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COVID-19 and Animals

1) Can I get COVID-19 from my pet?

While this virus seems to have emerged from an animal source, it is now spreading from person-to-person in China. 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. To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. At this time, there is no evidence that companion animals including pets can spread COVID-19. However, since animals can spread other diseases to people, it's always a good idea to wash your hands after being around animals. 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.

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

You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask.

Service animals may be permitted to remain with their handlers (owners).

3) What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China 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. The U.S. Centers for Disease Control and Prevention (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 regulatesexternal icon 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.

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

Dogs imported into the United States from China must be healthy on arrival and have a valid rabies vaccination certificate. Please refer to CDC's requirements for bringing a dog to the United States.

COVID-19 and Animals

5) What precautions should be taken for animals that have recently been imported (for example, by shelters, rescue groups, or as personal pets) from China?

Animals imported from China will need to meet CDC and USDAexternal icon requirements for entering the United States. At this time, there is no evidence that companion animals including pets can spread COVID-19. As with any animal introduced to a new environment, animals recently imported from China 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 in China.

6) What can I do now to be prepared to take care of my pets if the COVID-19 threat gets worse in the future?

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. However, it is important to include pets in your family's preparedness planning efforts including having a 2 week supply of pet food and pet medicines available. For more information on preparing for your pet, please visit https://www.cdc.gov/healthypets/emergencies/pet-disaster-prep-kit.html

Businesses

I can send you a link to guidance from CDC for businesses that covers actions that can be taken to plan for and respond to COVID-19.

Link: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html

Community Events/Mass Gatherings for Event Organizers

Large events and mass gatherings can contribute to the spread of COVID-19 in the United States via travelers who attend these events and introduce the virus to new communities. Examples of large events and mass gatherings include conferences, festivals, parades, concerts, sporting events, weddings, and other types of assemblies. These events can be planned not only by organizations and communities but also by individuals.

Therefore, CDC, in accordance with its guidance for large events and mass gatherings, recommends that for the next 8 weeks, organizers (whether groups or individuals) cancel or postpone in-person events that consist of 50 people or more throughout the United States.

Events of any size should only be continued if they can be carried out with adherence to guidelines for protecting vulnerable populations, hand hygiene, and social distancing. When feasible, organizers could modify events to be virtual.

This recommendation does not apply to the day to day operation of organizations such as schools, institutes of higher learning, or businessesThis recommendation is made in an attempt to reduce introduction of the virus into new communities and to slow the spread of infection in communities already affected by the virus. This recommendation is not intended to supersede the advice of local public health officials.

Link: https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html

Coronavirus Disease 2019 (COVID-19) Basics

1) What is a novel coronavirus?

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

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

2) What is the source of the virus?

Coronaviruses are a large family of viruses. Some cause illness in people, and others, such as canine and feline coronaviruses, only infect animals. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19. Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) are two other examples of coronaviruses that originated from animals and then spread to people. More information about the source and spread of COVID-19 is available on the Situation Summary: Source and Spread of the Virus.

3) 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 be a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practiceexternal icon for naming of new human infectious diseases.

4) What is the name of the virus causing the outbreak of COVID-19?

On February 11, 2020, the International Committee on Taxonomy of Viruses, charged with naming new viruses, named the novel coronavirus, first identified in Wuhan, China, severe acute respiratory syndrome coronavirus 2, shortened to SARS-CoV-2.

As the name indicates, the virus is related to the SARS-associated coronavirus (SARS-CoV) that caused an outbreak of severe acute respiratory syndrome (SARS) in 2002-2003, however it is not the same virus.

5) Is SARS-CoV-2 (the virus causing COVID-19) the same as the MERS-CoV or SARS-CoV?

Coronavirus Disease 2019 (COVID-19) Basics

No. Coronaviruses are a large family of viruses. Some coronaviruses cause cold-like illnesses in people. Others cause illness in certain types of animals, such as cattle, camels and bats. Rarely, animal coronaviruses can spread to people. This happened with SARS-CoV and MERS-CoV. The virus that causes COVID-19 likely also originated in an animal and spread to humans. The coronavirus most similar to the virus causing COVID-19 is SARS-CoV. There are ongoing investigations to learn more. The situation is changing, and information will be updated as it becomes available.

Additional Information: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/

Election Polling Locations

1) What preventive action can polling workers take?

• Stay at home if you have fever, respiratory symptoms, or believe you are sick.

• Practice routine cleaning of frequently touched surfaces: including tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, etc.

• Disinfect surfaces that may be contaminated with germs after cleaning: a list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf. Products with EPA-approved emerging viral pathogens claims are expected to be effective against the virus that causes COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, and use of personal protective equipment). Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

• Practice hand hygiene frequently: wash 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 that contains at least 60% alcohol.

• Clean and disinfect voting associated electronics (e.g., voting machines, laptops, tablets, keyboards) routinely using products with the EPA-approved emerging viral pathogens claims (examples can be found here: this link). Follow the manufacturer's instructions for all cleaning and disinfection products:

o Consult with the voting machine manufacturer about guidance on products appropriate for disinfecting voting machines and touch screens, and consider additional use of wipeable covers for machines if possible.

o If no guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to clean voting machine buttons and touch screens. Use of alcohol-based products may reduce risk of damage to sensitive voting machine components.

2) What preventive action can polling stations workers take for themselves and the general public?

Based on available data, the most important measures to prevent transmission of viruses in crowded public areas include careful and consistent cleaning of one's hands. Therefore:

• Ensure bathrooms at the polling station are supplied adequately with soap, water, and drying materials so visitors and staff can wash their hands.

• Provide an alcohol-based hand sanitizer with at least 60% alcohol for use before or after using the voting machine or the final step in the voting process. Consider placing the alcohol-based hand sanitizer in visible, frequently used locations such as registration desks and exits.

Election Polling Locations

References

Community Mitigation Guidance for COVID-19 Response in the United States: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response
https://www.cdc.gov/coronavirus/2019-ncov/preparing-individuals-communities.html

Handwashing: Clean Hands Save Lives

https://www.cdc.gov/handwashing/when-how-handwashing.html

Funerals and COVID-19

1) 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.

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

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

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

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

3) What do Funeral Home Workers need to know about handling decedents who had COVID-19?

A funeral or visitation service can be held for a person who has died of COVID-19. Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow Standard Precautions, including additional personal protective equipment (PPE) if splashing of

fluids is expected. For transporting a body after the body has been bagged, disinfect the outside of the bag with a product with EPA-approved emerging viral pathogens claimspdf iconexternal icon expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

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

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

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

4) 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 embassyexternal icon closest to or in the country where the US citizen died can provide assistance.

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

Funerals and COVID-19

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

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

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

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

Please see CDC's guidance for additional information

General Public Questions

1. Can I have COVID-19 and not know it?

Using the CDC-developed diagnostic test, a negative result means that the virus that causes COVID-19 was not found in the person's sample. In the early stages of infection, it is possible the virus will not be detected.

For COVID-19, a negative test result for a sample collected while a person has symptoms likely means that the COVID-19 virus is not causing their current illness.

2) Should I get screened if I'm asymptomatic but think I may have been exposed to COVID-19?

No, CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., "contacts of contacts;" these people are not considered exposed to SARS-CoV

3) When will a medication for this virus be available?

There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19. However, trials of other potential therapeutic medications for COVID-19 are being planned; when medications may be available is unknown at this time.

4) When will a vaccine for this virus be available?

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19) although there are ongoing efforts to develop vaccine.

The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- 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.
- Follow CDC's recommendations for using a facemask.
    - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - 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.

5) What should I tell my employees about COVID-19 and should we prepare our work place?

- **Actively encourage sick employees to stay home:**
    - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
    - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
    - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
    - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
    - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate sick employees:**
    - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
    - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
    - Provide tissues and no-touch disposal receptacles for use by employees.
    - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.

  - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - Visit the coughing and sneezing etiquette and clean hands webpage for more information.
- **Perform routine environmental cleaning:**
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - No additional disinfection beyond routine cleaning is recommended at this time.
  - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- **Advise employees before traveling to take certain steps:**
  - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
  - Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
  - 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.
  - 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 (ADA). 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.

6) Can I get COVID-19 from handling money (heard that China destroyed their money)?

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. While there have been media reports of currency from the

areas of China hit hardest by COVID-19 being destroyed, the best way to protect yourself is follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- 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.
- Follow CDC's recommendations for using a facemask.
    - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - 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.

7) How long does the corona virus stay on surfaces?

The exact length of time the corona virus stays on surfaces in unknown; and while 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 which is from person to person through respiratory droplets.

8) Can I get the virus from air pockets in the packaging material in a package from China?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods.

9) Can I get the virus from eating at a Chinese/Italian/Japanese restaurant?

It is important to remember that people – including those of foreign descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

The best way to protect yourself is to follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- 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.
- Follow CDC's recommendations for using a facemask.
    - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - 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.

10) How do I protect myself and my family from this virus?

The best way to protect yourself is to follow these precautions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- 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.
- Follow CDC's recommendations for using a facemask.
    - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - 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.

