSA Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746 (TTY 1-800-846-8517).

Tribal Elders and Multi-generational Tribal Families

- Tribal communities and Urban American Indians and Alaska Natives are particularly vulnerable to COVID-19 because of unique characteristics of health that impact tribal members.
- Any exposure to COVID-19 can pose a threat to tribal and urban American Indian and Alaska Native communities.
- Many tribal communities are made up of interdependent multi-generational families that house many Elders. These families may be both geographically and socially close. For tribal families, avoiding sick children or Elders may not seem practical or desirable.
- Families can take steps to protect the health and safety of Elders.
 - Consider limiting visitation except for caregivers or healers.
 - Avoid communing at social tribal events or gatherings, supermarkets, or casinos.

- Consider seeking out other partners in the community to help with housing accommodations or optional caregiving, in case of illness.

Rural Communities

- Rural communities face some COVID-19 challenges that are different from urban and suburban communities. These differences warrant additional guidance.
- Many rural communities have experienced multiple closings of hospitals and healthcare facilities. This can leave an already vulnerable population without immediate access to healthcare, should an outbreak occur in the community.
- People living in rural communities can take steps to prepare.
 - Identify the two closest healthcare facilities to contact in case of an outbreak
 - Create an information card with the numbers and addresses of healthcare facilities and the family and friends who are physically nearest to you.
 - Locate state, local, or tribal health centers in advance to identify available resources
 - Create a phone tree system (activating a group of people by telephone to get a message out quickly) with family, friends, and neighbors

People with Asthma

- People with asthma may be at higher risk of getting infected with COVID-19. COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and acute respiratory disease.
- If you have asthma, you should [prepare for COVID-19](#) and follow your Asthma Action Plan.
 - Take your asthma medication exactly as prescribed.
 - Talk to your healthcare provider, insurer, and pharmacist about creating an emergency supply of prescription medications, such as asthma inhalers.
 - Make sure that you have 30 days of non-prescription medications and supplies on hand too, in case you need to stay home for a long time.
 - Know how to use your inhaler.
 - Avoid your asthma triggers.
 - Clean and disinfect frequently touched surfaces like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks daily to protect yourself against COVID-19.
 - Avoid disinfectants that can cause an asthma attack.
 - As more cases of COVID-19 are discovered and our communities take action to combat the spread of disease, it is natural for some people to feel concerned or stressed. Strong emotions can trigger an asthma attack. Take steps to help yourself cope with stress and anxiety.
- If you have symptoms
 - Contact your health care provider to ask about your symptoms.

For Pregnant People:

- Pregnant people may be at higher risk for having severe illness from COVID-19.
- CDC has limited information on adverse pregnancy outcomes in pregnant people with COVID-19.

- Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy.
- There is limited information on infant outcomes of COVID-19 illness during pregnancy.
- Other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth.
- High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.
- It is especially important for pregnant people to [take actions to reduce their risk of exposure](#).

MINIMIZING STIGMA AND MISINFORMATION

- [Minimizing stigma and misinformation](#) is important, especially during contagious disease outbreaks.
- **Everyone:** Know the facts about COVID-19 and help prevent the spread of rumors:
 - Fight stigma by supporting people who are coming back to school or work after completing their quarantine or isolation period for COVID-19 exposure or illness.
 - Someone who has completed their quarantine or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
 - People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Let people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
 - Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
 - People who have not been in contact with a person who is a confirmed or suspected case are not at greater risk of acquiring and spreading this new virus than others.
- People who returned more than 14 days ago from an [area with widespread or ongoing community spread](#) and do not have symptoms of coronavirus do not put others at risk.
- To [help counter stigma](#), public health professionals can:
 - Maintain privacy and confidentiality of those seeking health care and those who may be part of any contact investigation.
 - Communicate the risk or lack of risk from associations with products, people, and places in a timely manner.
 - Raise awareness of COVID-19 while showing empathy for people's concerns and fears.
 - Share accurate information about how the virus spreads.
 - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
 - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
 - Engage with stigmatized groups in person and through media channels including news media and social media.

- Share with others the need for social support for people who have returned from an [area with ongoing spread](#) or are worried about friends or relatives in the affected areas.

TRAVEL

Presidential Proclamations announcing travel restrictions for travelers from China, Iran, United Kingdom, Republic of Ireland, and most of Europe

- On January 31, President Trump issued the first [Presidential Proclamation](#) implementing temporary measures to increase our abilities to detect and contain the novel coronavirus proactively and aggressively.
 - The proclamation suspends entry to the United States of foreign nationals who have been in China (excluding Hong Kong and Macau) in the past 14 days.
- On March 2, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in Iran in the past 14 days.
 - For more information, consult the [notice published in the Federal Register](#).
- On March 11, a [Presidential Proclamation](#) suspended entry to the United States of foreign nationals who have been in 26 countries in Europe (known as the Schengen Area) in the past 14 days.
 - The order suspends the entry of foreign nationals for 30 days from these European states: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland.
- On March 14, a [Presidential proclamation](#) suspended entry to the United States of foreign nationals who have been in the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland in the past 14 days.
- Exemptions to these travel restrictions include American citizens, legal permanent residents, and immediate family members of US citizens and legal permanent residents. (Hereafter referred to as “American citizens and exempted persons.”)

