

Quick Reference Guide By Subject

TOPIC	PAGE
<u>Animals</u>	14
<u>Businesses</u>	22
<u>Community Events/Mass Gatherings for Event Organizers</u>	38
<u>COVID-19 Basics</u>	42
<u>Funerals and COVID-19</u>	43
<u>General Public Questions</u>	45
<u>Healthcare Professionals Questions</u>	50
<u>How COVID-19 Spreads</u>	58
<u>How To Protect Yourself</u>	62
<u>Laboratory Information</u>	69
<u>Long-term Care Facilities/Nursing Homes</u>	73
<u>Personal Protective Equipment (PPE) for Healthcare Settings - Gloves</u>	75
<u>Personal Protective Equipment (PPE) for Healthcare Settings - Gowns</u>	76
<u>Personal Protective Equipment (PPE) for Healthcare Settings - Respirators</u>	79
<u>Pregnant Women/Infants</u>	83
<u>Schools and Childcare Facilities</u>	85
<u>Symptoms & Testing</u>	95
<u>Testing Guidance for Call Center Staff</u>	97
<u>Testing Approval</u>	98
<u>Travel</u>	102
<u>Water Transmission and COVID-19</u>	113
<u>Travel Within Missouri and the United States</u>	115
<u>Children and COVID-19</u>	118
<u>Mental Health</u>	123
<u>Coroners and Medical Examiners</u>	126
<u>Making or Selling Items to Assist With The COVID-19 Response</u>	127
<u>Masks</u>	128
<u>Case Count Information</u>	130
<u>Testing Sites Information</u>	131
<u>Healthcare Professionals – Obstetrical Care</u>	132
<u>Plasma Donations</u>	134
<u>Groups at Higher Risk for Severe Illness</u>	135
<u>Children and Youth With Special Healthcare Needs</u>	140
<u>Show-Me Strong Recovery Plan: Phase I</u>	143
<u>Cleaning and Disinfection</u>	146
<u>Community Mitigation</u>	149
<u>Healthcare Professionals – Patients With Persistent Or Recurrent Positive Tests</u>	150
<u>Contact Tracing</u>	154
<u>Flu Shot Information</u>	158
<u>COVID-19 Vaccine Information</u>	160

Quick Reference Guide By Question

Subject	Page	Question#
<u>ANIMALS</u>	14	
<u>Can I get COVID-19 from my pets or other animals?</u>	14	1
<u>Should I avoid contact with pets or other animals if I am sick with COVID-19?</u>	14	2
<u>What about imported animals or animal products?</u>	14	3
<u>Can I travel to the United States with dogs or import dogs into the United States during the COVID-19 outbreak?</u>	14	4
<u>What precautions should be taken for animals that have recently been imported (for example, by shelters, rescue groups, or as personal pets) from China?</u>	14	5
<u>What can I do now to be prepared to take care of my pets if the COVID-19 threat gets worse in the future?</u>	14	6
<u>Do I need to get my pet tested for COVID-19?</u>	15	7
<u>Can animals carry the virus that causes COVID-19 on their skin or fur?</u>	15	8
<u>Are pets from a shelter safe to adopt?</u>	15	9
<u>What animals can get COVID-19?</u>	15	10
<u>Can I walk my dog?</u>	16	11
<u>What should I do if my pet gets sick and I think it's COVID-19?</u>	16	12
<u>Can wild animals spread the virus that causes COVID-19 to people or pets?</u>	17	13
<u>Can bats in United States get the virus that causes COVID-19, and can they spread it back to people?</u>	17	14
<u>Should I worry about my pet cat?</u>	18	15
<u>Is hunter-harvested game meat safe to eat during the COVID-19 pandemic?</u>	18	16
<u>Can I take my dog to daycare or a groomer?</u>	28	17
<u>Can I take my dog to a dog park?</u>	19	18
<u>What should I do if there are pets at my long-term care facility or assisted living facility?</u>	20	19
<u>Can I use hand sanitizer on pets?</u>	20	20
<u>Can the virus that causes COVID-19 get back into the environment from wastewater and infect wildlife?</u>	20	21
<u>BUSINESSES</u>	22	
<u>What should I do if an employee comes to work with COVID-19 symptoms (fever, cough, or shortness of breath)?</u>	22	1
<u>What should I do if an employee is suspected or confirmed to have COVID-19?</u>	22	2
<u>If employees have been exposed but are not showing symptoms, should I allow them to work?</u>	23	3
<u>What should I do if I find out several days later, after an employee worked, that they were diagnosed with COVID-19?</u>	23	4
<u>When should an employee suspected or confirmed to have COVID-19 return to work?</u>	24	5
<u>What should I do if an employee has a respiratory illness?</u>	24	6
<u>What does "acute" respiratory illness mean?</u>	24	7
<u>Are allergy symptoms considered an acute respiratory illness?</u>	24	8
<u>How do I keep employees who interact with customers safe?</u>	24	9
<u>What can be done to protect employees who cannot maintain social distancing of at least 6 feet from other employees or customers?</u>	25	10
<u>How can I help protect employees who may be at higher risk for severe illness?</u>	27	11
<u>When is a cloth face covering not appropriate while at work, and what can employees wear instead?</u>	27	12
<u>What does source control mean?</u>	27	13
<u>Are masks the same as personal protective equipment (PPE)?</u>	27	14
<u>How should masks worn at work be handled, stored, and washed?</u>	27	15
<u>How often should my employees wash their hands while at work?</u>	28	16
<u>What can I tell my employees about reducing the spread of COVID-19 at work?</u>	28	17
<u>Should we be screening employees for COVID-19 symptoms (such as temperature checks)? What is the best way to do that?</u>	28	18
<u>How do I handle personal protective equipment (PPE) waste?</u>	30	19
<u>What is social distancing and how can my workplace do that?</u>	30	20

Quick Reference Guide By Question

<u>I don't provide paid sick leave to my employees. What should I do?</u>	31	21
<u>Should I require employees to provide a doctor's note or positive COVID-19 test result?</u>	31	22
<u>Should I cancel my meetings and conferences?</u>	31	23
<u>What measures should be taken to protect an employee who must travel for work?</u>	31	24
<u>How do I clean and disinfect machinery or equipment?</u>	32	25
<u>How can I safely use cleaning chemicals?</u>	32	26
<u>In addition to cleaning and disinfecting, what can I do to decrease the spread of disease in my workplace?</u>	33	27
<u>Should I adjust my ventilation system?</u>	33	28
<u>How should restrooms be cleaned and disinfected?</u>	33	29
<u>If I shut down my facility as a result of a COVID-19 case or outbreak, what is the recommended way to clean and disinfect, and what is the appropriate timeframe to resume operations?</u>	33	30
<u>Does germicidal ultraviolet (GUV) disinfection kill the virus that causes COVID-19?</u>	34	31
<u>What are types of germicidal ultraviolet (GUV) for cleaning and disinfection in the workplace?</u>	34	32
<u>How do I know if my business is considered critical?</u>	35	33
<u>Should I allow critical infrastructure employees to work if they have been exposed but are not showing symptoms of COVID-19?</u>	36	34
<u>Is other specific CDC guidance available for critical infrastructure workplaces?</u>	37	35
<u>Can COVID-19 be transmitted through HVAC (ventilation) systems?</u>	37	36
<u>Who can businesses call for information about their options when it comes to closing down?</u>	37	37
<u>What additional resources are available for businesses?</u>	37	38
<u>COMMUNITY EVENTS/MASS GATHERINGS (FOR EVENT ORGANIZERS)</u>	38	
<u>What actions should I take to plan for an outbreak?</u>	38	1
<u>How many guests can safely attend a conference, sporting event, concert, or other community event?</u>	38	2
<u>Does CDC have recommendations on how to maintain 6 feet between attendees during events?</u>	38	3
<u>Should organizers test all attendees and staff for COVID-19 before they can enter an event?</u>	38	4
<u>Does CDC recommend all event attendees wear masks?</u>	39	5
<u>What actions can staff and attendees take to prevent the spread of COVID-19?</u>	39	6
<u>How should staff clean the facility before and during the event to limit spread of the virus?</u>	39	7
<u>What are things to consider when determining if an event needs to be postponed or canceled?</u>	40	8
<u>Is there information I can share with staff and attendees about COVID-19?</u>	40	9
<u>What steps should I take if an attendee or staff person develops symptoms of COVID-19 while at the event?</u>	40	10
<u>What is the best way to clean and disinfect the event space after a confirmed case of COVID-19 at my event?</u>	41	11
<u>COVID-19 BASICS</u>	42	
<u>What is a novel coronavirus?</u>	42	1
<u>What is the source of the virus?</u>	42	2
<u>Why is the disease being called coronavirus disease 2019, COVID-19?</u>	42	3
<u>FUNERALS AND COVID-19</u>	43	
<u>Am I at risk if I go to a funeral or visitation service for someone who died of COVID-19?</u>	43	1
<u>What should I do if my family member died from COVID-19 while overseas?</u>	43	2
<u>My family member died from COVID-19 while overseas. What are the requirements for returning the body to the United States?</u>	43	3
<u>What guidance has DHSS provided regarding funerals during the COVID-19 pandemic?</u>	43	4
<u>How can loved ones safely handle belongings of someone who died from COVID-19?</u>	44	5
<u>GENERAL PUBLIC QUESTIONS</u>	45	
<u>Can I have COVID-19 and not know it?</u>	45	1
<u>Should I get screened if I'm asymptomatic but think I may have been exposed to COVID-19?</u>	45	2
<u>When will a medication for this virus be available?</u>	45	3
<u>Can I get the virus from air pockets in the packaging material in a package from China?</u>	45	4
<u>Can I get the virus from eating at a Chinese/Italian/Japanese restaurant?</u>	46	5

Quick Reference Guide By Question

How do I protect myself and my family from this virus?	47	6
Is it safe to donate blood or platelets or have a blood transfusion?	47	7
How can I differentiate between the common cold, flu, allergies, and COVID-19?	47	8
How can I check to see if I have symptoms of the coronavirus (COVID-19)?	47	9
Where can I get data on the number of cases of COVID-19 in Missouri?	48	10
Where can people who don't have a doctor or health insurance go if they have symptoms and want to see about getting tested?	48	11
Who can I call with questions about unemployment and if I qualify for benefits?	48	12
Who can I call with questions or concerns about worker safety?	48	13
Who can I call with questions or concerns about COVID-19 in meat processing/packing plants in Missouri?	48	14
Are swabs that use ethylene oxide as a sterilizer safe to use for nasal swabs to test for COVID-19? Isn't ethylene oxide a cancer-causing agent?	48	15
16) Why shouldn't I let my natural immunity from a previous COVID-19 infection protect me from being infected again? How do I know the vaccine won't interfere with the strength of my natural immunity?	49	16
17) Will Missouri accept religious exemption from the COVID-19 vaccine?	49	17
18) Can I take Ivermectin to treat/prevent COVID-19 infection?	49	18
HEALTHCARE PROFESSIONALS	50	
Who is at risk for COVID-19?	50	1
Who is at risk for severe disease from COVID-19?	50	2
If my patient has one of the underlying medical conditions listed, what is my patient's risk and what should I tell my patient?	50	3
When is someone infectious?	51	4
Which body fluids can spread infection?	51	5
Can people who recover from COVID-19 be infected again?	51	6
How do you test a patient for infection with SARS-CoV-2?	51	7
Do existing commercially available multiple respiratory virus panels, such as those manufactured by Biofire or Genmark, detect SARS-CoV-2?	52	8
If a patient tests positive for another respiratory virus, should that exclude SARS-CoV-2 as a cause of illness?	52	9
Should chest CT be used for diagnosis of COVID-19?	52	10
How is COVID-19 treated?	52	11
Should post-exposure prophylaxis be used for people who may have been exposed to COVID-19?	53	12
Whom should healthcare providers notify if they suspect a patient has COVID-19?	53	13
Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?	53	14
When can patients with confirmed COVID-19 be discharged from the hospital?	53	15
Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?	54	16
Is there any guidance on the use of homemade masks?	54	17
Are empiric antibiotics recommended for patients suspected of having COVID-19?	54	18
What antiviral drugs are available to treat COVID-19?	54	19
Should angiotensin converting enzyme inhibitors (ACE-I) or Angiotensin Receptor Blockers (ARB) be stopped in patients with COVID-19?	55	20
Do nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the course of disease for people with COVID-19?	55	21
Where should healthcare providers report deaths related to COVID-19?	55	22
Are there work restrictions recommended for HCP with underlying health conditions who may care for COVID-19 patients? What about for pregnant HCP?	55	23
I am a HCP living with someone who is at higher risk of severe illness from COVID-19. What precautions should I take?	56	24
What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?	56	25
How do you diagnose and report a potential case of multisystem inflammatory syndrome in children (MIS-C)?	56	26
If I have patients with asthma, do I need to make any changes to their daily asthma preventive management regimens to reduce their risk of getting sick with COVID-19?	56	27

Quick Reference Guide By Question

<u>Are patients with hypertension at higher risk for severe illness from COVID-19?</u>	57	28
<u>HOW COVID-19 SPREADS</u>	58	
<u>How does the COVID-19 virus spread?</u>	58	1
<u>Can someone who has had COVID-19 spread the illness to others?</u>	58	2
<u>Can someone who has been quarantined for COVID-19 spread the illness to others?</u>	58	3
<u>What is a pandemic?</u>	58	4
<u>Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?</u>	59	5
<u>What temperature kills the virus that causes COVID-19?</u>	59	6
<u>Can mosquitoes or ticks spread the virus that causes COVID-19?</u>	59	7
<u>How long do coronaviruses live on surfaces?</u>	59	8
<u>If I have recovered from COVID-19, will I be immune to it?</u>	60	9
<u>HOW TO PROTECT YOURSELF</u>	62	
<u>Am I at risk for being exposed to COVID-19 in the United States?</u>	62	1
<u>Can I get sick with COVID-19 if it is on food?</u>	62	2
<u>How can I help protect myself?</u>	62	3
<u>What should I do if I had close contact with someone who has COVID-19?</u>	64	4
<u>How can I prepare for an outbreak in my area?</u>	65	5
<u>Does CDC recommend the use of facemask to prevent COVID-19?</u>	65	6
<u>Should I wear a respirator in public?</u>	66	7
<u>Am I at risk for COVID-19 from a package or products shipping from China?</u>	66	8
<u>How do self-quarantine and isolation work?</u>	66	9
<u>Should I use soap and water or a hand sanitizer to protect against COVID-19?</u>	67	10
<u>What cleaning products should I use to protect against COVID-19?</u>	67	11
<u>Should I make my own sanitizer if I can't find it in stores?</u>	67	12
<u>Should contact lens wearers take special precautions to prevent COVID-19?</u>	67	13
<u>Is contact lens disinfecting solution effective against COVID-19?</u>	67	14
<u>Are there any medications I should avoid taking if I have COVID-19?</u>	68	15
<u>Is it safe to get care for my other medical conditions during this time?</u>	68	16
<u>LABORATORY INFORMATION</u>	69	
<u>How do I get a sample collection kit to submit an approved sample to test for COVID-19?</u>	69	1
<u>How do I properly collect an approved specimen for COVID-19 testing at the SPHL?</u>	69	2
<u>What type of specimens are approved for testing?</u>	69	3
<u>Will bacterial transport media work to ship a sample instead of viral transport media?</u>	69	4
<u>How do I fill out the laboratory forms to submit an approved specimen to the SPHL for COVID-19 testing?</u>	69	5
<u>How do I properly package an approved specimen for COVID-19 testing at the SPHL?</u>	69	6
<u>How do I properly ship an approved specimen for COVID-19 testing at the SPHL?</u>	69	7
<u>What forms need to be included with every sample shipped to the SPHL for testing?</u>	70	8
<u>How do I use the SPHL courier system?</u>	70	9
<u>How do I determine SPHL courier pickup time?</u>	70	10
<u>How do I contact the SPHL?</u>	70	11
<u>How do I find information about testing at the SPHL?</u>	70	12
<u>Do private laboratories provide testing for COVID-19?</u>	70	13
<u>What private laboratories are approved for testing?</u>	70	14
<u>How do I submit a sample to a private laboratory?</u>	70	15
<u>How do I order more sample collection kits from the SPHL?</u>	70	16

Quick Reference Guide By Question

How do I store a sample collection kit for future use?	71	17
How do I store a sample after it has been collected?	71	18
How soon do I have to ship a sample?	71	19
How long until I get a result?	71	20
How will we be notified of a laboratory result from the SPHL?	71	21
I have missed the courier, what should I do to ship my approved sample to the SPHL for testing?	71	22
I am at the laboratory with an after hour sample delivery that we self-couriered after business hours, what should I do?	71	23
What is the address of the SPHL?	71	24
Where can I find information about the SPHL courier?	71	25
Where can I find information about the SPHL weekend courier?	71	26
Do I need to freeze my sample before shipment?	72	27
Is there SPHL Saturday courier service?	72	28
What kind of sample do I collect for approved COVID-19 testing at the SPHL?	72	29
Can I use my own collection supplies to submit an approved sample for COVID-19 testing at the SPHL?	72	30
Can I submit a sample for testing from someone who has died?	72	31
I am a county coroner, how do I make plans to respond and possibly collect a sample?	72	32
LONG-TERM CARE FACILITIES/NURSING HOMES	73	
What should nursing facilities be doing to limit visitors?	73	1
What can family members do to support COVID-19 prevention in nursing facilities?	74	2
PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE SETTINGS- GLOVES	75	
What type of glove is recommended to care for suspected or confirmed COVID-19 patients in healthcare settings?	75	1
What standards should be considered when choosing gloves?	75	2
Is double gloving necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?	75	3
Are extended length gloves necessary when caring for suspected or confirmed COVID-19 patients in healthcare settings?	75	4
How I do put on (don) and take off (doff) my gloves?	75	5
Who should a hospital or healthcare provider contact for information on getting PPE?	75	6
PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE SETTINGS- GOWNS	76	
What testing and standards should I consider when looking for CDC-recommended protective clothing?	76	1
What type of gown is recommended for patients with suspected or confirmed COVID-19?	76	2
What types of gowns are available for healthcare personnel to protect from COVID-19?	76	3
What is the difference between gowns and coveralls?	76	4
How do I put on (don) and take off (doff) my gown?	77	5
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?	77	6
Who should a hospital or healthcare provider contact for information on getting PPE?	77	7
PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR HEALTHCARE SETTINGS- RESPIRATORS	79	
What is the latest guidance from CDC on the use of facemasks and respirators for Healthcare Professionals?	79	1
What is a respirator?	79	2
What is an N95 filtering facepiece respirator (FFR)?	79	3
What makes N95 respirators different from facemasks (sometimes called a surgical mask)?	80	4
What is a Surgical N95 respirator and who needs to wear it?	80	5
My employees complain that Surgical N95 respirators are hot and uncomfortable – what can I do?	80	6
My N95 respirator has an exhalation valve, is that okay?	80	7
How can I tell if a respirator is NIOSH-approved?	81	8
How do I know if my respirator is expired?	81	9
What do I do with an expired respirator?	81	10
What methods should healthcare facilities consider in order to avoid unintentional loss of PPE during COVID-19?	81	11
Who should a hospital or healthcare provider contact for information on getting PPE?	81	12
Where can I get more information about the PPE decontamination system?	82	13

Quick Reference Guide By Question

Can I use an elastomeric respirator as source control?	82	14
PREGNANT WOMEN INFANTS	83	
Is it easier for pregnant women to become ill with COVID-19?	83	1
How can pregnant women protect themselves from getting COVID-19?	83	2
Can COVID-19 cause problems for a pregnancy?	83	3
Can COVID-19 be passed from a pregnant woman to the fetus or newborn?	83	4
What is the guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19?	83	5
SCHOOLS AND CHILDCARE FACILITIES	85	
What should administrators consider while planning and preparing for COVID-19 in the community or school?	85	1
What can staff and students do to prevent the spread of COVID-19?	85	2
What steps should schools take if a student or staff member shows symptoms of COVID-19?	85	3
What resources does CDC have available to share with staff, students, and parents?	86	4
What should I do if my school experiences increased rates of absenteeism?	86	5
For childcare facilities specifically, what guidance has DHSS provided regarding a child who has a confirmed case of COVID-19 or is symptomatic pending test results or is a close contact to an individual with a confirmed case of COVID-19?	86	6
When should I dismiss our school/childcare program?	88	9
Should teachers wear a mask even while at least 6 feet away from others?	88	10
Can teachers wear a face shield instead of a mask?	88	11
Should students wear masks?	89	12
How should students' masks be stored and washed?	89	13
What should teachers do to lower the risk of COVID-19 transmission in school?	90	14
What can teachers do to protect themselves and their students?	90	15
How should teachers talk to students about COVID-19?	90	16
What should teachers do if they have had close contact with someone who has COVID-19?	90	17
What should teachers do if a student starts having symptoms consistent with COVID-19 while in the classroom?	90	18
If a student in the class starts having symptoms consistent with COVID-19 or tests positive for COVID-19, will everyone in my class, including the teacher, need to quarantine?	91	19
Will teachers be notified if a student or colleague tests positive for COVID-19?	93	20
What happens if a student or staff member is exposed to COVID-19 outside the school setting?	93	21
Are children at-risk for getting sick from COVID-19?	94	22
How should parents talk to children about COVID-19?	94	23
Where can child care providers get information on the CARES Act Child Care Plan benefits?	94	24
SYMPTOMS & TESTING	95	
What are the symptoms and complications that COVID-19 can cause?	95	1
What should I do if I'm having symptoms?	95	2
When should I seek emergency care if I have COVID-19?	95	3
Is it possible to have the flu and COVID-19 at the same time?	96	4
TESTING GUIDANCE FOR CALL CENTER STAFF	97	
TESTING APPROVAL	98	
Who should people contact to get results from a test for COVID-19?	98	1
Where should COVID-19 test results be reported?	98	2
Who should report COVID-19 test results to DHSS?	98	3
Is at-home specimen collection or testing available?	98	4
Should I be tested for a current infection?	98	5
How can I get tested for a current infection (viral test) and what does my test mean?	99	6
How can I get tested for a past infection (antibody test) and what does my test mean?	99	7
Can someone test negative and later test positive on a viral test for COVID-19?	100	8
Where should the results of COVID-19 antibody testing be sent?	100	9
TRAVEL	102	

Quick Reference Guide By Question

Should I avoid traveling internationally?	102	1
If I travel, what steps should I take to help reduce my chances of getting sick or getting someone else sick?	102	2
Should I delay going on a cruise?	103	3
Can flying on an airplane increase my risk of getting COVID-19?	104	4
What happens if there is a sick passenger on an international or domestic flight?	104	5
What if I recently traveled and get sick?	104	6
When can I return to work after international travel?	107	7
Do I have to wear a mask when I travel?	108	8
What can I expect when arriving to the United States?	108	9
How can I protect myself from COVID-19 when using different types of transportation?	108	10
Does CDC require that travelers get a test before entering the United States?	109	11
Does CDC require quarantine after international travel?	109	12
What steps should I take before and during international travel?	110	13
Can people who have recently recovered from COVID-19 travel?	111	14
Is the standard white vaccination card for COVID-19 vaccination the recommended proof of vaccination for international travel? What about the new SMART Health Card?	112	15
WATER TRANSMISSION AND COVID-19	113	
Can the COVID-19 virus spread through drinking water?	113	1
Is the COVID-19 virus found in feces (stool)?	113	2
Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water play areas?	113	3
Can the COVID-19 virus spread through sewerage systems?	113	4
Should wastewater workers take extra precautions to protect themselves from the COVID-19 virus?	113	5
If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?	114	6
Can the virus that causes COVID-19 spread to people through floodwater?	114	7
TRAVEL WITHIN MISSOURI AND THE UNITED STATES	115	
What is some basic advice about travel by car and air?	115	1
What things should I consider if I must travel?	115	2
What precautions should I take if I have to stay in temporary accommodations like a hotel, motel or rental properties?	115	3
What factors should I consider if I must take a road trip?	116	4
Is it safe to visit family or friends?	116	5
Is it safe to travel to campgrounds/go camping?	116	6
Am I required to quarantine after domestic travel?	117	7
CHILDREN AND COVID-19	118	
What is the risk of my child becoming sick with COVID-19?	118	1
How can I protect my child from COVID-19 infection?	118	2
Are the symptoms of COVID-19 different in children than in adults?	118	3
Should children wear masks?	118	4
What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?	119	5
Can my child hang out with their friends?	119	6
How can I help my child continue learning?	119	7
Will kids have access to meals?	120	8
How can I keep my family healthy?	120	9
Should I limit time my children's time with older adults, including relatives, and people with chronic medical conditions?	120	10
How do I prepare my children in case of COVID-19 outbreak in our community?	121	11
Should my infant or child be tested for SARS-CoV-2, the virus that causes COVID-19?	121	12
MENTAL HEALTH	123	
How do people react to stressful situations like the COVID-19 pandemic?	123	1
What steps can I take to cope with the stress?	123	2

Quick Reference Guide By Question

What can parents or caregivers do to reduce stress in children?	123	3
What can responders do to reduce the stress they may experience?	124	4
What feelings may people who have just been released from quarantine experience?	124	5
Who can people call if they are feeling anxious or troubled by the COVID-19 situation?	125	6
Who can people call if they are exhibiting signs of more serious mental illness or substance use issues?	125	7
<u>CORONERS and MEDICAL EXAMINERS</u>	126	
Do I need to test for COVID-19 on a deceased body?	126	1
<u>MAKING Or SELLING ITEMS TO ASSIST WITH The COVID-19 RESPONSE</u>	127	
Who should people contact if they want to make or sell PPE?	127	1
Who should businesses contact if they want to make or create something to help with the pandemic response?	127	2
<u>MASKS</u>	128	
What is being recommended for masks?	128	1
Why is this being recommended now?	128	2
How should I wear a cloth face covering?	128	3
How do I make a cloth face covering?	128	4
How do I take off and clean my face covering?	128	5
What else should I be doing to limit the spread of COVID-19?	128	6
What precautions should I know about?	129	7
How should an employer use this guidance?	129	8
<u>CASE COUNT INFORMATION</u>	130	
Where can I get data on the number of cases of COVID-19 in Missouri?	130	1
Why do some state's COVID-19 case numbers sometimes differ from what is posted on CDC's website?	130	3
How do CDC's COVID-19 case numbers compare with those provided by the World Health Organization (WHO) or Johns Hopkins?	130	4
Why do the number of cases listed on the CDC's webpage for previous days increase?	130	5
<u>TESTING SITES INFORMATION</u>	131	
Where can I find a list of private test sites?	131	1
Who can I contact about test results for tests done at private test sites?	131	2
What are community testing events and who is eligible to be tested?	131	3
What is the schedule for upcoming community testing events and where can I register?	131	4
<u>HEALTHCARE PROFESSIONALS – OBSTETRICAL CARE</u>	132	
Does CDC recommend use of facemasks or respirators for healthcare personnel (HCP) caring for pregnant patients with known or suspected COVID-19 infection?	132	1
How should the use of N95 respirators be prioritized within obstetric healthcare settings during shortages?	132	2
Is forceful exhalation during the second stage of labor considered an aerosol-generating procedure for respirator prioritization during shortages?	132	3
Is use of high-flow oxygen considered an aerosol-generating procedure for respirator prioritization during shortages?	132	4
Should intrapartum fever be considered as a possible sign of COVID-19 infection?	133	5
What guidance is available for labor and delivery HCP with potential exposure in a healthcare setting to patients with COVID-19 infection?	133	6
<u>PLASMA DONATIONS</u>	134	
What is the purpose of donating plasma?	134	1
Who can be evaluated for eligibility to donate plasma?	134	2
Who should I contact about donating plasma?	134	3
Where can I get more information about plasma donation?	134	4
<u>GROUPS at HIGHER RISK for SEVERE ILLNESS</u>	135	
Who is at higher risk for serious illness from COVID-19?	135	1
How were the underlying conditions selected?	135	2
What does well controlled mean?	135	3

Quick Reference Guide By Question

What does more severe illness mean?	136	4
Are people with disabilities at higher risk?	136	5
What should people at higher risk of serious illness with COVID-19 do?	136	6
Am I at higher risk if I have moderate to severe asthma and what actions should I take?	136	7
Am I at higher risk if I have chronic lung disease and what actions should I take?	137	8
Am I at higher risk if I have diabetes and what actions should I take?	137	9
Am I at higher risk if I have a serious heart condition and what actions should I take?	137	10
Am I at higher risk if I have a chronic kidney disease and what actions should I take?	137	11
Am I at higher risk if I am severely obese and what actions should I take?	138	12
Am I at higher risk if I am aged 65 years and older and what actions should I take?	138	13
Am I at higher risk if I live in a nursing home or long-term care facility and what actions should I take?	138	14
Am I at higher risk if I am immunocompromised and what actions should I take?	138	15
Am I at higher risk if I have liver disease and what actions should I take?	139	16
Are people with high blood pressure (hypertension) at higher risk from COVID-19?	139	17
CHILDREN and YOUTH WITH SPECIAL HEALTHCARE NEEDS	140	
Is my child with an underlying medical condition or special healthcare need at higher risk for severe illness from COVID-19?	140	1
What additional steps should families that have a child with an underlying medical condition or special health care need take?	140	2
What can I do if my child has difficulties adjusting to new routines and following recommendations?	141	3
How can my family cope with the added stress?	141	4
What if my child or someone else in the home is sick with symptoms of COVID-19?	142	5
What if my child's symptoms of their underlying medical condition or complex, chronic medical condition get worse?	142	6
What if my child needs to go to the hospital?	142	7
SHOW-ME STRONG RECOVERY PLAN: PHASE I	143	
What if my job requires me to be within six feet (6') of another employee and/or customer?	143	1
My business has a public waiting room with congregated seating. Should I limit access to it?	143	2
Does this order prevent me from receiving non-emergency healthcare, such as a routine eye exam or dental care?	143	3
May food courts and restaurants open their dining rooms?	143	4
How do these guidelines apply to childcare facilities?	143	5
May I attend service at my place of worship?	143	6
Will I still be able to participate in my local parks and recreation organized activities and/or camps this summer?	143	7
Can I attend an event at a large venue or stadium, or go to a movie theater?	144	8
What enhanced precautionary measures could be taken to mitigate the risks of contracting or spreading COVID-19?	144	9
Can I attend my annual county fair?	144	10
May I visit a loved one in a nursing home?	145	11
Where can I get information regarding Missouri State Parks?	145	12
Where can I get information about Missouri's gaming boats?	145	13
Can I attend gatherings during the holidays?	145	14
CLEANING AND DISINFECTION	146	
What is the difference between cleaning and disinfecting?	146	1
What is routine cleaning? How frequently should facilities be cleaned to reduce the potential spread of COVID-19?	146	2
Is cleaning alone effective against the virus that causes COVID-19?	146	3
Who should clean and disinfect community spaces?	146	4
How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work?	146	5
How effective are alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light?	146	6
Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinfected to prevent COVID-19?	146	7