11) Is this virus associated with Corona beer?

No. Corona is a brand name for a particular beer and has absolutely no association with corona viruses.

General Public Questions

12) My family member is in a nursing home, what should the nursing home be doing to prevent this virus?

The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. The facility should work to prevent the introduction of respiratory germs into the facility by:

- Posting signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Ensuring sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assessing residents symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

13) What has Missouri done to prepare for the COVID-19 pandemic?

- The Department of Health and Senior Services (DHSS) has conducted the following activities since the first case of COVID-19 was identified in the United States:
  - Jan. 21 – First patient in US diagnosed with COVID-19
  - Jan. 26 – DHSS Director Randall Williams, MD FACOG has conference call with nation's state health directors
  - Jan. 27 – DHSS identifies members of internal COVID-19 Incident Management Team and begins meeting daily
  - Jan. 27 – DHSS and ITSD build webpage devoted to guidance and resources for COVID-19
  - Jan. 28 – Governor's Office initially briefed, became regular and ongoing briefings
  - Jan. 29 – DHSS hosts conference call for higher education providers and local public health agencies
  - Jan. 30 – DHSS hosts conference call with Missouri health care providers
  - Jan. 31 – DHSS communicates with school nurses statewide
  - Feb. 13 – SEMA invited to join daily Incident Management Team calls
  - Feb. 19 - DHSS hosts second conference call with Missouri health care providers
  - Feb. 20 – Dr. Williams briefs local public health agency directors during statewide meeting in Jefferson City
  - Feb. 21 & 24 – Dr. Williams briefs all Cabinet members, Attorney General, Lt. Governor and members of House and Senate
  - Feb. 25 – Dr. Williams attends briefing at White House from HHS and White House officials
  - Feb. 26 – Dr. Williams visits congressional leaders on The Hill to brief them on COVID-19
  - Feb. 27 – Missouri State Public Health Laboratory approved by CDC to begin performing testing for SARS-CoV-2
  - Feb. 28 – Dr. Williams discusses possible budget impact with Dan Haug
  - March 2 – Dr. Williams briefs House committee on COVID-19
  - March 7 - First presumptive positive COVID-19 test results in Missouri
  - March 8 - St. Louis County opens EOC
  - March 8 - Members of Cabinet discuss updates
  - March 10 - Dr. Williams briefs Senate and House Committee on COVID-19

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- DHSS has utilized *Missouri's Pandemic Influenza Response Plan (updated September, 2018)* to help guide its efforts and response activities to the current COVID-19 pandemic.

14) Is it safe to donate blood or platelets or have a blood transfusion?

Yes, there is no data or evidence that this coronavirus can be transmissible by blood transfusion, and there have been no reported cases worldwide of transmissions for any respiratory virus including this coronavirus.

Likewise, donating blood or platelets is a safe process as blood is only collected from individuals who are healthy and feeling well at the time of donation and meet all donation eligibility requirements.

Healthcare Professionals

1) What are the clinical features of COVID-19?

The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19. See also Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19).

2) Who is at risk for COVID-19?

Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission.

3) Who is at risk for severe disease from COVID-19?

The available data are currently insufficient to identify risk factors for severe clinical outcomes. From the limited data that are available for COVID-19 infected patients, and for data from related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults, and persons who have underlying chronic medical conditions, such as immunocompromising conditions, may be at risk for more severe outcomes. See also See also Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19).

4) When is someone infectious?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2–14 days.

5) Which body fluids can spread infection?

Very limited data are available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extrapulmonary specimens is currently unknown. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer, which has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, in

contrast – viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

6) Can people who recover from COVID-19 be infected again?

The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

7) How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to persons under investigation (PUI) for COVID-19. Healthcare personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use Standard Transmission-based Precautions. See the Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

8) Should any diagnostic or therapeutic interventions be withheld due to concerns about transmission of COVID-19?

Patients should receive any interventions they would normally receive as standard of care. Patients with suspected or confirmed COVID-19 should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed., Healthcare personnel entering the room should use Standard and Transmission-based Precautions,.

9) How do you test a patient for SARS-CoV-2, the virus that causes COVID-19?

See recommendations for reporting, testing, and specimen collection at Interim Guidance for Healthcare Professionals.

10) Will existing respiratory virus panels, such as those manufactured by Biofire or Genmark, detect SARS-CoV-2, the virus that causes COVID-19?

No. These multi-pathogen molecular assays can detect a number of human respiratory viruses, including other coronaviruses that can cause acute respiratory illness, but they do not detect COVID-19.

11) How is COVID-19 treated?

Not all patients with COVID-19 will require medical supportive care. Clinical management for hospitalized patients with COVID-19 is focused on supportive care of complications, including advanced organ support for respiratory failure, septic shock, and multi-organ failure. Empiric testing and treatment for other viral or bacterial etiologies may be warranted.

Corticosteroids are not routinely recommended for viral pneumonia or ARDS and should be avoided unless they are indicated for another reason (e.g., COPD exacerbation, refractory septic shock following Surviving Sepsis Campaign Guidelines).

There are currently no antiviral drugs licensed by the U.S. Food and Drug Administration (FDA) to treat COVID-19. Some *in-vitro* or *in-vivo* studies suggest potential therapeutic activity of some agents against related coronaviruses, but there are no available data from observational studies or randomized controlled trials in humans to support recommending any investigational therapeutics for patients with confirmed or suspected COVID-19 at this time. Remdesivir, an investigational antiviral drug, was reported to have in-vitro activity against COVID-19. A small number of patients with COVID-19 have received intravenous remdesivir for compassionate use outside of a clinical trial setting. A randomized placebo-controlled clinical trial of remdesivir for treatment of hospitalized patients with COVID-19 respiratory disease has been implemented in China. A randomized open label trial of combination lopinavir-ritonavir treatment has been also been conducted in patients with COVID-19 in China, but no results are available to date. trials of other potential therapeutics for COVID-19 are being planned. For information on specific clinical trials underway for treatment of patients with COVID-19 infection, see clinicaltrials.gov.

See Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)

12) Should post-exposure prophylaxis be used for people who may have been exposed to COVID-19?

There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19. For more information on movement restrictions, monitoring for symptoms, and evaluation after possible exposure to COVID-19 See Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings and Interim U.S Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

13) Whom should healthcare providers notify if they suspect a patient has COVID-19?

Healthcare providers should consult with local or state health departments to determine whether patients meet criteria for a Persons Under Investigation (PUI). Providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient.

14) Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in

the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment. For more information, see Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting and Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19).

15) When can patients with confirmed COVID-19 be discharged from the hospital?

Patients can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the time period recommended for discontinuation of hospital Transmission-Based Precautions described below.

Decisions to discontinue Transmission-Based Precautions or in-home isolation can be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health based upon multiple factors, including disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.

Criteria to discontinue Transmission-Based Precautions can be found in: Interim Considerations for Disposition of Hospitalized Patients with COVID-19

Additional Information: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

How COVID-19 Spreads

1) How does the COVID-19 virus spread?

Human coronaviruses, like COVID-19, most commonly spread from an infected person to others through:

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands
- Rarely, fecal contamination

This virus was first detected in Wuhan City, Hubei Province, China. The first infections were linked to a live animal market, but the virus is now spreading from person-to-person. It's important to note that person-to-person spread can happen on a continuum. Some viruses are highly contagious (like measles), while other viruses are less so.

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in some 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.

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

The virus that causes COVID-19 is spreading from person-to-person. Someone who is actively sick with COVID-19 can spread the illness to others. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made on a case-by-case basis in consultation with doctors, infection prevention and control experts, and public health officials and involves considering specifics of each situation including disease severity, illness signs and symptoms, and results of laboratory testing for that patient.

Current CDC guidance for when it is OK to release someone from isolation is made on a case by case basis and includes meeting all of the following requirements:

- The patient is free from fever without the use of fever-reducing medications.
- The patient is no longer showing symptoms, including cough.
- The patient has tested negative on at least two consecutive respiratory specimens collected at least 24 hours apart.

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

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

How COVID-19 Spreads

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

4) Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like 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. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

5) 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.

6) Is the situation with COVID-19 a pandemic?

Yes. The World Health Organiztion (WHO) declared the current COVID-19 outbreak to be a pandemic on March 11, 2020. The last pandemic was the H1NI Influenza Pandemic in 2009.

7) What is a pandemic?

A pandemic is a global disease outbreak. A pandemic occurs when a new virus emerges for which people have little or no immunity and for which there is no vaccine. The disease spreads easily person-to-person, causes serious illness, and can sweep across the country and around the world in a very short time. In all previous pandemics, the outbreak spread throughout the world within a year of its initial detection. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

8) Have there been any studies on the transmission and control of COVID-19?

One such article can be found at: https://www.thelancet.com/action/showPdf?pii=S1473-3099%2820%2930144-4

How COVID-19 Spreads

9) Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures.

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

It may be possible that a person can get COVID-19 by touching a surface or object 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 what is known about the spread of COVID-19.

Additional Information: https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html

How To Protect Yourself

1) Am I at risk for being exposed to COVID-19 in the United States?