American Citizens and Exempted Persons:

- All American citizens and exempted persons coming from
 - **China, and Iran** will be directed to (“funneled to”) one of **11** US airports (the first 11 airports in the list below).
 - **Europe, the United Kingdom, and the Republic of Ireland** will be directed to (“funneled to”) one of **13** US airports (including the last 2 airports in the list below).
- American citizens and exempted persons who have been in **Hubei province** in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for further medical evaluation. (They will not be able to complete their itinerary.)

- If asymptomatic, American citizens and exempted persons will be subject to a mandatory quarantine at or near that location until 14 days after they left Hubei Province. (They will not be able to complete their itinerary.)
- American citizens and exempted persons who have been in **other parts of mainland China (outside of Hubei Province) or Iran** in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.
- American citizens and exempted persons who have been to the **Schengen area of Europe, UK and Ireland** in the previous 14 days will be screened by Department of Homeland Security and receive a Travelers' Health Alert Notice.
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be asked to stay home and self-monitor for 14 days.
- The **13** airports where travelers are being funneled include:
 - John F. Kennedy International Airport (JFK), New York
 - Chicago O'Hare International Airport (ORD), Illinois
 - San Francisco International Airport (SFO), California
 - Seattle-Tacoma International Airport (SEA), Washington
 - Daniel K. Inouye International Airport (HNL), Hawaii
 - Los Angeles International Airport (LAX), California
 - Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
 - Washington-Dulles International Airport (IAD), Virginia
 - Newark Liberty International Airport (EWR), New Jersey
 - Dallas/Fort Worth International Airport (DFW), Texas
 - Detroit Metropolitan Airport (DTW), Michigan
 - **Boston Logan International Airport (BOS), Massachusetts**
 - **Miami International Airport (MIA), Florida**
- As of **March 12**, about **57,000** people have been screened at U.S. airports.

Travel Notices and Advisories:

- **CDC's most current travel notices:**
 - Level 3 Travel Health Notices (Avoid Nonessential Travel) for [China](#), [Iran](#), [most of Europe \(Schengen Area\)](#), [the United Kingdom and the Republic of Ireland](#), [South Korea](#), and [cruise travel worldwide](#).
 - Level 2 Travel Health Notices (Practice Enhanced Precautions) for the [global outbreak](#)

- [CDC has posted a webpage about COVID-19 and considerations for travel in the United States.](#)

Repatriation flights and quarantine orders:

- CDC has supported the Department of State in the safe and expedient ordered departure of US citizens and residents affected by outbreaks of COVID-19.
- Chartered flights returned passengers from Wuhan City, China and passengers from a cruise ship docked in Japan. (See section: *Diamond Princess*).
- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to all such passengers entering the United States.
 - The quarantine period is for 14 days.
 - The quarantine is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
 - This quarantine order also serves to protect the health of the repatriated persons, their families, and their communities.
- Based on what is known about this virus and other coronaviruses, CDC believes the risk to the communities temporarily housing these people is low.
- At the end of the 14-day period, people who have not developed symptoms have their quarantine order lifted and are free to return home.
- As of March 6th, almost everyone from the repatriation flights who were quarantined has been released and returned home.

Diamond Princess:

- CDC supported the Department of State-led mission to repatriate US citizens returning to the United States from Japan who were aboard the *Diamond Princess* cruise ship.
 - Due to the dynamic nature of the ongoing outbreak, the US government recommended that US citizens disembark and return to the United States.
- On February 16, 329 American citizens returned by flights chartered by the State Department.
 - The planes were met by a team of U.S. government personnel deployed at the bases to assess the health of the passengers.
 - The passengers were screened before leaving the ship and were monitored and evaluated by medical and public health personnel during the trip and after arrival. They will continue to be monitored by medical and public health personnel throughout the 14-day quarantine period.
- Americans returned by flights chartered by the State Department are subject to a 14-day federal quarantine and were housed at two existing federal quarantine sites for repatriated travelers:
 - Travis Air Force Base in California
 - Joint Base San Antonio-Lackland in Texas
 - All of these individuals completed their quarantine.
- No US citizens remain on the *Diamond Princess*.
- More than 25 Americans who were on board the *Diamond Princess* remain in Japan, hospitalized with COVID-19, including some who are reportedly severely ill.