Quick Reference Guide By Question

Can sanitizing tunnels be used at building entrances or exits to prevent the spread of COVID-19?	147	8
Should sidewalks and roads be disinfected to prevent COVID-19?	147	9
Is it safe to vacuum in a school, business, or community facility after someone with suspected or confirmed COVID-19 has been present?	147	10
Do car seats and booster seats need extra cleaning and disinfection to prevent spread of COVID-19? If so, how should car seats and booster seats be cleaned and disinfected?	147	11
Do disinfectants kill new strains of COVID-19?	148	12
COMMUNITY MITIGATION	149	
What is community mitigation?	149	1
What are community mitigation actions for COVID-19?	149	2
HEALTHCARE PROFESSIONALS – PATIENTS with PERSISTENT or RECURRENT POSITIVE TESTS	150	
What do we know about detection of SARS-CoV-2 RNA after clinical recovery from COVID-19?	150	1
Are clinically recovered persons infectious to others if they test persistently or recurrently positive for SARS-CoV-2 RNA?	150	2
Can cycle threshold (Ct) values be used to assess when a person is no longer infectious?	150	3
What further evidence is needed to be reassured that persistent or recurrent shedding of SARS-CoV-2 RNA after recovery does not represent the presence of infectious virus?	151	4
Can viral culture be used to demonstrate that a person who had persistently or recurrently detectable viral RNA is not infectious to others?	151	5
A person who previously tested positive by RT-PCR for SARS-CoV-2 and clinically recovered from COVID-19 is later tested again, for example as part of a contact tracing investigation. If that person again tests positive by RT-PCR, should they be managed as potentially infectious to others, and isolated again for COVID-19?	151	6
If a previously infected person has clinically recovered but later develops symptoms consistent with COVID-19, should the person be isolated again and tested for SARS-CoV-2?	151	7
If an infected person has clinically recovered and then later is identified as a contact of a new case, do they need to be quarantined?	152	8
If an infected person has clinically recovered using the symptom-based strategy, do they need a test of cure?	152	9
If an infected person has clinically recovered, should the person continue to wear a cloth face covering in public?	153	10
What should I do if I suspect a potential case of reinfection?	153	11
CONTACT TRACING	154	
What is contact tracing?	154	1
Who is considered a close contact to someone with COVID-19?	154	2
What will happen during contact tracing if I am diagnosed with COVID-19?	154	3
What will happen during contact tracing if I have been around someone with COVID-19?	155	4
Am I considered a close contact if I was wearing a cloth face covering?	155	5
What will happen with my personal information during contact tracing?	156	6
What if I have been around someone who was identified as a close contact?		
I was recently around someone who has COVID-19, but I feel fine. Why should I stay at home?		
Am I considered a close contact if I was wearing a cloth face covering?	156	7
What will happen with my personal information during contact tracing?	156	8
What if I have been around someone who was identified as a close contact?	156	9
I was recently around someone who has COVID-19, but I feel fine. Why should I stay at home?	156	10
Will there be a national app for contact tracing?		
If I participate in contact tracing for COVID-19 using a digital tool, is my personal health information secure?		
Will I be required to download a contact tracing app for COVID-19 on my phone?	157	11
I was around someone who has COVID-19, and my COVID-19 test came back negative. Do I still need to quarantine for 14 days after I was last exposed?	157	12
FLU SHOT INFORMATION	158	
Where can I get a flu shot?	158	1
What age group should get a flu shot?	158	2
Should high-risk groups receive the flu shot?	158	3
When is the best time to get a flu shot?	158	4
How many doses of flu vaccine does my child need?	158	5

Quick Reference Guide By Question

<u>Are there side effects to the flu vaccine?</u>	158	6
<u>Is there mercury (Thimerosal) in the flu vaccine?</u>	158	7
<u>How do you prevent the flu?</u>	158	8
<u>What are the symptoms of flu?</u>	158	9
<u>Can I get the flu from the flu shot?</u>	158	10
<u>How effective is the flu shot usually?</u>	158	11
<u>What are reasons I would get it in August rather than wait to October?</u>	158	12
<u>How many flu strains does the vaccine protect against?</u>	159	13
<u>Is there one preferred vaccine over the other?</u>	159	14
<u>COVID-19 VACCINE INFORMATION</u>	160	
<u>Who can receive the Moderna COVID-19 vaccine?</u>	160	1
<u>Who should not get the Moderna COVID-19 vaccine?</u>	160	2
<u>Can I get the Moderna COVID-19 vaccine if I am pregnant?</u>	160	3
<u>Can I take the Moderna COVID-19 vaccine with other vaccines?</u>	160	4
<u>What are the risks of the Moderna COVID-19 vaccine?</u>	160	5
<u>How is the Moderna COVID-19 vaccine given?</u>	161	6
<u>Will the Moderna COVID-19 vaccine give me COVID-19?</u>	160	7
<u>Can I receive the Moderna COVID-19 vaccine if I am immunocompromised or receiving immunosuppressant therapy?</u>	160	8
<u>Does the Moderna COVID-19 Vaccine contain preservatives, antibiotics or products from human or animal origin?</u>	160	9
<u>Does the Moderna COVID-19 vaccine vial contain latex?</u>	162	10
<u>Will the Moderna COVID-19 vaccine still work if I only get 1 dose?</u>	162	11
<u>Who can receive the Pfizer-BioNTech COVID-19 vaccine?</u>	162	12
<u>Who should not get the Pfizer-BioNTech COVID-19 vaccine?</u>	162	13
<u>Can I get the Pfizer-BioNTech COVID-19 vaccine if I am pregnant?</u>	162	14
<u>What are the risks of the Pfizer-BioNTech COVID-19 vaccine?</u>	163	15
<u>Can I take the Pfizer-BioNTech COVID-19 vaccine with other vaccines?</u>	163	16
<u>How is the Pfizer-BioNTech COVID-19 vaccine given?</u>	164	17
<u>Will the Pfizer-BioNTech COVID-19 vaccine give me COVID-19?</u>	164	18
<u>Does the Pfizer-BioNTech COVID-19 Vaccine contain preservatives?</u>	164	19
<u>Does the Pfizer COVID-19 vaccine vial contain latex?</u>	164	20
<u>Can I receive the Pfizer-BioNTech COVID-19 vaccine if I am immunocompromised or receiving immunosuppressant therapy?</u>	164	21
<u>Who can receive the Janssen-Johnson & Johnson COVID-19 vaccine?</u>	164	22
<u>23) Who should not get the Janssen-Johnson & Johnson COVID-19 vaccine?</u>	164	23
<u>Can I get the Janssen-Johnson & Johnson COVID-19 vaccine if I am pregnant?</u>	165	24
<u>What are the risks of the Janssen-Johnson & Johnson COVID-19 vaccine?</u>	165	25
<u>Can I take the Janssen-Johnson & Johnson COVID-19 vaccine with other vaccines?</u>	166	26
<u>How is the Janssen-Johnson & Johnson COVID-19 vaccine given?</u>	166	27
<u>Will the Janssen-Johnson & Johnson COVID-19 vaccine give me COVID-19?</u>	166	28
<u>Where should I report vaccine side effects?</u>	166	29
<u>What is V-safe?</u>	166	30
<u>Is the COVID-19 Vaccine safe?</u>	166	31
<u>Is it better to be exposed to the COVID-19 virus or get the COVID-19 vaccination?</u>	167	32
<u>Does the COVID-19 vaccine interact or interfere with the DNA in any way?</u>	167	33
<u>Will there be enough vaccine for everyone?</u>	167	34
<u>If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?</u>	167	35
<u>Who has CDC worked with to plan for the distribution of COVID-19 vaccines?</u>	168	36
<u>Who is not recommended for the COVID-19 vaccine?</u>	168	37

Quick Reference Guide By Question

<u>What people should follow special precautions when getting the vaccine?</u>	168	38
<u>Is it normal to feel bad after getting the COVID-19 vaccine?</u>	168	39
<u>How much will it cost to get the COVID-19 vaccine?</u>	169	40
<u>I have had a severe allergic reaction to other vaccines; should I get the COVID-19 vaccine?</u>	169	41
<u>I have heard that people can have severe allergic reactions to the COVID-19 vaccine?</u>	169	42
<u>Do I need to wear a mask when I receive a COVID-19 vaccine?</u>	169	43
<u>What activities can I do if I am fully vaccinated?</u>	169	44
<u>What precautions should I continue to take even if I'm fully vaccinated?</u>	170	45
<u>How should individuals get access to the vaccine?</u>	170	46
<u>Will we need more than one series of the COVID-19 vaccine?</u>	170	47
<u>A new variant strain of COVID-19 is now in the United States Will a vaccine still be effective?</u>	170	48
<u>Can I receive the COVID-19 vaccine if I have a rheumatological disease?</u>	171	49
<u>Can people with an egg allergy receive the COVID-19 vaccine?</u>	171	50
<u>How fast does the vaccine take effect and provide protection against COVID-19?</u>	171	51
<u>I have a previous history of Guillain-Barre syndrome; can I receive the COVID-19 vaccine?</u>	171	52
<u>Will the COVID-19 vaccine be mandated?</u>	171	53
<u>Can you get the vaccine if you are in quarantine due to an exposure with a positive COVID-19 case?</u>	171	54
<u>Should you have a pregnancy test or antibody test prior to receiving the vaccine?</u>	171	55
<u>Do I have to get the same vaccine for the first and second doses?</u>	172	56
<u>Who should receive a COVID-19 booster shot?</u>	172	57

COVID-19 and Animals

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

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. See [If You Have Pets](#) for more information about pets and COVID-19. However, since animals can spread other diseases to people, it's always a good idea to practice [healthy habits](#) around pets and other animals, such as washing your hands and maintaining good hygiene. For more information on the many benefits of pet ownership, as well as staying safe and healthy around animals including pets, livestock, and wildlife, visit CDC's [Healthy Pets, Healthy People website](#).

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

If you are sick with COVID-19 (either suspected or confirmed by a test), you should avoid contact with your pets and other animals, just like you would with people.

- When possible, have another member of your household care for your pets while you are sick.
- Avoid contact with your pet including petting, snuggling, being kissed or licked, sharing food, and sleeping in the same bed.
- If you must care for your pet or be around animals while you have COVID-19, [wear a mask](#) and wash your hands before and after you interact with them.

For more information visit: [What to Do if You are Sick](#).

3) 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.

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

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

5) What precautions should be taken for animals that have recently been imported from outside the United States (for example, by shelters, rescues, or as personal pets)?

Imported animals will need to meet [CDC](#) and [USDA](#) requirements for entering the United States. At this time, there is no evidence that companion animals, including pets and service animals, can spread COVID-19. As with any animal introduced to a new environment, animals recently imported should be observed daily for signs of illness. If an animal becomes ill, the animal should be examined by a veterinarian. Call your local veterinary clinic [before](#) bringing the animal into the clinic and let them know that the animal was recently imported from another country. This is a rapidly evolving situation and information will be updated as it becomes available.

6) What can I do now to be prepared to take care of my pets if I have to isolate or quarantine due to COVID-19?

COVID-19 and Animals

While the risk of animals spreading COVID-19 to people is considered to be low, 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>

7) Do I need to get my pet tested for COVID-19?

At this time, routine testing of animals for COVID-19 is not recommended.

Currently, the risk of animals spreading COVID-19 to people is considered to be low. In some situations, mostly during close contact, people have spread SARS-CoV-2 to certain types of animals, including pet cats and dogs.

Veterinarians are encouraged to consider other, more common causes of illness in animals and should use their clinical judgement when deciding whether to test animals for SARS-CoV-2. To discuss testing an animal for SARS-CoV-2 in certain circumstances, veterinarians should contact their [state public health veterinarian](#)¹ or designated state official responsible for animal-related issues in public health; and/or their [state animal health official](#)².

If public health and animal health² officials determine that testing an animal for SARS-CoV-2 is appropriate, coordination between One Health partners will be needed. Refer to [USDA's FAQs](#) for sample collection, transport, storage, and result reporting. If samples are sent to state animal health, university, or private laboratories for initial testing, duplicate samples should be collected because any positive samples must be confirmed through additional testing by USDA's National Veterinary Services Laboratories (NVSL). USDA is responsible for reporting any new animal species that test positive for SARS-CoV-2 in the United States to the [World Organisation for Animal Health \(OIE\)](#).

8) Can animals carry the virus that causes COVID-19 on their skin or fur?

Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that viruses, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of pets.

However, because animals can sometimes carry other germs that can make people sick, it's always a good idea to practice [healthy habits](#) around pets and other animals, including washing hands before and after interacting with them.

9) Are pets from a shelter safe to adopt?

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. There is no reason to think that any animals, including shelter pets, play a significant role in spreading the virus that causes COVID-19.

10) What animals can get COVID-19?

We know that companion animals like cats and dogs, big cats in zoos or sanctuaries, gorillas in zoos, mink on farms, and a few other mammals can be infected with SARS-CoV-2, but we don't yet know all of the animals that can get infected. There have been reports of animals infected with the virus worldwide. Most of these animals became infected after contact with people with COVID-19.

- A small number of pet cats and dogs have been reported to be infected with SARS-CoV-2 in several countries, including the United States. One ferret was reported positive for SARS-CoV-2 in Slovenia.
- Several animals in zoos and sanctuaries have tested positive for SARS-CoV-2, including big cats (lions, tigers, pumas, cougars, snow leopards) and non-human primates (gorillas) after showing

COVID-19 and Animals

signs of illness. It is suspected that these animals became sick after being exposed to an animal caretaker with COVID-19. In many situations, this happened despite the staff wearing personal protective equipment and following COVID-19 precautions.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. Further studies are needed to understand if and how different animals could be affected by the virus that causes COVID-19 and the role animals may play in the spread of COVID-19.

11) Can I walk my dog?

Walking a dog is important for both animal and human health and well-being. Walk dogs on a leash, maintaining at least 6 feet (2 meters) from other people and animals, do not gather in groups, and stay out of crowded places and avoid mass gatherings. To help maintain social distancing, do not let other people pet your dog when you are out for a walk.

12) What should I do if my pet gets sick and I think it's COVID-19?

Most pets that have gotten sick from the virus that causes COVID-19 were infected after close contact with a person with COVID-19. Talk to your veterinarian about any health concerns you have about your pets.

If your pet gets sick after contact with a person with COVID-19, call your veterinarian and let them know the pet was around a person with COVID-19. If you are sick with COVID-19, do not take your pet to the veterinary clinic yourself. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care. Routine testing of animals for COVID-19 is not recommended at this time.

- Have the pet stay in a designated "sick room" (such as a laundry room or extra bathroom) if possible, or otherwise be separated from people and other pets. This is the same way [a person with COVID-19 would separate from others in their household](#).
- Avoid contact with the pet as much as possible, including, petting, snuggling, being kissed or licked, and sharing food or bedding.
- If possible, provide a separate litterbox or bathroom area from other pets.
- If you have a private backyard, limit your dog to the backyard. If you must walk your dog, limit it to bathroom breaks only, stay close to your home, and keep your pet at least 6 feet away from other pets and people. Do not let other people touch or interact with your dog.
- Cats should be kept inside. Do not allow cats that have tested positive for the virus that causes COVID-19 to roam outside.
- Wear gloves when cleaning up after your pet, and place feces (poop) or litterbox waste in a sealed bag before disposing in a trashcan lined with a trash bag. **Always wash your hands with soap and water immediately after cleaning up after your pet.** There is no evidence to suggest that waste from infected pets needs any additional disinfection.
- Provide bedding, bowls or containers, treats, and toys that are separate from those used by other people or animals in the household.
- Disinfect bowls, toys, and other animal care items with an [Environmental Protection Agency-registered disinfectant](#) and rinse thoroughly with clean water afterwards.
- Soft items like towels, blankets, and other bedding, can be [safely laundered](#) and reused. Dirty laundry that has been in contact with an ill animal can be washed with other items.

COVID-19 and Animals

It is important to keep track of your pet's symptoms during home isolation. If you think your pet has new symptoms or is getting worse, call your veterinarian.

Pets sick with the virus that causes COVID-19 may have:

- Fever
- Coughing
- Difficulty breathing or shortness of breath
- Lethargy (unusual laziness or sluggish)
- Sneezing
- Runny nose
- Eye discharge
- Vomiting
- Diarrhea

Follow all care instructions from your veterinarian. Your veterinarian may have you keep a written log of your pet's symptoms.

If your pet develops new symptoms or seems to be getting worse, including having trouble breathing, you should call your veterinarian right away. Your veterinarian may be able to advise you over the phone or may tell you to bring your pet to their clinic or go to another clinic that can better care for your pet.

13) Can wild animals spread the virus that causes COVID-19 to people or pets?

Currently, there is no evidence to suggest the virus that causes COVID-19 is circulating in free-living wildlife in the United States, or that wildlife might be a source of infection for people in the United States.

If a wild animal were to become infected with the virus, we don't know whether the infection could then spread among wildlife or if it could spread to other animals, including pets. Further studies are needed to understand if and how different animals, including wildlife, could be affected by COVID-19. Because wildlife can carry other diseases, even without looking sick, it is always important to enjoy wildlife from a distance.

Take steps to prevent getting sick from wildlife in the United States:

- Keep your family, including pets, a safe distance away from wildlife.
- Do not feed wildlife or touch wildlife droppings.
- Always wash your hands and supervise children washing their hands after working or playing outside.
- Leave orphaned animals alone. Often, the parents are close by and will return for their young.
- Consult your state wildlife agency's guidance if you are preparing or consuming legally harvested game meat.
- Do not approach or touch a sick or dead animal – contact your state wildlife agency instead.

14) Can bats in United States get the virus that causes COVID-19, and can they spread it back to people?

Other coronaviruses have been found in North American bats in the past, but there is currently no evidence that the virus that causes COVID-19 is present in any free-living wildlife in the United States, including bats. In general, coronaviruses do not cause illness or death in bats, but we don't yet know if

COVID-19 and Animals

this new coronavirus would make North American species of bats sick. Bats are an important part of natural ecosystems, and their populations are already declining in the United States. Bat populations could be further threatened by the disease itself or by harm inflicted on bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by COVID-19.

15) Should I worry about my pet cat?

We are still learning about this virus and how it spreads, but it appears it can spread from humans to animals in some situations. CDC is aware of a small number of pets, including cats, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Most of these animals had contact with a person with COVID-19. A tiger at a New York zoo has also tested positive for the virus that causes COVID-19.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited data available, the risk of animals spreading COVID-19 to people is considered to be low. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with pets.

16) Is hunter-harvested game meat safe to eat during the COVID-19 pandemic?

Currently, there is no evidence that you can get infected with the virus that causes COVID-19 by eating food, including wild hunted game meat. However, hunters can get infected with other diseases when processing or eating game. Hunters should always practice good hygiene when processing animals by following these food safety recommendations:

- Do not harvest animals that appear sick or are found dead.
- Keep game meat clean and cool the meat down as soon as possible after harvesting the animal.
- Avoid cutting through the backbone and spinal tissues and do not eat the brains of any wild animal.
- When handling and cleaning game:
 - Wear rubber or disposable gloves.
 - Do not eat, drink, or smoke.
- When finished handling and cleaning game:
 - Wash your hands thoroughly with soap and water.
 - Clean knives, equipment, and surfaces that were in contact with game meat with soap and water and then disinfect them. While these recommendations apply to general food safety practices, if you are concerned about COVID-19, you may use a product on the [EPA list of disinfectants for use against the COVID-19 virus](#).
- Cook all game meat thoroughly ([to an internal temperature of 165°F or higher](#)).
- Check with your state wildlife agency regarding any testing requirements for other diseases and for any specific instructions regarding preparing, transporting, and consuming game meat.

17) Can I take my dog to daycare or a groomer?

Until we know more about how this virus affects animals, CDC encourages pet owners to treat pets as you would other human family members to protect them from possible infection. This means limiting

COVID-19 and Animals

contact between pets and people or animals outside the household as much as possible and avoiding places where large numbers of animals and people gather.

Some areas are allowing groomers and boarding facilities such as dog daycares to open. If you must take your pet to a groomer or boarding facility, follow any protocols put into place at the facility, such as wearing a mask and maintaining at least 6 feet of space between yourself and others if possible.

Limit pet items brought from home to the groomer or boarding facility, and disinfect any objects that are taken into a facility and returned home (such as leashes, bowls, and toys). Use an [EPA-registered disinfectant](#) to clean items and rinse thoroughly with clean water afterwards. **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian.

Do not put masks on pets, and do not take a sick pet to a groomer or boarding facility. Signs of sickness in animals may include:

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

If you think your pet is sick, call your veterinarian. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care.

18) Can I take my dog to a dog park?

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

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

- Do not take your dog to a dog park if you are [sick](#) or if you have recently been in close contact with a person with COVID-19.
- Do not take your dog to a dog park if your dog is sick. Signs of sickness in dogs may include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, discharge from the nose or eyes, vomiting, or diarrhea.
- If your dog has [tested positive](#) for the virus that causes COVID-19, talk to your veterinarian about when it is appropriate for your pet to go back to normal activities.
- Try to limit your dog's interaction with other people outside of your household while at the dog park.

COVID-19 and Animals

- As much as possible, avoid touching common items in the dog park like water bowls. [Wash your hands](#) or use hand sanitizer after touching items from the park. To make sure your dog has fresh water, consider bringing your own portable water bowl.
- Limit other pet items brought to the dog park, such as toys. [Clean and disinfect](#) anything taken to the park and returned home (leashes, toys, water bowls).
- Do not wipe or bathe your dog with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian.

19) What should I do if there are pets at my long-term care facility or assisted living facility?

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. However, it appears that the virus that causes COVID-19 can spread from people to animals after close contact with people with COVID-19.

Until we learn more about how this virus affects animals, use similar precautions for pets and other animals in your facility as you would for other people in your facility. This will help protect both people and pets in your facility from COVID-19.

- Do not let pets in the facility interact with sick people.
- Pets or other animals should not be allowed to roam freely around the facility.
- Residents should avoid letting their pets interact with people as much as possible.
- Dogs should be walked on a leash at least 6 feet (2 meters) away from others.
- People sick with COVID-19 should **avoid contact with pets and other animals**.
- Do not allow pets into common areas of the facility such as cafeterias and social areas.

Talk to a veterinarian [if a pet in your facility gets sick](#) or if you have any concerns about the health of any pets in the facility. If you think a pet in the facility was exposed to or is showing [signs](#) consistent with COVID-19, contact your [state health official](#) to discuss guidance on testing pets or other animals for the virus that causes COVID-19.

People who are at [higher risk for severe illness](#) from COVID-19 should avoid providing care for sick pets, if possible.

20) Can I use hand sanitizer on pets?

Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or other products, such as hand sanitizer, counter-cleaning wipes, or other industrial or surface cleaners. If you have questions about appropriate products for bathing or cleaning your pet, talk to your veterinarian. If your pet gets hand sanitizer on their skin or fur, rinse or wipe down your pet with water immediately. If your pet ingests hand sanitizer (such as by chewing the bottle) or is showing signs of illness after use, contact your veterinarian or pet poison control immediately.

21) Can the virus that causes COVID-19 get back into the environment from wastewater and infect wildlife?

SARS-CoV-2 (the virus that causes COVID-19) can be shed in the feces of people with COVID-19. Genetic material from SARS-CoV-2 has been found in [untreated wastewater](#). However, while data are limited, there is little evidence of infectious virus in wastewater, and no information to date that anyone has become sick with COVID-19 because of exposure to wastewater. It is possible that wildlife could become infected with SARS-CoV-2 from contact with untreated wastewater, but evidence from studies of

COVID-19 and Animals

virus infectivity in feces and survival in wastewater suggests that this transmission route is unlikely to occur.

Businesses

1) What should I do if an employee comes to work with COVID-19 symptoms?

Employees who have symptoms when they arrive at work or become sick during the day should immediately be separated from other employees, customers, and visitors and sent home. Employees who develop symptoms outside of work should notify their supervisor and stay home.

Sick employees should follow [CDC-recommended steps to help prevent the spread of COVID-19](#). Employees should not return to work until they have met the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider.

Employers should not require sick employees to provide a COVID-19 test result or healthcare provider's note to validate their illness, qualify for sick leave, or return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

2) What should I do if an employee is suspected or confirmed to have COVID-19?

In most cases, you do not need to shut down your facility. But do close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- Follow the [CDC cleaning and disinfection recommendations](#):
 - Clean dirty surfaces with soap and water before disinfecting them.
 - To disinfect surfaces, use [products that meet EPA criteria for use against SARS-Cov-2](#), the virus that causes COVID-19, and are appropriate for the surface.
 - Be sure to follow the instructions on the product labels to ensure safe and effective use of the product.
 - You may need to wear additional personal protective equipment (PPE) depending on the setting and disinfectant product you are using.

In addition to cleaning and disinfecting, employers should determine which employees may have been exposed to the virus and need to take additional precautions:

- 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 who test positive for COVID-19 (using a viral test, not an antibody test) should be excluded from work and [remain in home isolation](#) if they do not need to be hospitalized. Employers should provide education to employees on [what to do if they are sick](#).
- Employers may need to [work with local health department officials](#) to determine which employees may have had close contact with the employee with COVID-19 and who may need to take [additional precautions](#), including exclusion from work and remaining at home.
- Most workplaces should follow the [Public Health Recommendations for Community-Related Exposure](#) and instruct potentially exposed employees to stay home for 14 days, telework if possible, and self-monitor for [symptoms](#).
- Critical infrastructure workplaces should follow the guidance [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#).

Businesses

Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until they have met the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider. [Antibody test](#) results should not be used to make decisions about returning persons to the workplace.

3) If employees have been exposed but are not showing symptoms, should I allow them to work?

Employees may have been exposed if they are a “close contact” of someone who’s infected, which is defined as being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time:

- Potentially exposed employees who **have** symptoms of COVID-19 should self-isolate and follow [CDC recommended steps](#).
- Potentially exposed employees who **do not have** symptoms and are unvaccinated or are more than 5 months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted should remain at home or in a comparable setting and practice social distancing for 5 day followed by strict mask use for an additional 5 days.
- Potentially exposed employees who **do not have** symptoms and have received their booster shot do not need to quarantine but should get tested 5 days after exposure.

All other employees should self-monitor for symptoms and wear masks when in public. If they develop symptoms, they should notify their supervisor and stay home.

See [Public Health Recommendations for Community-Related Exposure](#) for more information.

To ensure continuity of operations of essential functions, CDC advises that [critical infrastructure workers](#) may be permitted to continue work following potential exposure to COVID-19, provided they remain symptom-free and additional precautions are taken to protect them and the community.

- Critical infrastructure businesses have an obligation to limit, to the extent possible, the reintegration of in-person workers who have been exposed to COVID-19 but remain symptom-free in ways that best protect the health of the worker, their co-workers, and the general public. Remaining at home for 5 days may still be the most preferred and viable option for exposed employees.
- An analysis of core job tasks and workforce availability at worksites can allow the employer to match core activities to other equally skilled and available in-person workers who have not been exposed.
- A critical infrastructure worker who is symptom-free and returns to work should wear a cloth face covering at all times while in the workplace for 10 days after last exposure. Employers can issue masks or can approve employees’ supplied masks in the event of shortages.

See [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#) for more information.

4) What should I do if I find out several days later, after an employee worked, that they were diagnosed with COVID-19?

- If it has been **less than 7 days** since the sick employee used the facility, clean and disinfect all areas used by the sick employee following the [CDC cleaning and disinfection recommendations](#).
- If it has been **7 days or more** since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Businesses

- Other employees may have been exposed to the virus if they were in “close contact” (within approximately 6 feet or 2 meters of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) of the sick employee for a prolonged period of time.
 - 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).
 - Those who have symptoms should self-isolate and follow [CDC recommended steps](#).
 - Critical infrastructure workers should follow [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). A critical infrastructure worker who is symptom-free and returns to work should wear a mask at all times while in the workplace for 10 days after last exposure. Employers can issue facemasks or can approve employees’ supplied masks in the event of shortages.
- Employees not considered exposed should self-monitor for symptoms. If they develop symptoms, they should notify their supervisor and stay home.

5) When should an employee suspected or confirmed to have COVID-19 return to work?

Sick employees should follow [steps to prevent the spread of COVID-19](#). Employees should not return to work until they meet the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider.

Employers should not require sick employee to provide a negative COVID-19 test result or healthcare provider’s note to return to work. Employees with COVID-19 who have stayed home can stop home isolation and return to work when they have met one of the sets of criteria found: [here](#).

If you had COVID-19 and had [symptoms](#), isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.

- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
- You should continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
- If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Continue to wear a [well-fitting mask](#). Contact your healthcare provider if you have questions.

6) What should I do if an employee has a respiratory illness?

Employees who appear to have COVID-19 symptoms upon arrival to work or become sick during the day with COVID-19 symptoms should immediately be separated from other employees, customers, and visitors and sent home.

CDC has a [symptom self-checker](#) chatbot that employers and employees may find helpful. It has a series of questions and recommends what level of medical care, if any, the user should seek. It is not intended to provide diagnosis or treatment.

Businesses

7) What does “acute” respiratory illness mean?

“Acute” respiratory illness is an infection of the upper or lower respiratory tract that may interfere with normal breathing, such as COVID-19. “Acute” means of recent onset (for example, for a few days), and is used to distinguish from chronic respiratory illnesses like asthma and chronic obstructive pulmonary disease (COPD).

8) Are allergy symptoms considered an acute respiratory illness?

No. Allergy symptoms are not considered an acute respiratory illness. However, there is some overlap between common seasonal allergy symptoms and some of the symptoms that have been reported by people with COVID-19 (e.g., headache, sneezing, cough). It is important to take into account whether an individual’s symptoms are compatible with the usual symptoms and timing for allergy in that person.

9) How do I keep employees who interact with customers safe?

To keep your employees safe, you should:

- Consider options to increase physical space between employees in work areas and between employees and customers such as opening a drive-through, erecting partitions, and marking floors to guide spacing at least six feet apart.
- At least once a day [clean and disinfect](#) surfaces frequently touched by multiple people. This includes door handles, desks, phones, light switches, and faucets.
- Consider assigning a person to rotate throughout the workplace to clean and disinfect surfaces.
- Consider scheduling handwashing breaks so employees can wash their hands with soap and water for at least 20 seconds. Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Consider scheduling a relief person to give cashiers and service desk workers an opportunity to wash their hands.
- Evaluate building [ventilation systems](#) and consider upgrades or improvements.
- Consider implementing flexible sick leave and supportive policies and practices.
- Additional information on how to keep employees safe can be found in the [CDC Guidance for Businesses and Employers](#).

10) What can be done to protect employees who cannot maintain social distancing of at least 6 feet from other employees or customers?

Evaluate your workplace to identify situations where employees cannot maintain a distance of at least 6 feet from each other and/or customers. Use appropriate combinations of controls following the [hierarchy of controls](#) to address these situations to limit the spread of COVID-19. A committee of both employees and management may be the most effective way to recognize all of these scenarios.

It is important to note that control recommendations or interventions assigned to reduce the risk of spreading COVID-19 must be compatible with any safety programs and personal protective equipment (PPE) normally required for the job task.

Approaches to consider may include the following:

Alter the workspace using engineering controls to prevent exposure to the virus that causes COVID-19.

- Make sure the workspace is [well-ventilated](#).
- Change the alignment of workstations where feasible. For example, redesign workstations so employees are not facing each other.
- Consider making foot traffic one-way in narrow or confined areas, such as aisles and stairwells, to encourage single-file movement at a 6-foot distance.

Businesses

- Set up, where possible, physical barriers between employees, and between employees and customers.
 - Use strip curtains, plastic barriers, or similar materials to create impermeable dividers or partitions.
- Move electronic payment terminals/credit card readers farther away from the cashier to increase the distance between the customer and the cashier.
- Use visual cues such as floor decals, colored tape, and signs to remind employees to maintain distance of 6 feet from others, including at their workstation and in break areas.
 - Consider these cues for customers as well, such as at the entrance or checkout line.
- Place handwashing stations or [hand sanitizers](#) with at least 60% alcohol throughout the workplace for employees and customers.
 - Use touch-free stations where possible.
 - Make sure restrooms are well-stocked with soap and paper towels.