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and death.

Risk of exposure:

- The immediate risk of being exposed to this virus is still low for most Americans, but as the outbreak expands, that risk will increase. Cases of COVID-19 and instances of community spread are being reported in a growing number of states.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

- Older adults, with risk increasing by age.
- People who have serious chronic medical conditions like:
    - Heart disease
    - Diabetes
    - Lung disease

2) Has anyone in the United States gotten infected?

Yes. There have been cases of COVID-19 in the U.S. related to travel and person-to-person spread. U.S. case counts are updated regularly on Mondays, through Fridays. See the current U.S. case count of COVID-19.

3) How can I help protect myself?

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.

How To Protect Yourself

- 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.
- Follow CDC's recommendations for using a facemask.

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room. Learn what to do if you are sick.

- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - 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.

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

Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider's instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient's symptoms. If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider's office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick. For more information, see COVID-19 and Animals.

How To Protect Yourself

- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- The patient should wear a facemask when you are around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), you, as the caregiver, should wear a mask when you are in the same room as the patient. .
- Wear a disposable facemask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
    - Throw out disposable facemasks and gloves after using them. Do not reuse.
    - When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").
- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
    - Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash laundry thoroughly.
    - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
    - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
    - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider.

5) Does CDC recommend the use of facemask to prevent COVID-19?

How To Protect Yourself

CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).

6) Should I wear a respirator in public?

CDC does not recommend the routine use of respirators outside of workplace settings (in the community). Most often, spread of respiratory viruses from person-to-person happens among close contacts (within 6 feet). CDC recommends everyday preventive actions to prevent the spread of respiratory viruses, such as avoiding people who are sick, avoiding touching your eyes or nose, and covering your cough or sneeze with a tissue. People who are sick should stay home and not go into crowded public places or visit people in hospitals. Workers who are sick should follow CDC guidelines and stay home when they are sick.

7) Am I at risk for COVID-19 from a package or products shipping from China?

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally thought to be spread most often by respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with imported goods and there have not been any cases of COVID-19 in the United States associated with imported goods.

There is still a lot that is unknown about the newly emerged COVID-19 and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS-CoV and SARS-CoV). The virus that causes COVID-19 is more genetically related to SARS-CoV than MERS-CoV, but both are betacoronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS-CoV and MERS-CoV, we can use the information gained from both of these earlier coronaviruses to guide us.

8) How do self-quarantine and isolation work?

- You may be asked to be in self-quarantine whether you have symptoms of illness or not. If you have symptoms, you should distance yourself from all social activities and others in order to prevent the spread of any virus. You may also be asked to self-quarantine if you have been exposed to someone else who may be infected.
- Self-quarantine is for people who have been exposed but do not have symptoms, they are asked to stay away from others in public settings. For 14 days from their last possible exposure, people in self-quarantine cannot go to work, school, or any public places where they could have close contact with others. Public health departments will direct them in how to monitor their health so that should they develop symptoms, they can be quickly and safely isolated from all others,

including those in their household, and be connected to testing and care as needed. Public health staff will remain in contact with you, if needed.

- For those who are showing symptoms and have contacted their doctor, isolation is the best course of action. Isolation is used for people who are currently ill, able to spread the disease, and need to stay away from others in order to avoid infecting them. Isolation may include from other family members as well in order to prevent the spread of the virus.
- The CDC provides guidance for how to prepare if someone is isolated or quarantined in your home. You can find that here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

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

- Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness including older adults, and people who have serious chronic medical conditions like heart disease, diabetes, and lung disease.

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

- If you are at higher risk of getting very sick from COVID-19, you should: stock up on supplies; take everyday precautions to keep space between yourself and others; when you go out in public, keep away from others who are sick; limit close contact and wash your hands often; and avoid crowds, cruise travel, and non-essential travel. If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs. Watch for symptoms and emergency signs. If you get sick, stay home and call your doctor. More information on how to prepare, what to do if you get sick, and how communities and caregivers can support those at higher risk is available on People at Risk for Serious Illness from COVID-19.

Additional Information: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/

Laboratory Information

1) What is the latest information from the Missouri State Public Health Laboratory regrading screening and testing?

On March 11, 2020, DHSS updated its screening criteria for COVID-19 testing with the Missouri State Public Health Laboratory (MSPHL). Please see the following guidelines.

Note, this is slightly different than CDC criteria because of the finite number of tests MSPHL has which need to be reserved for those who are in greatest need.

Additional testing reagents, or kits, are currently backordered from CDC and expected to be shipped within the next two weeks. At this point in time, MSPHL have enough testing supplies to test approximately 1,000 specimens. These are being reserved for patients who meet stricter criteria.

The state laboratory has the capability of testing about 100 specimens per day and is presently doing about 10-19 per day.

Per state regulation, positive tests are reportable to the state from any location and this is communicated to the local public health agency who is responsible for disseminating that information.

DHSS will be utilizing the state laboratory for testing screened patients who meet DHSS criteria, but patients and their physicians have the option to use commercial testing if the case falls outside of state criteria. Tests through the MSPHL cost $240 per test, but there is no fee for patients to use this test.

2) How do I get a sample collection kit to submit an approved sample to test for COVID-19?

Sample collection kits for submitting approved specimens to the SPHL for testing are pre-positioned at local public health agencies in your area or supplies for kits may be available at your jurisdiction. Contact information for your local public health agency is available at: https://health.mo.gov/living/lpha/lphas.php

To determine if you have the necessary supplies to collect a sample for COVID-19 testing at the SPHL please see instructions at: https://health.mo.gov/lab/ncov.php

3) How do I properly collect an approved specimen for COVID-19 testing at the SPHL?

Information and a video to properly collect an approved sample to the SPHL for COVID-19 testing is available at: https://health.mo.gov/lab/ncov.php

4) What type of specimens are approved for testing?

Information about the types of specimens required to submit an approved sample to the SPHL for COVID-19 testing is available at: https://health.mo.gov/lab/ncov.php

5) Will bacterial transport media work to ship a sample instead of viral transport media?

Laboratory Information

No, bacterial transport media will not work. Specimen must be sent on viral transport media. Sample collection information is located at: https://health.mo.gov/lab/ncov.php

6) How do I fill out the laboratory forms to submit an approved specimen to the SPHL for COVID-19 testing?

In order to submit an approved sample to the SPHL for COVID-19 testing, appropriate forms must be completed entirely and accurately to ensure testing. Required forms are located at: https://health.mo.gov/lab/ncov.php

7) How do I properly package an approved specimen for COVID-19 testing at the SPHL?

Information and a video to properly package an approved specimen for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

8) How do I properly ship an approved specimen for COVID-19 testing at the SPHL?

Information about properly shipping an approved specimen for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/courierservices.php

9) How do I use the SPHL courier system?

Information about the SPHL courier system with location and pick up times is located at: https://health.mo.gov/lab/courierservices.php

10) How do I determine SPHL courier pick up time?

Information about the SPHL courier system with location and pick up times is located at: https://health.mo.gov/lab/courierservices.php

11) How do I contact the SPHL?

The SPHL can be contacted for collection, packaging, shipping, and testing information at 573-751-3334 or 24/7 800-392-0272.

12) How do I find information about testing at the SPHL?

Information about COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

13) Do private laboratories provide testing for COVID-19?

As of March 9, commercial testing became available in Missouri through local providers. These providers' tests do not require any screening criteria but are performed at the clinical discretion of the provider. Commercial tests will yield results in approximately three days, and widespread availability will occur shortly as testing sites and availability are increased.

14) What private laboratories are approved for testing?

FOIA EPA-R7-2020-004304_0000719

Laboratory Information

Laboratories that are approved by an FDA emergency use authorization for COVID-19 testing is available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#2019-ncov

15) How do I submit a sample to a private laboratory?

You need to contact the private laboratory and utilize their direction.

16) How do I order more sample collection kits from the SPHL?

Sample collection kits are available to Missouri local public health agencies. If you are a Missouri local public health agency you can order a COVID-19 sample collection kit by calling 537-751-4830.

17) How do I store a sample collection kit for future use?

Information about storing a pre-positioned COVID-19 sample collection kit for testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

18) How do I store a sample after it has been collected?

Information about storing a sample collected for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

19) How soon do I have to ship a sample?

Information about storing a sample collected for COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

20) How long until I get a result?

Information about result reporting of COVID-19 testing at the SPHL is available at: https://health.mo.gov/lab/ncov.php

21) How will we be notified of a laboratory result from the SPHL?

The SPHL notifies submitters by phone and DHSS epidemiologists by email once your result is ready to be reported. This is currently for both a positive and a negative result. There is no need to contact the SPHL to inquire about the status of your report. You will be notified when it is complete.

22) Who will be notified of a laboratory result from the SPHL?

The SPHL notifies the submitter of the sample by phone and a group of DHSS epidemiologists to provide follow up once your result is ready to be reported.

23) I have missed the courier, what should I do to ship my approved sample to the SPHL for testing?