Grand Princess*:

- CDC has been working with the California Department of Public Health, other federal, state, and local partners and the Princess Cruise Line to investigate a possible cluster of COVID-19 cases connected with a Grand Princess voyage from February 11-21. Additionally, CDC worked with the same partners to assess the risk for passengers currently aboard the Grand Princess.
 - CDC notified states about the risk and management of passengers aboard the Grand Princess between February 11 and 21 who might have COVID-19 symptoms.
- At this time, the U.S. Department of Health and Human Services (HHS) is working with state and local partners in California to support the return of passengers currently aboard the Grand Princess.
- On March 8, HHS announced that the Grand Princess would dock [in the Port of Oakland](#).
 - Passengers are being transferred to federal military installations for medical screening, COVID-19 testing, and a 14-day quarantine.
 - Nearly 1,000 passengers who are California residents are completing the mandatory quarantine at Travis Air Force Base.
 - [Additional residents of California and residents of other states are completing the mandatory quarantine at Marine Corps Air Station Miramar in San Diego, Lackland Air Force Base in San Antonio, or Dobbins Air Reserve Base in Georgia.](#)
 - Throughout the quarantine, passengers will be monitored for symptoms of COVID-19.
 - The Department of State is working closely with the home countries of several hundred passengers to arrange for repatriation to their countries.
 - If you were on the initial—February 11-21—Grand Princess cruise and have COVID-19 symptoms, please call your healthcare provider and explain your symptoms and potential exposure.
 - Your healthcare provider will advise you of how to move forward.
 - In the meantime, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases.
 - [CDC is monitoring a number of other cruises for potential and confirmed COVID-19 cases, including a cluster of cases among people who traveled on Nile River Cruises in Egypt in late February and early March.](#)
 - [CDC is notifying states of known returned travelers who may have been exposed.](#)

**Please continue to look for updates in CDC’s Daily Key Points and in next week’s Key Messages document. The situation is rapidly evolving and CDC will provide updates as they become available.*

WHAT CDC IS DOING

CDC Response in the US:

- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to detect new cases quickly and prevent further spread of COVID-19 in this country.

- CDC established a COVID-19 Incident Management Structure on January 7. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
 - The US government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus.
 - Effective February 2, at 5pm, the [US government suspended entry of foreign nationals who have been in China within the past 14 days.](#)
 - US citizens, residents, and their immediate family members who have been in Hubei province and other parts of mainland China are allowed to enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
 - On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.
 - As of March 13, all American citizens and exempted persons coming from most of Europe (known as the Schengen Area) will be funneled through 13 airports (listed in the above Travel section). As of March 16, all American citizens and exempted persons coming from the United Kingdom (excluding overseas territories outside of Europe) or the Republic of Ireland will also be funneled through those 13 airports.
 - CDC and partners will conduct enhanced illness response at these points of entry.
 - CDC has issued the following travel guidance related to COVID-19:
 - [China — Level 3, Avoid Nonessential Travel](#) — updated February 22;
 - [Iran — Level 3, Avoid Nonessential Travel](#) — updated February 28;
 - [South Korea — Level 3, Avoid Nonessential Travel](#) — updated February 24;
 - [Most of Europe \(Schengen Area\) — Level 3, Avoid Nonessential Travel](#) — updated March 12;
 - [Global Outbreak — Level 2, Practice Enhanced Precautions](#) — posted March 11.
 - [United Kingdom and U.K. — Level 3, Avoid Nonessential Travel](#) — posted March 15.
 - [COVID-19 and Cruise Ship Travel — Level 3, Avoid Nonessential Travel](#) — posted March 17.
 - CDC is issuing [clinical guidance, including clinical care guidance](#) and [healthcare infection control guidance](#).
 - On March 2, FDA announced that commercial companies may sell test kits under CDC's EUA.
 - CDC has deployed multidisciplinary teams to support state health departments with clinical management, contact tracing, and communications.
 - CDC has helped mobilize state health departments to receive returned repatriated travelers.
 - Through the Public Health Emergency Preparedness (PHEP) cooperative agreement, 62 state PHEP programs across the country are part of the multi-agency infrastructure

working on quarantine, isolation, case finding, protecting health care workers and assuring medical supply chains.

- State PHEP programs stand ready to address future developments in the outbreak.
- CDC has developed a fast-track approval method that enables jurisdictions to request the redirection of Public Health Emergency Preparedness (PHEP) cooperative agreement funds for the rapid procurement of services, supplies, and equipment needed during the COVID-19 response.
- CDC has reduced the normal 30-day request process to one to three business days for urgent requests.
- CDC has coordinated a funding strategy and developed guidance for awarding an initial \$35 million to jurisdictions responding to COVID-19.
- The funding is being awarded through two mechanisms:
 - Component A of the Crisis Response Cooperative Agreement, and
 - The Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement to select state and local jurisdictions.
- These initial awards support activities such as monitoring of travelers, data management, laboratory equipment, supplies, staffing, shipping, infection control, surge staffing, and sentinel surveillance.
- Awards were issued March 6.
- CDC has worked with the Department of State, supporting the safe return of Americans who have been stranded as a result of the ongoing outbreaks of COVID-19 and related travel restrictions. CDC has worked to assess the health of passengers as they return to the United States and provided continued daily monitoring of people who are quarantined.
- An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity. [CDC developed a molecular test to detect COVID-19 from human clinical specimens and distributed this test to state and local health laboratories.](#)
- After distribution of a CDC rRT-PCR test to diagnose COVID-19 to state and local public health labs started, performance issues were identified related to a problem in the manufacturing of one of the reagents. Laboratories were not able to verify the test performance.
- CDC worked on two potential resolutions to this problem.
 - CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19 after establishing that the third component, which was the problem with the original test, can be excluded from testing without affecting accuracy.
 - CDC is working with FDA to amend the existing Emergency Use Authorization (EUA) for the test.
 - Further, newly manufactured kits were provided to the [International Reagent Resource](#) for distribution.