Provide training and other administrative policies to prevent the spread of COVID-19.

- All employees should have a basic understanding of COVID-19, [how the disease spreads](#), [symptoms](#), and ways to prevent or minimize the spread.
- Trainings should cover the importance of social distancing (maintaining a distance of at least 6 feet), [wearing masks](#) appropriately, [covering coughs and sneezes](#), [washing hands](#), [cleaning and disinfecting high-touch surfaces](#), not sharing personal items or tools/equipment unless absolutely necessary, and not touching the face, mouth, or eyes.
- Employees should be encouraged to go home or stay home if they feel sick. Ensure that sick leave policies are flexible and consistent with [local public health](#) guidance, and that employees are aware of and understand these policies.

Use masks as appropriate.

- Recommend employees wear masks, especially if they are not fully vaccinated.
 - Masks are intended to protect other people—not the wearer. They are not considered PPE.
 - Train employees how to [put on and take off masks](#) to avoid contamination.
 - Masks should be washed and dried after each use.
 - Masks should not be worn if their use creates a new risk (e.g., interferes with driving or vision, contributes to heat-related illness) that exceeds their benefit of slowing the spread of the virus.
- Recommend that visitors to the workplace (service personnel, customers) also wear masks.

Personal Protective Equipment (PPE)

PPE is the last step in the hierarchy of controls because it is harder to use effectively than other measures. To be protective and not introduce an additional hazard, the use of PPE requires characterization of the environment, knowledge of the hazard, training, and consistent correct use. This is why administrative and engineering controls are emphasized in guidance to slow the spread of COVID-19. In the current pandemic, use of PPE such as surgical masks or N-95 respirators is being prioritized for healthcare employees and other medical first responders, as recommended by current [CDC guidance](#) unless they were required for the job before the pandemic.

11) How can I help protect employees who may be at higher risk for severe illness?

Businesses

Have conversations with employees if they express concerns. Some people may be at [higher risk of severe illness](#). This includes [older adults](#) (65 years and older) and people of any age with serious underlying medical conditions. By using strategies that help prevent the spread of COVID-19 in the workplace, you will help protect all employees, including those at higher risk. These strategies include:

- Implementing telework and other social distancing practices
- Actively encouraging employees to stay home when sick
- Promoting handwashing
- Providing supplies and appropriate personal protective equipment (PPE) for cleaning and disinfecting workspaces
- Requiring all employees to wear masks

In workplaces where it's not possible to eliminate face-to-face contact (such as retail), consider assigning higher risk employees work tasks that allow them to maintain a 6-foot distance from others, if feasible.

Employers should not require employees to provide a note from their healthcare provider when they are sick and instead allow them to inform their supervisors or employee health services when they have conditions that put them at higher risk for diseases.

12) When is a mask not appropriate while at work, and what can employees wear instead?

Masks can prevent the wearer from spreading COVID-19 to others, but they may not always be appropriate. Employees should consider using an alternative under certain conditions at work, including:

- If they have trouble breathing.
- If they are unable to remove it without help.
- If it interferes with vision, glasses, or eye protection.
- If straps, strings, or other parts of the covering could get caught in equipment.
- If other work hazards associated with wearing the covering are identified and cannot be addressed without removal of the face covering.

Masks should **not** be worn if their use creates a new risk (e.g., interferes with driving or vision, contributes to heat-related illness) that exceeds their benefit of slowing the spread of the virus.

The Occupational Safety and Health Administration ([OSHA](#)) suggests that an employee wear a face shield if a mask is recommended but the employee cannot tolerate wearing a mask. If used, a face shield should cover the entire front and sides of the face and extend below the chin.

13) What does source control mean?

Source control is a term used to describe measures (e.g., masks or face shields) intended to prevent people with COVID-19 from spreading the disease to others. COVID-19 is spread through droplets produced when an infected person coughs, sneezes, or talks. Evidence suggests that people who have mild symptoms or no symptoms can spread it to others without realizing they are infected. Masks and face shields are types of source control that provide a barrier between droplets produced from a potentially infected person and other people, reducing the likelihood of transmitting the virus.

14) Are masks the same as personal protective equipment (PPE)?

No, masks are not PPE. These face coverings are not respirators and are not appropriate substitutes for them in workplaces where respirators are recommended or required for respiratory protection.

15) How should masks worn at work be handled, stored, and washed?

Businesses

When wearing a mask it should fit over the nose and mouth, fit snugly but comfortably against the side of the face, and be secured with ties or ear loops. The mask should allow the wearer to breathe without restriction.

Employees should avoid touching their eyes, nose, or mouth as well as the inside or outside of the face covering while putting on, wearing, and removing it. When putting on and removing it, they should only touch the ties or ear loops.

If storing the mask while at work, employees should place the used mask into a container or paper bag labeled with the employee's name.

Masks should not be shared with others unless they are washed and dried first.

If the cloth face covering becomes wet, visibly soiled, or contaminated at work, it should be removed and stored to be laundered later. The employee should put on a clean cloth face covering or disposable face mask. If masks are provided by the employer, a clean face covering should be issued to replace the soiled one.

Employees should wash hands with soap and water for at least 20 seconds before and after putting on, touching, or removing masks. If soap and water are not available, they should use a hand sanitizer with at least 60% alcohol.

[Laundry](#) instructions depend on the cloth used to make the face covering. In general, masks should be washed regularly (e.g., daily after each shift) using water and a mild detergent and dried completely in a hot dryer. If a washing machine and dryer are not available, an alternative is to soak the cloth face covering in a diluted bleach (0.1%) solution, rinse, and air dry completely. Hands should be washed before laundering the masks.

16) How often should my employees wash their hands while at work?

CDC recommends employees protect themselves from respiratory illness with everyday preventive actions, including good [hand hygiene](#). Employees should wash hands often with soap and water for at least 20 seconds, or use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available, especially during key times when persons are likely to be infected by or spread germs:

- After blowing one's nose, coughing, or sneezing
- Before, during, and after preparing food
- After using the toilet
- After touching garbage
- Before and after the work shift
- Before and after work breaks
- After touching objects that have been handled by customers

17) What can I tell my employees about reducing the spread of COVID-19 at work?

Employees should take the following [steps to protect themselves](#) at work:

- Follow the policies and procedures of the employer related to illness, use of masks, cleaning and disinfecting, and work meetings and travel.
- Stay home if sick, except to get medical care.
- Practice social distancing by keeping at least 6 feet away from fellow co-employees, customers, and visitors when possible.

Businesses

- Wear masks, especially when social distancing is not possible and the employee is not fully vaccinated.
- Employees should inform their supervisor if they or their colleagues develop [symptoms](#) at work. No one with COVID-19 [symptoms](#) should be present at the workplace.
- Wash hands often with soap and water for at least 20 seconds, especially after blowing noses, [coughing, or sneezing](#), or having been in a public place.
 - Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose, and mouth.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc.
- Minimize handling cash, credit cards, and mobile or electronic devices when possible.
- Avoid all non-essential travel.
- Where possible, avoid direct physical contact such as shaking hands with people

18) Should we be screening employees for COVID-19 symptoms (such as temperature checks)?

What is the best way to do that?

Screening employees is an optional strategy that employers may use. Performing screening or health checks will not be completely effective because asymptomatic individuals or individuals with mild non-specific symptoms may not realize they are infected and may pass through screening. Screening and health checks are not a replacement for other protective measures such as social distancing.

Consider encouraging individuals planning to enter the workplace to self-screen prior to coming onsite and not to attempt to enter the workplace if any of the following are present:

- [Symptoms](#) of COVID-19
- Fever equal to or higher than 100.4°F*
- Are under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection)
- Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation

*A lower temperature threshold (e.g., 100.0°F) may be used, especially in healthcare settings.

Content of screening questions: If you decide to actively screen employees for symptoms rather than relying on self-screening, consider which symptoms to include in your assessment. Although there are [many different symptoms that may be associated with COVID-19](#), you may not want to treat every employee with a single non-specific symptom (e.g., a headache) as a suspect case of COVID-19 and send them home until they meet [criteria for discontinuation of isolation](#).

Consider focusing the screening questions on “new” or “unexpected” symptoms (e.g., a chronic cough would not be a positive screen). Consider including these symptoms:

- Fever or feeling feverish (chills, sweating)
- New cough
- Difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell

Businesses

Protection of screeners: There are several methods that employers can use to protect the employee conducting the screening. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others), or physical barriers to eliminate or minimize the screener's exposures due to close contact with a person who has symptoms during screening. Examples to consider that incorporate these types of controls for temperature screening include:

- **Reliance on Social Distancing:** Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace. Upon their arrival, stand at least 6 feet away from the employee and:
 - Ask the employee to confirm that their temperature is less than 100.4° F (38.0° C) and confirm that they are not experiencing coughing or shortness of breath.
 - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
 - Screening staff do not need to wear personal protective equipment (PPE) if they can maintain a distance of 6 feet.
- **Reliance on Barrier/Partition Controls:** During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the employee sneezes, coughs, or talks. Upon arrival, the screener should wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer with at least 60% alcohol. Then:
 - Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue.
 - Conduct temperature and symptom screening using this protocol:
 - Put on disposable gloves.
 - Check the employee's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.
 - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, clean and disinfect them according to manufacturer's instructions and facility policies.
 - Remove and discard PPE (gloves), and wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

If social distance or barrier controls cannot be implemented during screening, PPE can be used when the screener is within 6 feet of an employee during screening. However, reliance on PPE alone is a less effective control and more difficult to implement given PPE shortages and training requirements.

- **Reliance on Personal Protective Equipment (PPE):** Upon arrival, the screener should wash their hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol, put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with an employee is anticipated. Then:

Businesses

- Make a visual inspection of the employee for signs of illness, which could include flushed cheeks or fatigue, and confirm that the employee is not experiencing coughing or shortness of breath.
- Take the employee's temperature.
 - **If performing a temperature check on multiple individuals, make sure that you use a clean pair of gloves for each employee and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and you did not have physical contact with an individual, you do not need to change gloves before the next check. If non-contact thermometers are used, you should clean and disinfect them according to manufacturer's instructions and facility policies.
- After each screening or after several screenings, where you did not have physical contact with an individual, remove and discard PPE and wash hands with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

19) How do I handle personal protective equipment (PPE) waste?

Discard PPE into a trash can. Facility waste does not need disinfection.

20) What is social distancing and how can my workplace do that?

Social distancing means avoiding [large gatherings](#) and maintaining distance (at least 6 feet or 2 meters) from others when possible. Strategies that businesses could use include:

- Allowing flexible worksites (such as telework)
- Allowing flexible work hours (such as staggered shifts)
- Increasing physical space between employees at the worksite
- Increasing physical space between employees and customers (such as a drive-through and partitions)
- Implementing flexible meeting and travel options (such as postponing non-essential meetings or events)
- Delivering services remotely (e.g., phone, video, or web)
- Delivering products through curbside pick-up or delivery

21) I don't provide paid sick leave to my employees. What should I do?

Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive "emergency sick leave" policies. Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.

22) Should I require employees to provide a doctor's note or positive COVID-19 test result?

Employers should not require sick employees to provide a COVID-19 test result or a healthcare provider's note to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.

23) Should I cancel my meetings and conferences?

Carefully consider whether travel is necessary, and use videoconferencing or teleconferencing when possible for work-related meetings and gatherings. Employers should consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person. Follow [CDC guidance for events and mass gatherings](#) and consider resuming non-essential travel in accordance with state and local regulations and guidance.

Businesses

When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces, and space chairs at least 6 feet apart. Encourage staff and attendees to stay home if sick.

24) What measures should be taken to protect an employee who must travel for work?

Although [travel](#) should be minimized as much as possible during the COVID-19 pandemic, many jobs require travel, and it may not be possible to conduct certain job duties using virtual tools. The following measures may be taken to protect employees while traveling:

- Schedule travel to limit the distance travelled and need for overnight lodging.
- If multi-day travel is necessary, coordinate with travel preparers to identify hotels that disinfect rooms between stays and regularly disinfect surfaces in common areas.
- Provide employees with forms of transportation that minimize close contact with others such as fleet vehicles or rental vehicles.
- If public transportation is used, ask employees to follow the CDC guidance on how to [protect yourself when using transportation](#).
- If flying is necessary, select seats on flights that provide the greatest distance between other travelers and choose direct flights, if possible.
- Disinfect surfaces of rental cars or fleet vehicles (e.g., steering wheel, shifter, arm rests, etc.) between each use, using products that meet [EPA's criteria for use against SARS-CoV-2external icon](#).
- Make sure employees are provided with the necessary supplies and understand protective measures they can take while traveling. These measures include:
 - Maintain a distance of at least 6 feet from other people (social distancing) as much as possible during travel.
 - Wear [masks](#) when a distance of 6 feet is difficult to maintain, such as in airports, airplanes, and public transportation.
 - Use disinfecting wipes to clean commonly touched surfaces inside vehicles and airplanes.
 - Consider ordering food for pickup or delivery rather than eating out at restaurants.
 - Wash hands or use hand sanitizer regularly.
- Ensure that employees know that if they get sick they should stay home (not travel) or return home (if traveling) provided it is feasible for them to travel without endangering themselves or others.
- Make sure employees know who to contact if they are sick.

For more information, see [CDC guidance for travel in the United States](#)

25) How do I clean and disinfect machinery or equipment?

Current evidence, though still preliminary, suggests that SARS-CoV-2, the virus that causes COVID-19, may remain viable for hours to days on surfaces made from a variety of materials. 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.

If the machinery or equipment in question are not accessible to employees or have not been in contact with someone infected with COVID-19, they will not present an exposure hazard.

If machinery or equipment are thought to be contaminated and can be cleaned, follow the [CDC cleaning and disinfection recommendations](#). First clean dirty surfaces with soap and water. Second, disinfect surfaces using [products that meet EPA's criteria for use against SARS-Cov-2](#) and are appropriate for the surface.

Businesses

If machinery or equipment are thought to be contaminated and **cannot** be cleaned, they can be isolated. Isolate papers or any soft (porous) surfaces for a minimum of 24 hours before handling. After 24 hours, remove soft materials from the area and clean the hard (non-porous) surfaces per the cleaning and disinfection recommendations. Isolate hard (non-porous) surfaces that cannot be [cleaned and disinfected](#) for a minimum of 7 days before handling.

26) How can I safely use cleaning chemicals?

Follow [safe work practices when using cleaning chemicals](#):

- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on the setting and product you are using.
- Never mix household bleach with ammonia or any other cleaner.
- Make sure that employees know which cleaning chemicals must be diluted and how to correctly dilute the cleaners they are using.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200external icon](#)).
- Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, and contact time.

27) In addition to cleaning and disinfecting, what can I do to decrease the spread of disease in my workplace?

Employers can also:

- Provide tissues and no-touch disposal receptacles.
- Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that contains at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.
- Place hand sanitizer in multiple locations to encourage good [hand hygiene](#) practices.
- Place [posters](#) that encourage staying home when sick, the importance of hand hygiene, and coughing and sneezing etiquette at the entrance to your workplace and in other workplace areas where employees are likely to see them.
- Discourage handshaking

28) Should I adjust my ventilation system?

The risk of spreading the virus that causes COVID-19 through ventilation systems has not been studied, but is likely low. Routine HVAC maintenance is recommended. Although it is never the first line of prevention, consider general ventilation adjustments in your workplace, such as increasing ventilation and increasing the amount of outdoor air used by the system. Maintain the indoor air temperature and humidity at comfortable levels for building occupants.

29) How should restrooms be cleaned and disinfected?

CDC and the Environmental Protection Agency (EPA) have jointly developed guidance for [cleaning and disinfecting public spaces](#), including restrooms. Employers should develop a plan for routine cleaning and disinfection, including the regular cleaning and disinfection of high-touch surfaces such as doorknobs, faucets, toilets, and other restroom furnishings.

Custodial staff should wear personal protective equipment (PPE) based on the setting and cleaning product they are using. To protect your staff and ensure that the products are used effectively, staff should

Businesses

be instructed on how to apply the disinfectants according to label instructions and precautions. Consider posting a cleaning schedule in the restrooms and marking off when each round of cleaning is completed.

30) If I shut down my facility as a result of a COVID-19 case or outbreak, what is the recommended way to clean and disinfect, and what is the appropriate timeframe to resume operations?

- Follow CDC guidance for [cleaning and disinfection](#).
- Wait 24 hours before cleaning and disinfecting to minimize potential for exposure to respiratory droplets. If 24 hours is not feasible, wait as long as possible.
- Open outside doors and windows to increase air circulation in the area.

Cleaning staff should clean and disinfect all areas including offices, bathrooms, and common areas, focusing especially on frequently touched surfaces.

- Clean dirty surfaces with soap and water prior to disinfection.
- Next, disinfect surfaces using [products that meet EPA's criteria for use against SARS-Cov-2](#), the virus that causes COVID-19, and that are appropriate for the surface.
- Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method, contact time, and required PPE.

Operations can resume as soon as the cleaning and disinfection are completed.

31) Does germicidal ultraviolet (GUV) disinfection kill the virus that causes COVID-19?

Yes. Germicidal Ultraviolet (GUV), or Ultraviolet Germicidal Irradiation (UVGI), is a disinfection tool used in many different settings, such as residential, commercial, educational, and healthcare. The technology uses ultraviolet (UV) energy to inactivate (kill) microorganisms, including viruses, when designed and installed correctly.

There is still a lot to learn about SARS-CoV-2, the virus that causes COVID-19, and the possibility of airborne viral particles and spread. However, GUV can inactivate viruses in the air and on surfaces*. The design and sizing of effective GUV disinfection systems requires specific knowledge and experience.

Be sure to seek consultation with a reputable GUV manufacturer or an experienced GUV system designer prior to installing GUV systems. These professionals can assist by doing necessary calculations, making fixture selections, properly installing the system, and testing for proper operation specific to the setting.

*Note: CDC's recommendation for primary surface disinfection in occupied environments is to follow the [CDC/EPA guidance for surface disinfection](#).

32) What are types of germicidal ultraviolet (GUV) for cleaning and disinfection in the workplace?

Upper-room GUV

Upper-room (or upper-air) GUV uses specially designed GUV fixtures mounted on walls or ceilings to create a disinfection zone of ultraviolet (UV) energy that is focused up and away from people. These fixtures disinfect air as it circulates from mechanical ventilation, ceiling fans, or natural air movement. The advantage of upper-room GUV is that it disinfects the air closer to and above people who are in the room. Since the 1980s, GUV systems have been widely used for control of tuberculosis (TB). The CDC guidance [Environmental Control for Tuberculosis: Basic Upper-Room Ultraviolet Germicidal Irradiation Guidelines for Healthcare Settings](#) provides information on appropriate GUV system design, related safe operation, and maintenance.

Businesses

Based on data from other human coronaviruses, a GUV system designed to protect against the spread of TB should be effective at inactivating SARS-CoV-2, the virus that causes COVID-19, and therefore prevent spread. GUV systems usually require a few GUV fixtures to be effective. For example, a rectangular-shaped waiting room with 10–30 occupants will require 2–3 upper-air GUV fixtures. Of note, the potential for reflection of UV energy into the lower occupied space is a potential safety concern with upper-room GUV systems. However, a reputable GUV manufacturer or an experienced GUV system designer should know the precautionary techniques to prevent harmful UV exposures to people in the space. [**Potential Application:** Can be used in any indoor environment; most useful in spaces highly occupied with people who are or may be sick.]

- **In-Duct GUV**

In-duct GUV systems are installed within a heating, ventilation, and air-conditioning (HVAC) system. These systems are designed to serve one of two purposes:

Coil treatment GUV keeps HVAC coils, drain pans, and wetted surfaces free of microbial growth. These devices produce relatively low levels of UV energy. This energy is continually delivered 24 hours a day, which is why they are effective. Coil treatment GUV devices are not designed for disinfecting the air and should not be installed for the purpose of air disinfection. [**Potential Application:** Can be used to reduce HVAC maintenance and improve operational efficiency within large, commercial HVAC systems or residential HVAC systems; not recommended for inactivating airborne pathogens.]

Air disinfection GUV systems can be effective at inactivating airborne pathogens as they flow within the HVAC duct. HVAC air disinfection GUV systems generally require more powerful UV lamps or a greater number of lamps, or both, to provide the necessary GUV required to inactivate pathogens in a short period of time. Air disinfection systems are often placed downstream of the HVAC coils. This location keeps the coil, drain pan, and wetted surfaces free of microbial growth and also disinfects the moving air. [**Potential Application:** Can be used inside any HVAC system to disinfect infectious airborne pathogens.]

- **Far-UV (or Far-UVC)**

Far-UV is one of many emerging technologies that have become popular during the COVID-19 pandemic. While standard GUV fixtures emit UV energy at a wavelength around 254 nanometers (nm), far-UV devices use different lamps to emit UV energy at a wavelength around 222 nm. Aside from the wavelength, a major difference between the two technologies is that standard GUV systems are specifically designed to avoid exposing people to the UV energy, while many far-UV devices are marketed as safe for exposing people and their direct environment to UV energy. A review of peer-reviewed literature indicates that far-UV wavelengths can effectively inactivate microorganisms, including human coronaviruses, when appropriate UV doses are applied. Questions remain about the mechanisms of killing microorganisms and overall safety. Far-UV might prove to be effective at disinfecting air and surfaces, without some of the safety precautions required for standard GUV. Far-UV devices are best viewed as new and emerging technology. [**Potential Application:** Yet to be determined.]

Consumers considering an emerging technology such as Far-UV can research the proposed system. Ask the vendor to provide proof of effectiveness and performance that demonstrates a clear protective benefit. Engage with a ventilation engineer, and if the engineer recommends installing such a system, obtain a guarantee as to expected disinfection performance. When

Businesses

evaluating evidence of system effectiveness, place emphasis on research publications over anecdotal claims and consider the following questions:

- Are there independent studies that prove the desired performance of the technology?
- Did the study environments represent your environment and intended use?
- Have performance results been published in a scientific or medical journal?
- Was the technology evaluated for potential adverse health effects or occupational exposures?
- Where is the technology being used?

33) How do I know if my business is considered critical?

The Department of Homeland Security developed a [list](#) of essential critical infrastructure workers to help state and local officials as they work to protect their communities, while ensuring continuity of functions critical to public health and safety as well as economic and national security. State and local officials make the final determinations for their jurisdictions about critical infrastructure workers.

34) Should I allow critical infrastructure employees to work if they have been exposed but are not showing symptoms of COVID-19?

Critical infrastructure workers who are symptomatic

Critical infrastructure workers who develop a temperature equal to or higher than 100.4°F¹ or [symptoms consistent with COVID-19](#) should immediately [separate themselves from others](#), inform their established point of contact at their workplace (e.g., supervisor or occupational health program), and arrange for medical evaluation and testing.

Critical infrastructure workers who are not symptomatic

Employers may consider allowing exposed and asymptomatic critical infrastructure workers who are not fully vaccinated to continue to work in select instances when it is necessary to preserve the function of critical infrastructure workplaces. **This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.**

In such instances:

- Employers are encouraged to work with state, tribal, local, and territorial public health officials in managing the continuation of work in a way that best protects the health of their workers and the general public.
- Critical infrastructure workers may be permitted to continue work following exposure to a person with suspected or confirmed COVID-19 provided they remain asymptomatic and have not tested positive. Additionally, the following risk mitigation precautions should be implemented prior to and during the work shift:
 - **Pre-Screen:** Encourage employees planning to enter the workplace to self-screen at home prior to coming onsite. Employees should not attempt to enter the workplace if any of the following are present: [symptoms](#) of COVID-19; temperature equal to or higher than 100.4°F¹; or are waiting for the results of a viral test.

Businesses

- **Screen at the workplace:** Employers should conduct an on-site symptom assessment, including temperature screening, prior to each work shift. Ideally, screening should happen before the individual enters the facility.
- **Regularly monitor:** As long as the employee doesn't have a fever or symptoms, they should self-monitor under the supervision of their employer's occupational health program or their workplace COVID-19 coordinator or team.
- **Wear a cloth mask:** Ensure all employees wear a cloth [mask](#) in accordance with CDC and OSHA guidance and any state or local requirements.
- **Social Distance:** Employee should stay at least 6 feet apart from others and practice [social distancing](#) as work duties permit in the workplace.
- **Clean and disinfect workspaces:** [Clean and disinfect](#) all areas such as offices, bathrooms, common areas, shared equipment routinely.

35) Is other specific CDC guidance available for critical infrastructure workplaces?

CDC has guidance for first [responders and law enforcement](#) as well as a [series of fact sheets](#) for specific critical infrastructure worker groups. Unless otherwise specified, the CDC [interim guidance for businesses and employers](#) applies to critical infrastructure workplaces as well.

36) Can COVID-19 be transmitted through HVAC (ventilation) systems?

The risk of spreading the virus that causes coronavirus disease 2019 (COVID-19) through ventilation systems is not well-known at this time. Viral RNA has reportedly been found on return air grilles, in return air ducts, and on heating, ventilation, and air conditioning (HVAC) filters, but detecting viral RNA alone does not imply that the captured virus was capable of transmitting disease. One research group reported that the use of a new air-sampling method allowed them to find [viable viral particles within a COVID-19 patient's hospital room](#) with good ventilation, filtration and ultraviolet (UV) disinfection (at distances as far as 16 feet from the patient). However, the concentration of viable virus detected was believed to be too low to cause disease transmission. There may be some implications for HVAC systems associated with these findings, but it is too early to conclude that with certainty. While airflows within a particular space may help spread disease among people in that space, there is no evidence to date that viable virus has been transmitted through an HVAC system to result in disease transmission to people in other spaces served by the same system.

Healthcare facilities have ventilation requirements in place to help prevent and control infectious diseases that are associated with healthcare environments. For more information, see the CDC [Guidelines for Environmental Infection Control in Health-Care Facilities](#).

Non-healthcare (businesses and schools) building owners and managers should maintain building ventilation systems according to state/local building codes and applicable guidelines. Ensuring appropriate outdoor air and ventilation rates is a practical step building owners and managers can take to ensure good indoor air quality. Considerations for ventilation and related engineering control interventions for businesses and schools may be found on the following CDC webpages: [COVID-19 Employer Information for Office Buildings](#) and [Strategies for Protecting K-12 School Staff from COVID-19](#).

37) Who can businesses call for information about their options when it comes to closing down?

For questions about unemployment issues, businesses should call DOLIR at: 573-751-1995

For questions regarding worker safety, businesses should call DOLIR at: 573-751-3403

38) What additional resources are available for businesses? <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>

Businesses

Also, DOLIR has information available at: <https://labor.mo.gov/coronavirus>

Community Events/Mass Gatherings for Event Organizers

1) What actions should I take to plan for an outbreak?

Creating an emergency plan for mass gatherings and large community events, such as concerts and sporting events, can help protect the health of your staff, attendees, and the local community. This planning should include:

- Encouraging staff and attendees to stay home if sick.
- Developing flexible refund policies for attendees.
- Providing supplies for attendees and staff that can be used to help prevent the spread of germs.
- Consulting local public health officials about your event.

2) How many guests can safely attend a conference, sporting event, concert, or other community event?

CDC does not have a limit or recommend a specific number of attendees for these types of events and instead encourages event organizers to focus on ways to limit people's contact with each other. Each event organizer will need to determine the appropriate number for their setting in collaboration with local health officials. They should also check state, county, and city rules regarding any current restrictions limiting the number of attendees at events.

In general, the number that is chosen should allow individuals to remain at least 6 feet apart from each other. Rather than focusing on an ideal number, event organizers and administrators should focus on the ability to reduce and limit contact between attendees, staff, and others. In general, the **more people** you interact with, the **more closely** you interact with them, and the **longer that interaction**, the higher your risk of getting and spreading COVID-19. Indoor spaces are more risky than outdoor spaces because indoors, it can be harder to keep people at least 6 feet apart and the ventilation is not as good as it is outdoors.

3) Does CDC have recommendations on how to maintain 6 feet between attendees during events?

Yes. CDC recommends several strategies for this. For instance, organizers can:

- Limit attendance or seating capacity to allow for social distancing, or host smaller events in larger rooms.
- Block off rows or sections of seating in order to space people at least 6 feet apart.
- Use multiple entrances and exits and discourage crowded waiting areas.
- Eliminate lines or queues if possible or encourage people to stay at least 6 feet apart by providing signs or other visual cues such as tape or chalk marks.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that individuals remain at least 6 feet apart in lines and at other times (such as guides for creating one-way routes).
- Prioritize outdoor activities where social distancing can be maintained as much as possible.
- Offer online attendance options in addition to in-person attendance to help reduce the number of attendees.
- Consider limiting the number of people who occupy the restroom at one time to allow for social distancing.
- Do not allow lines or crowds to form near the restroom. Take steps to ensure that individuals can stay at least 6 feet apart from each other.

4) Should organizers test all attendees and staff for COVID-19 before they can enter an event?

Organizers may consider testing all unvaccinated attendees and staff for the virus that causes COVID-19 (or requiring proof of a negative viral test 1-3 days before the event) before allowing them to enter an

Community Events/Mass Gatherings for Event Organizers

event. Such entry testing at event venues could identify infected people and reduce risk of person-to-person transmission.

- Organizers may consider exempting fully vaccinated attendees and staff from this screening testing requirement, as the risk of fully vaccinated individuals being infected is significantly reduced.
- Entry testing should be implemented in combination with other preventive measures (such as physical distancing, wearing masks, washing hands, and routine cleaning and disinfecting).

In areas of substantial to high [transmission](#), CDC does recommend conducting health checks, such as temperature screening or checking symptoms of staff and attendees safely and respectfully, in accordance with any applicable privacy laws and regulations.

5) Does CDC recommend all event attendees wear masks?

Event planners should consider implementing strategies to encourage behaviors that reduce the spread of COVID-19 among staff and attendees.

- Require that staff and attendees wear [well-fitting masks](#) that fit completely over their nose and mouth. Make a plan beforehand for how compliance will be monitored and ensured.
- Encourage attendees ahead of the event to bring and use [masks](#) at the event. Consider having masks on-hand to provide to staff and attendees who do not bring their own.
- Advise staff and attendees that [masks](#) should **not** be placed on babies or children younger than 2 years old, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- The following categories of people are exempt from the requirement to wear a mask:
 - A child under the age of 2 years.
 - A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability.
 - A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace [risk assessment](#).

6) What actions can staff and attendees take to prevent the spread of COVID-19?

Encourage staff and attendees to take [everyday preventive actions](#) to help prevent the spread of respiratory illnesses, such as COVID-19. This includes:

- **Cleaning your hands often.**
- **Avoiding close contact** with people who are sick.
- Staying home when you are sick.
- Covering coughs and sneezes with a tissue or the inside of your elbow.
- Cleaning and disinfecting frequently touched surfaces.
- Using a mask in public, especially when it may be difficult to maintain a distance of at least six feet from other people.

7) How should staff clean the facility before and during the event to limit spread of the virus?