The sample can be placed on the next available SPHL courier. Please see the courier lists (regular and Sunday) at https://health.mo.gov/lab/ncov.php or the sample can be self-couriered to the SPHL. If arriving after normal business hours you will need to contact

Missouri Capitol Police at 573-522-2222 once you arrive to gain access to the building to drop off your sample.

24) I am at the laboratory with an after hour sample delivery that we self-couriered after business hours, what should I do?

Please call Missouri Capitol Police at 573-522-2222 once you arrive to gain access to the building to drop off your sample. The Capitol Police will direct you to the drop location in the building.

25) What is the address of the SPHL?

101 North Chestnut Street

Jefferson City, MO 65101

26) Where can I find information about the SPHL courier?

SPHL courier information is accessible at the laboratory COVID-19 testing page website at https://health.mo.gov/lab/ncov.php or from general website at https://health.mo.gov/lab/

27) Where can I find information about the SPHL Sunday courier?

A listing of SPHL Sunday courier services is available at https://health.mo.gov/lab/ncov.php

28) Do I need to freeze my sample before shipment?

No, only if not arriving at the SPHL within 72 hours of collection.

If arriving at the SPHL after 72 hours of collection, samples must be frozen and shipped with normal cold pack.

If using next day from collection regular SPHL courier, no need to freeze.

If collected Friday and missed Friday courier, please freeze and place on Sunday courier https://health.mo.gov/lab/ncov.php

If collected Saturday, please place as normal on Sunday courier.

29) Is there SPHL Saturday courier service?

No, please place sample on SPHL Sunday courier. Sunday courier information is located at https://health.mo.gov/lab/ncov.php

30) What kind of sample do I collect for approved COVID-19 testing at the SPHL?

https://health.mo.gov/lab/ncov.php

Laboratory Information

31) Can I use my own collection supplies to submit an approved sample for COVID-19 testing at the SPHL?

Yes, please see sample collection information and a video at https://health.mo.gov/lab/ncov.php

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Long-term Care Facilities/Nursing Homes

1) What should nursing facilities be doing to limit visitors?

Nursing facilities should limit or restrict visitation to their facilities due to the COVID-19 concern in order to protect the health and safety of their residents. Guidance from the CDC and CMS has been provided to nursing facilities and includes the following:

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID- 19, or under investigation for COVID-19, or are ill with respiratory illness.
3. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. Residing in a community where community-based spread of COVID-19 is occurring.

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

Limiting visitors and individuals: Expanded recommendations:

- ***Restricting*** *means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.*
- ***Limiting*** *means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.*
- ***Discouraging*** *means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).*

1. Limiting or Discouraging visitation:

a) **Limiting:** For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend **limiting** visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.

b) **Discouraging:** For all other facilities not in those counties referenced above, we recommend **discouraging** visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home"

https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home.

2. Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

3. In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).

4. In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)

5. Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency

2) What can family members do to support COVID-19 prevention in nursing facilities?

As the novel coronavirus 2019 (COVID-19) outbreak continues to evolve, it is important for long-term care consumers, family members, Ombudsman programs and other advocates to be informed and take precautions in order to prevent the spread.

According to the Centers for Disease Control and Prevention (CDC), the health risk of COVID-19 for the general public in the United States is low at this time. However, just as with influenza and other viral infections, older adults and some individuals with preexisting medical conditions are at an increased risk for more severe illness.

Please go to the following link for tips on how to protect yourself and loved ones:

https://theconsumervoice.org/issues/other-issues-and-resources/covid-19

Personal Protective Equipment (PPE) for Healthcare Settings
Gloves

1) **What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?**
   - Nonsterile disposable patient examination gloves, which are used for routine patient care in healthcare settings, are appropriate for the care of patients with suspected or confirmed COVID-19.
   -
2) **What standards should be considered when choosing gloves?**
   - The American Society for Testing and Materials (ASTM)external icon has developed standards for patient examination gloves.
   - Standard specifications for nitrile gloves, natural rubber gloves, and polychloroprene gloves indicate higher minimum tensile strength and elongation requirements compared to vinyl gloves.[1,2,3,4]
   - The ASTM has developed standards for patient examination gloves. Length requirements for patient exam gloves must be a minimum of 220mm-230mm depending on glove size and material type.[1,2,3,4]
   -
3) **Is double gloving necessary when caring for suspected or confirmed CoVID-19 patients in healthcare settings?**
   - CDC Guidance does not recommend double gloves when providing care to suspected or confirmed 2019-COVID patients.
   -
4) **Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?**
   - According to CDC Guidance, extended length gloves are not necessary when providing care to suspected or confirmed COVID-19 patients. Extended length gloves can be used, but CDC is not specifically recommending them at this time.
   -
5) **How I do put on (don) and take off (doff) my gloves?**
   - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
   - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing of PPEpdf icon.
   - It is important for HCP to perform hand hygiene after removing PPE. Hand hygiene should be performed by using an alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.

Additional Information: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html

Personal Protective Equipment (PPE) for Healthcare Settings
Gowns

1) What testing and standards should I consider when looking for CDC-recommended protective clothing?

- CDC's guidance for Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids outlines the scientific evidence and information on national and international standards, test methods, and specifications for fluid-resistant and impermeable gowns and coveralls used in healthcare.
- Many organizations have published guidelines for the use of personal protective equipment (PPE) in medical settings. The American National Standards Institute (ANSI) and the Association of the Advancement of Medical Instrumentation (AAMI): ANSI/AAMI PB70:2012pdf iconexternal icon describes the liquid barrier performance and a classification of surgical and isolation gowns for use in health care facilities.
- As with any type of PPE, the key to proper selection and use of protective clothing is to understand the hazards and the risk of exposure. Some of the factors important to assessing the risk of exposure in health facilities include source, modes of transmission, pressures and types of contact, and duration and type of tasks to be performed by the user of the PPE. (Technical Information Report (TIR) 11 pdf iconexternal icon[AAMI 2005]).
- For gowns, it is important to have sufficient overlap of the fabric so that it wraps around the body to cover the back (ensuring that if the wearer squats or sits down, the gown still protects the back area of the body).
-

2) What type of gown is recommended for patients with suspected or confirmed COVID-19?

- Nonsterile, disposable patient isolation gowns, which are used for routine patient care in healthcare settings, are appropriate for use by patients with suspected or confirmed COVID-19.
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3) What types of gowns are available for healthcare personnel to protect from COVID-19?

- While the transmissibility of COVID-19 is not fully understood, gowns are available that protect against microorganisms. The choice of gown should be made based on the level of risk of contamination. Certain areas of surgical and isolation gowns are defined as "critical zones" where direct contact with blood, body fluids, and/or other potentially infectious materials is most likely to occur. (ANSI/AAMI PB70pdf iconexternal icon).
- If there is a medium to high risk of contamination and need for a large critical zone, **isolation gowns** that claim moderate to high barrier protection (ANSI/AAMI PB70 Level 3 or 4pdf iconexternal icon) can be used.
-

- For healthcare activities with low, medium, or high risk of contamination, **surgical gowns** (ANSI/AAMI PB70 Levels 1-4pdf iconexternal icon), can be used. These gowns are intended to be worn by healthcare personnel during surgical procedures.
- If the risk of bodily fluid exposure is low or minimal, gowns that claim minimal or low levels of barrier protection (ANSI/AAMI PB70 Level 1 or 2pdf iconexternal icon) can be used. These gowns should not be worn during surgical or invasive procedures, or for medium to high risk contamination patient care activities.
-

4) What is the difference between gowns and coveralls?

- CDC's guidance for Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids provides additional comparisons between gowns and coveralls.
- Gowns are easier to put on and, in particular, to take off. They are generally more familiar to healthcare workers and hence more likely to be used and removed correctly. These factors also facilitate training in their correct use.
- Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. Surgical/isolation gowns do not provide continuous whole-body protection (e.g., they have possible openings in the back, and typically provide coverage to the mid-calf only).
- The level of heat stress generated due to the added layer of clothing is also expected to be less for gowns when compared to coveralls due to several factors, such as the openings in the design of gowns and total area covered by the fabric.
-

5) How do I put on (don) and take off (doff) my gown?

- Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
- If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing of PPE.pdf icon
- It is important for Health Care Providers (HCP) to perform hand hygiene before and after removing PPE. Hand hygiene should be performed by using alcohol-based hand sanitizer that contains 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, soap and water should be used before returning to alcohol-based hand sanitizer.
-

Personal Protective Equipment (PPE) for Healthcare Settings
Gowns

6) Is it acceptable for emergency medical services to wear coveralls as an alternative to gowns when COVID-19 is suspected in a patient needing emergency transport?

- Unlike patient care in the controlled environment of a healthcare facility, care and transport by EMS present unique challenges because of the nature of the setting. Coveralls are an acceptable alternative to gowns when caring for and transporting suspect COVID-19 patients. While no clinical studies have been done to compare gowns and coveralls, both have been used effectively by healthcare workers in clinical settings during patient care. CDC's Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids guidance provides a comparison between gowns and coveralls, including test methods and performance requirements. Coveralls typically provide 360-degree protection because they are designed to cover the whole body, including the back and lower legs, and sometimes the head and feet as well. This added coverage may be necessary for some work tasks involved in medical transport. However, coveralls may lead to increased heat stress compared to gowns due to the total area covered by the fabric. Training on how to properly remove (doff) a coverall is important to prevent self-contamination. Comparatively, gowns are easier to put on and, in particular, to take off.