- On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure health departments are able to verify the assay. On February 29, 6 of 7 pilot laboratories reported successful completion of the verification panel.
- An additional 40 test kits were hand carried to IRR for repackaging and distribution to additional public health labs.
- On February 28, IRR began to distribute new test kits to the additional 40 laboratories.
- [As of March 16, 89 public-health labs are now testing samples with the CDC assay \(50 states plus Washington DC and Guam\).](#)
- Combined with other reagents that CDC has procured, there are enough testing kits to test more than 75,000 people.
- [In addition, CDC is conducting laboratory testing in two of its laboratories at its headquarters in Atlanta.](#) CDC can test approximately 350 specimens per day.
- CDC has been uploading the entire genome of the viruses from reported cases in the United States to GenBank as sequencing was completed.
- CDC has grown the virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broad scientific community.
- CDC has deployed staff to assist in local areas experiencing clusters of COVID-19.

Internationally:

Note: Due to the rapidly changing situation, any statements on CDC involvement in China need case-by-case clearance.

- CDC is working diligently and closely with partners to support the response to this novel coronavirus outbreak.
- CDC has staff stationed in more than 60 countries across the globe. CDC has offices in China, in a number of the countries reporting cases of COVID-19, and in countries that have not yet reported cases of COVID-19 but are busy with planning and preparedness efforts.
 - CDC and the government of China have collaborated for the past 30 years addressing public health priorities affecting the US, China, and the world.
- In addition to working with host country officials, CDC staff are working in coordination with Department of State and other agencies within US embassies.
- CDC is mobilizing Atlanta-based staff to support the response. Many of these staffers have extensive experience responding to global outbreaks.
- CDC has identified experts who are prepared to join a planned WHO mission to support efforts to better understand the severity and transmissibility of the virus.
- CDC is providing technical assistance to the Government of Italy for exit screening flights departing from Italy to the United States.
- In China, CDC is an important technical partner for the Chinese Field Epidemiology Training Program (FETP). and has been involved in the program since 2004.

- More than 800 FETP-trained residents or graduates of FETP are supporting ongoing COVID-19 response efforts.
- In 2019 specialized FETP training tracks were established in non-communicable diseases and tuberculosis.
- CDC has supported China CDC’s national influenza laboratory for more than 20 years.
- CDC works in close partnership with the China CDC’s National Influenza Epidemiology, Virology, and Pandemic Preparedness Centers, China’s provincial and local CDCs, hospitals, and academic institutions.
- CDC supports Chinese partners in monitoring seasonal and novel influenza viruses, as well as enhancing efforts to detect and respond to seasonal, avian, and other novel influenza viruses with pandemic potential. CDC’s key supporting activities include:
 - Strengthening influenza surveillance for seasonal and novel influenza viruses
 - Conducting research to estimate disease burden and vaccine effectiveness among populations at greatest risk (including young children, older adults, and pregnant women)
 - Promoting influenza vaccination policy development and coverage
 - Supporting novel virus risk assessments
 - Establishing pandemic influenza preparedness in China
 - Maintaining close ties between US and China influenza experts
- In other countries, CDC is collaborating with WHO to support Ministries of Health to prepare and respond to the epidemic.
 - CDC is helping to support countries to implement WHO recommendations related to the diagnosis and care of patients, tracking the epidemic, and identifying people who might have COVID-19.
 - CDC staff are also starting to work together with country colleagues to conduct investigations that will help inform response efforts going forward.
 - CDC works closely with countries to establish FETPs that train a workforce of field epidemiologists —or disease detectives— to identify and contain outbreaks close to the source.
 - For country-specific information, please contact CDCglobal@cdc.gov.

RECOMMENDATIONS

- CDC routinely advises that people help protect themselves from respiratory illnesses by washing their hands often, avoiding touching their face with unwashed hands, avoiding close contact with people who appear sick, and cleaning frequently touched surfaces.
 - CDC defines close contact as—
 - Being within about 6 feet (2 meters) of someone with COVID-19 for a prolonged period of time, such as living with, visiting, caring for or sharing a room in a healthcare facility

- or -

- By having direct contact with infectious secretions from a patient, such as being coughed on.
- If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.

Recent International Travelers:

- If you have traveled internationally, watch your health, [and limit interactions with others](#) for 14 days after returning to the United States.
- If you feel sick with fever, cough, or difficulty breathing during this time, you should:
 - Seek medical advice. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
 - Avoid contact with others.
 - Not travel while sick.
 - Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
 - Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol immediately after coughing, sneezing or blowing your nose. Soap and water should be used if hands are visibly dirty.
- If you were in a country with widespread sustained (ongoing) transmission—China, Iran, South Korea, [most of Europe \(known as the Schengen Area\)](#), [the United Kingdom](#), or [the Republic of Ireland](#)—stay home, monitor yourself, [and practice social distancing](#) for 14 days after you left that country.