Event staff should use several strategies to maintain healthy environments, including [cleaning and disinfection](#):

Community Events/Mass Gatherings for Event Organizers

- Clean and disinfect frequently touched surfaces within the venue at least daily or between uses as much as possible—for example, door handles, sink handles, drinking fountains, grab bars, hand railings, and cash registers.
- Clean and disinfect shared objects between uses—for example, payment terminals, tables, countertops, bars, and condiment holders. Consider closing areas such as drinking fountains that cannot be adequately cleaned and disinfected during an event.
- Develop a schedule for increased, routine cleaning and disinfection. Plan for and enact these cleaning routines when renting event space and ensure that other groups who may use your facilities follow these routines.
- Ensure [safe and correct use](#) and storage of [cleaners and disinfectants](#) to avoid harm to employees and other individuals. Always read and follow label instructions for each product, and store products securely away from children.
- Use [EPA-approved disinfectants against COVID-19](#). Cleaning products should not be used near children. Staff should ensure that there is adequate ventilation when using these products to prevent attendees or themselves from inhaling toxic vapors.
- Use disposable gloves when removing garbage bags or handling and disposing of trash. After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves. Wash hands after removing gloves.
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations. Consider having pre-packaged boxes or bags for each attendee.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible—for example, by opening windows and doors and prioritizing outdoor seating. However, do not open windows and doors if doing so poses a safety or health risk to customers or employees (e.g., risk of falling or triggering asthma symptoms).

8) What are things to consider when determining if an event needs to be postponed or canceled?

Consult with local public health officials and continually assess, based on current conditions, whether to postpone, cancel, or significantly reduce the number of attendees (if possible) at an event or gathering. When determining if you should postpone or cancel a large gathering or event, consider the:

- Overall number of attendees or crowd size.
- Number of attendees who are at higher risk of developing serious illness from COVID-19. This includes older adults and people with underlying health problems such as lung or heart disease and diabetes.
- How close together attendees will be at the event.
- Amount of spread in local community and the communities from where your attendees are likely to travel.
- Needs and capacity of the local community to host or participate in your event.

9) Is there information I can share with staff and attendees about COVID-19?

Share these resources to help people understand COVID-19 and steps they can take to help protect themselves:

- [Prevention and Treatment](#)
- [What to Do If You Are Sick](#)
- [Groups at Higher Risk](#)
- [FAQs: Pregnant Women and COVID-19](#)
- [FAQs: Coronavirus Disease-2019 \(COVID-19\) and Children](#)
- [Handwashing: A Family Activity](#)
- [Handwashing: Clean Hands Save Lives](#)

Community Events/Mass Gatherings for Event Organizers

- [Considerations for Restaurants and Bars](#)
- [Considerations for Animal Activities at Fairs, Shows, and Other Events](#)

10) What steps should I take if an attendee or staff person develops symptoms of COVID-19 while at the event?

If a staff member or attendee becomes sick at your event, separate them from others as soon as possible and until they can go home. Provide them with clean, [disposable facemasks](#) to wear, if available. If not available, provide them with a cloth face covering which can be improvised if needed from a tee shirt, bandana, or other clothing, as well as a tissue or some other way to cover their coughs and sneezes. If needed, contact emergency services for those who need emergency care. Public transportation, shared rides, and taxis should be avoided for sick persons. Be sure to contact local public health officials regarding the possible case of COVID-19 at your event and how to communicate with staff and attendees about possible exposure to the virus. Read more about [preventing the spread of COVID-19 if someone is sick](#).

11) What is the best way to clean and disinfect the event space after a confirmed case of COVID-19 at my event?

CDC has guidance for cleaning and disinfecting rooms and areas where a person with suspected or confirmed COVID-19 has visited. See [Environmental Cleaning and Disinfection Recommendations](#).

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 COVID-19?

COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. Because it is a new virus, scientists are learning more each day. Although most people who have COVID-19 have mild symptoms, COVID-19 can also cause severe illness and even death. Some groups, including older adults and people who have [certain underlying medical conditions](#), are at increased risk of severe illness.

2) What is the source of the virus?

COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with [MERS-CoV](#) and [SARS-CoV](#), and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown. 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 by a novel (or new) coronavirus that has not previously been seen in humans.

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

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. However, you may be at risk of getting COVID-19 if you attend a funeral where there are multiple people congregating. For more information about what you can do to help protect yourself and others from COVID-19 during these services, and to help cope with the loss of a loved one, see [Funeral Guidance](#) on the CDC's website.

2) 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.

3) 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.

4) What guidance has DHSS provided regarding funerals during the COVID-19 pandemic?

Families and funeral home operators should consider modifying traditional plans for gatherings to remember loved ones. Some options include:

Hold a smaller service for immediate family.

Webcast, livestream, or record the service on video, which could then be shared with whomever the family deems appropriate.

If the immediate family holds a service now, plan a larger follow-up memorial gathering later after restrictions are lifted.

Postpone the service until restrictions are lifted.

Funerals and COVID-19

Posting health guidelines for guests entering chapels.
Post signs to hand washing sinks with provided soap and paper towels.
Provide tissues and hand sanitizer where people gather and at the entrance to the building.
Consider scheduling small groups with the funeral director. This will allow small groups to visit and disperse.
Practice social distancing as much as possible (stay six feet away from other people).
Keep door and windows open as much as possible to allow ventilation.

Some state and local officials are placing restrictions on public gatherings. If your city or state has issued more stringent rules about mass gatherings, those restrictions take precedence. Whatever funeral organizers choose, consider incorporating some level of social distancing and personal health and hygiene controls. As with any gathering place, funeral home operators should consider enhanced cleaning and disinfection of frequently contacted surfaces. [For more information, visit https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/how-do-i-prevent.php](https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/how-do-i-prevent.php). Source of information is the National Funeral Directors Association <https://www.nfda.org/covid-19/frequently-asked-questions/funerals-and-vistations>

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

The virus that causes COVID-19 is thought to [spread](#) from close contact (i.e., within about 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with a person who is infected with the virus. The virus spreads primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks.

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. If the deceased person had confirmed or suspected COVID-19, avoid kissing, washing, or shrouding the body before, during, and after the body has been prepared, if possible. For more information on recommended precautions while handling the belongings and the body of someone who died from COVID-19, see [Funeral Guidance](#) on the CDC's website.

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?

Screening tests are recommended for unvaccinated people to identify those who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19.

A person must meet certain criteria prior to testing for COVID-19. If you do qualify, medical providers need time to prepare so they can safely collect the required swabs and samples and keep other patients safe from exposure. Talking to your medical provider will also help you understand what to expect during the testing process. It is important that you do not go to the emergency room with mild symptoms but instead contact your primary care provider. Emergency rooms need to be able to serve those with the most critical needs.

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

- The Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury), to treat COVID-19.
- The FDA can also issue emergency use (EUs) to allow healthcare providers to use products that are not yet approved, or that are approved for other uses, to treat patients with COVID-19 if certain legal requirements are met.
- The National Institutes of Health (NIH) has developed and regularly updates [Treatment Guidelines](#) to help guide healthcare providers caring for patients with COVID-19, including when clinicians might consider using one of the products under an EUA.

General Public Questions

4) 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.

5) 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 recommendation for using a facemask:
 - You could spread COVID-19 to others even if you do not feel sick.
 - CDC recommends that persons who are not fully vaccinated wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 - The cloth face cover is meant to protect other people in case you are infected.
 - Do NOT use a facemask meant for a healthcare worker.
 - Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 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.

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

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

- Get vaccinated.
- 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 recommendation for using a facemask:

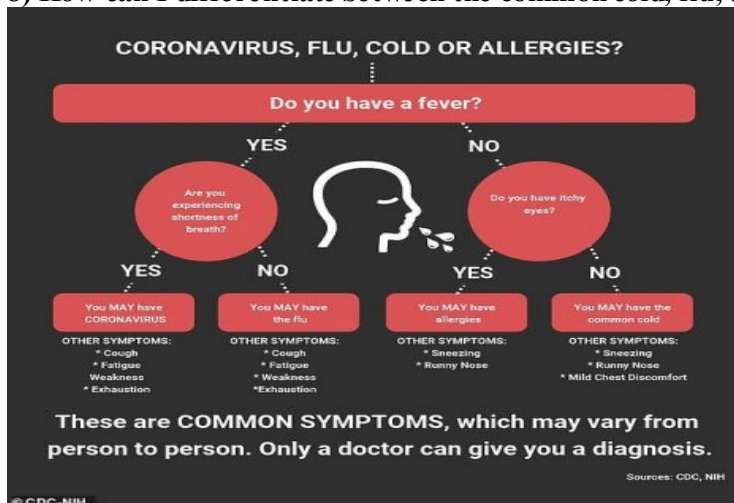
General Public Questions

- You could spread COVID-19 to others even if you do not feel sick.
- CDC recommends that persons who are not fully vaccinated wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
- CDC recommends that persons who are fully vaccinated wear a mask in public indoor settings if they are in an area of [substantial or high transmission](#).
 - Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.
- Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 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) Is it okay for me to donate blood?

In healthcare settings all across the United States, donated blood is a lifesaving, essential part of caring for patients. The need for donated blood is constant, and blood centers are open and in urgent need of donations. CDC encourages people who are well to continue to donate blood if they are able, even if they are practicing social distancing because of COVID-19. CDC is supporting blood centers by providing recommendations that will keep donors and staff safe. Examples of these recommendations include spacing donor chairs 6 feet apart, thoroughly adhering to environmental cleaning practices, and encouraging donors to make donation appointments ahead of time.

8) How can I differentiate between the common cold, flu, allergies, and COVID-19?



General Public Questions

9) How can I check to see if I have symptoms of the coronavirus (COVID-19)?

CDC has developed an online COVID-19 Symptom Self-Checker that you can use to check for symptoms. The Self-Checker is available on the Symptoms and Testing page on the CDC's COVID-19 website which is at the following address:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

Another option is a tool developed through a partnership between the White House Coronavirus Task Force, the Department of Health and Human Services, and the Centers for Disease Control and Prevention (CDC) and Apple that guides people through a series of questions about their health and exposure to determine if they should seek care for COVID-19 symptoms. This tool is available at: <https://www.apple.com/covid19>

10) Where can I get data on the number of cases of COVID-19 in Missouri?

Please visit the DHSS website at health.mo.gov and click on COVID-19 or follow this link:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/public-health/>

11) Where can people who don't have a doctor or health insurance go if they have symptoms and want to see about getting tested?

Individuals without insurance or a provider can be referred to the Federally Qualified Health Center (FQHC) in their area. A directory of FQHC's is available here:

<https://www.mo-pca.org/member-locations>

12) Who can I call with questions about unemployment and if I qualify for benefits?

Contact the Missouri Department of Labor and Industrial Relations at: 800-320-2519; or by email at: esuiclaims@labor.mo.gov with name, phone number, last four digits of social security number and question/issue for a call back regarding unemployment, or visit their website at: <https://labor.mo.gov/coronavirus>

13) Who can I call with questions or concerns about worker safety?

Contact the Missouri Department of Labor and Industrial Relations at: 573-751-3403

14) Who can I call with questions or concerns about COVID-19 in meat processing/packing plants in Missouri?

Any questions regarding meat processing/packing plants should be sent to the Missouri Department of Agriculture at aginfo@mda.mo.gov and the local public health agency for the jurisdiction in which the plant is located.

15) Are swabs that use ethylene oxide as a sterilizer safe to use for nasal swabs to test for COVID-19? Isn't ethylene oxide a cancer-causing agent?

Medical swabs sterilized with ethylene oxide are safe to use. Ethylene oxide is a gas commonly used to sterilize medical equipment, such as COVID-19 nasal swab tests. Although it is carcinogenic, the use of the gas is tightly regulated and has been used for decades for this purpose. As it is a gas, there is no way it can be carried forward into any of these products. The sterilization process is controlled to ensure that any leftover ethylene oxide on medical equipment is negligible. A brief nasal swab cannot result in cancer development.

General Public Questions

<https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/ethylene-oxide-sterilization-medical-devices#how>

16) Why shouldn't I let my natural immunity from a previous COVID-19 infection protect me from being infected again? How do I know the vaccine won't interfere with the strength of my natural immunity?

Several studies showed that vaccine further increased antibodies in the blood in persons who have been previously infected. Natural immunity wanes over time, especially for respiratory viruses (such as COVID-19), and getting vaccinated helps keep immunity from weakening.

17) Will Missouri accept religious exemption from the COVID-19 vaccine?

No. Missouri does not require COVID-19 vaccination, therefore they do not provide exemptions against COVID-19 vaccine for adults or children. There are no state required vaccines for adults, so there are no religious exemptions for adults in Missouri. If an adult is needing an exemption for COVID-19 vaccination for employment, they will need to reach out to their HR department or employer to find out what they accept and/or require.

18) Can I take Ivermectin to treat/prevent COVID-19 infection?

No. Inappropriate use of this medication, especially consuming veterinary formulations, may cause significant harm. DHSS advises against the use of Ivermectin for self-medication against COVID-19.

Ivermectin is a Food and Drug Administration (FDA)-approved antiparasitic drug that is used to treat several neglected tropical diseases and scabies. Ivermectin is not approved by the FDA for the treatment of any viral infection, including COVID-19. The National Institute for Health (NIH) has recently concluded that there is insufficient evidence to recommend either for or against the use of Ivermectin for the treatment of COVID-19. Several clinical trials that are evaluating the use of Ivermectin for the treatment of COVID-19 are currently underway or in development. The World Health Organization (WHO) also recommends that this drug only be used within clinical trials.

Ivermectin products made for animals are not safe for human consumption. Missourians are urged to contact one of specially trained pharmacists or nurses at 1-800-222-1222 for advice if they have been using ivermectin or an ivermectin containing product and are experiencing symptoms.

Healthcare Professionals

1) Who is at risk for COVID-19?

Currently, those at greatest risk of infection are persons who are not fully vaccinated and have had prolonged, unprotected close contact (i.e., within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with a patient with confirmed SARS-CoV-2 infection, regardless of whether the patient has symptoms. Persons frequently in congregate settings (e.g., homeless shelters, assisted living facilities, college or university dormitories) are at increased risk of acquiring infection because of the increased likelihood of close contact. Those who live in or have recently been to areas with sustained transmission may also be at higher risk of infection. All persons can reduce the risk to themselves and others by getting vaccinated, wearing a mask, practicing physical distancing, washing their hands often, and taking [other prevention measures](#).

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

COVID-19 is a new disease and CDC is learning more about it and how it affects people every day. **Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk.** Those who are not fully vaccinated are at increased risk for severe disease from COVID-19. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die. People of any age with [certain underlying medical conditions](#) are at increased risk for severe illness from COVID-19.

See also [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#) and [Information for Healthcare Professionals: COVID-19 and Underlying Conditions](#).

3) If my patient has an underlying medical condition associated with an increased risk of severe disease from COVID-19, what is my patient's risk of developing severe COVID-19, and what should I tell my patient to reduce their risk?

- Stay up to date on the latest evidence about the risk for patients with underlying medical conditions. CDC analyzes data to determine the level of risk for [people with underlying medical conditions](#) and will provide [updates](#) over time as new information is available.
- You know your patients' overall health and how well their conditions are managed. Use your clinical judgment to evaluate each patient's level of risk.
- Help patients manage their underlying conditions to the best of their ability, encouraging them to take medicines as prescribed and ensuring that patients have sufficient medication and supplies. For example, you may prescribe 3-month supplies of medications to ensure they have access to sufficient medications.
- Explain to all patients which symptoms of their chronic conditions require emergency care or in-person visits. Stress the importance of obtaining emergency care if needed.
- Reassure your patients who require emergency care that emergency departments (ED) have infection prevention plans to protect them from acquiring SARS-CoV-2 infection in the ED.
- Tell patients with [underlying medical conditions](#) that increase their risk of severe illness or poorer outcomes from COVID-19 to:
 - Take [precautions to reduce the risk of getting COVID-19](#).
 - Closely follow your care plans for managing their chronic disease, including, for example, achieving better glycemic or blood pressure control.
 - Seek emergency care if any of their underlying medical conditions worsen and require immediate attention.

Healthcare Professionals

- Encourage all patients, regardless of risk, to:
 - Take [steps](#) to protect yourself.
 - **Call** your healthcare provider if you are sick with a fever, cough, or shortness of breath.
 - Follow CDC [travel guidelines](#) and the recommendations of your state and local health officials.
- Fear and anxiety about a disease can feel overwhelming, especially for those with underlying risk factors, those in close contact with infected patients, and those with sources of stress outside the workplace. Follow [guidance on ways to take care of yourself](#) and encourage your patients to do the same.

4) When is someone infectious?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known with certainty. Based on current evidence, scientists believe that persons with mild to moderate COVID-19 may shed replication-competent SARS-CoV-2 for up to [10 days](#) following symptom onset, while a small fraction of persons with severe COVID-19, including immunocompromised persons, may shed replication-competent virus for up to [20 days](#). 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. Based on existing literature, the incubation period (the time from exposure to development of symptoms) of SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) ranges from 2–14 days.

Data, including a review of 113 studies from 17 countries, show that most SARS-CoV-2 transmission occurs early in the course of infection ^[2,3]. Infectiousness peaks around one day before symptom onset and declines within a week of symptom onset, with an average period of infectiousness and risk of transmission between 2-3 days before and 8 days after symptom onset ^[2,3]. These data are from studies of prior SARS-CoV-2 variants, including Delta. The science is evolving, particularly for the Omicron variant, and some reports suggest that compared with previous variants, Omicron has a shorter incubation period (2-4 days), defined as the time between becoming infected and symptom onset ^[4-6].
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation-background.html>

5) Which body fluids can spread infections?

SARS-CoV-2 RNA has been detected in upper and lower respiratory tract specimens, and SARS-CoV-2 virus has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, and SARS-CoV-2 virus has been isolated in cell culture from the stool of some patients, including a patient with pneumonia 15 days after symptom onset. 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. Duration of several weeks or longer 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, 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?

Cases of reinfection with COVID-19 have been reported, but remain rare. The immune response, including duration of immunity, to SARS-CoV-2 infection is not yet understood. Based on what we know from other viruses, including common human coronaviruses, some reinfections are expected. Ongoing

Healthcare Professionals

COVID-19 studies will help establish the frequency and severity of reinfection and who might be at higher risk for reinfection. At this time, whether you have had COVID-19 or not, the best ways to prevent infection are to get vaccinated, wear a mask in public places, stay at least 6 feet away from other people, frequently wash your hands with soap and water for at least 20 seconds, and avoid crowds and confined spaces.

7) How do you test a patient for infection with SARS-CoV-2?

Clinicians are able to access laboratory testing through state and local public health laboratories, as well as commercial and clinical laboratories across the country. The [Association of Public Health Laboratories](#) provides a list of states and territories with laboratories that are using COVID-19 diagnostic tests. For more information, see [Testing in U.S.](#) Clinicians should direct testing questions to their [state health departments](#). Commercial reference laboratories are also able to offer a larger volume of testing for SARS-CoV-2.

- CDC has [guidance](#) for who should be tested, but decisions about testing are at the discretion of state and local health departments and/or individual clinicians.
- Healthcare providers should report positive results to their local/state health department CDC does not directly collect these data.
- See recommendations for prioritization of testing, and instructions for specimen collection at [Evaluating and Testing Persons for COVID-19](#).

8) Do existing commercially available multiple respiratory virus panels detect SARS-CoV-2?

Yes. There are commercially developed respiratory panels with multi-pathogen molecular assays that can detect respiratory pathogens, including SARS-CoV-2, influenza and other human coronaviruses that can cause acute respiratory illness. The U.S. Food and Drug Administration (FDA) maintains a list of tests that includes [viral tests with Emergency Use Authorization](#) (EUA).

9) If a patient tests positive for another respiratory virus, should that exclude SARS-CoV-2 as a cause of illness?

Patients can be infected with more than one virus at the same time. Coinfections with other respiratory viruses in people with COVID-19 have been reported. Therefore, identifying infection with one respiratory virus does not exclude SARS-CoV-2 virus infection.

10) Should chest CT be used for diagnosis of COVID-19?

Clinicians considering use of chest CT scans for diagnosis or management of COVID-19 patients should consider whether such imaging will change clinical management. The American College of Radiology (ACR) recommends that CT should not be used to screen for COVID-19, or as a first-line test to diagnose COVID-19, and that CT should be used sparingly and reserved for hospitalized, symptomatic patients with specific clinical indications for CT. Appropriate infection control procedures should be followed before scanning subsequent patients. For more information see, [ACR Recommendations for the use of Chest Radiography and Computed Tomography \(CT\) for Suspected COVID-19 Infection](#)

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 for complications, including

Healthcare Professionals

supplemental oxygen and 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.

The Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury), to treat COVID-19.

The FDA can also issue [emergency use authorizations](#) (EUAs) to allow healthcare providers to use products that are not yet approved, or that are approved for other uses, to treat patients with COVID-19 if certain legal requirements are met.

The National Institutes of Health (NIH) has developed and regularly updates [Treatment Guidelines](#) to help guide healthcare providers caring for patients with COVID-19, including when clinicians might consider using one of the products under an EUA.

For people at high risk of disease progression: The FDA has issued EUAs for a number of investigational monoclonal antibodies that can attach to parts of the virus. These antibodies could help the immune system recognize and respond more effectively to the virus. The [NIH COVID-19 Treatment Guidelines](#) provide information about these drugs and describe what is known about their effectiveness. If used, they should be administered as soon as possible after diagnosis and within 10 days of symptom onset. Your healthcare provider will decide whether these investigational treatments are appropriate to treat your illness.

For information on investigational therapies, see [Therapeutic Options for Patients with 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 information about registered clinical trials of investigational therapeutics for pre or post exposure prophylaxis of SARS-CoV-2 infection, visit [ClinicalTrials.gov](#)

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 \(COVID-19\)](#).

The National Institutes of Health recently published guidelines on prophylaxis use, testing, and management of COVID-19 patients. For more information, please visit: [National Institutes of Health: Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#).

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

Healthcare providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient. If a patient tests positive, providers should immediately report that positive result to the Missouri Department of Health and Senior Services.

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

Healthcare Professionals

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 Transmission-Based 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 self-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. Meeting criteria for discontinuation of [Transmission-Based Precautions](#) is not a prerequisite for discharge from a healthcare facility. 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 should be made according to the following guidance:

- For hospitalized persons, see [Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings](#).
- For non-hospitalized persons, see [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19](#) and [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#)

16) Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

Pregnant healthcare personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings. Based on what we know at this time, pregnant people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19. Facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

17) Is there any guidance on the use of homemade masks?

In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

Healthcare Professionals

18) Are empiric antibiotics recommended for patients suspected of having COVID-19?

Several patients with COVID-19 have been reported to present with concurrent community-acquired bacterial pneumonia. Decisions to administer antibiotics to COVID-19 patients should be based on the likelihood of bacterial infection (community-acquired or hospital-acquired), illness severity, and antimicrobial stewardship issues. For more information, see [Diagnosis and Treatment of Adults with Community-acquired Pneumonia: An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America](#).

19) What antiviral drugs are available to treat COVID-19?

The Food and Drug Administration (FDA) has approved one drug, remdesivir, to treat COVID-19.

The National Institutes of Health (NIH) has published guidelines on testing and management of patients with COVID-19. For more information, please visit [the NIH Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#)[external icon](#). The [recommendations](#) are based on scientific evidence and expert opinion and are regularly updated as more data become available.

Current [clinical management of COVID-19](#) includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated. The U.S. Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury), for the treatment of COVID-19 in certain situations.

20) Should angiotensin converting enzyme inhibitors (ACE-I) or Angiotensin Receptor Blockers (ARB) be stopped in patients with COVID-19?

No. The American Heart Association, the Heart Failure Society of America, and the American College of Cardiology [recommend](#) continuing ACE-I or ARB medications for all patients already prescribed those medications for indications such as heart failure, hypertension, or ischemic heart disease. At this time, available evidence demonstrates no indication of COVID-specific harm from these agents. Several randomized controlled trials are under way to better answer this important clinical question. Cardiovascular disease patients diagnosed with COVID-19 should be fully evaluated by a healthcare professional before adding or removing any treatments, and any changes to their treatment should be based on the latest scientific evidence. Patients who rely on ACE-Is or ARBs to treat chronic conditions and have additional questions should speak to their healthcare provider for individualized management.

21) Do nonsteroidal anti-inflammatory drugs (NSAIDs) worsen the course of disease for people with COVID-19?

CDC is currently not aware of scientific evidence establishing a link between NSAIDs (e.g., ibuprofen, naproxen) and worsening of COVID-19. [FDA](#), the European Medicines Agency, the [World Health Organization](#), and CDC are continuing to monitor the situation and will review new information on the effects of NSAIDs and COVID-19 disease as it becomes available. For those who wish to use treatment options other than NSAIDs, there are other over-the-counter and prescription medications approved for pain relief and fever reduction. Patients who rely on NSAIDs to treat chronic conditions and have additional questions should speak to their healthcare provider for individualized management. Patients should use NSAIDs, and all medications, according to the product labels and advice of their healthcare professional.

22) Where should healthcare providers report deaths related to COVID-19?

Healthcare Professionals

Providers should report deaths to the Electronic COVID-19 Case Reporting System at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/case-reporting.php>

Reporters can call the Missouri Novel Coronavirus Information Hotline at 877-435-8411 to report deaths to the clinical hotline staff.

23) Are there work restrictions recommended for HCP with underlying health conditions who may care for COVID-19 patients? What about for pregnant HCP?

Adherence to recommended infection prevention and control practices is an important part of protecting HCP and patients in healthcare settings. All HCP who care for confirmed or suspected COVID-19 patients should adhere to [standard and transmission based precautions](#).

To the extent feasible, healthcare facilities could consider prioritizing HCP who are not at higher risk of developing severe illness from COVID-19 or who are not pregnant to care for confirmed or suspected COVID-19 patients.

If staffing shortages make this challenging, facilities could consider restricting HCP at higher risk for severe illness from COVID-19 or who are pregnant from being present for higher risk procedures (e.g., aerosol-generating procedures) on COVID-19 patients. Find more information for facilities on [mitigating HCP staffing shortages](#).

HCP who are concerned about their individual risk for severe illness from COVID-19 due to underlying medical conditions while caring for COVID-19 patients can discuss their concerns with their supervisor or occupational health services.

People 65 years and older and people of all ages with serious [underlying health conditions](#) — like serious heart conditions, chronic lung disease, and diabetes — seem to be at higher risk of developing severe illness from COVID-19.

Based on what is known at this time, **pregnant people might be at an increased risk for severe illness from COVID-19** compared to non-pregnant people. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

24) I am a HCP living with someone who is at higher risk of severe illness from COVID-19. What precautions should I take?

Take the same [precautions recommended for people at higher risk](#) of severe illness from COVID-19. There are no additional precautions for HCP. Some HCP may choose to implement extra measures when arriving home from providing healthcare, such as removing any clothing worn during delivery of healthcare, taking off shoes, washing clothing, and immediately showering. However, these are optional personal practices because there is insufficient evidence on whether they are effective.

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

CDC continues to investigate multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19. Children and adolescents with MIS-C have presented with a persistent fever and a variety of signs and symptoms including involvement of multiple organs (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, neurologic) and elevated inflammatory markers. CDC is collaborating with domestic and international partners to better understand this new syndrome, including how common it is

Healthcare Professionals

and its risk factors. For more information, including a full case definition and how to report MIS-C to your health department, visit [MIS-C Information for Healthcare Providers](#).

26) How do you diagnose and report a potential case of multisystem inflammatory syndrome in children (MIS-C)?

Patients with MIS-C have presented with a persistent fever and a variety of signs and symptoms including multiorgan (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, neurologic) involvement and elevated inflammatory markers. Not all children will have the same symptoms. For children who may have MIS-C, further evaluation for signs of this syndrome may include (but are not limited to) chest radiograph, echocardiography, and blood testing to evaluate for evidence of inflammation.

Healthcare providers who have cared or are caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to their local, state, or territorial health department. After hour phone numbers for health departments are available at the [Council of State and Territorial Epidemiologists website](#). For additional reporting questions, please contact CDC's 24-hour Emergency Operations Center at 770-488-7100. For more information, including a full case definition, please visit [MIS-C Information for Healthcare Providers](#).

27) If I have patients with *asthma*, do I need to make any changes to their daily asthma preventive management regimens to reduce their risk of getting sick with COVID-19?

People with moderate to severe asthma, particularly if not well controlled, [might be at higher risk](#) of getting very sick from COVID-19.

Based on what we currently know about COVID-19, the selection of therapeutic options through guideline-recommended treatment of asthma has not been affected. Continuation of inhaled corticosteroids is particularly important for patients already using these medications because there is no evidence of increased risk of COVID-19 morbidity with use of inhaled corticosteroids and an abundance of data showing reduced risk of asthma exacerbation with maintenance of asthma controller therapy.

Patients with asthma but without symptoms or a diagnosis of COVID-19 should continue any required nebulizer treatments.

28) Are patients with hypertension at higher risk for severe illness from COVID-19?

Many patients with severe illness from COVID-19 have underlying hypertension.¹ Hypertension is common in the United States. [Hypertension](#) is more frequent with advancing age and among non-Hispanic blacks and people with other underlying medical conditions such as obesity and diabetes. At this time, people whose only underlying medical condition is hypertension [might be at increased risk](#) for severe illness from COVID-19.

How COVID-19 Spreads

1) How does the COVID-19 virus spread?

- The virus that causes COVID-19 most commonly spreads between people who are in close contact with one another (within about 6 feet, or 2 arm lengths).
- It spreads through respiratory **droplets or small particles, such as those in aerosols, produced when an infected person coughs, sneezes, sings, talks, or breathes.**
 - These **particles can be inhaled** into the nose, mouth, airways, and lungs and cause infection. **This is thought to be the main way the virus spreads.**
 - Droplets can also land on surfaces and objects and be transferred by touch. A person may get COVID-19 by **touching the surface or object that has the virus on it** and then touching their own mouth, nose, or eyes. Spread from touching surfaces is not thought to be the main way the virus spreads.
- It is possible that **COVID-19 may spread through the droplets and airborne particles that are formed when a person who has COVID-19 coughs, sneezes, sings, talks, or breathes.** There is growing evidence that droplets and airborne particles can remain suspended in the air and be breathed in by others, and travel distances beyond 6 feet (for example, during choir practice, in restaurants, or in fitness classes). In general, indoor environments without good ventilation increase this risk.

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

COVID-19 is thought to spread mainly through close contact from person to person, including between people who are physically near each other (within about 6 feet). People who are infected but do not show symptoms can also spread the virus to others. We are still learning about how the virus spreads and the severity of illness it causes. How easily a virus spreads from person to person can vary. The virus that causes COVID-19 appears to spread more efficiently than influenza but not as efficiently as measles, which is among the most contagious viruses known to affect people. How long someone is actively sick can vary so the decision on when to release someone from isolation is made using a test-based or non-test-based strategy (i.e. time since illness started and time since recovery) in consultation with state and local public health officials. The decision involves considering the specifics of each situation, including disease severity, illness signs and symptoms, and the results of laboratory testing for that patient.

Learn more about [CDC's guidance on when to release someone from isolation](#) and discharge hospitalized patients with COVID-19. For information on when someone who has been sick with COVID-19 is able to stop home isolation see [Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#).

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?

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. 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) 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.

How COVID-19 Spreads

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.

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

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

It may be possible that people can get COVID-19 by touching a surface or object, such as a food package or dining ware that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads. Follow [food safety guidelines](#) when handling and cleaning fresh produce. Do not wash produce with soap, bleach, sanitizer, alcohol, disinfectant or any other chemical.

There is also no current evidence that people can get COVID-19 by drinking water. The COVID-19 virus has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or kill the virus that causes COVID-19.

6) What temperature kills the virus that causes COVID-19?