Additional Information: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html

Personal Protective Equipment (PPE) for Healthcare Settings
Respirators

1) What is the latest guidance from CDC on the use of facemasks and respirators for Healthcare Professionals?

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    - Facemasks protect the wearer from splashes and sprays.
    - Respirators, which filter inspired air, offer respiratory protection.
  - 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. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
  - Eye protection, gown, and gloves continue to be recommended.
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
    -

  - Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).

  - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)
  -
  - Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
  -
  - Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).
  -
- **2) What is a respirator?**

- A respirator is a personal protective device that is worn on the face or head and covers at least the nose and mouth. For COVID-19 response, a respirator is used to reduce the wearer's risk of inhaling hazardous airborne particles (including infectious agents). Respirators, including those intended for use in healthcare settings, are certified by the CDC/NIOSH.
-

- **3) What is an N95 filtering facepiece respirator (FFR)?**
  - An N95 FFR is a type of respirator which removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3 micron) particles. N95 FFRs are capable of filtering out all types of particles, including bacteria and viruses.
  -
- **4) What makes N95 respirators different from facemasks (sometimes called a surgical mask)?**
  - Infographic: Understanding the difference between surgical masks and N95 respiratorspdf icon
  - N95 respirators reduce the wearer's exposure to airborne particles, from small particle aerosols to large droplets. N95 respirators are tight-fitting respirators that filter out at least 95% of particles in the air, including large and small particles.
  - Not everyone is able to wear a respirator due to medical conditions that may be made worse when breathing through a respirator. Before using a respirator or getting fit-tested, workers must have a medical evaluation to make sure that they are able to wear a respirator safely.
  - Achieving an adequate seal to the face is essential. United States regulations require that workers undergo an annual fit test and conduct a user seal check each time the respirator is used. Workers must pass a fit test to confirm a proper seal before using a respirator in the workplace.
  - When properly fitted and worn, minimal leakage occurs around edges of the respirator when the user inhales. This means almost all of the air is directed through the filter media.
  - Unlike NIOSH-approved N95s, facemasks are loose-fitting and provide only barrier protection against droplets, including large respiratory particles. No fit testing or seal check is necessary with facemasks. Most facemasks do not effectively filter small particles from the air and do not prevent leakage around the edge of the mask when the user inhales.
  - The role of facemasks is for patient source control, to prevent contamination of the surrounding area when a person coughs or sneezes. Patients with confirmed or suspected COVID-19 should wear a facemask until they are isolated in a hospital or at home. The patient does not need to wear a facemask while isolated.
  -
- **5) What is a Surgical N95 respirator and who needs to wear it?**
  - A surgical N95 (also referred as a medical respirator) is recommended only for use by healthcare personnel (HCP) who need protection from both airborne and fluid hazards (e.g., splashes, sprays). These respirators are not used or needed outside of healthcare settings. In times of shortage, only HCP who are working in a sterile field or who may be exposed to high velocity splashes, sprays, or

splatters of blood or body fluids should wear these respirators, such as in operative or procedural settings. Most HCP caring for confirmed or suspected COVID-19 patients should not need to use surgical N95 respirators and can use standard N95 respirators.
  - If a surgical N95 is not available for use in operative or procedural settings, then an unvalved N95 respirator may be used with a faceshield to help block high velocity streams of blood and body fluids.
  -
- **6) My employees complain that Surgical N95 respirators are hot and uncomfortable – what can I do?**
  - The requirements for surgical N95 respirators that make them resistant to high velocity streams of body fluids and help protect the sterile field can result in a design that has a higher breathing resistance (makes it more difficult to breath) than a typical N95 respirator. Also, surgical N95 respirators are designed without exhalation valves which are sometimes perceived as warmer inside the mask than typical N95 respirators. If you are receiving complaints, you may consider having employees who are not doing surgery, not working in a sterile field, or not potentially exposed to high velocity streams of body fluids wear a standard N95 with an exhalation valve.
  -
- **7) My N95 respirator has an exhalation valve, is that okay?**
  - An N95 respirator with an exhalation valve does provide the same level of protection to the wearer as one that does not have a valve. The presence of an exhalation valve reduces exhalation resistance, which makes it easier to breathe (exhale). Some users feel that a respirator with an exhalation valve keeps the face cooler and reduces moisture build up inside the facepiece. However, respirators with exhalation valves should not be used in situations where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve allows unfiltered exhaled air to escape into the sterile field.
- **8) How can I tell if a respirator is NIOSH-approved?**
  - The NIOSH approval number and approval label are key to identifying NIOSH-approved respirators. The NIOSH approval label can be found on or within the packaging of the respirator or sometimes on the respirator itself. The required labeling of NIOSH-Approved N95 filtering facepiece respiratorspdf icon includes the NIOSH name, the approval number, filter designations, lot number, and model number to be printed on the respirator. You can verify that your respirator approvals are valid by checking the NIOSH Certified Equipment List (CEL).
  -
- **9) How do I know if my respirator is expired?**
  - NIOSH does not require approved N95 filtering facepiece respirators (FFRs) be marked with an expiration date. If an FFR does not have an assigned expiration date, you should refer to the user instructions or seek guidance from the specific manufacturer on whether time and storage conditions (such as temperature or

humidity) are expected to have an effect on the respirator's performance and if the respirators are nearing the end of their shelf life.

- **10) What do I do with an expired respirator?**
  - In times of increased demand and decreased supply, consideration can be made to use N95 respirators past their intended shelf life. However, the potential exists that the respirator will not perform to the requirements for which it was certified. Over time, components such as the strap and nose bridge may degrade, which can affect the quality of the fit and seal. Prior to use of N95 respirators, the HCP should inspect the respirator and perform a seal check. Additionally, expired respirators may potentially no longer meet the certification requirements set by NIOSH. For further guidance, visit *Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response*.
- **11) What methods should healthcare facilities consider in order to avoid unintentional loss of PPE during COVID-19?**
  - Monitoring PPE supply inventory and maintaining control over PPE supplies may help prevent unintentional product losses that may occur due to theft, damage, or accidental loss. Inventory systems should be employed to track daily usage and identify areas of higher than expected use. This information can be used to implement additional conservation strategies tailored to specific patient care areas such as hospital units or outpatient facilities. Inventory tracking within a health system may also assist in confirming PPE deliveries and optimizing distribution of PPE supplies to specific facilities.

Additional Information: https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html

Pregnant Women/Infants

1) What is the risk to pregnant women of getting COVID-19? Is it easier for pregnant women to become ill with the disease? If they become infected, will they be more sick than other people?

We do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. Pregnant women experience changes in their bodies that may increase their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness. It is always important for pregnant women to protect themselves from illnesses.

2) How can pregnant women protect themselves from getting COVID-19?

Pregnant women should do the same things as the general public to avoid infection. You can help stop the spread of COVID-19 by taking these actions:

- Cover your cough (using your elbow is a good technique)
- Avoid people who are sick
- Clean your hands often using soap and water or alcohol-based hand sanitizer

You can find additional information on preventing COVID-19 disease at CDC's (Prevention for 2019 Novel Coronavirus).

3) Can COVID-19 cause problems for a pregnancy?

We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth.

4) Can COVID-19 be passed from a pregnant woman to the fetus or newborn?

We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or delivery. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breastmilk.

5) If a pregnant woman has COVID-19 during pregnancy, will it hurt the baby?

We do not know at this time what if any risk is posed to infants of a pregnant woman who has COVID-19. There have been a small number of reported problems with pregnancy or delivery (e.g. preterm birth) in babies born to mothers who tested positive for COVID-19 during their pregnancy. However, it is not clear that these outcomes were related to maternal infection.

6) Can COVID_19 be transmitted through breast milk?

Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to

how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

7) What is the guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19

Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

Schools and Childcare Facilities

1) What actions should school and childcare program administrators take to plan for an outbreak?

Administrators of childcare programs and K-12 schools should take the following actions to plan and prepare for COVID-19:

- Review, update, and implement school emergency operation plans, particularly for infectious disease outbreaks.
- Emphasize actions for students and staff to take such as staying home when sick; appropriately covering coughs and sneezes; and washing hands often.
- Cleaning frequently touched surfaces.
- Monitor and plan for absenteeism.
    - Review the usual absenteeism patterns at your school among both students and staff.
    - Review attendance and sick leave policies. Encourage students and staff to stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
    - Alert local health officials about increases in absences, particularly those that appear due to respiratory illnesses.
- Monitor and plan for addressing fear and bullying related to COVID-19.
- Communicate early and repeatedly with parents directly what the policies and procedures will be to allow parents to assure proper guardianship and care of children.

2) What actions can staff and students take to prevent the spread of COVID-19 in my school/childcare program?