People Confirmed to Have, or Being Evaluated for, COVID-19:

- Your doctors and public health staff will evaluate whether you can be cared for at home. If it is determined that you can be isolated at home, you will be monitored by staff from your local or state health department. You should follow the prevention steps below until a healthcare professional or local or state health department says you can return to your normal activities. Detailed information is available at [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#).
 - Stay home except to get medical care.
 - Separate yourself from other people in your home.
 - Call ahead before visiting your doctor.
 - Wear a facemask.
 - Cover your coughs and sneezes with a tissue or cough or sneeze into your sleeve.
 - Wash your hands often with soap and water for at least 20 seconds.
 - Avoid sharing household items like eating utensils, cups, or linens.
 - Monitor your symptoms and seek prompt medical attention if your symptoms worsen.

On February 27, CDC updated interim guidance for state and local public health officials on how to assess and manage the risks posed by patients who may have been exposed to this new coronavirus.

- This guidance establishes four risk categories: High, Medium, Low and No Identifiable Risk.
- The categories are based on a person’s travel history and possible contact with patients who have laboratory-confirmed infections.
- The guidance **offers recommendations** for movement restrictions and public health evaluations for people in different risk categories.
- **In most cases, state and local authorities will make these decisions. Federal public health authority primarily extends to international arrivals at ports of entry and preventing interstate communicable disease threats.**
- These guidelines are subject to change as the situation requires. They do not apply retroactively to people who have been in [an affected area](#) with sustained transmission during the previous 14 days and are already in the United States, or those being managed as part of a contact investigation.
- CDC will provide separate guidance for healthcare settings.

Close Contacts of Patients Under Investigation:

People who have had close contact with someone who is confirmed to have, or being evaluated for, COVID-19, should:

- Monitor your health starting from the day you first had close contact with the person and continue for 14 days after you last had close contact with the person. Watch for these signs and symptoms:
 - Fever—take your temperature twice a day.
 - Coughing.
 - Shortness of breath or difficulty breathing.
 - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea, vomiting, and runny nose.
- **If you develop fever or any of these symptoms, call your healthcare professional right away.**
 - **Before** going to your medical appointment, be sure to tell your healthcare professional about your close contact with someone who is confirmed to have, or being evaluated for, COVID-19. This notification will help the healthcare professional’s office take steps to keep other people from getting infected. Ask your healthcare professional to call the local or state health department.
- **On March 16, the White House [recommended](#) that if someone in your household has tested positive for COVID-19, the entire household should stay home and you should contact your medical provider.**
- Detailed information for caregivers and household members can be found on the [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#) web page.

[Healthcare Professionals](#)

- As availability of diagnostic testing for COVID-19 increases, clinicians will be able to access laboratory tests for diagnosing COVID-19 through clinical laboratories performing tests authorized by FDA under an Emergency Use Authorization (EUA).
 - Clinicians will also be able to access laboratory testing through public health laboratories in their jurisdictions.
- This expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
 - Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness.
 - Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).
 - Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

Recommendations for Reporting, Testing, and Specimen Collection:

- Clinicians should immediately implement recommended [infection prevention and control practices](#) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19.
- State health departments that have identified a PUI or a laboratory-confirmed case should complete a [PUI and Case Report form](#) through the processes identified on CDC’s Coronavirus Disease 2019 website.
- State and local health departments can contact CDC’s Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays.
- Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.
- On March 13, CDC updated its [guidance for specimen collection](#) for testing for COVID-19 to collect a single upper respiratory nasopharyngeal swab (NP) instead of an NP and oropharyngeal swab (OP).
- For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended.
- For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.

- Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for COVID-19](#) and [Biosafety FAQs](#) for handling and processing specimens from suspected cases and PUIs.
- Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs. Note that clinical laboratories should NOT attempt viral isolation from specimens collected.
- Maintain proper infection control when collecting specimens.
- Additional guidance for collection, handling, and testing of clinical specimens is available on CDC's website.
- Detailed information on specimen types and shipping can be found on the Information for Laboratories web page

COMMUNITY BASED INTERVENTIONS (AKA COMMUNITY MITIGATION)

- Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy.
 - For most people in the U.S., the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low. The virus is not currently widespread in the U.S.
 - In places where ongoing community spread of the virus that causes COVID-19 has been reported, people are at elevated risk of exposure.
- Currently a vaccine is not available for COVID-19. Until a vaccine is developed, community-based interventions, such as temporary school dismissals, postponing or cancelling large events, social distancing (i.e. limiting face-to-face contact) can help slow the spread of coronavirus.
- Your local public health department and community partners have been preparing for disease outbreaks, like COVID-19 and have plans in place. Now is a good time for businesses, community and faith-based organizations, and health-care systems to reexamine their preparedness plans to make sure they are ready.
- Strong community partnerships between local public health departments, the healthcare sector, faith-based organizations, and other community partners are vital for this response, and will be necessary to prepare for and coordinate if an outbreak occurs in their local communities.
- Community-based interventions can be grouped in three categories:
 - Personal protective measures (e.g., voluntary home isolation of ill persons, voluntary home quarantine of exposed household members, respiratory and cough etiquette, using facemasks in community settings when ill, [practicing hand hygiene](#))
 - Community measures aimed at increasing social distancing (e.g., temporary school dismissals, social distancing in workplaces (like working remotely), postponing or cancelling mass gatherings)
 - Environmental measures (e.g., routine cleaning of frequently touched objects or surfaces)