Generally coronaviruses survive for shorter periods of time at higher temperatures and higher humidity than in cooler or dryer environments. However, we don't have direct data for this virus, nor do we have direct data for a temperature-based cutoff for inactivation at this point. The necessary temperature would also be based on the materials of the surface, the environment, etc. Regardless of temperature please follow [CDC's guidance for cleaning and disinfection](#).

7) Can mosquitoes or ticks spread the virus that causes COVID-19?

At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes or ticks. The main way that COVID-19 spreads is from person to person. See [How Coronavirus Spreads](#) for more information.

8) How long do coronaviruses live on surfaces?

COVID-19 spreads less commonly through contact with contaminated surfaces:

- Respiratory droplets can also land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.
- Spread from touching surfaces is not thought to be a common way that COVID-19 spreads


Please see the chart below:

How COVID-19 Spreads

WebMD

HOW LONG DO CORONAVIRUSES* LIVE ON SURFACES?

SURFACE	EXAMPLES	DAYS OR HOURS
Metal	Doorknobs, Jewelry, Silverware	5 Days
Glass	Drinking glasses, Mirrors, Windows	UP TO 5 Days
Ceramics	Dishes, Pottery, Mugs	5 Days
Paper	Newspaper, Magazines	UP TO 5 Days
Wood	Furniture, Decking	4 Days
Plastics	Milk bottles, Bus seats, Elevator buttons	2-3 Days
Stainless Steel	Refrigerators, Pots/pans, Sinks, Water bottles	2-3 Days
Cardboard	Shipping boxes	1 Day
Aluminum	Soda cans, Tinfoil, Water bottles	2-8 Hours
Copper	Pennies, Teakettles, Cookware	4 Hours
Food/Water	Doesn't seem to spread through food, and has not been found in water.	

 **WHAT YOU CAN DO:** Disinfect all surfaces and objects in your home daily with a household cleaning spray or wipe. Wash hands for at least 20 seconds with soap and warm water, especially after visiting the supermarket or bringing in packages.

*Coronaviruses are a family of viruses that includes the SARS-CoV-2, the virus that causes COVID-19. This information is for your reference only and is changing constantly.

Sources: CDC. FDA. Medical Review: Brunilda Nazario, MD, 03/24/2020.

9) If I have recovered from COVID-19, will I be immune to it?

In general, reinfection means a person was infected (got sick) once, recovered, and then later became infected again. Based on what we know from similar viruses, some reinfections are expected. Cases of reinfection with COVID-19 have been reported, but remain rare.

Ongoing COVID-19 studies will help us understand:

- How likely is reinfection
- How often reinfection occurs
- How soon after the first infection can reinfection take place

How COVID-19 Spreads

- How severe are cases of reinfection
- Who might be at higher risk for reinfection
- What reinfection means for a person's immunity
- If a person is able to spread COVID-19 to other people when reinfected

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

How To Protect Yourself

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

Most people who get COVID-19 will be able to recover at home. [CDC has directions](#) for people who are recovering at home and their caregivers, including:

- Stay home when you are sick, except to get medical care.
- Use a separate room and bathroom for sick household members (if possible).
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others. Everyone else should wear masks at home. Masks offer some protection to the wearer and are also meant to protect those around the wearer, in case they are infected with the virus that causes COVID-19.
- [Clean the sick room and bathroom](#), as needed, to avoid unnecessary contact with the sick person.

However, some people may need emergency medical attention. Watch for symptoms and learn [when to seek emergency medical attention](#).

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

2) How many cases have reported in the United States?

COVID-19 case counts for the United States are updated regularly online. See the [current U.S. case count of COVID-19](#).

3) How can I help protect myself?

Get Vaccinated

- Authorized COVID-19 vaccines can help protect you from COVID-19.
- You should get a [COVID-19 vaccine](#) when it is available to you.

How To Protect Yourself

- [Once you are fully vaccinated](#), you may be able to start doing some things that you had stopped doing because of the pandemic.

Wear a mask

- Everyone 2 years and older should wear masks in public if not fully vaccinated.
- Masks should be worn in addition to staying at least 6 feet apart, especially around people who don't live with you.
- If someone in your household is infected, people in the household [should take precautions including wearing masks to avoid spread to others](#).
- [Wash your hands](#) or use hand sanitizer before putting on your mask.
- Wear your mask over your nose and mouth and secure it under your chin.
- Fit the mask snugly against the sides of your face, slipping the loops over your ears or tying the strings behind your head.
- If you have to continually adjust your mask, it doesn't fit properly, and you might need to find a different mask type or brand.
- Make sure you can breathe easily.

Effective February 2, 2021, [masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

Stay 6 feet away from others

- **Inside your home:** Avoid close contact with people who are sick.
 - If possible, maintain 6 feet between the person who is sick and other household members.
- **Outside your home:** Put 6 feet of distance between yourself and people who don't live in your household.
 - Remember that some people without symptoms may be able to spread virus.
 - [Stay at least 6 feet \(about 2 arm lengths\) from other people](#).
 - [Keeping distance from others is especially important for people who are at higher risk of getting very sick](#).

Avoid crowds and poorly ventilated spaces

- Being in crowds like in restaurants, bars, fitness centers, or movie theaters puts you at higher risk for COVID-19.
- Avoid indoor spaces that do not offer fresh air from the outdoors as much as possible.
- If indoors, bring in fresh air by opening windows and doors, if possible.

Wash your hands often

- [Wash your hands](#) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- It's especially important to wash:
 - Before eating or preparing food
 - Before touching your face
 - After using the restroom
 - After leaving a public place
 - After blowing your nose, coughing, or sneezing

How To Protect Yourself

- After handling your mask
- After changing a diaper
- After caring for someone sick
- After touching animals or pets
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Cover coughs and sneezes

- **Always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow and do not spit.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them**. Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant**. Use products from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#) according to manufacturer's labeled directions.

Monitor Your Health Daily

- **Be alert for symptoms**. Watch for fever, cough, shortness of breath, or [other symptoms of COVID-19](#).
 - Especially important if you are [running essential errands](#), going into the office or workplace, and in settings where it may be difficult to keep a [physical distance of 6 feet](#).
- **Take your temperature** if symptoms develop.
 - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
- Follow [CDC guidance](#) if symptoms develop.

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

For people who are unvaccinated or are more than 5 months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person [wear a well-fitting mask](#) at all times when around others for 10 days after exposure.

Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure. For all those exposed, best practice would also include a test for SARS-CoV-2 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

5) How can I prepare for an outbreak in my area?

How To Protect Yourself

Create a household plan of action to help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community:

- Talk with the people who need to be included in your plan, and discuss what to do if a COVID-19 outbreak occurs in your community.
- Plan ways to care for those who might be at [greater risk for serious complications](#).
 - Make sure they have access to 2 weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- Get to know your neighbors and find out if your neighborhood has a website or social media page to stay connected.
- Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support, and resources.
- Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.

6) Does CDC recommend the use of masks prevent COVID-19?

If you are not fully vaccinated and aged 2 or older, you should wear a mask in indoor public places.

In general, you do not need to wear a mask in outdoor settings.

- In areas with [high numbers of COVID-19 cases](#), consider wearing a mask in crowded outdoor settings and for activities with [close contact](#) with others who are not fully vaccinated.

People who have a condition or are taking medications that weaken their immune system may not be fully protected even if they are fully vaccinated. They should continue to take all [precautions recommended for unvaccinated people, including wearing a well-fitted mask](#), until advised otherwise by their healthcare provider.

If you are fully vaccinated, in areas with [high numbers of COVID-19 cases](#), consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated. Fully vaccinated people might choose to mask regardless of the level of transmission, particularly if they or someone in their household is immunocompromised or at [increased risk for severe disease](#), or if someone in their household is unvaccinated. People who are at increased risk for severe disease include older adults and those who have certain medical conditions, such as diabetes, overweight or obesity, and heart conditions.

- If you are fully vaccinated, see [When You've Been Fully Vaccinated](#).

Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations. Travelers are not required to wear a mask in outdoor areas of a conveyance (like on a ferry or the top deck of a bus). CDC recommends that travelers who are not [fully vaccinated](#) continue to wear a mask and maintain physical distance when traveling.

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

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

How To Protect Yourself

- [How to Wear](#)
- [How to Wash](#)
- [How to Make](#)

A video demonstrating how to make a face cover at home is available at:
<https://youtu.be/tPx1yqvJgf4>

7) Should I wear a respirator in public?

Most often, [spread](#) of respiratory viruses from person-to-person happens among [close contacts](#) (within 6 feet). Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. 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](#).

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

Coronaviruses are thought to be spread most often by respiratory droplets. Although the virus can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. However, it may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Learn more about [safe handling of deliveries and mail](#).

9) 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 are not fully vaccinated and have been exposed but do not have symptoms, they are asked to stay away from others in public settings. For 5 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>

How To Protect Yourself

10) Should I use soap and water or a hand sanitizer to protect against COVID-19?

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

11) What cleaning products should I use to protect against COVID-19?

Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common EPA-registered household disinfectants will work. See CDC's recommendations [for household cleaning and disinfection](#).

12) Should I make my own sanitizer if I can't find it in stores?

CDC does not encourage the production and use of homemade hand sanitizer [products because of concerns over the correct use of the ingredients](#) and the need to work under sterile conditions to make the product. Local industries that are looking into producing hand sanitizer to fill in for commercial shortages can refer to the [World Health Organization guidance](#). Organizations should revert to the use of commercially produced, FDA-approved product once such supplies again become available.

- To be effective against killing some types of germs, [hand sanitizers](#) need to have a strength of at least 60% alcohol and be used when hands are not visibly dirty or greasy.
- Do not rely on "Do It Yourself" or "DIY" recipes based solely on essential oils or formulated without correct compounding practices.
- Do not use hand sanitizer to disinfect frequently touched surfaces and objects. [See CDC's information for cleaning and sanitizing your home](#).

13) Should contact lens wearers take special precautions to prevent COVID-19?

- Currently there is no evidence to suggest contact lens wearers are more at risk for acquiring COVID-19 than eyeglass wearers.
- Contact lens wearers should continue to [practice safe contact lens wear and care hygiene habits](#) to help prevent against transmission of any contact lens-related infections, such as always washing hands with soap and water before handling lenses.
- People who are healthy can continue to wear and care for their contact lenses as prescribed by their eye care professional.

Find more information about [how coronavirus spreads](#) and [how to protect yourself](#).

Visit [CDC's contact lens website](#) for more information on healthy contact lens wear and care.

14) Is contact lens disinfecting solution effective against COVID-19?

[Hydrogen peroxide-based systems](#) for cleaning, disinfecting, and storing contact lenses should be effective against the virus that causes COVID-19.

- For other disinfection methods, such as multipurpose solution and ultrasonic cleaners, there is currently not enough scientific evidence to determine efficacy against the virus.

How To Protect Yourself

- [Always use solution](#) to disinfect your contact lenses and case to kill germs that may be present.
- Handle your lenses over a surface that has been cleaned and disinfected.

15) Are there any medications I should avoid taking if I have COVID-19?

Currently, there is no evidence to suggest that taking any specific medications, like blood pressure medication or ibuprofen, leads to more severe illness from COVID-19.

- Continue to take your medications and to follow your treatment plan as prescribed by your healthcare provider. Any changes to your medications should only be made after talking with your healthcare provider.
- Contact your healthcare provider if you have questions or concerns.

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

It is important to continue taking care of your health and wellness.

Continue your medications, and do not change your treatment plan without talking to your healthcare provider.

- Continue to manage your disease the way your healthcare provider has told you.
- Have at least a 30 day supply of all prescription and non-prescription medications.
- Talk to your healthcare provider about whether your vaccinations and other preventative services are up-to-date.
- Call your healthcare provider
 - If you have any concerns about your medical conditions, or if you get sick.
 - To find out about different ways you can connect with your healthcare provider for chronic disease management or other conditions
- Do not delay getting emergency care for your health problems or *any* health condition that requires immediate attention.
 - If you need emergency help, call 911.
 - Emergency departments have infection prevention plans to protect you from getting COVID-19 if you need care for your medical condition.
- Continue to practice [everyday](#) prevention. Wash your hands often, avoid close contact, wear a mask, cover coughs and sneezes, and clean and disinfect frequently touched surfaces often.
- When picking up medicines, use drive-thru windows, curbside services (prescriptions brought to you in your car), mail-order, or other delivery services.

Find more information about [how coronavirus spreads](#) and [how to protect yourself](#).

Additional Information: <https://health.mo.gov/living/healthconditions/communicable/novel-coronavirus/>

Laboratory Information

1) 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>

2) 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>

3) 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>

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

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>

5) 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>

6) 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>

7) 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>

8) What forms need to be included with every sample shipped to the SPHL for testing?

Both the *Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form* and *Virology Test Request Form* must be submitted with a sample.

Both forms are available at: <https://health.mo.gov/lab/ncov.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?

Laboratory Information

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?

Yes.

14) What private laboratories are approved for testing?

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?

All results for COVID-19 testing at the SPHL are available in real time 24/7 from the SPHL OpenELIS web portal. If you or your provider do not have access to the portal, you can contact the SPHL at 573-751-3334 to be evaluated for approval. Currently for positive results you will be contacted by state or

Laboratory Information

local public health agency epidemiologists. There is no need to contact the SPHL to inquire about the status of your report.

22) 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.

23) 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.

24) What is the address of the SPHL?

101 North Chestnut Street, Jefferson City, MO 65101

25) 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/>

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

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

27) 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 dry ice. 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.

28) Is there SPHL Saturday courier service?

The Missouri State Public Health Laboratory is no longer running the courier service on Saturdays.

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

Nasopharyngeal.

30) 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>

31) Can I submit a sample for testing from someone who has died?

Laboratory Information

Yes, please contact the DHSS 24 hour hotline at 877-435-8411 to request testing approval. Also refer to information in Coroner and Medical Examiner section regarding who should be tested.

32) I am a county coroner, how do I make plans to respond and possibly collect a sample?

Please see CDC Guidance document on obtaining postmortem specimens:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

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/exits, 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.

Long-term Care Facilities/Nursing Homes

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 \(ASTM\)](#) 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 PPE](#).

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.

- 6) **Who should a hospital or healthcare provider contact for information on getting PPE?**

The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:

 - ☐ Mid-America Regional Council ----- kcrhcc@gmail.com
 - ☐ Missouri Hospital Association ----- nonurbanmohcc@mhanet.com
 - ☐ St. Louis Area Regional Response System ----- COVID-19@ewgateway.org

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 PB70:2012](#) 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](#) [[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.

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.

Personal Protective Equipment (PPE) for Healthcare Settings

Gowns

- 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.](#)
- 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.

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.

7) Who should a hospital or healthcare provider contact for information on getting PPE?

The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:

- ☐ Mid-America Regional Council ----- kcrhcc@gmail.com
- ☐ Missouri Hospital Association ----- nonurbanmohcc@mhanet.com
- ☐ St. Louis Area Regional Response System ----- COVID-19@ewgateway.org

Personal Protective Equipment (PPE) for Healthcare Settings Gowns

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), gases or vapors. 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.

Personal Protective Equipment (PPE) for Healthcare Settings

Respirators

4) What makes N95 respirators different from facemasks (sometimes called a surgical mask)?

- [Infographic: Understanding the difference between surgical masks and N95 respirators](#)
- 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, consider switching to a regular N95 without an exhalation valve. This respirator will provide the same protection as a surgical N95 but provides a little less breathing resistance.

7) My N95 respirator has an exhalation valve, is that okay? Will it protect me and others?

Yes, an N95 filtering facepiece respirator will protect you and provide source control to protect others. A NIOSH-approved N95 filtering facepiece respirator with an exhalation valve offers the same protection to the wearer as one that does not have a valve. As source control, findings from [NIOSH research](#) suggest that, even without covering the valve, N95 respirators with exhalation valves provide the same or better source control than surgical masks, procedure masks, cloth masks, or fabric coverings. In general,

Personal Protective Equipment (PPE) for Healthcare Settings

Respirators

individuals wearing NIOSH-approved N95s with an exhalation valve should not be asked to use one without an exhalation valve or to cover it with a face covering or mask. However, NIOSH-approved N95 respirators with an exhalation valve are not fluid resistant. Therefore, in situations where a fluid resistant respirator is indicated (e.g., in surgical settings), individuals should wear a surgical N95 or, if a surgical N95 is not available, cover their respirator with a surgical mask or a face shield. Be careful not to compromise the fit of the respirator when placing a facemask over the respirator. **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 respirators](#) 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 \(CEL\)](#).

8) How do I know if a respirator is falsely advertising NIOSH-approval?

When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, these respirators are posted on the [Counterfeit Respirators / Misrepresentation of NIOSH-Approval](#) webpage to alert users, purchasers, and manufacturers.

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.

12) Who should a hospital or healthcare provider contact for information on getting PPE?

The hospital or healthcare provider should contact their healthcare coalition (HCC) points of contact (Coordinators) and describe the situation and resource need. Each of these agencies staffs an HCC

Personal Protective Equipment (PPE) for Healthcare Settings Respirators

Readiness and Response Coordinator (HCC Coordinator) position whose duties include coordinating resource requests. HCC contact emails:

- ☐ Mid-America Regional Council ----- kcrhcc@gmail.com
- ☐ Missouri Hospital Association ----- nonurbanmohcc@mhanet.com
- ☐ St. Louis Area Regional Response System ----- COVID-19@ewgateway.org

13) Where can I get more information about the PPE decontamination system?

The Battelle Critical Care Decontamination System is only designed to decontaminate N95 respirator masks for healthcare providers and first responders. Interested healthcare providers or first responders should go to www.battelle.org/decon for more information and to fill out the enrollment form.

14) Can I use an elastomeric respirator as source control?

Until more is understood on exhalation valves, elastomeric respirators with unfiltered exhalation valves should not be used as source control in surgical and other healthcare settings due to concerns that air coming out of the exhalation valve may contaminate the sterile field. The [NIOSH Certified Equipment List](#) identifies the elastomeric respirators without exhalation valves or with filtered exhalation valves that may be used in surgical settings.

Pregnant Women/Infants

1) Is it easier for pregnant women to become ill with COVID-19?

We do not currently know if pregnant people 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. Based on available information, **pregnant people seem to have the same risk as adults who are not pregnant.**

However, we do know that

- Pregnant people have changes in their bodies that may increase their risk of some infections.
- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.

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
- Clean and disinfect frequently touched surfaces daily
- Get vaccinated

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?

- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.
- It is always important for pregnant people to protect themselves from illnesses.

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

- **Mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.**
- A very small number of babies have tested positive for the virus shortly after birth. However, it is unknown if these babies got the virus before or after birth.
- The virus has not been detected in amniotic fluid, breastmilk, or other maternal samples.

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

- **Breast milk provides protection against many illnesses** and is the best source of nutrition for most infants.
- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding
- **In limited studies, COVID-19 has not been detected in breast milk;** however we do not know for sure whether mothers with COVID-19 can spread the virus via breast milk.

Pregnant Women/Infants

- If you are sick and choose to **direct breastfeed**:
 - Wear a facemask and wash your hands before each feeding.
- If the you are sick and choose to **express breast milk**:
 - Express breast milk to establish and maintain milk supply.
 - A dedicated breast pump should be provided.
 - Wash hands before touching any pump or bottle parts and before expressing breast milk.
 - Follow [recommendations for proper pump cleaning](#) after each use, cleaning all parts that come into contact with breast milk.
 - If possible, consider having someone who is well feed the expressed breast milk to the infant.

Schools and Childcare Facilities – Administrators, Teachers, and Parents

NOTE: For additional Missouri-specific information, please see Missouri School Reopening and Operating Guidance available at: <https://dese.mo.gov/media/pdf/covid-mo-k-12-school-guidance>

1) What should administrators consider while planning and preparing for COVID-19 in the community or school?

Local leaders, including school administrators, should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies being implemented (e.g., physical distancing, screening testing).

During the COVID-19 pandemic, states, tribes, localities, territories (STLTs), school districts, and federal school systems have been making decisions about when and how to safely open schools for in-person learning. Many STLTs, school districts, school administrators, partners, and members of the public have asked CDC how to determine when it is safe to open schools for in-person learning. There is no easy answer or single indicator, and many variables must be considered.

To identify the current level of community transmission, check your [local health department's website](#). Keep in mind that the level of transmission of COVID-19 in any community might change rapidly.

2) What can staff and students do to prevent the spread of COVID-19?

Encourage students and staff to take [everyday preventive actions](#) to prevent the spread of respiratory illnesses such as COVID-19. These actions include staying home when sick; appropriately and consistently wearing masks; cleaning and disinfecting 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 they are visibly dirty. Ensure proper monitoring of student hand sanitizer use, especially with young children and those with developmental or learning disabilities. Remember to ensure proper storage of sanitizer and other cleaning or disinfecting products to keep out of reach of children. These measures are important to prevent swallowing, injuries (e.g., splashes to eyes), or misuse of such products, which can lead to serious illness and outcomes, including death.

The CDC guidance emphasizes implementing layered prevention strategies (e.g., using multiple prevention strategies together) to protect people who are not fully vaccinated. Local leaders, including school administrators, should monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions on the level of layered prevention strategies being implemented (e.g., physical distancing, screening testing).

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

Schools should establish procedures to ensure students and staff who are sick are [isolated](#) from others as soon as possible. Keep anyone with symptoms separate from other students and staff, except for a designated person or school nurse who is taking the child to be isolated and is wearing the recommended [personal protective equipment](#), until they can go home or be picked up. If someone has [emergency warning signs](#) or other signs of serious or life-threatening illness, seek emergency medical care immediately. Notify the 911 operator that you are seeking care for someone who may have COVID-19. Anyone who has symptoms of COVID-19 should consult with their healthcare providers for evaluation and viral testing. See [What to Do If a Student Becomes Sick at School](#) and [Symptom Screening in Schools](#) for more information.

Schools and Childcare Facilities – Administrators, Teachers, and Parents

4) 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](#)
- [COVID-19 in Children and Teens](#)
- [Strategies for Protecting K-12 School Staff from COVID-19](#)
- Handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families](#) to help children develop good handwashing habits.
- Information on [talking to children about COVID-19](#)
- School [Decision-Making Tool for Parents, Guardians, and Caregivers](#)
- [COVID-19 Parental Resources Kit](#)
- Information on [stigma and COVID-19](#)
- [Information for School Nurses and Other Healthcare Personnel \(HCP\) Working in Schools and Child Care Settings](#)
- Where service or therapy [animals](#) are used, use guidance to [protect the animal from COVID-19](#).

5) 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. Your school may also wish to coordinate with local and state education departments and community organizations to help re-engage families.

6) For childcare facilities specifically, what guidance has DHSS provided regarding a child who has a confirmed case of COVID-19 or is symptomatic pending test results or is a close contact to a confirmed case?

Staff and children who have presumed or confirmed COVID-19 should stay home and [isolate](#) for at least 5 full days and stay away from other people as much as possible.

- People without symptoms can end isolation after 5 full days and return to the facility if they are older than age 2 and able to consistently and correctly wear a mask while in the facility.
- People who once had symptoms can end isolation after 5 full days and return to the facility if they are fever-free for 24 hours without the use of fever-reducing medication and if symptoms have improved.
- For children and staff who are unable to consistently wear a mask when around others (including all children under 2 years of age) **the safest option** is to continue to isolate for a full 10 days.

Because of the importance of access to learning and care, when determining isolation policies, ECE programs should consider multiple factors, including education loss and social and emotional well-being of children, and the needs of the families served when they cannot attend ECE programs in person. ECE programs should also consider the level of [community transmission of COVID-19](#), presence of [other people who are at higher risk](#) for severe illness, and the ability to use additional prevention strategies, such as improved ventilation and cohorting.

Returning from isolation:

From day 6-10, staff and children who return from isolation should avoid being around [other people who are at higher risk](#) for severe illness as much as possible. Those who are able to consistently wear masks should then wear a well-fitting mask when around others at home, in the facility, and in public, even after all symptoms have ended. During times in the facility where children do not wear masks, such as during

Schools and Childcare Facilities – Administrators, Teachers, and Parents

meals, snacks, and naptime, keep children who are returning from isolation 6 feet apart whenever possible, while still safely under provider supervision. Consider using additional prevention strategies, such as [improved ventilation](#) and [cohorting](#), particularly when consistent mask wearing is not feasible.

ECE programs should also allow flexible, non-punitive, and supportive paid sick leave policies and practices that encourage sick workers to stay home without fear of retaliation, loss of pay, or loss of employment. Employers should ensure that workers are aware of and understand these policies.

The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral or bacterial illnesses each year. Although COVID-19 and other common illnesses such as colds, flu, or ear infections have similar symptoms, they are different diseases. Children who have symptoms of infectious illness or certain symptoms of COVID-19 should not attend your ECE program. Encourage your families to be on the alert for [signs of illness](#) in their children and to keep them home when they are sick.

- Fever, temperature 100.4 °F or higher, or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Diarrhea, vomiting, or stomachache

People who have a fever of 100.4 °F (38.0 °C) or above or other signs of illness should not be admitted to your facility.

7) When should I dismiss our school/childcare program?

School districts and school administrators can work with local health authorities when deciding to open, close, or reopen schools for in-person learning. CDC recommends the use of 3 core indicators, including two measures of community burden and one self-assessed measure of school implementation of key mitigation strategies. Local health officials can also assist school administrators in making decisions about cancellation of school events or other in-person activities. See CDC's [Indicators for Dynamic School Decision-Making](#) for more information. A school might also need to implement short-term building closure protocols if/when an infected person has been on campus during their infectious period and has close contact with others. Additional information on [operating schools during COVID-19](#) is available.

8) Should teachers wear a mask even while at least 3-6 feet away from others?

CDC recommends universal indoor masking by all* students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.

*Exceptions can be made for the following categories of people:

- A person who [cannot wear a mask, or cannot safely wear a mask](#), because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the

Schools and Childcare Facilities – Administrators, Teachers, and Parents

possibility of reasonable accommodations with workers who are unable to wear or have difficulty wearing certain types of masks because of a disability.

- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

At this time, Missouri acknowledges this new guidance, but believes such decisions should be made at the discretion of local board of education, in consultation with local public health officials. Local entities should consider community transmission and local positivity rates when making these decisions.

Some teachers and teaching staff may consider use of clear masks that cover the nose and wrap securely around the face. If used, clear masks should not cause any breathing difficulties or overheating for the wearer. You may consider using a clear mask if:

- You interact with students or staff who are deaf or hard of hearing
- You teach young students who are learning to read
- You teach students who are English learners
- You teach students who have disabilities

Clear masks are not face shields. CDC does not recommend the use of face shields for normal everyday activities nor are they a substitute for masks.


9) Can teachers wear a face shield instead of a mask?

CDC does not recommend the use of [face shields](#) for normal everyday activities or as a substitute for masks. Face shields alone likely do not reduce the spread of the virus that causes COVID-19. For more information on using face shields and on considerations for people who may have difficulty wearing a mask, visit [Other Types of Face Protection](#). To learn more about alternative work options for individuals who cannot wear a mask, visit our [School Considerations](#) page.

10) Should students wear masks?

CDC recommends universal indoor masking by all* students (ages 2 years and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.

*Exceptions can be made for the following categories of people:

- A person who [cannot wear a mask, or cannot safely wear a mask](#), because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). Discuss the possibility of [reasonable accommodation](#) with workers who are unable to wear or have difficulty wearing certain types of masks because of a disability.
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

At this time, Missouri acknowledges this new guidance, but believes such decisions should be made at the discretion of local board of education, in consultation with local public health officials. Local entities should consider community transmission and local positivity rates when making these decisions.

Per a federal order issued by the CDC, masks are required on public and private school buses and other forms of public transportation for both passengers and drivers. Learn more here, including the applicable

Schools and Childcare Facilities – Administrators, Teachers, and Parents

exclusions and exemptions. Per this CDC order, if a student attends a school where mask use is not required due to vaccination status (e.g., a high school with a high rate of vaccination), the student is still required to wear a mask on the school bus. Schools should provide masks to those students who need them (including on buses), such as students who forgot to bring their mask or whose families are unable to afford them. Neither LEAs nor LPHAs have discretion regarding this federal order.

Transmission risk would be lowest in an environment where all students and staff wear masks. However, when all-day use is not possible by all students (such as younger students), it is still important to remember that **masks are most essential** in times when distancing at least 6 feet apart is difficult. When thinking about a school day, these may include times such as entering and leaving school, transitioning between classes, or participating in activities.

Masks should NOT be worn by children under the age of 2 or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. [Adaptations and alternatives](#) should be considered to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one. Any concerns about wearing a mask should be discussed with a healthcare provider who can provide advice about wearing a mask.

According to CDC: Everyone should wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should [get tested](#) at least 5 days after their last close contact with someone with COVID-19, unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. Those who test positive or develop COVID-19 symptoms should isolate from other people and follow recommendations for [isolation](#).

CDC continues to recommend indoor masking in K-12 schools for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status. The school should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after their last close contact to someone with COVID-19. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating). <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-quarantine.html>

11) How should students' masks be stored and washed?

When masks are not being worn for short times during the school day (e.g., when eating), it is important to store masks in a clean, convenient location designated for each student, that is separate from other students. Each day, students can be instructed to bring clean, individually labeled containers or paper bags that can be placed in each student's designated location for use when needed. Individually labeled containers or paper bags can be added to the list of school supplies for parents/guardians and can be part of each student's daily routine. Masks should be washed after every day of use and should be changed if visibly soiled. Parents or guardians can be encouraged to send an extra clean mask with students to school every day. It is important to always [remove masks correctly](#) and perform proper [handwashing](#) after handling or touching a used mask. Schools will want to consider how to encourage mask use and modify

Schools and Childcare Facilities – Administrators, Teachers, and Parents

mask policies when needed for students with special healthcare needs. The goal is to not inhibit students' education or well-being.

12) What should teachers do to lower the risk of COVID-19 transmission in school?

In addition to wearing a mask, teachers can practice and model [social distancing](#) by staying at least 6 feet away from students or other staff and participating in meetings or professional development virtually, rather than in-person, as much as possible. Teachers should also teach and model regularly [washing](#) hands with soap and water for 20 seconds or using hand sanitizer with 60% alcohol, and using respiratory etiquette (e.g., covering coughs and sneezes with a tissue, throwing used tissues in the trash, and washing hands immediately). Teachers can also make sure that frequently touched surfaces in their classrooms are [regularly cleaned and disinfected](#).

13) What can teachers do to protect themselves and their students?

Teachers and students are in close contact for much of the day with in-person learning, and schools can become a place where respiratory diseases like COVID-19 can quickly spread. Teachers can protect themselves and their students by practicing and promoting [behaviors that reduce the spread of COVID-19](#) during the school year. Teachers should [stay home](#) if they have any [symptoms of COVID-19](#), such as fever, cough, shortness of breath, body aches, headache, and loss of taste or smell. If teachers have symptoms, they should reach out to their healthcare provider for evaluation and testing. Teachers should also [stay home](#) if they have been in close contact with someone with COVID-19. Encourage parents to keep students at home if the student is sick. Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.

14) How should teachers talk to students about COVID-19?

Teachers play an important role in helping children and youth make sense of what they have heard about COVID-19. Some students may be unaware of the risks of COVID-19 or be misinformed. Some students may have experienced loss of a loved one from COVID-19 or other traumas. Students may worry about themselves, their family, and friends getting ill with COVID-19. Encouraging students to share their concerns with trusted adults and being able to link students to necessary resources for mental health and well-being will be critical. Specific to COVID-19, CDC has created recommendations to help adults have conversations with children about COVID-19. This resource includes information on ways to avoid getting and spreading COVID-19.