Encourage students and staff to take <u>everyday preventive actions</u> to prevent the spread of respiratory illnesses, such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often with soap and water. 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. Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in childcare facilities.

3) What steps should my school take if a student or staff member shows symptoms of COVID-19?

You should establish procedures to ensure students and staff who become sick at school or who arrive at school sick are sent home as soon as possible. Keep sick students and staff separate from well students and staff until sick students and staff can be sent home.

4) Should my school screen students for cases of COVID-19?

Schools and childcare programs are **not expected** to screen children, students, or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community or

school has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.

5) What environmental cleaning procedures should my school take to keep staff and students healthy?

Perform routine environmental cleaning. Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with cleaners that you typically use. Use all cleaning products according to the directions on the label. Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.

6) What resources does CDC have available to share with staff, students, and parents?

Share resources with the school community to help them understand COVID-19 and steps they can take to protect themselves:

- CDC's health communication resources
- CDC information on stigma and COVID-19
- CDC information on COVID-19 and children
- CDC offers several free handwashing resources that include health promotion materials, information on proper handwashing technique, and tips for families to help children develop good handwashing habits.
- Other health and education professional organizations may also have helpful resources your school can use or share, such as the American Academy of Pediatricsexternal icon
- CDC's information on helping children cope with emergencies
- Stigma prevention and facts about COVID-19

7) What actions should my school take if a sick student or staff member attended school before being confirmed as a COVID-19 case?

- **Local health officials may recommend temporary school dismissals.** Local health officials' recommendations for the scope (e.g., a single school, a full district) and duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific cases in the impacted community. Dismissals may be 14 days or longer, depending on the situation in your community.
- **Schools should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure to the school community**. This communication to the school community should align with the communication plan in the school's emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
- **If a child or staff member has been identified with COVID-19, school and program administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community.** In addition, students and staff who are well but are taking care of

or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

8) What should I do if my school experiences increased rates of absenteeism?

If your school notices a substantial increase in the number of students or staff missing school due to illness, report this to your local health officials.

9) Should I close our school/childcare program if there's been COVID-19 cases in my school?

You may need to use temporary school dismissals of 14 days, or possibly longer, if a student or staff member attended school before being confirmed as having COVID-19. Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissal and event cancellation independent of their local health officials. Dismissal and event cancellation decisions should be considered on a case-by-case basis using information from health officials about the local conditions.

CDC Guidance on School Closures:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/considerations-for-school-closure.pdf**10) If our school is dismissed, how long should we dismiss school for?**

The length (duration), geographic scope, and public health objective of school dismissals may be reassessed and changed as the local outbreak situation evolves. At this time, the recommendation is for at least 14 days. This recommendation may be updated as the situation evolves.

11) Are there ways for students to keep learning if we decide to dismiss schools?

Yes, many schools may use e-learning plans and distance learning options for continuity of education, if available. Your school or district's emergency operations plan should have recommended strategies for ensuring continuity of education and may provide guidance on how to proceed during a school dismissal. In addition, you may be able to use and/or scale up approaches used in other situations when students have not been able to attend school (e.g. inclement weather, facility damage, power outages).

12) If I make the decision for a school dismissal, what else should I consider?

In the event of a school dismissal, extracurricular group activities and large events, such as performances, field trips, and sporting events should also be cancelled. This may require close coordination with other partners and organizations (e.g., high school athletics associations, music associations). In addition, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Schools and Childcare Facilities

Ensure continuity of meal programs for your students. Consider ways to distribute food to students who receive free or reduced cost meals. Check with the US Department of Agriculture – Food and Nutrition Service for additional information: https://www.fns.usda.gov/disaster/USDAfoodsPandemicSchools.external icon If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.

Consider alternatives for providing essential medical and social services for students. Continue providing necessary services for children with special healthcare needs, or work with the state Title V Children and Youth with Special Health Care Needs (CYSHCN) Program.

13) If we dismiss school, what do we need to consider when re-opening the building to students?

CDC is currently working on additional guidance to help schools determine when and how to re-open their buildings to students. If you need immediate assistance with this, consult local health officials for guidance.

14) What should we do if a child, student, or staff member has recently traveled to an area with COVID-19 or has a family member who has traveled to an area with COVID-19?

Review updated CDC information for travelers, including FAQ for travelers, and consult with state and local health officials. Health officials may use CDC's Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings to make recommendations. Individuals returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials.

Symptomatic Caller

1) What should I do if I'm having symptoms?

Testing for COVID-19 is available from the Missouri State Public Health Laboratory for those with severe disease or with risk factors and compatible symptoms. Because it is still flu season, testing for flu is required to rule it out as the cause of a person's illness prior to testing approval. Providers can also order COVID-19 testing from private laboratories for those that are not approved for testing through the state lab. If you and your provider decide that you need testing and prefer to use a private laboratory, approval from state health department staff is not required.

Call your healthcare professional if you feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19, or if you live in or have recently traveled from an area with ongoing spread of COVID-19. It's important to call before seeking care because it helps your provider make sure that proper infection control procedures are followed when you arrive. If your provider chooses to seek testing through the Missouri State Public Health Laboratory, they will contact the Missouri Department of Health and Senior Services for approval. If your provider needs help making this connection, please have them call this hotline back and we can route the call for them.

In the meantime, if you decide **not** to seek care from a provider to access COVID-19 testing, it's important to remember to stay home if you're sick. For illnesses that cause fever, a good rule to follow is not to return to work until at least 24 hours after the fever is gone without the use of fever reducing mediations. Remember to practice good hand hygiene and stay away from others while you're sick so you can keep your loved ones and community healthy.

Symptoms & Testing

1. Take incoming call requesting testing and Approve / Disapprove testing per algorithm and criteria provided.
    a. Complete the *Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form* with information provided from caller.
        i. Your request does not meet the current criteria for testing. Private laboratories have begun testing for COVID-19. Please consider this as an option for the patient if you believe it is warranted..
        ii. Your request meets the current criteria for a PUI and testing. (Go to below)

2. Please contact your local public health agency for a collection kit (Provide LPHA directory link: https://health.mo.gov/living/lpha/lphas.php if need contact information) or see https://health.mo.gov/lab/ncov.php for instructions/video if you have the appropriate supplies available to collect and send a specimen.
3. Please also remember to go to the https://health.mo.gov/lab/ncov.php to complete the Virology Test Request Form per instructions for each specimen type.
4. The call center will then send an email with the approved and completed Missouri PUI Form attached to MSPHLCOVID-19@health.mo.gov
5. The Poison Control Center will then provide https://health.mo.gov/lab/courierservices.php to find the nearest laboratory courier location with pick up times.

6. Patients who are well enough to be discharged to home should be given guidance on home isolation, referenced at this link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

7. Providers with questions about infection control for inpatients should be referred to the CDC guidance on this topic: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Testing and Approval

1) How do I get a sample approved for COVID-19 testing at the State Public Health Laboratory?

Are you a patient?

If so please contact your health care provider

Are you a health care provider calling on behalf of a patient?

We will need to get some information and apply an algorithm to determine if your patient meets the epidemiological criteria for testing. (Call center or epi person goes through the criteria)

Your request does not meet the current criteria for testing.

Your information is being forwarded to DHSS epidemiologists to help determine eligibility.

