



Coronavirus Disease 2019 (COVID-19)

Frequently Asked Questions

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Coronavirus Disease 2019 Basics

What is a novel coronavirus?

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

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

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

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

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

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

People in the U.S. may be worried or anxious about friends and relatives who are living in or visiting areas where COVID-19 is spreading. Some people are worried about the disease. Fear and anxiety can lead to social stigma, for example, towards Chinese or other Asian Americans or people who were in quarantine.

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

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

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

People can fight stigma and help, not hurt, others by providing social support. Counter stigma by learning and sharing facts. Communicating the facts that viruses do not target specific racial or ethnic groups and how COVID-19 actually spreads can help stop stigma.

How It Spreads

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](#).

How does the virus spread?

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.

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

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.

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

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

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

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for 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.

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.

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

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.

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.

How to Protect Yourself

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

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

Has anyone in the United States gotten infected?

Yes. There have been cases of COVID-19 in the U.S. related to travel and through close contact. U.S. case counts are updated regularly Mondays through Fridays. See the [current U.S. case count of COVID-19](#).

How can I help protect myself?

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

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

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

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.

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](#).

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

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).

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

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. 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. Information will be provided on the [Coronavirus Disease 2019 \(COVID-19\) website](#) as it becomes available.

Symptoms & Testing

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

Current symptoms reported for patients with COVID-19 have included mild to severe respiratory illness with fever¹, cough, and difficulty breathing. Read about [COVID-19 Symptoms](#).

Should I be tested for COVID-19?

If you develop symptoms such as fever, cough, and/or difficulty breathing, and have been in close contact with a person known to have COVID-19 or have recently traveled from an area with [ongoing spread of COVID-19](#), stay home and call your healthcare provider. Older patients and individuals who have severe underlying medical conditions or are immunocompromised should contact their healthcare provider early, even if their illness is mild. If you have severe symptoms, such as persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips of face, contact your healthcare provider or emergency room and seek care immediately. Your doctor will determine if you have signs and symptoms of COVID-19 and whether you should be tested.

Can a person test negative and later test positive for COVID-19?

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.

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

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Healthcare Professionals and Health Departments

What should healthcare professionals and health departments do?

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

FAQs for Healthcare Professionals

COVID-19 and Funerals

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

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



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 claims](#)   are expected to be effective against COVID-19 based on data for harder to kill viruses. After removal of PPE, perform [hand hygiene](#) by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Soap and water should be used if the hands are visibly soiled.

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


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

Embalming can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, faceshield or goggles and 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 claims](#)   are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, 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.

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

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

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

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

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

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

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

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

What CDC is Doing

What is CDC doing about COVID-19?

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

COVID-19 and Animals

What about imported animals or animal products?

CDC does not have any evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. 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 regulates](#) importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of wildlife resources.

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

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

Should I be concerned about pets or other animals and COVID-19? —

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](#).

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.

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 [USDA](#) [↗](#) 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.

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

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

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

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

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

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

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