15) What should teachers do if they have had close contact with someone who has COVID-19?

Students, teachers, and staff who came into [close contact](#) with someone with COVID-19 should [quarantine](#) for at least 5 days (day 0 through day 5) after their last close contact if they are in one of the following groups:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

These individuals could also be eligible for Test to Stay programs that would allow them to stay in the school setting during the quarantine period. Outside the school setting, quarantine recommendations would apply.

Schools and Childcare Facilities – Administrators, Teachers, and Parents

Students, teachers, and staff who came into close contact with someone with COVID-19 and are in one of the following groups do not need to quarantine:

- People who are ages 18 and older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- People who are ages 5–17 years and completed the [primary series](#) of COVID-19 vaccines.
- People who had confirmed COVID-19 within the last 90 days (tested positive using a [viral test](#)).

Everyone should wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should [get tested](#) at least 5 days after their last close contact with someone with COVID-19, unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. Those who test positive or develop COVID-19 symptoms should isolate from other people and follow recommendations for [isolation](#).

CDC continues to recommend indoor masking in K-12 schools for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status. The school should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after their last close contact to someone with COVID-19. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

16) What should teachers do if a student starts having symptoms consistent with COVID-19 while in the classroom?

If a student in the classroom starts having [symptoms consistent with COVID-19](#), follow the school protocol that may include escorting the student to the isolation area and notifying the COVID-19 designated point of contact. Consider how to help the school by letting the COVID-19 point of contact know with whom the student with symptoms came into contact within the classroom. See [What to Do If a Student Becomes Sick at School](#) for additional guidance.

17) If a student in the class starts having symptoms consistent with COVID-19 or tests positive for COVID-19, will everyone in my class, including the teacher, need to quarantine?

Who needs to quarantine?

Students, teachers, and staff who came into [close contact](#) with someone with COVID-19 should [quarantine](#) for at least 5 days (day 0 through day 5) after their last close contact if they are in one of the following groups:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

These individuals could also be eligible for Test to Stay programs that would allow them to stay in the school setting during the quarantine period. Outside the school setting, quarantine recommendations would apply.

Schools and Childcare Facilities – Administrators, Teachers, and Parents

Who does NOT need quarantine?

Students, teachers, and staff who came into close contact with someone with COVID-19 and are in one of the following groups do not need to quarantine:

- People who are ages 18 and older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- People who are ages 5–17 years and completed the [primary series](#) of COVID-19 vaccines.
- People who had confirmed COVID-19 within the last 90 days (tested positive using a [viral test](#)).

Everyone should wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should [get tested](#) at least 5 days after their last close contact with someone with COVID-19, unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness of breath, or other COVID-19 symptoms. Those who test positive or develop COVID-19 symptoms should isolate from other people and follow recommendations for [isolation](#).

CDC continues to recommend indoor masking in K-12 schools for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status. The school should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after their last close contact to someone with COVID-19. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

How should “Test to Stay” be implemented in light of the updated shortened quarantine and isolation timeframe?

Test to Stay (TTS) can be implemented by schools as an alternative to traditional quarantine at home by establishing testing protocols to perform at least two tests during the period between close contact notification/TTS enrollment and day 7 after exposure, with the last test occurring 5-7 days after last close contact with a person confirmed with COVID-19. For more information about TTS, visit [What You Should Know About COVID-19 Testing in Schools](#).

Test to Stay

Test to Stay (TTS) combines [contact tracing](#) and [serial testing](#) (testing that is repeated at least twice during a seven-day period after last close contact with a person with COVID-19) to allow some students, teachers and staff who should [quarantine](#) to continue in-person learning. This includes people who are a school-associated close contact, are not fully vaccinated, do not test positive for SARS-CoV-2, and have no symptoms. TTS participants should get tested at least upon notification of their close contact and again on 5-7 days after their last close contact with someone with COVID-19.

Students who participate in Test to Stay should wear well-fitting masks while in school and should stay home and [isolate](#) if they develop symptoms or test positive for SARS-CoV-2. In the [studies](#) done in Illinois and California, to qualify for Test to Stay, both the person with COVID-19 and the close contact had to be properly masked at the time of exposure. Schools considering Test to Stay should have robust contact tracing in place and access to testing resources (for example, testing supplies and personnel to conduct testing, or access to an existing community testing site), among other layered prevention strategies. Testing frequency after a close contact can vary (for example, from twice in a seven-day period to daily), but more frequent testing can more quickly identify students who become infected with SARS-CoV-2 and need to [isolate](#).

Schools and Childcare Facilities – Administrators, Teachers, and Parents

Schools may consider Test to Stay as an option for keeping asymptomatic school-associated close contacts in the classroom as an alternative to traditional quarantine at home. Because Test to Stay can be resource intensive, it may not be a viable option for every school. School district administrators and local public health agencies should make efforts to ensure that such strategies, if offered, are available in an equitable way among students and across schools and comply with all applicable laws, regulations, and policies, including those related to privacy and confidentiality. Administrators should ensure that students who are [isolating](#) or in [quarantine](#) at home have adequate access to remote learning options and that they and their families receive support and follow-up to promote learning and minimize disruption.

18) Will teachers be notified if a student or colleague tests positive for COVID-19?

School administrators should notify local health officials, staff, and families, in accordance with all relevant laws and regulations (e.g., the Americans with Disabilities Act and FERPA) when a student or staff member reports having tested positive for COVID-19. If this occurs, an administrator can share general information about an exposure without providing the specific identity of the person who had COVID-19. Work with administration to ensure that everyone understands the process that will be used when a student or staff member is identified as having COVID-19.

School administrators should work with local health officials to conduct appropriate contact tracing. Teachers should be alerted if they are believed to have been in close contact with the individual who tested positive. View [What to Do If a Student Becomes Sick at School](#) for additional guidance.

19) What happens if a student or staff member is exposed to COVID-19 outside the school setting?

Who needs to quarantine?

Students, teachers, and staff who came into [close contact](#) with someone with COVID-19 should [quarantine](#) for at least 5 days (day 0 through day 5) after their last close contact if they are in one of the following groups:

- People who are ages 18 and older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- People who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- People who are not vaccinated or have not completed a [primary vaccine series](#).

These individuals could also be eligible for Test to Stay programs that would allow them to stay in the school setting during the quarantine period. Outside the school setting, quarantine recommendations would apply.

Who does NOT need quarantine?

Students, teachers, and staff who came into close contact with someone with COVID-19 and are in one of the following groups do not need to quarantine:

- People who are ages 18 and older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- People who are ages 5–17 years and completed the [primary series](#) of COVID-19 vaccines.
- People who had confirmed COVID-19 within the last 90 days (tested positive using a [viral test](#)).

Everyone should wear a [well-fitting mask](#) around others for 10 days from the date of their last close contact with someone with COVID-19 (the date of last close contact is considered day 0). They should [get tested](#) at least 5 days after their last close contact with someone with COVID-19, unless they had confirmed COVID-19 in the last 90 days and subsequently recovered. For 10 days after their last exposure to someone with COVID-19, they should watch for fever (100.4°F or greater), cough, shortness

Schools and Childcare Facilities – Administrators, Teachers, and Parents

of breath, or other COVID-19 symptoms. Those who test positive or develop COVID-19 symptoms should isolate from other people and follow recommendations for [isolation](#).

CDC continues to recommend indoor masking in K-12 schools for all individuals ages 2 years and older, including students, teachers, staff, and visitors, regardless of vaccination status. The school should ensure that there is a plan for people identified as close contacts to stay masked at all times indoors until 10 full days after their last close contact to someone with COVID-19. During times in the school day when students or staff members may typically remove masks indoors (such as during lunches, snacks, band practice, etc.), have a plan for them to adequately distance from others and ensure they wear their masks when not actively participating in these activities (such as when they are not actively eating).

For teachers, this means that there will likely be times when students must be out of the school for an extended period. It is likely that, during some part of this timeframe, many students will feel healthy and symptom-free. When one or more students are not able to attend school in-person, consider how to provide make-up materials to them (e.g., hardcopy student packets) or if it is possible to convert classroom lessons to online learning so they can keep up from home. If teachers convert to virtual learning for some students, make sure that there are new policies and procedures and provide appropriate accommodations, modifications, and assistance for students to follow while participating in virtual learning. Work with school's administration to ensure that students can work from home or develop a policy so students can make up work without penalty.

20) Are children at-risk for getting sick from COVID-19?

Children can be infected with the virus that causes COVID-19, can get sick with COVID-19, and can spread COVID-19 to others. Children, like adults, who are infected but have no symptoms, can still spread the virus to others.

Most children with the virus that causes COVID-19 have mild symptoms or have no symptoms at all. However, children can get severely ill or die from COVID-19. Children with [underlying medical conditions](#) are at increased risk of developing severe illness compared to other children.

CDC and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it. To learn more, visit [MIS-C](#).

For more information, visit [COVID-19 in Children and Teens](#).

21) How should parents talk to children about COVID-19?

As public conversations around COVID-19 increase, children may worry about themselves, their family, and friends getting ill with COVID-19. Parents play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. CDC has created [guidance to help adults have conversations with children about COVID-19](#) and ways they can avoid getting and spreading the disease. Additional information is available from the Missouri Department of Elementary and Secondary Education at:

<https://dese.mo.gov/communications/coronavirus-covid-19-information>

22) Where can child care providers get information on the CARES Act Child Care Plan benefits?

Providers should visit the Department of Social Services (DSS) COVID-19 information webpage to find information under the “Child Care” section. If providers have questions after reviewing the information on the website, they can contact DSS at 573-522-1385.

Schools and Childcare Facilities – Administrators, Teachers, and Parents

Symptoms and Testing

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

People with COVID-19 have had a wide range of symptoms—ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as more is learned about COVID-19.

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

Call your healthcare professional if you feel sick and are exhibiting the symptoms listed above. 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.

Your physician's office is a great place to seek a test. In some instances, the Missouri Department of Health and Senior Services and/or its partners do offer testing. Visit health.mo.gov/communitytest to find information on free COVID-19 testing opportunities available to you.

Most people who get COVID-19 will be able to recover at home. CDC has directions for people who are recovering at home and their caregivers, including:

- Stay home when you are sick, except to get medical care.
- Use a separate room and bathroom for sick household members (if possible).
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others.
- [Clean the sick room and bathroom](#), as needed, to avoid unnecessary contact with the sick person.

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

When to Seek Emergency Medical Attention

Symptoms and Testing

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

4) Is it possible to have the flu and COVID-19 at the same time?

Yes. It is possible to test positive for flu (as well as other respiratory infections) and COVID-19 at the same time. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone. Testing may be needed to help confirm a diagnosis.

The best way to prevent seasonal flu is to get vaccinated every year. Flu vaccines will not prevent COVID-19, but they will reduce your chances of getting flu. See [Prevent Seasonal Flu](#) for more information.

1) Who should people contact to get results from a test for COVID-19?

They should contact the provider who ordered the test. Test results are only released to the provider who ordered the test even if the test was done at the State Public Health Laboratory.

2) Where should COVID-19 test results be reported?

Providers needing to fax text results shall send reports to the Bureau of Reportable Disease Informatics (BRDI) at 573-751-6417.

3) Who should report COVID-19 test results to DHSS?

Under the current suspension of the Missouri disease case reporting rule (**19 CSR 20-20.020(6)**), when the testing for COVID-19 is conducted outside the hospital by a separate laboratory that must also report the result to DHSS, only the laboratory must make the report.

4) Is at-home specimen collection or testing available?

Yes. At-home testing and collection allow you to collect a specimen at home and either send it to a testing facility or perform the test at home.

You and your healthcare provider might consider either an at-home collection kit or an at-home test if you have signs and symptoms of COVID-19 or if you can't get testing at a local healthcare facility.

For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>

5) Should I be tested for a current infection?

The following should be tested for current infection:

- People who have [symptoms](#) of COVID-19.
- Most people who have had [close contact](#) (within 6 feet for a total of 15 minutes or more over a 24-hour period) with someone with confirmed COVID-19.
- People who completed the primary series of recommended vaccine but have not received a recommended booster should get tested 5 days after exposure.
- People who are not vaccinated or have not completed the primary series should get tested 5 days after exposure.
- People who have tested positive for COVID-19 within the past 3 months and recovered do not need to get tested following an exposure as long as they do not develop new symptoms.
- People who have taken part in activities that put them at higher risk for COVID-19 because they cannot physically distance as needed to avoid [exposure](#) such as travel, attending large social or mass gatherings, or being in crowded or poorly-ventilated indoor settings.
- People who have been asked or referred to get [tested](#) by their healthcare provider, or [state](#), [tribal](#), [local](#), or [territorial health department](#).

CDC recommends that anyone with any signs or [symptoms of COVID-19](#) get tested, regardless of vaccination status or prior infection. If you get tested because you have symptoms or were potentially exposed to the virus, you should stay away from others pending test results and follow the advice of your health care provider or a public health professional.

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

A [viral test](#) checks specimens from your nose or your mouth to find out if you are **currently infected** with SARS-CoV-2, the virus that causes COVID-19.

Contact your healthcare provider or visit your [state](#), [tribal](#), [local](#), and territorial [health department's website](#) to find the latest local information on testing. The type of viral COVID-19 tests offered differ by location. You and your healthcare provider might also consider either an [at-home collection kit or an at-home test](#) if you have signs and symptoms of COVID-19 and if you are not able to be tested by a healthcare provider or public health official.

While waiting for [test results](#), you should [self-quarantine](#) at home and [stay](#) away from others, including those living in your household. If your test results are positive, [isolate yourself](#). If you have [symptoms of COVID-19](#) or you have been in close contact with someone with COVID-19 and are not tested, it is still important to stay home. For more information, visit [What to Do if You Are Sick](#) and [When to Quarantine](#).

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

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

For more information about viral tests, please visit [Test for Current Infection](#).

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

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

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

Having antibodies to the virus that causes COVID-19 might provide protection from getting infected with the virus again. If it does, we do not know how much protection the antibodies might provide or how long this protection might last. Confirmed and suspected cases of reinfection have been reported, but remain rare.

You should continue to [protect yourself and others](#) since you could get infected with the virus again.

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

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

If you want more information about antibody tests, see [Test for Past Infection](#).

8) Can someone test negative and later test positive on a viral test for COVID-19?

Yes, it is possible. You may test negative if the sample was collected early in your infection and test positive later during this illness. You could also be exposed to COVID-19 after the test and get infected then. Even if you test negative, you still should take steps to [protect yourself and others](#). See [Testing for Current Infection](#) for more information.

10) Where should the results of COVID-19 serology (antibody) testing be sent?

Test results should be faxed to the Bureau of Reportable Disease Informatics at 573-751-6417.

Travel

1) Should I avoid traveling internationally?

Do not travel internationally until you are fully vaccinated. Fully vaccinated travelers are less likely to get and spread COVID-19. However, international travel poses additional risks and even fully vaccinated travelers are at increased risk for getting and possibly spreading new COVID-19 variants.

CDC recommends delaying international travel until you are fully vaccinated.

If you are fully vaccinated with an FDA-authorized vaccine:

- You should continue to follow CDC's recommendations for traveling safely and get tested 3-5 days after travel.
- You do NOT need to get tested before leaving United States unless your destination requires it.
- You do NOT need to self-quarantine after arriving in the United States.
- You must show a negative COVID-19 test taken no more than 1 day before travel to the U.S.

Follow entry requirements or restrictions at your destination which might include testing, quarantine, and providing contact information. Check with your destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information](#) for details about entry requirements and restrictions for arriving travelers. If you test positive on arrival, you might be required to isolate. You might be prevented from returning to the United States as scheduled.

2) If I travel, what steps should I take to help reduce my chances of getting sick or getting someone else sick?

Travel increases your chance of getting and spreading COVID-19. CDC recommends that you do not travel at this time. Delay travel and stay home to protect yourself and others from COVID-19

If you must travel, take these steps before or during your trip to [protect yourself and others](#) from COVID-19:

- If you are eligible, get fully [vaccinated for COVID-19](#). Wait 2 weeks after getting your second vaccine dose to travel—it takes time for your body to build protection after any vaccination.
- Get tested with a [viral test](#) 1-3 days before you travel. **Fully vaccinated persons do not need to get tested before travel unless their destination requires it.** Keep a copy of your test results with you during travel in case you are asked for them. Do NOT travel if you test positive.
- Check [travel restrictions](#) before you go.
- [Wear a mask](#) over your nose and mouth when in public settings. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- Avoid crowds and [stay at least 6 feet/2 meters](#) (about 2 arm lengths) from anyone who did not travel with you. It's important to do this everywhere — both indoors and outdoors.
- [Wash your hands](#) often or use hand sanitizer (with at least 60% alcohol).
- Bring extra supplies, such as masks and hand sanitizer.
- Avoid contact with anyone who is sick.
- Avoid touching your eyes, nose, and mouth.

Do NOT travel if you were [exposed to COVID-19](#), [you are sick](#) or [you test positive for COVID-19](#). Learn when it is [safe for you to travel](#). Don't travel with someone who is sick.

Get Tested After Travel (and Stay Home if Unvaccinated)

Travel

- All travelers, regardless of vaccination status, should [get tested](#) with a [viral test](#) 3-5 days after travel
- Unvaccinated travelers should **stay home and self-quarantine** for a full 5 days after travel.
 - Even if you test negative, stay home and self-quarantine for the full 5 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
- If you don't get tested, stay home and self-quarantine for 5 days after travel.
- **NOTE: You do not need to self-quarantine if you are fully vaccinated, but you should still get tested.**

Also, take these actions after you return from travel to protect others from getting COVID-19:

- Avoid crowds and [stay at least 6 feet/2 meters](#) (about 2 arm lengths) from anyone who did not travel with you. It's important to do this everywhere — both indoors and outdoors.
- [Wear a mask](#) over your nose and mouth when in public settings. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- If there are people in the household who did not travel with you, [wear a mask](#) and ask everyone in the household to wear masks in shared spaces inside your home for 10 days after travel.
- [Wash your hands](#) often or use hand sanitizer with at least 60% alcohol.
- Avoid being around people who are at [increased risk for severe illness](#).
- Watch your health: Look for [symptoms](#) of COVID-19.
- Follow all [state and local](#) recommendations or requirements after travel.

3) Should I delay going on a cruise?

As of December 30, 2021, The COVID-19 Travel Health Notice level has been updated from Level 3 to Level 4, the highest level. This reflects increases in cases onboard cruise ships since identification of the Omicron variant.

- **Avoid cruise travel, regardless of vaccination status.**
- Even fully vaccinated travelers may be at risk for getting and spreading COVID-19 variants.
- The virus that causes COVID-19 spreads easily between people in close quarters on board ships, and the chance of getting COVID-19 on cruise ships is very high, even if you are fully vaccinated and have received a COVID-19 vaccine booster dose.
- Outbreaks of COVID-19 have been reported on cruise ships.
- **If you travel on a cruise ship, make sure you are fully vaccinated before travel and get a COVID-19 vaccine booster dose if you are eligible.**
- People on cruise ships should [wear a mask](#) to keep their nose and mouth covered when in shared spaces. While CDC is exercising its enforcement discretion under CDC's [Mask Order](#) to not require that persons wear a mask under certain circumstances on board foreign-flagged cruise ships subject to the [Temporary Extension & Modification of the Framework for Conditional Sailing Order](#) (CSO), including onboard cruise ships choosing to follow the requirements of the CSO on a voluntary basis, individual cruise lines may require travelers (passengers and crew) to wear masks on board the ship.

Passengers who decide to travel should take the following steps to protect others after their return from a cruise ship or river cruise voyage:

- If you are [fully vaccinated](#):
 - Get tested 1-3 days before your trip and 3-5 days after your trip.

Travel

- If your test is positive, [isolate](#) yourself to protect others from getting infected.
- Self-monitor for COVID-19 symptoms for 14 days after travel; isolate and get tested if you develop symptoms.
- If you are **not** [fully vaccinated](#):
 - Get tested 1-3 days before your trip and 3–5 days after your trip.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
 - Self-monitor for COVID-19 symptoms for after travel; isolate and get tested if you develop symptoms.
 - Stay home and self-quarantine for 5 days after cruise travel, even if you test negative.
 - If you do not get tested, stay home and self-quarantine for 5 days after cruise travel.
 - Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.
- If you recently recovered from COVID-19:
 - If you tested positive for COVID-19 in the past 3 months and met [criteria to end isolation](#), you do NOT need to get tested before or after cruise travel unless you are symptomatic. CDC has found that people can continue to test positive for up to 3 months after they had COVID-19 and not be infectious to others.
 - You also do NOT need to self-quarantine after cruise travel.
- Always follow [state](#) and [local](#) recommendations or requirements related to travel.

4) Can flying on an airplane increase my risk of getting COVID-19?

Yes. Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.

[Masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

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

Under current federal regulations, pilots must report all illnesses and deaths to CDC before arriving to a U.S. destination. According to CDC protocols, if a sick traveler has a contagious disease that is a risk to others on board the airplane, CDC works with local and state health departments and international public health agencies to contact exposed passengers and crew. 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) What if I recently traveled and get sick?

Follow the steps below: If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- Take care of yourself. Get rest and stay hydrated. Take over-the-counter medications, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other [emergency warning signs](#), or if you think it is an [emergency](#).

Travel

- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you stay away from others. You should stay in a specific “sick room” if possible, and away from other people in your home. 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:** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor’s office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a mask over your nose and mouth

- **You should wear a [mask](#) over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don’t need to wear the mask if you are alone. If you can’t put on a mask (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Masks should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the mask without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders.

A video demonstrating how to make a face cover at home is available at:
<https://youtu.be/tPx1yqvJgf4>

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.

Travel

- **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

- **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.

Avoid sharing personal household items

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.
- **If a caregiver or other person needs to clean and disinfect** a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning. They should wait as long as possible after the person who is sick has used the bathroom before coming in to clean and use the bathroom.

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

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

Monitor your symptoms

- **Symptoms of COVID-19 include fever, cough, or other symptoms.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities may give instructions on checking your symptoms and reporting information.

When to seek emergency medical attention

Travel

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

7) When can I return to work after international travel?

You may have been exposed to COVID-19 on your travels. You may feel well and not have any symptoms, but you can be contagious without symptoms and spread the virus to others. You and your travel companions (including [children](#)) pose a potential risk to your family, friends, and community for 14 days after you travel.

Get Tested After Travel (and Stay Home if Unvaccinated)

- If not fully vaccinated, [get tested](#) with a [viral test](#) 3-5 days after travel **AND stay home and self-quarantine** for a full 5 days after travel.
 - Even if you test negative, stay home and self-quarantine for the full 5 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
- If fully vaccinated:
 - Get tested with a COVID-19 [viral test](#) 3-5 days after travel.
 - Self-monitor for [COVID-19 symptoms](#); [isolate](#) and get tested if you develop symptoms.
 - Follow all [state and local](#) recommendations or requirements after travel.
 - **NOTE: You do not need to self-quarantine if you are fully vaccinated, but you should still get tested.**

Also, take these actions after you return from travel to protect others from getting COVID-19:

- Avoid crowds and [stay at least 6 feet/2 meters](#) (about 2 arm lengths) from anyone who did not travel with you. It's important to do this everywhere — both indoors and outdoors.
- [Wear a mask](#) over your nose and mouth when in public settings. [Masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
- [Wash your hands](#) often or use hand sanitizer with at least 60% alcohol.
- Avoid being around people who are at [increased risk for severe illness](#).
- Watch your health: Look for [symptoms](#) of COVID-19.
- Follow all [state and local](#) recommendations or requirements after travel.

Getting tested after travel is especially important if you did any of these activities that put you at [higher risk for COVID-19](#):

- Going to a large social gathering like a wedding, funeral, or party.

Travel

- Attending a mass gathering like a sporting event, concert, or parade.
- Being in crowds like in restaurants, bars, fitness centers, or movie theaters.
- Taking public transportation like planes, trains or buses or being in transportation hubs like airports.
- Traveling on a cruise ship or riverboat.

8) Do I have to wear a mask when I travel?

[Masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

9) What can I expect when departing other countries?

Air passengers traveling to the United States., including U.S. citizens and regardless of vaccination status, are required to provide a negative COVID-19 test result or documentation of recovery from COVID-19 before boarding a flight to the United States. Get tested no more than 1 days before your flight to the US departs. Make sure to be tested with a [viral test](#) (NAAT or antigen test) to determine if you are currently infected with COVID-19. Also make sure that you receive your results before your flight departs and have documentation of your results to show the airline.

10) How can I protect myself from COVID-19 when using different types of transportation?

Practice hand hygiene and respiratory etiquette.

Before you leave, [wash your hands](#) with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

- Once you reach your destination, [wash your hands again](#) with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol as soon as possible upon arrival.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs and sneezes with a tissue or use the inside of your elbow. Throw used tissues in the trash and wash your hands immediately with soap and water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

Practice social distancing.

During travel, try to keep at least 6 feet (2 meters, approximately 2 arms' length) from people who are not in your household — for example, when you are waiting at a bus station or selecting seats on a train.

Wear masks.

- Wear a [mask](#) covering your nose and mouth at all times in public settings and inside any public or private vehicle or mode of transport when around people who do not live in your household, especially when [physical distancing](#) is difficult. [Masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations. This requirement includes taxis and rideshares as well.
 - The following categories of people are exempt from the requirement to wear a mask:
 - A child under the age of 2 years;
 - A person with a disability who cannot wear a mask, or [cannot safely wear a mask](#), for reasons related to the disability;
 - A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines [or federal regulations](#).

Travel

- A fully vaccinated person (unless in a setting where masks are required for everyone, regardless of vaccination status).
- By a person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or [federal regulations](#). Your mask helps to protect those around you in case you are infected, even if you are not showing symptoms, while offering some protection for you too.

Stay home when possible.

- [People who are sick](#), have tested positive for COVID-19, or who have recently had a close contact while not fully vaccinated (closer than 6 feet for at least 15 minutes combined over a 24-hour period) to a person with COVID-19 should not use transportation options that may put them in close contact with others (for example, public transit, rideshare, or taxis) and should stay home except to seek medical care. If they need to travel for medical care, they should travel by ambulance or private vehicle. If they use transportation services for medical needs, they should call ahead to notify the service of their illness so they can take precautions to protect the driver and other staff. No other passengers should share the vehicle.
- If you are [sick](#) and public transportation is your **only** option when seeking medical care, wear a [mask](#) over your nose and mouth, practice [social distancing](#) (staying at least 6 feet away from other people as much as possible), and practice [hand hygiene](#), including using hand sanitizer with at least 60% alcohol if soap and water are not readily available. For non-emergency medical care, make an appointment ahead of time and, if using public transportation, travel during non-peak hours, if possible.

Have adequate supplies.

- Before traveling, pack sanitizing wipes and hand sanitizer with at least 60% alcohol (in case you are unable to wash your hands at your destination).
- Bring your [mask](#)—especially while riding on a train or bus, waiting at a rest stop, or riding in a car with people outside your household. Bring extra masks and a sealable plastic bag. If your mask gets wet or dirty, put a clean mask on and put the wet or dirty mask in the plastic bag until you can wash it.

Protect people at risk for severe illness from COVID-19.

Everyone, especially those who have [an increased risk of severe illness from COVID-19](#), should avoid non-essential travel.

11) Does CDC require that travelers get a test before entering the United States?

All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than 1 day before travel or documentation of recovery from COVID-19 before boarding a flight in the United States.

12) Does CDC require quarantine after international travel?

CDC does not require that international travelers undergo mandatory federal quarantine. However, CDC recommends unvaccinated travelers self-quarantine after travel for 5 days. Unvaccinated travelers should [get tested](#) with a [viral test](#) 3-5 days after travel **AND stay home and self-quarantine** for a full 5 days after travel.

- Even if you test negative, stay home and self-quarantine for the full 5 days.

Travel

- If your test is positive, [isolate](#) yourself to protect others from getting infected.

Follow all [state and local](#) recommendations or requirements after travel.

13) What steps should I take before and during international travel?

Fully Vaccinated People

- ☐ Before you travel
 - Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination's requirements, you may be denied entry and required to return to the United States.
 - Check the current [COVID-19 situation in your destination](#).
- ☐ While you are traveling:
 - **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
 - Follow all recommendations and requirements at your destination, including mask wearing and social distancing.
 - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- ☐ Before you arrive in the United States:
 - All air passengers coming to the United States, **including U.S. citizens and fully vaccinated people**, [are required](#) to have a negative COVID-19 test result no more than 1 day before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.
- ☐ After you arrive in the United States:
 - You should still get tested 3-5 days **after** international travel.
 - You do NOT need to self-quarantine **after** arriving in the United States.

Unvaccinated People

Do not travel internationally until you are fully vaccinated. If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19:

- Before you travel:
 - Get tested with a viral test 1-3 days before your trip.
 - Make sure you understand and follow all airline and destination requirements related to travel, testing, or quarantine, which may differ from U.S. requirements. If you do not follow your destination's requirements, you may be denied entry and required to return to the United States.
 - Check the [COVID-19 situation in your destination](#).
- While you are traveling:
 - Wear a mask over your nose and mouth. **Masks are required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
 - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
 - Wash your hands often or use hand sanitizer (with at least 60% alcohol).
- Before you arrive in the United States:

Travel

- All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, [are required](#) to have a negative COVID-19 viral test result no more than 1 day before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.
- After you travel:
 - Get tested with a [viral test](#) 3-5 days after travel **AND** stay home and self-quarantine for a full 5 days after travel.
 - Even if you test negative, stay home and self-quarantine for the full 5 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
 - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - Follow all [state and local](#) recommendations or requirements.

14) Can people who have recently recovered from COVID-19 travel?

If you had COVID-19 in the past 3 months, follow all requirements and recommendations for [fully vaccinated travelers](#) except:

- You can show [documentation of recovery from COVID-19](#) instead of a negative test result before boarding an international flight to the United States.
- You do NOT need to be tested 3-5 days after travel to the United States unless you have [symptoms of COVID-19](#).

We know that people can continue to test positive for up to 3 months after they had COVID-19 and not be infectious to others.

15) Is the standard white vaccination card for COVID-19 vaccination the recommended proof of vaccination for international travel? What about the new SMART Health Card?

At this time, the best record of vaccination for people vaccinated in the United States is the CDC-labeled white vaccination record card. However, some states (through their immunization registries), vaccine providers (e.g. pharmacies and healthcare systems), and third party vendors have begun issuing verifiable vaccination credentials like the SMART Health Cards. Similarly, a number of testing facilities offer verifiable COVID-19 test results.

CDC recommends travelers check with their destination's Office of Foreign Affairs or Ministry of Health or the [US Department of State, Bureau of Consular Affairs, Country Information page](#) to learn what documentation is needed to meet any requirements for proof of vaccination or proof of negative test result that their destination may have in place.

For more information about CDC's travel health recommendations see [CDC's COVID-19 Travel](#) page.

At this time, the State of Missouri does not offer Smart Health Cards; however, local health departments and other vaccinators could if they choose to do so. The COVID-19 vaccination card is the official record according to CDC.

Water and COVID-19

1) Can the COVID-19 virus spread through treated drinking water?

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

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

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

The virus that causes COVID-19 has been found in the feces of some patients diagnosed with COVID-19. However, it is unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person. Scientists also do not know how much risk there is that the virus could be spread from the feces of an infected person to another person. However, they think this risk is low based on data from previous outbreaks of diseases caused by related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

3) Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water play areas?