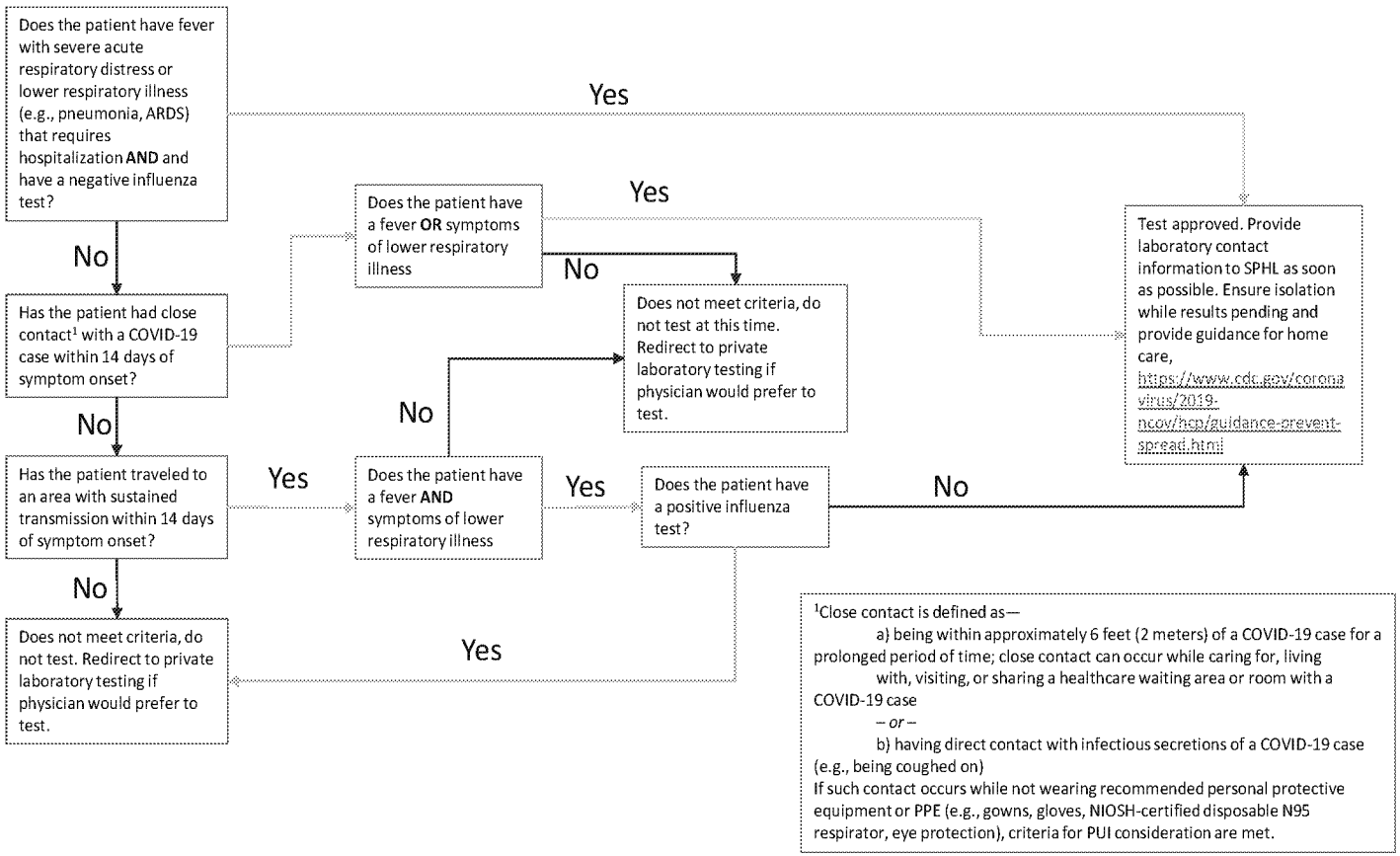
Your request meets the current criteria for PUI and testing.

(If approved, complete PUI Form with caller)

(If approved send an email with PUI information to MSPHLCOVID-19@health.mo.gov)

Necessary information for sample collection, packaging and shipping of an approved COVID-19 sample for testing at the SPHL is available at: https://health.mo.gov/lab/ or the Laboratory Information Section of this Quick Reference Guide.

Testing and Approval



Interim Missouri COVID-19 Person Under Investigation (PUI) Definition
Updated March 13, 2020

Clinical Features		Epidemiologic Risk
Fever[1] or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas[5] (see below) within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)[6]	AND	No source of exposure has been identified
Fever[1] and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) without alternative explanatory diagnosis (e.g., influenza), not hospitalized or considered severe	AND	A history of travel from affected geographic areas[5] (see below) within 14 days of symptom onset

Areas with Sustained (Ongoing) Transmission			
International (By WHO Region)			US
European 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, Switzerland, Monaco, San Marino, Vatican City	Western Pacific Japan South Korea China	Eastern Mediterranean Iran	King County/Seattle, Washington, USA Westchester County, New York, USA Santa Clara County, California, USA

[1]Fever may be subjective or confirmed

[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[3]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 healthcare 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.

Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

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 healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices.

[6]Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

Travel

1) Should I cancel my international trip?

CDC provides recommendations for international travel, including guidance on when to consider postponing or canceling travel. Most of the time, this guidance is provided through travel health notices and is based on the potential health risks associated with traveling to a certain destination.

Travel health notices are designated as Level 1, 2, or 3, depending on the situation in that destination. (See below for what each level means). A list of destinations with coronavirus disease 2019(COVID-19) travel health notices is available at www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.

- Warning Level 3: CDC recommends travelers avoid all nonessential travel to these destinations.
- Alert Level 2: CDC recommends older adults and people of any age with serious chronic medical conditions consider postponing nonessential travel.
- Watch Level 1: CDC does not recommend canceling or postponing travel to destinations with, but it is important to take steps to prevent getting and spreading diseases during travel.

CDC also recommends all travelers, defer all cruise travel worldwide. This is particularly important for older adults and people of any age with serious chronic medical conditions.

If you do travel, take the following steps to help reduce your chances of getting sick:

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol. Soap and water should be used if hands are visibly dirty.
    - It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing or blowing your nose.

Make sure you are up to date with your routine vaccinations, including measles-mumps-rubella (MMR) vaccine and the seasonal flu vaccine.

The COVID-19 pandemic is a rapidly evolving situation and CDC guidance is reviewed daily and updated frequently.

2) Are layovers included in CDC's recommendation to avoid nonessential travel?

Yes. Airport layovers in international destinations with a level 3 travel health notice are included in CDC's recommendation to avoid nonessential travel. If a layover is unavoidable, CDC recommends you not leave the airport. Even if you don't leave the airport during your layover, you may still be subject to screening and monitoring when entering the United States.

Travel

A layover is anytime you exit a plane when traveling to your final destination.

3) Should I go on a cruise?

CDC recommends all travelers, particularly older adults and people of any age with serious chronic medical conditions defer all cruise ship travel worldwide, including river cruises. Recent reports of COVID-19 on cruise ships highlight the risk of infection to cruise ship passengers and crew. Like many other viruses, COVID-19 appears to spread more easily between people in close quarters aboard ships.

4) What is the risk of getting COVID-19 on an airplane?

Because of how air circulates and is filtered on airplanes, most viruses and other germs do not spread easily on airplanes. Although the risk of infection on an airplane is low, travelers should try to avoid contact with sick passengers and wash their hands often with soap and water for at least 20 seconds or use hand sanitizer that contains at least60% alcohol.

For more information: Exposure Risk During Travel

5) What happens if there is a sick passenger on an international or domestic flight?

Under current federal regulations, pilots must report to CDC all illnesses and deaths before arriving to the United States. According to CDC disease protocols, if a sick traveler is considered to be a public health risk, CDC works with local and state health departments and international public health agencies to contact passengers and crew exposed to that sick traveler.

Be sure to give the airline your current contact information when booking your ticket so you can be notified if you are exposed to a sick traveler on a flight .

6) How are travelers from countries with a Level 3 travel health notice being screened when they enter the United States?

At this time, American citizens, lawful permanent residents, and family members (as specified in the Presidential Proclamation who have been in countries with a Level 3 travel health notice within 14 days prior to their arrival will be allowed to enter the United States. Travelers from some countries with a level 3 travel health notice are being re-directed to certain airports and are screened for COVID-19 symptoms such as fever, cough or trouble breathing and asked questions about their travel and possible exposure to COVID-19. Travelers without symptoms will be told to stay home and practice social distancing.

More information for travelers from countries with a level 3 travel health notice is available here.

7) What if I recently traveled and get sick?

Call your doctor: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

Stay home except to get medical care

Travel

- **Stay home:** People who are mildly ill with COVID-19 are able to isolate at home during their illness. You should restrict activities outside your home, except for getting medical care.
- **Avoid public areas:** Do not go to work, school, or public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

- **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus.
- When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live with the person who is sick should not stay in the same room with them, or they should wear a facemask if they enter a room with the person who is sick.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

Travel

- **Wash hands:** 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.
- **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces everyday

- **Clean and disinfect:** Practice routine cleaning of high touch surfaces.

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.

Monitor your symptoms

- **Seek medical attention:** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
- **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.
- **Wear a facemask when sick:** Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- **Alert health department:** Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

8) After arriving from a country with a level 3 travel health notice related to COVID-19 when can I return to work?

Currently, any traveler arriving to the United States after leaving a country with Level 3 travel health notice related to COVID-19 in the past 14 days will have some level of restrictions on their movements. All travelers from these countries should stay home and practice social distancing for 14 days from the time they left the outbreak area.

Foreign nationals who have visited China, Iran, and most European Countries in the past 14 days are temporarily not allowed to enter the United States.

9) Should travelers wear facemasks?

CDC does not recommend that healthy travelers wear facemasks to protect themselves from COVID-19. Wear a facemask only if you are sick and coughing or sneezing to help prevent the

spread of respiratory viruses to others. If you are well, it is more important to take these important steps to reduce your chances of getting sick:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- 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.
- **Clean AND disinfect** frequently touched surfaces **daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water aren't available, use a hand sanitizer that contains at least 60% alcohol.

10) What can I expect when departing other countries?

Be aware that some countries are conducting exit screening for all passengers leaving their country. Before being permitted to board a departing flight, you may have your temperature taken and be asked questions about your travel history and health.

11) What can I expect when arriving to the United States?

At this time, travel restrictions and entry screening only apply to travelers arriving from countries with a level 3 travel health notice. [Note: US policies are subject to change as the COVID-19 pandemic evolves.]

This means that if you traveled from countries other than those listed above, you:

- Won't be subject to additional health screening upon arrival in the United States, and
- Won't be under mandatory quarantine orders upon entry to the United States.