Household/Personal Protective Measures

- Everyone can do their part to help plan for, prepare, and respond to this emerging public health threat.
- CDC recommends that individuals/households create an emergency plan of action, practice good personal health habits and plan for home-based care (if needed), be prepared for your child's school or childcare facility to be temporarily dismissed, and plan for changes at your workplace.
- During an outbreak in your community, **stay home when you are sick** with COVID-19 symptoms, keep away from others who are sick, and limit face-to-face contact with others.

Community Measures

- **Mass gatherings:**
 - Mass gatherings and events, such as concerts, festivals, conferences, worship services, and sporting events, increase the chance of a virus, like COVID-19, to spread and infect people crowded together within a close proximity.
 - On March 16, the White House [recommended](#) avoiding social gatherings in groups of more than 10 people.
- **Community and faith-based organizations:**
 - Local leaders and community organizers play a vital role to bring the community together to help plan for and reduce the impact of a potential COVID-19 outbreak. Since you know your community members the best, you can ensure groups most vulnerable to COVID-19 are considered and included in the planning process.
 - CDC recommends finding out if your local government has a private-public emergency planning group that meets regularly that you can join. If not, suggest one that should be set up. Building strong alliances before an outbreak can help provide your organization with the support and resources needed.
 - CDC has created [interim guidance](#) to help you create an emergency plan for your community and faith-based organization.
- **Administrators of U.S. childcare programs and K-12 schools:**
 - Schools should plan for and prepare for a potential community-level outbreak of COVID-19. Fortunately, many of the steps to plan and prepare for COVID-19 are the same steps schools take to keep students healthy and safe from the flu.
 - The decision to dismiss a school should be made locally. CDC recommends working with local health officials to determine if, when, and for how long schools may need to be dismissed in the event of an outbreak. (NOTE: The U.S. Department of Education does not recommend using "school closure" terminology.)
 - School administrators should plan to provide critical support services, such as continuity of education and continuity of school meal programs, if schools are dismissed.
 - CDC has [posted guidance for school settings](#) on its website.
 - CDC has [posted recommendations of considerations for school dismissals](#).

Information for Law Enforcement

- For law enforcement personnel performing daily routine activities, the immediate health risk is low.

- CDC has developed [recommendations for law enforcement](#) to protect themselves from exposure.
 - Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow [CDC’s Interim Guidance for EMS](#).
 - Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
 - Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Different styles of PPE may be necessary to perform operational duties.
 - These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.
- Learn your employer’s plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.
- If close contact occurs during apprehension:
 - Clean and disinfect duty belt and gear prior to reuse. Use a household cleaning spray or wipe, according to the product label.
 - Follow standard operating procedures for the containment and disposal of used PPE.
 - Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

HAND HYGIENE IN COMMUNITY SETTINGS (ENVIRONMENTAL MEASURES)

- Handwashing is one of the best ways to protect yourself and your family from getting sick.
- Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities.
- 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.
- Follow these steps to make sure you wash your hands properly:
 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
 4. Rinse your hands well under clean, running water.
 5. Dry your hands using a clean towel or air dry them.

INFECTION PREVENTION AND CONTROL FOR HEALTHCARE SETTINGS

- Healthcare facilities are increasingly unable to procure reliable and sufficient supplies for infection control, including N95 respirators.
- Because of demands associated with the COVID-19 response, CDC has updated the [current national COVID-19 infection control guidance for healthcare](#) in the midst of supply realities and growing insight about the spread of COVID-19.
- Protection of healthcare personnel is a priority. CDC's updated guidance on infection control aims to prioritize the use of N95 respirators and other respiratory protection devices for use during high-risk procedures while still protecting health care personnel with facemasks and eye protection during other routine patient care activities, in the setting of respirator shortages.
- CDC's updated, interim IPC guidance also aims to support health care facilities in practical decision-making at the local level to maintain a functional health care system while protecting healthcare workers.
- The guidance also outlines multiple interventions that can be implemented to enhance protection of health care personnel
- CDC has updated guidance on the PPE healthcare personnel should use when caring for patients with known or suspected COVID-19:
 - Eye protection, gown, and gloves continue to be recommended.
 - While respirators remain preferred, facemasks are an acceptable alternative until the supply chain is restored.
 - Facemasks protect the wearer from splashes and sprays.
 - Respirators, which filter inspired air, offer respiratory protection.
 - Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to healthcare professionals.
- The risk of transmission can be reduced by several types of actions, like prompt screening and triage, limiting personnel in the room, hand hygiene, source control, and effective environmental cleaning.
- CDC reminds all employers and healthcare personnel about the hierarchy of controls.
 - PPE is only one aspect of patient and worker safety and involves a high level of worker involvement and is highly dependent on proper fit and correct use.
- All healthcare facilities should continuously review their infection control supply inventories and taking steps to optimize supplies.
 - This is particularly true for areas in facilities where aerosol-generating procedures are performed, so that appropriate PPE will be available for high-risk procedures now and as potential COVID-19 cases increase.
- Healthcare administrators should continue to do everything possible to acquire the needed supplies to protect their staff and patients.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.
- The anticipated timeline for return to routine levels of PPE is not known.