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

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

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

See [Considerations for Public Pools, Hot Tubs, and Water Playgrounds](#) for more information.

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

SARS-CoV-2 (the virus that causes COVID-19) can be shed in the feces of individuals with COVID-19. Genetic material from SARS-CoV-2 has been found in [untreated wastewater](#). However, while data are limited, there is little evidence of infectious virus in wastewater, and no information to date that anyone has become sick with COVID-19 because of exposure to wastewater. Wastewater treatment plants use chemical and other disinfection processes to remove and degrade many viruses and bacteria. SARS-CoV-2 is inactivated by the disinfection methods used in wastewater treatment. At this time, the risk of transmission of the virus that causes COVID-19 through properly designed and maintained wastewater systems is thought to be low.

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

Water and COVID-19

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

Standard practices associated with wastewater treatment plant operations should be sufficient to protect wastewater workers from the virus that causes COVID-19. These standard practices can include engineering and administrative controls, hygiene precautions, specific safe work practices, and personal protective equipment ([PPE](#)) normally required when handling untreated wastewater. No additional COVID-19-specific protections are recommended for workers involved in wastewater management, including those at wastewater treatment facilities.

6) If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?

In most cases, it is safe to [wash your hands](#) with soap and tap water during a [Boil Water Advisory](#). Follow the guidance issued with the boil water advisory. If soap and water are not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.

7) Can the virus that causes COVID-19 spread to people through floodwater?

There is [no evidence that COVID-19 can spread to people through water](#), including floodwater.

Sometimes floodwater can mix with [wastewater](#). CDC is not aware of any scientific reports of the virus being spread by swallowing or coming in contact with water contaminated by feces from an infected person. Stay out of floodwater to [avoid hazards and illnesses](#) from contaminants that are not associated with COVID-19.

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 employers](#)

[World Health Organization: Water, sanitation, hygiene and waste management for COVID-19](#)

Travel Within Missouri and the United States

1) What is some basic advice about travel by car and air?

Delay travel until you are fully vaccinated.

COVID-19 cases and deaths have been reported in all 50 states, and the situation is constantly changing. Because travel increases your chances of getting infected and spreading COVID-19, **staying home is the best way to protect yourself and others from getting sick.**

CDC recommends you stay home as much as possible, especially if your trip is not essential, and **[practice social distancing](#)** especially if you are at **[higher risk of severe illness](#)**. **Don't travel if you are sick** or travel with someone who is sick.

2) What things should I consider if I must travel?

CDC recommends you **[stay home](#)** as much as possible and avoid close contact, especially if you are at **[higher risk of severe illness](#)**. If you *must* travel, there are several things you should consider before you go.

Travel increases your chances of getting *and* spreading COVID-19. We don't know if one type of travel is safer than others; however, airports, bus stations, train stations, and rest stops are all places travelers can be exposed to the virus in the air and on surfaces. These are also places where it can be hard to **[social distance](#)** (keep 6 feet apart from other people).

Consider the following risks for getting or spreading COVID-19, depending on how you travel:

- **Air travel:** Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.
- **Bus or train travel:** Traveling on buses and trains for any length of time can involve sitting or standing within 6 feet of others.
- **Car travel:** Making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and surfaces.
- **RV travel:** You may have to stop less often for food or bathroom breaks, but RV travel typically means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

3) What precautions should I take if I have to stay in temporary accommodations like a hotel, motel or rental properties?

CDC recommends you **[stay home](#)** as much as possible and avoid close contact, especially if you are at **[higher risk of severe illness](#)**. Staying in temporary accommodations (hotels, motels, and rental properties) may expose you to the virus through person-to-person contact and possibly through contact with contaminated surfaces and objects.

If you *must* stay in a hotel, motel, or rental property:

- Take the same **[steps](#)** you would in other public places—for example, avoid close contact with others, wash your hands often, and wear a cloth face covering.

Travel Within Missouri and the United States

- When you get to your room or rental property, [clean and disinfect](#) all high-touch surfaces. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, remote controls, toilets, and sink faucets.
 - Bring an EPA-registered disinfectant and other personal [cleaning supplies](#), including cloths and disposable gloves.
- Wash any plates, cups, or silverware (other than pre-wrapped plastic) before using.

4) What factors should I consider if I must take a road trip?

CDC recommends you delay travel until you are fully vaccinated.

CDC recommends you [stay home](#) as much as possible and [practice social distancing](#), especially if you are at [higher risk of severe illness](#). However, if you must travel, be aware that some businesses (such as restaurants and hotels) may be closed.

Anticipate your needs before you go:

- Prepare food and water for the road. Pack non-perishables in case restaurants and stores are closed.
- Bring any medicines you may need for the duration of your trip.
- Pack a sufficient amount of alcohol-based hand sanitizer (at least 60% alcohol) and keep it in a place that is readily available.
- Book accommodations in advance if you *must* stay somewhere overnight.
 - Plan to make as few stops as possible, but make sure you rest when you feel drowsy or sleepy.
 - Bring an EPA-registered disinfectant and other personal [cleaning supplies](#).

Don't travel if you are sick or plan to travel with someone who is sick.

If you *must* travel, protect yourself and others during your trip:

Clean your hands often.

- [Wash your hands](#) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
 - **Avoid touching your eyes, nose, and mouth.**
- Avoid close contact with others.
 - Keep 6 feet of physical distance from others at all times.
 - This is especially important if you [are at higher risk of getting very sick](#) from COVID-19.
- [Wear a cloth face covering in public.](#)
- Cover coughs and sneezes.
- Pick up food at drive-thrus, curbside restaurant service, or stores. Do not dine in restaurants if that is prohibited by state or local guidance.

5) Can traveling to visit family or friends increase my chances of getting and spreading COVID-19?

Travel Within Missouri and the United States

Yes. CDC recommends delaying travel until you are [fully vaccinated](#), because travel increases your chance of getting and spreading COVID-19. If you are not fully vaccinated and must travel, follow CDC's [Domestic Travel](#) or [International Travel](#) recommendations for unvaccinated people.

6) Does traveling to campgrounds or going camping pose any risks?

Yes. Going camping at a time when much of the United States is experiencing community spread of COVID-19 can pose a potential risk to you if you come in close contact with others or share public facilities (like restrooms or picnic areas) at campsites or along the trails. Exposure may be especially unsafe if you are [more likely to get very ill from COVID-19](#) and are planning to be in *remote areas, without easy access to medical care*. Also be aware that many local, state, and national public parks have been temporarily closed due to COVID-19.

7) Am I required to quarantine after domestic travel?

If you are [fully vaccinated](#), take the following steps to protect others after you travel:

- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
- Follow all [state and local](#) recommendations or requirements.
- You do NOT need to get tested or self-quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 3 months. You should still follow all other travel recommendations.

If you are not fully vaccinated and must travel, take the following steps to protect yourself and others from COVID-19 after you travel:

- Get tested with a viral test 1-3 days before your trip.
- [Get tested](#) with a [viral test](#) 3-5 days after travel **AND stay home and self-quarantine** for a full 5 days after travel.
 - Even if you test negative, stay home and self-quarantine for the full 5 days.
 - If your test is positive, [isolate](#) yourself to protect others from getting infected.
- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms. Follow all [state and local](#) recommendations or requirements.
- While you are traveling:
 - **Wearing a mask over your nose and mouth is required** on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and while indoors at U.S. transportation hubs such as airports and stations. Travelers are not required to wear a mask in outdoor areas of a conveyance (like on a ferry or the top deck of a bus). CDC recommends that travelers who are not [fully vaccinated](#) continue to wear a mask and maintain physical distance when traveling.
 - Avoid crowds and stay at least 6 feet/2 meters (about 2 arm lengths) from anyone who is not traveling with you.
 - Wash your hands often or use hand sanitizer (with at least 60% alcohol).

Children and COVID-19

1) What is the risk of my child becoming sick with COVID-19?

Children can be infected with the virus that causes COVID-19 and can get sick with COVID-19. Most children with COVID-19 have mild symptoms or they may have no symptoms at all (“asymptomatic”). Fewer children have been sick with COVID-19 compared to adults. However, children with certain [underlying medical conditions](#) and infants (less than 1 year old) might be at increased risk for severe illness from COVID-19. Some children have developed a rare but serious disease that is linked to COVID-19 called [multisystem inflammatory syndrome \(MIS-C\)](#).

For more information for parents or caregivers of children, see [Children and Teens](#) and the [COVID-19 Parental Resources Kit](#).

For more information about how people get sick with the virus that causes COVID-19, see [How COVID-19 Spreads](#).

2) How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the same things everyone should do to stay healthy.

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).

You can find additional information on preventing COVID-19 at [Prevention for 2019 Novel Coronavirus](#) and at [Preventing COVID-19 Spread in Communities](#). Additional information on how COVID-19 is spread is available at [How COVID-19 Spreads](#).

More information on [Children and Coronavirus Disease 2019 \(COVID-19\)](#) is available online.

3) Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms of COVID-19 are similar in children and adults. COVID-19 can look different in different people. For many people, being sick with COVID-19 would be a little bit like having the flu. People can get a fever, cough, or have a hard time taking deep breaths. Most people who have gotten COVID-19 have not gotten very sick. Only a small group of people who get it have had more serious problems.

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

4) Should children wear masks?

Children and COVID-19

In general, children 2 years and older should [wear a mask](#). Masks offer some protection to you and are also meant to protect those around you, in case you are unknowingly infected with the virus that causes COVID-19. However, CDC recognizes that wearing masks may not be possible in every situation or for some people. Appropriate and consistent use of masks may be challenging for some children, such as children with certain disabilities, including cognitive, intellectual, developmental, sensory and behavioral disorders. Learn more about what you should do if your child or you [cannot wear masks in certain situations](#).

A video demonstrating how to make a face cover at home is available at:
<https://youtu.be/tPx1yqvJgf4>

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

[Multisystem inflammatory syndrome in children \(MIS-C\)](#) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Children with MIS-C may have a fever and various symptoms, including abdominal (gut) pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired. We do not yet know what causes MIS-C. However, many children with MIS-C had the virus that causes [COVID-19](#), or had been around someone with COVID-19.

Contact your child's doctor, nurse, or clinic right away if your child is showing symptoms of MIS-C or [symptoms of COVID-19](#). If your child is showing any **emergency warning signs** including trouble breathing, pain or pressure in the chest that does not go away, new confusion, inability to wake up or stay awake, pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone, or severe abdominal pain, **call 911 or go to the emergency room**.

6) Can my child hang out with their friends during the pandemic?

The more people your child interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. While your child may spend time with other people when they return to childcare or school settings, reducing the number of people your child interacts with outside people within your household, childcare facility or school can reduce the risk of getting and spreading the virus that causes COVID-19. CDC recommends children 2 years of age and older wear a [mask](#) in public settings or when around people who do not live in their household, especially when it is difficult to stay at least 6 feet from others. However, masks should not be a substitute for other preventive measures such as frequent hand washing and staying at least 6 feet away from others.

7) How can I help my child continue learning?

- Stay in touch with your child's school.
 - Many schools are offering lessons online (virtual learning). Review assignments from the school, and help your child establish a reasonable pace for completing the work. You may need to assist your child with turning on devices, reading instructions, and typing answers.
- Create a schedule and routine for learning at home, but remain flexible.
 -
- Consider the needs and adjustment required for your child's age group.
 - The transition to being at home will be different for preschoolers, K-5, middle school students, and high school students. Talk to your child about expectations and how they are adjusting to being at home versus at school.
- Look for ways to make learning fun.

Children and COVID-19

8) Will kids have access to meals?

- Check with your school on plans to continue meal services if there is a school dismissal. Many schools are keeping school facilities open to allow families to pick up meals or are providing grab-and-go meals at a central location.

9) How can I keep my family healthy?

- **Watch your child for any signs of illness.**
 - If you see any sign of illness consistent with [symptoms of COVID-19](#), particularly fever, cough, or shortness of breath, call your healthcare provider and keep your child at home and away from others as much as possible. Follow CDC's guidance on "[What to do if you are sick](#)."
- **Teach and reinforce [everyday preventive actions](#).**
 - Parents and caretakers play an important role in teaching children to wash their hands. Explain that hand washing can keep them healthy and stop the virus from spreading to others.
 - Be a good role model—if you wash your hands often, they're more likely to do the same.
 - Make [handwashing a family activity](#).
- **Help your child stay active.**
 - Encourage your child to play outdoors—it's great for physical and mental health. Take a walk with your child or go on a bike ride.
 - Use indoor activity breaks (e.g., stretch breaks, dance breaks) throughout the day to help your child stay healthy and focused.
- **Help your child stay socially connected.**
 - Help your child reach out to friends and family via phone or video chats.
 - Help your child write cards or letters to family members they may not be able to visit.
- **Watch for signs of stress in your child.**
 - Some common changes to watch for include excessive worry or sadness, unhealthy eating or sleeping habits, and difficulty with attention and concentration. For more information, see the "For Parents" section on CDC's website, [Manage Anxiety and Stress](#).
 - Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and [share facts](#) about COVID-19 in a way that your child or teen can understand.
 - Go to CDC's [Helping Children Cope with Emergencies](#) or [Talking with Children About COVID-19](#) for more information.
 - Some schools and non-profits, such as the [Collaborative for Academic, Social, and Emotional Learning](#) and [The Yale Center for Emotional Intelligence](#), have resources for social and emotional learning. Check to see if your school has tips and guidelines to help support social and emotional needs of your child.

10) Should I limit time my children's time with older adults, including relatives, and people with chronic medical conditions?

- [Older adults and people who have serious underlying medical conditions](#) are at highest risk of getting sick from COVID-19.
 1. If you live with people at increased risk for severe illness from COVID-19, consider separating your child from them if your child has frequent interactions with those outside the household (like at schools or other settings) and are not fully vaccinated.

Children and COVID-19

2. Consider postponing visits or trips to see grandparents, older family members, or family members with underlying medical conditions while there are high levels of transmission (or high number of COVID-19 cases) in your community.
3. If your child does visit someone who is older or has an underlying medical condition that puts them at risk of severe illness, your child should stay at least 6 feet away from that person if they are unvaccinated. Everyone should wear a mask when visiting. Masks should not be placed on children younger than 2 years old, anyone who has trouble breathing or is unconscious, and anyone who is incapacitated or otherwise unable to remove the mask without assistance.
4. Take steps to help [protect your child from COVID-19](#) in order to reduce the risk of your child spreading the virus that causes COVID-19 to others especially people at increased risk of severe illness.

11) How do I prepare my children in case of COVID-19 outbreak in our community? Outbreaks can be stressful for adults and children. When you talk with your children about the outbreak, try to stay calm, and reassure them that they are safe. [Talk to your children](#) about COVID-19 and [help them cope with stress](#).

- Create a household plan of action to help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community:
- Talk with the people who need to be included in your plan, and discuss what to do if a COVID-19 outbreak occurs in your community.
- Plan ways to care for those who might be at [greater risk for serious complications](#). Make sure they have access to 2 weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- Get to know your neighbors and find out if your neighborhood has a website or social media page to stay connected.
- Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support, and resources.
- Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.

12) Should my infant or child be tested for SARS-CoV-2, the virus that causes COVID-19?

Not everyone needs to be tested. Your infant or child may need to be tested for SARS-CoV-2 if your child:

- Has [symptoms of COVID-19](#), or
- Had [close contact](#) (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone who tested positive for SARS-CoV-2, the virus that causes COVID-19, or
- Took part in activities that put them at higher risk for COVID-19, because they could not stay at least 6 feet apart as needed (such as travel, attending large social or mass gatherings, or being in a crowded or poorly ventilated indoor setting), or
- Was asked or referred to get testing by their [state](#), [tribal](#), [local](#), or [territorial health department](#) or healthcare provider.

Children and COVID-19

[Daycare and school settings](#) that use multiple [prevention strategies](#), such as universal and correct use of masks and keeping people at least 6 feet apart as much as possible, are not considered higher risk settings. If your child attends daycare or in-person school, they should be tested only if they meet one of the above criteria.

If your child is tested **because they have [COVID-19 symptoms](#) or have been in [close contact with someone with COVID-19](#)**, keep your child home **until they can safely end [isolation](#) or [quarantine](#)** and follow the advice of your healthcare provider or a public health professional. If your child has [recovered from COVID-19 in the past 3 months](#) and *does not* have symptoms of COVID-19, they do not need to be retested for up to 3 months from their last positive test result.

Some schools may choose to use [screening testing](#) of students as a way to find asymptomatic cases and prevent spread of COVID-19. Screening testing is use of SARS-CoV-2 tests to identify cases of COVID-19 in people *without* symptoms or without known [close contact](#) with someone with COVID-19. Your child's school should communicate any plans about screening testing with you before your child is tested. School-based screening testing should not be conducted without consent from the person to be tested (for adults) or from a parent or legal guardian (for minor students). Children who have [recovered from COVID-19 in the past 3 months](#) should not undergo screening testing.

Mental Health

1) How do people react to stressful situations like the COVID-19 pandemic?

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include

- Older people and people with chronic diseases who are at higher risk for COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
- People who have mental health conditions including problems with substance use
- Caregivers—someone caring for elderly family or friends, disabled individuals, or young children
- Non-English speaking individuals

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call

- 911
- Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)
- Suicide Lifeline 1-800-273-8255

Stress during an infectious disease outbreak can include

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

2) What steps can I take to cope with the stress?

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.
- Establish a routine and stick with it—get up at the same time every day, continue to take a shower and get dressed; eat at normal meal times, etc.
- **Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.**

3) What can parents or caregivers do to reduce stress in children?

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their

Mental Health

children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not all children and teens respond to stress in the same way. Some common changes to watch for include

- Excessive crying or irritation in younger children
- Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviors in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

There are many things you can do to support your child

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and [share facts](#) about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

4) What can responders do to reduce the stress they may experience?

Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:

- Acknowledge that STS can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

5) What feelings may people who have just been released from quarantine experience?

Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick. Everyone feels differently after coming out of quarantine. Some feelings include:

Mental Health

- Mixed emotions, including relief after quarantine
- Fear and worry about your own health and the health of your loved ones
- Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19
- Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
- Guilt about not being able to perform normal work or parenting duties during quarantine
- Other emotional or mental health changes
- Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine.

6) 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>

7) 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>

Coroners and Medical Examiners

1) Do I need to test for COVID-19 on a deceased body?

Unless COVID-19 was clinically suspected, there is no reason to test. In such a scenario, the reason to test a deceased body is to determine cause of death when testing was not done pre-mortem and manage exposed contacts that occurred prior to the death. Additional guidance on post-mortem specimen collection can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html>

To inquire about testing through the Missouri State Public Health Laboratory or the CDC, the coroner or medical examiner would need to follow the same protocol utilized by other healthcare providers in order to receive approval for testing which is to call the Missouri Novel Coronavirus Information Hotline and select Option 2. The clinical information or contact exposure information that makes the person eligible for testing by the Missouri State Public Health Laboratory would still apply. Without having this information, the person is not eligible for testing through public health.

Making or Selling Items to Assist With The COVID-19 Response

1) Who should people contact if they want to make or sell or donate PPE or ventilators?

People should go to the Department of Economic Development (DED) website at: <https://ded.mo.gov/howtohelp> The link will take them to a webpage where they should fill-in the requested information.

2) Who should businesses contact if they want to make or create something to help with the pandemic response?

Calls from businesses that want to make or create something to assist with the pandemic response should be directed to Stacy Kempker in DCPH at Stacy.kempker@health.mo.gov

Masks

1) What is being recommended for masks?

In accordance with Centers for Disease Control and Prevention (CDC) guidance, it is recommended that all individuals in the State of Missouri who are not fully vaccinated wear a cloth face covering when in a public setting where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.

Fully vaccinated people should wear a mask in public indoor settings if they are in an area of [substantial or high transmission](#). Some might choose to wear a mask regardless of the level of transmission, particularly if they are immunocompromised or at [increased risk for severe disease](#) from COVID-19, or if they have someone in their household who is immunocompromised, at increased risk of severe disease or not fully vaccinated.

Due to a nationwide shortage of facemasks (also known as surgical masks) and N-95 respirators, these should be reserved for healthcare workers and others in direct contact with known or suspected COVID-19 patients.

2) Why is this being recommended now?

Studies are beginning to show that individuals in close proximity to others may transmit the virus that causes COVID-19 without having developed symptoms themselves. Homemade masks offer some degree of protection against large infectious droplets, such as mucus or saliva, when speaking, sneezing, or coughing. This particularly protects those around the person wearing the face covering and helps people who may have the virus and do not know it from transmitting it to others. Face coverings may also limit the wearer from touching their own mouth and nose.

New evidence shows that fully vaccinated people who become infected with the B.1.617.2 (Delta) variant can transmit it to others.

3) How should I wear a cloth face covering?

A cloth face covering should fit snugly but comfortably over the mouth and nose and against the side of the face, and be secured with ties or ear loops

4) How do I make a cloth face covering?

A cloth face covering should include multiple layers of fabric but still allow for breathing without restriction (generally 3-4 or fewer layers). It should also be able to be laundered and machine dried without damage or change to shape. The CDC has a good resource for making a cloth face covering here: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>. Numerous other sources are available on the internet. Various materials have been tested to see how well they filter particles and typical materials around the house, like a pillow case or cotton t-shirt, have been shown to block some particles and provide some protection.

5) How do I take off and clean my face covering?

Individuals should be careful not to touch their eyes, nose, or mouth when removing their cloth face covering. Handle only by the ear loops or ties. Remove when hand washing or hand sanitizer is available to immediately perform hand hygiene after removing. Routine laundering of the face covering is recommended.

6) What else should I be doing to limit the spread of COVID-19?

If you must be in public settings and are not fully vaccinated, face coverings should be used in conjunction with the other health recommendations already in place, such as maintaining 6 feet distance from other people, using proper cough/sneeze etiquette, frequent hand-washing, and avoiding touching your eyes, nose and mouth. Individuals who are sick, or have close contact with someone who is sick, should stay home.

Masks

7) What precautions should I know about?

Even simple masks can make it harder to breathe. Individuals should take care not to use materials or excessive layers that restrict breathing ability. All individuals should take care to monitor their own health while wearing a mask or face covering, and consult a doctor with any concerns.

Masks should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

The masks recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. If you are a caregiver for an individual with the virus, every attempt should be made to get a surgical facemask or N-95 respirator.

8) How should an employer use this guidance?

Identifying and mitigating exposures to the virus that causes COVID-19 before work begins should be an initial step taken in any facility. Engineering and administrative controls that prevent or reduce exposures should be used with any policy that considers use of face coverings by employees. Face covering use does not replace good business practices to maintain a healthy work environment, including encouraging sick employees to stay home, supporting good respiratory etiquette and hand hygiene, and performing routine environmental cleaning and disinfection. Employee policies should include considerations for good contamination control as well as employee's medical conditions that may preclude use of face coverings. Consult with infection control, industrial hygiene, or a public health agency for guidance or facility-specific recommendations.

Case Count Information

1) Where can I get data on the number of cases of COVID-19 in Missouri?

Please visit the Show Me Strong Recovery Plan website at showmestrong.mo.gov and click on Data or follow this link:

<https://showmestrong.mo.gov/data/public-health/>

2) Why do some state's COVID-19 case numbers sometimes differ from what is posted on CDC's website?

CDC's overall case numbers are validated through a confirmation process with jurisdictions. The process used for finding and confirming cases displayed by different places may differ.

3) How do CDC's COVID-19 case numbers compare with those provided by the World Health Organization (WHO) or Johns Hopkins?

CDC's COVID-19 case numbers include many publicly reported numbers, including information from state, local, territorial, international and external partners.

4) Why do the number of cases listed on the CDC's webpage for previous days increase?

Delays in reporting can cause the number of COVID-19 cases reported on previous days to increase. (Sometimes this effect is described as "backfill.") State, local, and territorial health departments report the number of cases that have been confirmed and share these data with CDC. Since it takes time to conduct laboratory testing, cases from a previous day may be added to the daily counts a few days late.

Testing Sites Information

1) Where can I find a list of private test sites?

Please visit the DHSS website at health.mo.gov and click on “learn about COVID-19 under the “How do I...” header and then on Missouri Testing Sites or follow this link:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/mobile-testing.php>

2) Who can I contact about test results for tests done at private test sites?

Please contact the medical provider who operated the test site to get your results.

3) What are community testing events and who is eligible to be tested?

In some instances, the Missouri Department of Health and Senior Services and/or its partners do offer testing. Visit health.mo.gov/communitytest to find information on free COVID-19 testing opportunities available to you.

4) What is the schedule for upcoming community testing events and where can I register?

Please go to the following webpage: www.health.mo.gov/communitytest

Healthcare Professionals – Obstetrical Care

1) Does CDC recommend use of facemasks or respirators for healthcare personnel (HCP) caring for pregnant patients with known or suspected COVID-19 infection?

When available, respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns should be used for the care of patients with known or suspected COVID-19 infection, including women who are pregnant. For more information, please see [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

2) How should the use of N95 respirators be prioritized within obstetric healthcare settings during shortages?

During respirator shortages, care should be taken to ensure that N95 respirators are reserved for situations where respiratory protection is most important, such as performance of aerosol-generating procedures on patients with suspected or confirmed COVID-19 infection. In such shortage situations, facemasks might be used for other types of patient care.

Alternatives to N95 respirators might be considered where feasible. These include other classes of NIOSH-approved filtering facepiece respirators, half facepiece or full facepiece elastomeric respirators, and powered air-purifying respirators (PAPRs) where feasible. All of these alternatives will provide equivalent or higher protection than N95 respirators when properly worn. However, PAPRs and elastomeric respirators should **not** be used in surgical settings due to concerns that exhaled air may contaminate the sterile field. For more information please see: [Strategies for Optimizing the Supply of N95 Respirators: Conventional Capacity Strategies](#).

When respirator supplies are restored, the facility can switch back to use of N95 respirators for all care of patients with known or suspected COVID-19 infection. For more information, please see [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

3) Is forceful exhalation during the second stage of labor considered an aerosol-generating procedure for respirator prioritization during shortages?

Based on limited data, forceful exhalation during the second stage of labor would not be expected to generate aerosols to the same extent as procedures more commonly considered to be aerosol generating (such as bronchoscopy, intubation, and open suctioning). Forceful exhalation during the second stage of labor is not considered an aerosol-generating procedure for respirator prioritization during shortages over procedures more likely to generate higher concentrations of infectious respiratory aerosols.

When respirator supplies are restored, as with all clinical care activities for patients with known or suspected COVID-19, HCP should use respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns during the second stage of labor, in addition to other personal protective equipment that may be typically indicated for labor and delivery. For more information please see: [Healthcare Infection Prevention and Control FAQs](#)

4) Is use of high-flow oxygen considered an aerosol-generating procedure for respirator prioritization during shortages?

Based on limited data, high-flow oxygen use is not considered an aerosol-generating procedure for respirator prioritization during shortages over procedures more likely to generate higher concentrations of

Healthcare Professionals – Obstetrical Care

infectious respiratory aerosols (such as bronchoscopy, intubation, and open suctioning). Patients with known or suspected COVID-19 should receive any interventions they would normally receive as standard of care. When respirator supplies are restored, as with all clinical care activities for patients with known or suspected COVID-19, respirators (or facemasks if a respirator is not available), eye protection, gloves, and gowns should be used by HCP for the care of pregnant patients with known or suspected COVID-19. For more information please see: [Healthcare Infection Prevention and Control FAQs](#)

5) Should intrapartum fever be considered as a possible sign of COVID-19 infection?

Clinicians should use their judgment to determine if a patient has [signs and symptoms](#) compatible with COVID-19 and whether the patient should be tested. Fever is the most commonly reported sign; most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (cough, difficulty breathing).

Data regarding COVID-19 in pregnancy are limited; according to current information, presenting signs and symptoms are expected to be similar to those for non-pregnant patients, including the presence of fever.

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections. As part of evaluation, clinicians are strongly encouraged to test for other causes of respiratory illness and peripartum fever. For more information please see: [Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)](#)

6) What guidance is available for labor and delivery HCP with potential exposure in a healthcare setting to patients with COVID-19 infection?

HCP in labor and delivery healthcare settings should follow the same infection prevention and control recommendations and personal protective equipment recommendations as all other HCP. If HCP are exposed to patients with COVID-19 infection, guidance is available for HCP and healthcare facilities on steps to take. For more information, please see: [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 \(COVID-19\)](#)

Plasma Donations

1) What is the purpose of donating plasma?

Historically, convalescent plasma has been used to prevent or treat new viral diseases when other treatments or vaccines were not available. People who have fully recovered from COVID-19 have antibodies in their plasma that can work against the virus.

The plasma obtained from the blood of people who recovered from COVID-19 (convalescent plasma) is being evaluated as treatment for patients with serious or immediately life-threatening COVID-19 infections or those judged by a health care provider to be at high risk of progression to severe or life-threatening disease. Blood specimens may also be used to better understand patients' immune responses to COVID-19 to assist development of new therapies and vaccines.

2) Who can be evaluated for eligibility to donate plasma?

Those who are fully recovered from a verified coronavirus (COVID-19) diagnosis can contact the health care institution in their area to be evaluated for eligibility. These are unpaid, voluntary donations.

3) Who should I contact about donating plasma?

Interested candidates are encouraged to reach out to the nearest participating provider for instructions. More partners are expected to be added to this project in the coming days and weeks.

- **Cape Girardeau**
[Red Cross](#)
- **Columbia**
MU Health, Physicians can register patients or patients can register here with the [American Red Cross](#)
- **Jefferson City**
[Red Cross](#)
- **Kansas City**
- [Community Blood Center of Greater Kansas City](#)
- **Springfield**
CoxHealth, CoxHealthAccountableCare@coxhealth.com, 417-269-6756
Mercy, [Community Blood Center of the Ozarks](#), [Red Cross](#)
- **St. Joseph**
[Community Blood Center of Greater Kansas City](#)
- **St. Louis**
Washington University School of Medicine, IDCRU@wustl.edu, 314-454-0058
Mercy, [Mississippi Valley Regional Blood Center](#) and the [American Red Cross](#)

4) Where can I get more information about plasma donation?

See the American Red Cross's **frequently asked questions** about the COVID-19 convalescent plasma program.

More information can also be found at the National COVID-19 Convalescent Plasma Project [website](#) and the American Association of Blood Banks [website](#)

Groups at Higher Risk for Severe Illness

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

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people with underlying medical conditions are at higher risk for severe illness from COVID-19.

People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- [Chronic kidney disease](#)
- [COPD \(chronic obstructive pulmonary disease\)](#)
- Down Syndrome
- [Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies](#)
- [Immunocompromised state \(weakened immune system\) from solid organ transplant](#)
- [Obesity \(body mass index \[BMI\] of 30 or higher\)](#)
- [Pregnancy](#)
- [Sickle cell disease](#)
- [Smoking](#)
- [Type 2 diabetes mellitus](#)

Based on what is known at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- [Asthma \(moderate-to-severe\)](#)
- [Cerebrovascular disease \(affects blood vessels and blood supply to the brain\)](#)
- [Cystic fibrosis](#)
- [Hypertension or high blood pressure](#)
- [Immunocompromised state \(weakened immune system\) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines](#)
- [Neurologic conditions, such as dementia](#)
- [Liver disease](#)
- [Overweight \(BMI > 25 kg/m², but < 30 kg/m²\)](#)
- [Pulmonary fibrosis \(having damaged or scarred lung tissues\)](#)
- [Thalassemia \(a type of blood disorder\)](#)
- [Type 1 diabetes mellitus](#)

2) How were the underlying conditions selected?