If you are arriving to the United States from a country with level 2 travel health notice, you will be asked to monitor your health and practice social distancing. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

If you are coming from an international destination with a level 3 Travel Health Notice, you will be asked to stay home for 14 days from the time you return from travel, monitor your health and practice social distancing. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

Travel and Self-Isolation

1) I am a student who is returning from spring break; do I need to self-isolate myself upon my return?

No, as long as you are feeling well and didn't travel to a country or area with ongoing, widespread transmission of COVID-19 (see CDC's Travelers Returning from High Risk Countries website for the most up-to-date list of those countries)

However, if the country or area has been listed by CDC as having a Level 3 Travel Health Notice (current list available at CDC's Travelers Returning from High Risk Countries website), then follow these guidelines:

Stay home for 14 days from the time you left an area with widespread, ongoing community spread (Level 3 Travel Health Notice countries) and practice social distancing.

Take these steps to monitor your health and practice social distancing:

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period. Discuss your work situation with your employer before returning to work.
3. Do not take public transportation, taxis, or ride-shares during the time you are practicing social distancing.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit your activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).

If you are not feeling well, and travelled to a country with ongoing, widespread transmission of COVID-19, follow these guidelines:

If you get sick with fever (100.4°F/38°C or higher), cough, or have trouble breathing:

- Seek medical care. Call ahead before you go to a doctor's office or emergency room.
- Tell your doctor about your recent travel and your symptoms.
- Avoid contact with others.

If you need to seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel to an area with widespread or ongoing community spread of COVID-19.

If you didn't travel to an area with widespread, ongoing transmission of COVID-19 and aren't feeling well upon your return, you should seek medical attention, and tell them where you traveled.

2) I have recently returned from a trip to an area with cases of COVID-19, what should I do?

Travel and Self-Isolation

If the area has been listed by CDC as having a Level 3 Travel Health Notice (current list available at CDC's Travelers Returning from High Risk Countries website), then follow these guidelines:

Stay home for 14 days from the time you left an area with widespread, ongoing community spread (Level 3 Travel Health Notice countries) and practice social distancing.

Take these steps to monitor your health and practice social distancing:

1. Take your temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period. Discuss your work situation with your employer before returning to work.
3. Do not take public transportation, taxis, or ride-shares during the time you are practicing social distancing.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit your activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).

If you get sick with fever (100.4°F/38°C or higher), cough, or have trouble breathing:

- Seek medical care. Call ahead before you go to a doctor's office or emergency room.
- Tell your doctor about your recent travel and your symptoms.
- Avoid contact with others.

If you need to seek medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent travel to an area with widespread or ongoing community spread of COVID-19.

3) Should I avoid travel to XXX country?

Refer to the CDC' Travel Restriction Site at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html for the most up-to-date travel recommendations/restrictions.

Travel - Europe

1) What is the current situation with travel to and from Europe?

- **Europe is experiencing widespread sustained transmission** of respiratory illness caused by the novel (new) coronavirus (COVID-19).
-
- **CDC recommends that travelers avoid all nonessential travel to the specified countries in Europe.**
- Older adults and people of any age with serious chronic medical conditions are at increased risk for severe disease.
-
- Travelers should avoid contact with sick people and wash their 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 that contains at least 60% alcohol.
-
- Travelers returning from the specified countries in Europe must stay home for 14 days after returning from travel, monitor their health, and practice social distancing.
-
- Travelers who are sick with fever, cough, or have trouble breathing should call ahead before seeking medical care.

2) What countries are considered to be part of Europe for purposes of this travel guidance?

- Austria
- Belgium
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway
- Poland
- Portugal
- Slovakia
- Slovenia

Travel - Europe

- Spain
- Sweden
- Switzerland
- Monaco
- San Marino
- United Kingdom
- Vatican City

Water Transmission and COVID-19

1) Can the COVID-19 virus spread through 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 inactivate the virus that causes COVID-19.

2) Is the COVID-19 virus found in feces?

The virus that causes COVID-19 has been detected in the feces of some patients diagnosed with COVID-19. The amount of virus released from the body (shed) in stool, how long the virus is shed, and whether the virus in stool is infectious are not known.

The risk of transmission of COVID-19 from the feces of an infected person is also unknown. However, the risk is expected to be low based on data from previous outbreaks of related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). There have been no reports of fecal-oral transmission of COVID-19 to date.

3) Can the COVID-19 virus spread through pools and hot tubs?

There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.

4) Can the COVID-19 virus spread through sewerage systems?

CDC is reviewing all data on COVID-19 transmission as information becomes available. At this time, the risk of transmission of the virus that causes COVID-19 through sewerage systems is thought to be low. Although transmission of COVID-19 through sewage may be possible, there is no evidence to date that this has occurred. This guidance will be updated as necessary as new evidence is assessed.

SARS, a similar coronavirus, has been detected in untreated sewage for up to 2 to 14 days. In the 2003 SARS outbreak, there was documented transmission associated with sewage aerosols. Data suggest that standard municipal wastewater system chlorination practices may be sufficient to inactivate coronaviruses, as long as utilities monitor free available chlorine during treatment to ensure it has not been depleted.

Wastewater and sewage workers should use standard practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) as prescribed for current work tasks.

5) Should wastewater workers take extra precautions to protect themselves from the COVID-19 virus?

Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater. These include using engineering and administrative controls, safe work

practices, and PPE normally required for work tasks when handling untreated wastewater. No additional COVID-19–specific protections are recommended for employees involved in wastewater management operations, including those at wastewater treatment facilities.

For additional information:

CDC: Guidance for reducing health risks to workers handling human waste or sewage

CDC: Healthcare professionals: Frequently asked questions and answers

CDC: Healthy Water

Occupational Safety and Health Administration: COVID-19 Control and Prevention: Solid waste and wastewater management workers and employersexternal icon

World Health Organization: Water, sanitation, hygiene and waste management for COVID-19

Mental Health Resources

1) **Who can people call if they are feeling anxious or troubled by the COVID-19 situation?**

   For people feeling anxious or troubled by COVID-19 who would like to talk with a mental health professional about it, the federal Disaster Distress Helpline is a good place for them to call or text:

   Call (toll free): **1-800-985-5990** or
   Text **TalkWithUs to 66746**

   Link for additional information on the Disaster Distress Helpline:
   https://www.samhsa.gov/find-help/disaster-distress-helpline

2) **Who can people call if they are exhibiting signs of more serious mental illness or substance use issues?**

   For people exhibiting signs of more serious mental illness or substance use, the DMH network of Access Crisis Intervention (ACI) hotlines can respond in a variety of ways, and all are in some way connected with community mental health centers:

   Link for additional information and phone numbers for the ACI hotlines:

   https://dmh.mo.gov/mental-illness/program-services/behavioral-health-crisis-hotline

Travel Within United States

1) Should I travel within the US?

CDC does not generally issue advisories or restrictions for travel within the United States. However, cases of COVID-19 have been reported in many states, and some areas are experiencing community spread of the disease. Crowded travel settings, like airports, may increase your risk of exposure to COVID-19, if there are other travelers with COVID-19. There are several things you should consider when deciding whether it is safe for you to travel.

Things to consider before travel:

- **Is COVID-19 spreading where you're going?**
  If COVID-19 is spreading at your destination, but not where you live, you may be at higher risk of exposure if you travel there.
- **Will you or your travel companion(s) be in close contact with others during your trip?**
  Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded settings, particularly closed-in settings with little air circulation, if there are people in the crowd who are sick. This may include settings such as conferences, public events (like concerts and sporting events), religious gatherings, public spaces (like movie theatres and shopping malls), and public transportation (like buses, metro, trains).
- **Are you or your travel companion(s) at higher risk of severe illness if you do get COVID-19?**
  People at higher risk for severe disease are older adults and people of any age with serious chronic medical conditions (such as heart disease, lung disease, or diabetes). CDC recommends that travelers at higher risk for COVID-19 complications avoid all cruise travel and nonessential air travel.
- **Do you have a plan for taking time off from work or school, in case you get exposed to, or are sick with, COVID-19?**
  If you have close contact with someone with COVID-19 during travel, you may be asked to stay home to self-monitor and avoid contact with others for up to 14 days after travel. If you become sick with COVID-19, you may be unable to go to work or school until you're considered noninfectious. You will be asked to avoid contact with others (including being in public places) during this period of infectiousness.
- **Do you live with someone who is older or has a severe chronic health condition?**
  If you get sick with COVID-19 upon your return from travel, your household contacts may be at risk of infection. Household contacts who are older adults or have severe chronic medical conditions are at higher risk for severe illness from COVID-19.
- **Is COVID-19 spreading where you live?**
  Consider the risk of passing COVID-19 to others during travel, particularly if you will be in close contact with people who are older adults or have severe chronic health condition These people are at higher risk of getting very sick. If your symptoms are mild or you don't have a fever, you may not realize you are infectious.

Depending on your unique circumstances, you may choose to delay or cancel your plans. If you do decide to travel, be sure to practice precautions to prevent getting and spreading COVID-19

and other respiratory diseases during travel. For the most up-to-date COVID-19 travel information, visit CDC COVID-19 Travel page.