- CDC has posted information about [strategies to optimize the current supply of N95 respirators](#), including the use of devices that provide higher levels of respiratory protection (e.g., powered air purifying respirators [PAPRs]) when N95s are not available.
- CDC has also posted a [companion checklist](#) to help healthcare facilities prioritize the implementation of the strategies is available.
- The majority of nursing homes and outpatient clinics, including hemodialysis facilities, do not typically procure N-95 respirators, currently have respiratory protection programs, nor fit-tested HCP. Therefore, they would not be able to implement all the recommended infection control interventions for care of COVID-19 patients.
 - Without respiratory protection programs and fit testing, unnecessary transfer of stable patients with known or suspected COVID-19 to another facility (e.g., acute care hospital) for evaluation and care may occur.
 - In areas with community transmission, acute-care facilities will be quickly overwhelmed by transfers of patients who have only mild illness and do not require hospitalization.
- Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible COVID-19. HCP caring for these patients have an increased risk of exposure to this virus.
- HCP can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control (IPC) guidelines, including use of recommended personal protective equipment (PPE).
- Infection control procedures and appropriate use of PPE are necessary to prevent infections from spreading while caring for patients. CDC reminds all employers and HCP that PPE is only one aspect of safe care of patients with COVID-19.
 - Focusing only on PPE gives a false sense of security of safe care and worker safety.
 - It is critical to focus on other strategies to prevent spread of COVID-19 in healthcare settings. [Examples include prompt screening and triage of patients and limiting the numbers of healthcare personnel entering the patient room.](#)
- CDC's current guidelines are designed to prevent the spread of COVID-19 within healthcare facilities to healthcare personnel, visitors, and other patients who may be exposed to a patient with COVID-19.
- Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#):
 - Assess and triage patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure. [Care for patients with known or suspected COVID-19 in a single-person room with the door closed. Reserve Airborne Infection Isolation Rooms \(AIIRs\) for patients undergoing aerosol-generating procedures.](#)
 - Use [Standard, Contact, and Airborne](#) Precautions, including eye protection, when caring for patients with confirmed or possible COVID-19.
 - Perform hand hygiene with alcohol-based hand sanitizer before and after all patient contact, before and after contact with potentially infectious materials, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.

- Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
- Perform aerosol-generating procedures (e.g., sputum induction, open suctioning of airways) in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
- [The collection of respiratory specimens \(e.g., nasopharyngeal swabs\) are not considered aerosol generating procedures. These procedures should take place in an examination room with the door closed.](#)
- Healthcare facilities can minimize the chance for exposures by ensuring facility policies and practices are in place and implemented before patient arrival, upon patient arrival, and throughout the duration of the affected patient’s time in the healthcare setting.
- [CDC has created Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)
- Healthcare facilities should promptly notify state or local public health authorities of patients with known or possible COVID-19 (i.e., persons under investigation or PUIs), and should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.
- All healthcare facilities should ensure that their healthcare personnel are correctly trained and capable of implementing infection control procedures. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 - Products with [EPA-approved emerging viral pathogens claims](#) are recommended for use against SARS-CoV-2, the virus that causes COVID-19.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Federal, state, and local guidelines and regulations specify the categories of medical waste that are subject to regulation and outline the requirements associated with treatment and disposal.
- CDC recommends that employees who are confirmed to have COVID-19, those who appear to have acute respiratory illness symptoms upon arrival to work, and persons who become sick during the work day promptly put on a facemask, be separated from other people, and be sent home immediately.
- If facemasks are not available, sick healthcare personnel should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available), [prior to leaving the facility.](#)

WHAT CDC IS DOING TO PROTECT HEALTHCARE PERSONNEL

- CDC is providing regular communication to the US healthcare community through targeted outreach activities.

- CDC is rapidly developing [guidance and resources](#) to protect US healthcare personnel. Current guidance and recommendations are designed to protect healthcare personnel and prevent the spread of the virus that causes COVID-19 within US healthcare facilities.
- CDC has deployed field teams to provide onsite infection control assessment and consultation to the US healthcare facilities currently treating confirmed COVID-19 patients and the passengers returning from China.
- CDC is preparing first responders, healthcare providers, and health systems, by:
 - Establishing visibility across healthcare systems to understand healthcare use, particularly surges in demand for medical care and associated resources.
 - Conducting extensive outreach to clinical and hospital professional organizations to ensure health system preparedness.
 - Producing guidance documents on infection control, hospital clinical evaluation and patient management.
 - Working closely with healthcare facilities and providers to reinforce infection control principles that recognize PPE is one component of a larger set of practices that help to limit the spread of disease.
 - Developing a range of respirator conservation strategies, including strategies to make supplies last longer (such as using alternative products like reusable respirators) and extending the use of disposable respirators.
 - Leveraging existing telehealth tools to direct people to the right level of care.
 - Working with supply chain partners to understand supply usage, what products are available, and when more aggressive measures may need to be taken to ensure that HCPs at highest risk have access to PPE.
 - Sharing information with stakeholders to help them recognize when to shift the strategies they are using.
- [The first report of an infected healthcare provider occurred on February 29 in a long-term care facility in Washington.](#)
- Healthcare personnel (HCP) often have prolonged close contact with patients in healthcare settings and may come in contact with a person infected with COVID-19. HCPs can protect themselves by properly following recommended infection control practices, including the appropriate use of PPE when caring for patients with COVID-19.
- CDC recommends evaluating asymptomatic HCPs with close contact or a potential exposure to COVID-19 by assessing risk, monitoring symptoms, and determining [the need for](#) appropriate work restrictions.

OPTIMIZING THE SUPPLY OF N95 RESPIRATORS

- [Protection of healthcare workers is a priority. CDC's Strategies for Optimizing the Supply of N95 Respirators](#) offers a series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called "N95 respirators") in healthcare settings where there is limited supply.

- It also includes considerations for use by federal, state, and local public health officials, respiratory protection program managers, occupational health service leaders, infection prevention and control program leaders, and other leaders in healthcare settings who are responsible for developing and implementing policies and procedures for preventing pathogen transmission in healthcare settings.
- CDC has provided additional resources related to these strategies:
 - [Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response](#) is intended to help healthcare facilities prioritize the implementation of the strategies presented in the [Strategies for Optimizing the Supply for N95 Respirators](#) guidance.
 - [Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response](#)
 - In times of increased demand and decreased supply, consideration can be made to use the N95s listed in the guidance past their manufacturer-designated shelf life when responding to COVID-19.
 - This preliminary information from the NIOSH study suggests certain N95 models beyond their manufacturer-designated shelf life will be protective. CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the [Strategies for Optimizing the Supply of N95 Respirators](#).

MANAGEMENT OF PATIENTS GUIDANCE FOR HEALTHCARE PROVIDERS

Clinical Presentation

- Most frequently reported symptoms of COVID-19 include fever, cough, sore throat, myalgia, or fatigue. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. Older patients and people with chronic medical conditions may be at higher risk of severe illness.
 - Possible risk factors for progressing to severe illness may include, but are not limited to, older age and [people of any age with](#) underlying chronic medical conditions such as heart disease, lung disease and diabetes.

Clinical Course

- Symptoms among reported cases of COVID-19 vary in severity from mild illness to severe or fatal illness.
- Some reports suggest the potential for clinical deterioration during the second week of illness.
- Among hospitalized patients with confirmed COVID-19, some will develop complications:
 - Acute respiratory distress syndrome (ARDS)
 - Intensive care for respiratory support
 - Pneumonia resulting in death
 - Secondary infection

Laboratory and Radiographic Findings

- SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and the virus has been isolated from bronchoalveolar lavage fluid.
- The duration of shedding of SARS-CoV-2 RNA in the upper and lower respiratory tracts is not yet known but may be several weeks or longer.

Clinical Management and Treatment

- No specific treatment for COVID-19 is currently available. Prompt infection prevention and control measures and supportive management of complications is recommended.
- Remdesivir is an investigational antiviral drug that is being studied in patients with COVID-19.
 - There are two clinical trials available for patients with COVID-19 in the United States, one for patients with severe coronavirus disease and one for patients with moderate coronavirus disease.
- Patients with mild clinical presentation may not initially require hospitalization.
- The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis.

INTERIM GUIDANCE FOR BUSINESSES AND EMPLOYERS (NON-HEALTHCARE SETTINGS)

- [Interim guidance for businesses and employers](#) to plan for and respond to COVID-19 is now available on CDC's website. This interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks.
- Employers can use strategies now to prevent workplace exposures to acute respiratory illness:
 - Actively encouraging sick employees to stay home
 - Separating sick employees
 - Emphasizing staying home when sick, respiratory etiquette, and hand hygiene by all employees
 - Performing routine environmental cleaning
 - Advising employees before traveling to take certain steps
 - Checking the [CDC's Traveler's Health Notices](#) website for the latest guidance and recommendations for each country to which you will travel
- For the general public, who are unlikely to be exposed to this virus, the immediate health risk from COVID-19 is considered low at this time. Some people, like healthcare workers caring for COVID-19 patients and other close contacts of COVID-19 patients, will have an increased risk of infection.
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. [Recommendations released March 16](#) state that if someone in a household has tested positive, keep the entire household at home.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. Employees exposed to

a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

- Employers should be ready to implement strategies to protect the workforce from COVID-19 while ensuring the continuity of operations.
 - An infectious disease outbreak response plan should include possible work-related exposures and health risks to employees. The plan should also explore flexible worksites (e.g., telecommuting) and work hours in accordance with human resource policies.