We are learning more about COVID-19 every day. **The list of underlying medical conditions is not exhaustive and only includes conditions with sufficient evidence to draw conclusions;** it is a living document that may be updated at any time, subject to potentially rapid change as the science evolves. This list is meant to inform clinicians to help them provide the best care possible for patients, and to inform individuals about their level of risk so they can make individual decisions about illness prevention. Notably, the list may not include every condition that might increase one's risk for developing severe illness from COVID-19, such as those for which evidence may be limited (e.g., rare conditions). Individuals with any underlying medical condition (including those conditions that are NOT on the current list) should consult with their healthcare providers about personal risk factors and circumstances to determine whether extra precautions are warranted.

3) What does well controlled mean?

Groups at Higher Risk for Severe Illness

Generally, well-controlled means that your condition is stable, not life-threatening, and laboratory assessments and other findings are as similar as possible to those without the health condition. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

4) What does more severe illness mean?

Severity typically means how much impact the illness or condition has on your body's function. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

5) Are people with disabilities at higher risk?

Adults with disabilities are more likely to have an [underlying medical condition](#) that may put them at increased risk of severe illness from COVID-19 including, but not limited to, heart disease, stroke, diabetes, chronic kidney disease, cancer, high blood pressure, and obesity. In addition, having a disability may make it harder to practice social distancing, wear a mask, and practice hand hygiene.

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

If you are at [higher risk for severe illness](#) from COVID-19, you should:

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

7) Am I at higher risk if I have moderate to severe asthma and what actions should I take?

COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and serious illness. You should take the following actions:

- Follow your [Asthma Action Plan](#).
- Keep your asthma under control.
- Continue your current medications, including any inhalers with steroids in them ("steroids" is another word for corticosteroids).
- Know [how to use your inhaler](#).

Groups at Higher Risk for Severe Illness

- Avoid your [asthma triggers](#).
- If possible, have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
 - Make sure that people with asthma are not in the room.
 - Minimize use of disinfectants that can cause an asthma attack.
 - Open windows or doors and use a fan that blows air outdoors.
 - Always follow the instructions on the product label.
 - Spray or pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows).

8) Am I at higher risk if I have chronic lung disease and what actions should I take?

Based on data from other viral respiratory infections, COVID-19 might cause flare-ups of chronic lung diseases, such as COPD, idiopathic pulmonary fibrosis, and cystic fibrosis, leading to severe illness. You should take the following actions:

- Keep taking your current medications, including those with steroids in them (“steroids” is another word for corticosteroids).
- Avoid triggers that make your symptoms worse.

9) Am I at higher risk if I have diabetes and what actions should I take?

People with diabetes whose blood sugar levels are often higher than their target are more likely to have [diabetes-related health problems](#). Those health problems can make it harder to overcome COVID-19. You should take the following actions:

- Continue taking your diabetes pills and insulin as usual.
- Test your blood sugar every four hours and keep track of the results.
- Make sure that you have at least a two-week supply of your diabetes pills and insulin.
- Follow the [sick day guidelines for people with diabetes](#).

10) Am I at higher risk if I have a serious heart condition and what actions should I take?

COVID-19, like other viral illnesses such as the flu, can damage the respiratory system and make it harder for your heart to work. For people with heart failure and other serious heart conditions (coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension) this can lead to a worsening of COVID-19 symptoms. You should take the following actions:

- Take your medication exactly as prescribed. Continue angiotensin converting enzyme inhibitors (ACE-I) or angiotensin-II receptor blockers (ARB) as prescribed by your healthcare provider for indications such as heart failure or high blood pressure. This is recommended by [current clinical guidelines](#).
- Make sure that you have at least a two-week supply of your heart disease medications (such as those to treat high cholesterol and high blood pressure).
- People with hypertension should continue to manage and control their blood pressure and take their medication as directed.

11) Am I at higher risk if I have a chronic kidney disease and what actions should I take?

Groups at Higher Risk for Severe Illness

Patients with chronic kidney disease being treated by dialysis are more prone to infection and severe illness because of weakened immune systems; treatments and procedures to manage kidney failure; and coexisting conditions such as diabetes. You should take the following actions:

- If you are on dialysis, you should NOT miss your treatments.
- Contact your dialysis clinic and your healthcare provider if you feel sick or have concerns.
- Plan to have enough food on hand to follow the [KCER 3-Day Emergency Diet Plan](#) for dialysis patients in case you are unable to maintain your normal treatment schedule.

12) Am I at higher risk if I am severely obese and what actions should I take?

Severe obesity (body mass index of 40 or above) increases the risk of a serious breathing problem called acute respiratory distress syndrome (ARDS), which is a major complication of COVID-19 and can cause difficulties with a doctor's ability to provide respiratory support for seriously ill patients. People living with severe obesity can have multiple serious chronic diseases and underlying health conditions that can increase the risk of severe illness from COVID-19. You should take the following actions:

- Take your medications for any underlying health conditions exactly as prescribed.

13) Am I at higher risk if I am aged 65 years and older and what actions should I take?

Although COVID-19 can affect any group, the older you are, the higher your risk of serious disease. Eight out of 10 deaths reported in the U.S. have been in [adults 65 years or older](#); risk of death is highest among those 85 years or older. The immune systems of older adults weaken with age, making it harder to fight off infections. Also, older adults commonly have chronic diseases that can increase the risk of severe illness from COVID-19. You should take the following actions:

- Take your medications for any underlying health conditions exactly as prescribed.
- Follow the advice of your healthcare provider.
- Develop a [care plan](#) that summarizes your health conditions and current treatments.
- Prepare yourself to stay home for long periods using [this checklist](#)

14) Am I at higher risk if I live in a nursing home or long-term care facility and what actions should I take?

The communal nature of nursing homes and long-term care facilities, and the population served (generally older adults often with underlying medical conditions), put those living in nursing homes at higher risk of infection and severe illness from COVID-19. You should take the following actions:

- Carefully follow your facility's instructions for infection prevention.
- Notify staff right away if you feel sick.
- Ask your caretakers about the actions that are being taken at your nursing home or long-term care facility to protect you and your loved ones, including if and how they are limiting visitors.

15) Am I at higher risk if I am immunocompromised and what actions should I take?

People with a weakened immune system have reduced ability to fight infectious diseases, including viruses like COVID-19. Knowledge is limited about the virus that causes COVID-19, but based on

Groups at Higher Risk for Severe Illness

similar viruses, there is concern that immunocompromised patients may remain infectious for longer than other COVID-19 patients. You should take the following actions:

- If you are immunocompromised, continue any recommended medications or treatments and follow the advice of your healthcare provider.
- Call your healthcare provider if you have concerns about your condition or feel sick.

16) Am I at higher risk if I have liver disease and what actions should I take?

Severe illness caused by COVID-19 and the medications used to treat some severe consequences of COVID-19 can cause strain on the liver, particularly for those with underlying liver problems. People living with serious liver disease can have a weakened immune system, leaving the body less able to fight COVID-19. You should take the following actions:

- Take your medications exactly as prescribed

17) Are people with high blood pressure (hypertension) at higher risk from COVID-19?

- Many patients with severe illness from COVID-19 have underlying hypertension. Hypertension is common in the United States. [Hypertension](#) is more frequent with advancing age and among non-Hispanic blacks and people with other underlying medical conditions such as obesity and diabetes. At this time, people whose only underlying medical condition is hypertension [might be at increased risk](#) for severe illness from COVID-19.
- If you have high blood pressure, it's critically important that you keep your blood pressure under control to lower your risk for heart disease and strokes. Take your blood pressure medications as directed, keep a log of your blood pressure every day if you are able to take your blood pressure at home, and work with your healthcare team to make sure your blood pressure is well controlled. Any changes to your medications should be made in consultation with your healthcare team.
- Continue to take your blood pressure medications exactly as prescribed and make lifestyle modifications agreed upon in your treatment plan. Continue all your regular medications, including angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs), as prescribed by your healthcare team. This is recommended by [current clinical guidelines](#) from the American Heart Association, the Heart Failure Society of America, and the American College of Cardiology

Children and Youth with Special Healthcare Needs

1) Is my child with an underlying medical condition or special healthcare need at higher risk for severe illness from COVID-19?

It's not known yet whether all of these children are at higher risk for severe illness from COVID-19.

Although most COVID-19 cases in children are not severe, serious illness that needs to be treated at the hospital still happens. Some data on children reported that the majority who needed hospitalization for COVID-19 had at least one underlying medical condition. The most common underlying conditions reported among children with COVID-19 include chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. This information suggests that children with these underlying medical conditions may be at risk for more severe illness from COVID-19.

More data are needed to learn which underlying or complex medical conditions may put children at increased risk. CDC is monitoring new information as it becomes available and will provide updates as needed.

Learn more about caring for [children with special health care needs during a disaster](#) and [people who are at higher risk for severe illness from COVID-19](#).

2) What additional steps should families that have a child with an underlying medical condition or special health care need take?

In addition to following the recommendations to [prevent getting sick](#) and [running essential errands](#), families should take extra steps recommended for persons with [higher risk of severe COVID-19 illness](#) and steps outlined for those with [potential COVID-19 exposure or confirmed illness](#).

- Identify potential alternative caregivers, if you or other regular caregivers become sick and are unable to care for your child. If possible, these alternative caregivers would not be at [higher risk of severe illness from COVID-19](#) themselves.
- Try to have at least one month of medication and medical supplies on hand. Some health plans allow for a 90-day supply of prescription medications. Consider discussing this option with your child's healthcare provider.
- Review any care plans for your child, such as an asthma action plan, and make sure caregivers and backup caregivers are familiar with these plans.
- If you do not have [care plans or an emergency notebook](#), try to make them. They typically include important information about your child's medical conditions, how to manage those conditions, how to get in touch with your child's doctors, allergies, information on medications (names, dosages, and administration instructions), preferences (food and other) or special needs, daily routines and activities, friends, and details about routines that are important to support behavioral and emotional health.
- Learn if your child's healthcare providers, including doctors and therapists, have new ways to be contacted or new ways of providing appointments. If they offer telemedicine visits, find out how those are arranged and any additional information you need.
- If your child receives any support care services in the home that need to be continued, make plans for what you will do if those direct care providers get sick, or if persons in your household are sick.
- Discuss with the support care agencies and the providers ways to minimize risk for exposure to the virus that causes COVID-19.

Children and Youth with Special Healthcare Needs

- If your child or other persons in your household are sick with COVID-19 and are able to recover at home, inform your direct care providers and consider postponing or rescheduling services until the criteria for [discontinuing home isolation](#) have been met.
- Ask service providers if they are experiencing any [symptoms of COVID-19](#), or if they have been in contact with someone who has COVID-19.
- Tell the service provider to:
 - Wear a [cloth face covering](#) if they will be close (less than 6 feet) to you or persons in your household. Their cloth face covering helps protect you if they are infected but do not have symptoms.
 - Ask them to wash their hands with soap and water or, if unavailable, use hand sanitizer with at least 60% alcohol when they enter your home, before and after helping your child (dressing, bathing/showering, transferring, toileting and/or diapering, feeding), after handling tissues, and after changing linens or doing laundry. [Learn more about proper handwashing](#).
- Service providers and families should:
 - Routinely clean and disinfect frequently touched objects and surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, oxygen tanks and tubing, communication boards, and other assistive devices. Refer to CDC's recommendations for [Cleaning and Disinfecting Your Home](#).

3) What can I do if my child has difficulties adjusting to new routines and following recommendations?

Helping children understand and follow recommendations, like social distancing and [wearing masks](#), can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs.

- Keeping children at home and sheltering in place can lower stress created by social distancing and cloth face covering recommendations. Reach out to others for help in running essential errands.
- Behavioral techniques can be used to address behavioral challenges and to develop new routines. These include social stories, video modeling, picture schedules, and visual cues. Try rewarding your child in small ways with his or her favorite non-food treat or activities to help switch routines and to follow recommendations.
- Many of the organizations you turn to for information and support around your child's complex, chronic medical condition may have information on their websites to help families address issues related to COVID-19.
- Your child's therapist(s) and/or teachers may also have resources to help successfully introduce new routines to your child.
- While learning at home, continue special education services, accommodations, or services received in school through your child's 504 plan or Individualized Educational Plan (IEP), as much as possible. Many schools are continuing interventions like speech therapy, small group classes, extended time and more. Learn more about [supporting children with distance learning](#).

Additional information on [caring for children](#) and on [child development specific conditions](#) are available.

4) How can my family cope with the added stress?

Supporting children with special healthcare needs can put additional demands and stress on families, especially during emergency situations. You have likely found ways to manage the stress and challenges

Children and Youth with Special Healthcare Needs

unique to your family's situation. It is important to continue your family's coping methods, including reaching out to other family members, friends, support groups, and organizations that have been helpful in the past.

See information on ways to cope with stress (such as [visiting parks, trails, or open spaces](#)) and [making your family stronger](#).

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others:

- Call 911
- Visit the [Disaster Distress Helpline](#), call 1-800-985-5990, or text TalkWithUs to 66746
- Visit the [National Domestic Violence Hotline](#) or call 1-800-799-7233 and TTY 1-800-787-3224

5) What if my child or someone else in the home is sick with symptoms of COVID-19?

If your child with special healthcare needs becomes sick with [symptoms of COVID-19](#), contact your child's healthcare provider. If your child has new or worsening [emergency warning signs](#), such as trouble breathing, pain or pressure in the chest, confusion or inability to wake them up, or bluish lips or face, call 911. If you think your child may have COVID-19, notify the operator so that first responders may be appropriately prepared to protect themselves and others.

Notify your child's healthcare provider if someone else in your house becomes sick with COVID-19, so they can provide any advice specific for your child.

See additional information if [someone in the home is sick with COVID-19](#) or suspected of having COVID-19.

6) What if my child's symptoms of their underlying medical condition or complex, chronic medical condition get worse?

- Call your child's healthcare provider if you have any concerns about your child's medical conditions. If you need emergency help, call 911.
- Emergency departments have infection prevention plans to protect you and your child from getting COVID-19 if your child needs care for medical conditions not related to COVID-19. Do not delay getting emergency care for your child's underlying condition or complex medical condition because you are afraid of getting exposed to COVID-19 when visiting the healthcare setting.

7) What if my child needs to go to the hospital?

If your child's healthcare provider tells you to go to the hospital for any health problem, including COVID-19:

- Ask the healthcare provider to let the hospital know you are coming and to share the important information the hospital will need to know to care for your child.
- Visiting policies may have changed due to COVID-19. If your child's hospital policy does not allow an adult to stay with a child, ask your child's healthcare provider for a statement explaining your child's need for a familiar adult to be present.
- Bring your care plans/emergency notebook with you along with paper and pen to write down questions you have during your time at the hospital.

Show-Me Strong Recovery Plan

1) What if my job requires me to be within six feet (6') of another employee and/or customer?

Businesses and employees should work together to implement public health and safety measures for employees and customers using the direction found below as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

Gyms and hotel swimming pools should also adhere to sanitation protocols.

2) My business has a public waiting room with congregate seating. Should I limit access to it?

Implementing a system where customers/citizens can wait inside their vehicles prior to entering the business is strongly encouraged, as are pre-scheduled appointments to minimize interaction between people. In situations where this is not feasible, such as public transit, medical offices, and parks, entities should develop public health and safety measures using the above direction as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

3) How do these guidelines affect non-emergency healthcare, such as a routine eye exam or dental care?

Medical providers, such as dentists and optometrists, may provide usual services at their discretion.

Medical providers are encouraged to continue to develop and implement public health and safety measures for employees and patients, using the above direction as a guide, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

Implementing a system where patients can wait inside their vehicles prior to entering the office is strongly encouraged, as are pre-scheduled and spaced out appointments to minimize interaction between people.

4) May food courts and restaurants open their dining rooms?

Yes. We are strongly encouraging restaurants to prioritize public health and safety by implementing measures including, but not limited to, regulating self-serve options such as salad bars and buffets, using disposable menus, and employee use of personal protective equipment if available.

The continued use of drive-thru, pickup, or delivery options is encouraged.

5) How do these guidelines apply to childcare facilities?

Daycares, childcare providers, or schools providing childcare for working families should continue to follow the CDC guidance targeted for those operations found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>.

6) May I attend service at my place of worship?

Yes. Common practices that may occur with worship services, such as hand shaking and shared communion cups, should be avoided. Places of worship are also encouraged to continue use of alternative means of services through streaming services and other opportunities.

7) Will I still be able to participate in my local parks and recreation organized activities and/or camps this summer?

Show-Me Strong Recovery Plan

Yes. Traditional summer activities such as utilizing aquatic facilities, community centers, fitness centers, libraries, organized athletics, and camps offer a variety of recreational opportunities for Missouri citizens. If these services are offered, we encourage adjustments be considered to mitigate the risks of contracting or spreading COVID-19 between participants, patrons, and staff, such as limiting the number of participants, modifying activities, restructuring programs, and increasing sanitization measures for facilities and participants.

8) Can I attend an event at a large venue or stadium, or go to a movie theater?

Yes. This also includes activities and events such as amusement parks and attractions, concerts, drive-ins, funerals, museums, school graduations and weddings.

9) What enhanced precautionary measures could be taken to mitigate the risks of contracting or spreading COVID-19?

Businesses and employees should work together to implement public health and safety measures for employees and customers, including employee use of personal protective equipment if available, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC). Strict sanitation protocols are also encouraged.

Employees should continue to practice good hygiene, especially if their job duties require contact with other people closer than six feet. Furthermore, elderly or otherwise vulnerable populations should minimize travel to the extent possible and avoid socializing in groups that do not readily allow for appropriate social distancing.

Businesses and citizens are encouraged to continue utilizing delivery services, such as grocery pick-up and/or delivery options, to minimize interaction between people.

10) Can I attend my annual county fair?

Yes. We encourage adjustments be considered to mitigate the risks of contracting or spreading COVID-19 between participants, patrons, and staff, such as modifying activities, restructuring programs, and increasing sanitization measures for facilities and participants.

County fair directors and boards are encouraged to work with their local public health authority to develop additional public health and safety measures, including employee use of personal protective equipment if available, in addition to any guidance provided by the Centers for Disease Control and Prevention (CDC).

Operators/Management of County Fairs should follow the above General Guidelines for Business, particularly when it comes to addressing Concert/Stock Shows, Entertainment Venues, and Amusement Rides. Strict sanitation protocols are also encouraged.

Workers and Visitors should follow the above General Guidelines for Missourians.

We also advise areas of high touch or high traffic, such as picnic tables and eating areas, are frequently sanitized between users.

11) May I visit a loved one in a nursing home?

Show-Me Strong Recovery Plan

The State of Missouri and our partners in long-term care are committed to assuring the health and safety of some of our most vulnerable citizens in long-term care facilities throughout the state. Nursing homes, long-term care facilities, retirement homes, or assisted living homes may allow visitors in accordance with guidance set forth by the Department of Health and Senior Services.

12) Where can I get information regarding Missouri State Parks?

You may find information on the Missouri State Parks webpage, found here:
<https://mostateparks.com/temporary-closures>

13) Where can I get information about Missouri's gaming boats?

You may find information on the Missouri Gaming Commission website, found here:
<http://mgc.dps.mo.gov/Index.html>

14) Can I attend gatherings during the holidays?

The safest way to celebrate the holidays this year is to celebrate with people in your household. If you do plan to spend the holidays with people outside your household, take steps to make your celebration safer.

Cleaning and Disinfection

1) What is the difference between cleaning and disinfecting?

Cleaning with soap and water or a detergent removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection. *Disinfecting* with a household disinfectant on [List N: Disinfectants for use against SARs-CoV-2](#) kills germs on the surface. By disinfecting or killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

2) What is routine cleaning? How frequently should facilities be cleaned to reduce the potential spread of COVID-19?

Routine cleaning is the everyday cleaning practices that businesses and communities normally use to maintain a healthy environment. Surfaces frequently touched by multiple people, such as door handles, bathroom surfaces, and handrails, should be cleaned and disinfected with soap and water or another detergent at least daily when facilities are in use. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use. Cleaning *removes* dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.

3) Is cleaning alone effective against the virus that causes COVID-19?

Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. If a surface may have gotten the virus on it from a person with or suspected to have COVID-19, the surface should be cleaned and disinfected. Disinfecting kills germs on surfaces.

4) Who should clean and disinfect facilities?

Regular cleaning staff can clean and disinfect facilities. Cleaning staff should be trained on appropriate use of cleaning and disinfection chemicals and provided with, and wear, masks and the personal protective equipment (PPE) required for the chemicals used.

5) How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work?

Companies do not necessarily need to close after a person with confirmed or suspected COVID-19 has been in a company facility. The area(s) used or visited by the ill person should be closed for 24 hours or as long as possible. Open outside doors and windows as much as possible ensuring that doing so does not pose a safety risk to children using the facility (i.e. make sure that children are not able to enter the closed off area through any windows or doors) and use ventilating fans to increase air circulation in the area. Once the area has been [appropriately disinfected](#), it can be opened for use. Workers without close contact with the person with confirmed or suspected COVID-19 can return to work immediately after disinfection is completed.

6) How effective are alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light?

The efficacy of these disinfection methods against the virus that causes COVID-19 is not known. EPA only recommends use of the [surface disinfectants identified on List N](#) against the virus that causes COVID-19. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. However, CDC is producing guidance on use of Germicidal ultraviolet as an alternative disinfection method. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

7) Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinfected to prevent COVID-19?

Cleaning and Disinfection

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

8) Can sanitizing tunnels be used at building entrances or exits to prevent the spread of COVID-19?

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

9) Should sidewalks and roads be disinfected to prevent the spread of COVID-19?

CDC does not recommend disinfection of sidewalks, roads, or most other outdoor surfaces. Spraying disinfectant on sidewalks, roads, and other outdoor surfaces is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. The risk of spreading the virus that causes COVID-19 from these surfaces is very low and disinfection is not effective on these surfaces.

10) Is it safe to vacuum in a school, business, or community facility after someone with suspected or confirmed COVID-19 has been present?

The risk of spreading SARS-CoV-2, the virus that causes COVID-19, during vacuuming is unknown. At this time, there are no reported cases of COVID-19 associated with vacuuming.

Consider removing area rugs completely, if possible, to reduce the need for cleaning, disinfection, and vacuuming.

If vacuuming is necessary or required,

- First, follow the CDC recommendations for [Cleaning and Disinfection for Community Facilities](#).
- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- After cleaning and disinfection, the following recommendations may help reduce the risk to workers and other individuals when vacuuming:
 - Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.
 - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
 - Temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units.

Do NOT deactivate central HVAC systems. These systems tend to provide better filtration capabilities and introduce outdoor air into the areas that they serve.

11) Do car seats and booster seats need extra cleaning and disinfection to prevent spread of COVID-19? If so, how should car seats and booster seats be cleaned and disinfected?

It may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this isn't thought to be the main way the virus spreads. CDC recommends [cleaning and disinfection](#) of frequently touched surfaces and

Cleaning and Disinfection

frequent handwashing or the use of hand sanitizer with at least 60% alcohol as best practice measures for prevention of COVID-19 and other viral respiratory illnesses.

Some cleaning and [disinfection](#) products are not recommended for use on car seats and booster seats. Owners should follow the manufacturer's cleaning instructions for their car seats and booster seats.

Motor vehicle crashes are a leading cause of death for [children](#) in the United States. Always buckle children in age- and size-appropriate car seats, booster seats, and seat belts when riding in a vehicle.

12) Do disinfectants kill new strains of COVID-19?

CDC, in collaboration with [EPA](#), expects all products on [List N: Disinfectants for Coronavirus \(COVID-19\)](#) to kill all strains of SARS-CoV-2, the virus that causes COVID-19.

Genetic mutations to COVID-19 do not impact the effectiveness of disinfectants. Destroying a virus is dependent on its physical properties, and recent genetic changes have not changed the basic physical properties of the virus that causes COVID-19.

Learn more about cleaning and disinfection recommendations for [facilities](#) and [homes](#).

Community Mitigation

1) What is community mitigation?

Community mitigation is a set of actions that people and communities can take to slow the spread of infectious diseases like COVID-19. The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at [increased risk for severe illness](#), while minimizing the negative impacts of these strategies. For more information, see [Community Mitigation Framework](#) on the CDC's website.

2) What are community mitigation actions for COVID-19?

There are several actions that individuals and communities can take to help reduce the chance that they, their families and friends, and their communities get COVID-19. In general, the more cases spreading in your community, the more likely it will spread to you or your family. Also, the more people an individual interacts with, and the longer each interaction lasts, the higher the risk of viral spread. Location can be a factor, too, with outdoor activities generally being less risky than indoor activities.

Individuals can take the following community mitigation actions:

- Get vaccinated.
- [Wear](#) a mask (with some exceptions) when in public settings or around others not living in the same household
- Follow [healthy hygiene practices](#), such as frequent hand washing
- Practice [social distancing](#)
- Stay home when sick
- Clean and disinfect frequently touched surfaces daily

Communities can take the following actions:

- Promote behaviors that prevent spread
- Maintain healthy environments
- Ensure institutions in the community are practicing appropriate precautions
- Prepare for when someone gets sick
- Close businesses and schools, and limit other services

For more information, see [Community Guidance](#), [Community Mitigation](#), and [Community Mitigation Framework](#).

Healthcare Professionals – Patients with Persistent or Recurrent Positive Tests

1) What do we know about detection of SARS-CoV-2 RNA after clinical recovery from COVID-19?

Many recovered persons do not have detectable SARS-CoV-2 RNA in upper respiratory tract specimens. In others, viral RNA can be persistently detected by RT-PCR in respiratory tract samples in some persons after apparent clinical recovery. In some persons, after testing negative by RT-PCR in two consecutive samples, later samples can test positive again. These persistent detections of viral RNA usually are associated with higher cycle threshold (Ct) values (i.e., fewer RNA copies) than Ct values found in RT-PCR results from samples collected shortly before or during clinical illness. Studies that have examined how long SARS-CoV-2 RNA can be detected in adults have demonstrated that, in some persons, it can be detected for weeks.

2) Are clinically recovered persons infectious to others if they test persistently or recurrently positive for SARS-CoV-2 RNA?

Whether the presence of detectable but low concentrations of viral RNA after clinical recovery represents the presence of potentially infectious virus is unknown. Based on experience with other viruses, it is unlikely that such persons pose an infectious risk to others. However, whether this is true for SARS-CoV-2 infection has not been definitively established.

After the onset of illness, the detectable viral burden usually declines. After a week or more, anti-SARS-CoV-2 immunoglobulin becomes detectable and then antibody levels increase. Some of these antibodies may prevent the virus from infecting cells in cell culture. A decline in viral RNA is associated with a decreased ability to isolate live virus. For most patients with COVID-19, efforts to isolate live virus from upper respiratory tract specimens have been unsuccessful when specimens are collected more than 10 days after illness onset. Recovery of live virus between 10 and 20 days after symptom onset has been documented in some persons with severe COVID-19; in some cases, these persons were in an immunocompromised state.

Persons who have tested persistently or recurrently positive for SARS-CoV-2 RNA have, in some cases, had their signs and symptoms of COVID-19 improve. When viral isolation in tissue culture has been attempted in such persons in South Korea and the United States, live virus has not been isolated. There is no evidence to date that clinically recovered persons with persistent or recurrent detection of viral RNA have transmitted SARS-CoV-2 to others.

Despite these observations, it's not possible to conclude that all persons with persistent or recurrent detection of SARS-CoV-2 RNA are no longer infectious. There is no firm evidence that the antibodies that develop in response to SARS-CoV-2 infection are protective. If these antibodies are protective, it's not known what antibody levels are needed to protect against reinfection.

These data and experience with other viral respiratory infections indicate that most persons recovered from COVID-19 who test persistently or recurrently positive by RT-PCR are likely no longer infectious. Isolation and precautions may be discontinued for persons with COVID-19 10 days after symptom onset (the date on which symptoms first began, including non-respiratory symptoms), provided their fever has resolved for at least 24 hours, without the use of fever-reducing medications, and their other symptoms have improved. For some persons with [severe or critical illness, or who are severely immunocompromised](#), [isolation](#) and [precautions](#) may be maintained for up to 20 days after symptom onset.

3) Can cycle threshold (Ct) values be used to assess when a person is no longer infectious?

Healthcare Professionals – Patients with Persistent or Recurrent Positive Tests

No. Although attempts to culture virus from upper respiratory specimens have been largely unsuccessful when Ct values are in high but detectable ranges, Ct values are not a quantitative measure of viral burden. In addition, Ct values are not standardized by RT-PCR platform nor have they been approved by FDA for use in clinical management. CDC does not endorse or recommend use of Ct values to assess when a person is no longer infectious. However, serial Ct values may be useful in the context of the entire body of information available when assessing recovery and resolution of infection.

4) What further evidence is needed to be reassured that persistent or recurrent shedding of SARS-CoV-2 RNA after recovery does not represent the presence of infectious virus?

Prospectively collecting serial respiratory samples and attempting to isolate live virus in tissue culture from multiple persons testing positive by RT-PCR following illness recovery is needed. If repeated attempts to recover replication-competent virus in culture from such serial samples are unsuccessful that data would be sufficient evidence that infectious virus is absent. Then we should be sure that persons continuing to test positive do not pose an infectious risk to other people

5) Can viral culture be used to demonstrate that a person who had persistently or recurrently detectable viral RNA is not infectious to others?

Yes. However, viral culture is not widely performed for SARS-CoV-2. It must be conducted in Biosafety Level 3 (BSL-3) laboratories using BSL-3 practices by experienced virologists and results can take a week or more. Therefore, while persons whose specimens do not yield live virus are considered no longer infectious, the complexity of such testing and the time required to complete it mean that culture cannot be used routinely to guide management of infected persons.

6) A person who previously tested positive by RT-PCR for SARS-CoV-2 and clinically recovered from COVID-19 is later tested again, for example as part of a contact tracing investigation. If that person again tests positive by RT-PCR, should they be managed as potentially infectious to others, and isolated again for COVID-19?

For persons who remain asymptomatic following recovery from COVID-19, retesting (e.g., as part of a contact tracing investigation) is not necessary during the first 3 months after the date of symptom onset. When a positive test occurs less than 3 months after the person's symptom onset of their most recent illness, it is possible that the positive test represents a new infection or a persistently positive test associated with the previous infection. If a positive test occurs more than 3 months after a person's symptom onset, clinicians and public health authorities should consider the possibility of reinfection. Until we have more information, the determination of whether a patient with a positive test in these situations is contagious to others should be made on a case-by-case basis. Consider consultation with infectious diseases specialists and public health authorities to review all available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms). Persons who are determined to be potentially infectious should undergo evaluation and remain isolated until they again meet criteria for discontinuation of isolation or of [transmission-based precautions](#), depending on their circumstances.

7) If a previously infected person has clinically recovered but later develops symptoms consistent with COVID-19, should the person be isolated again and tested for SARS-CoV-2?

If a previously infected person experiences new symptoms consistent with COVID-19 3 months or more after the date of the previous illness onset (or date of last positive viral diagnostic test [RT-PCR or antigen test] if the person never experienced symptoms), the person should undergo repeat viral diagnostic

Healthcare Professionals – Patients with Persistent or Recurrent Positive Tests

testing. [However, serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.](#) These people who have a positive test result should be considered infectious and remain isolated until they again meet criteria for discontinuation of isolation or of transmission-based precautions. Contact tracing during the person's second episode of symptoms is warranted.

For persons who have recovered from laboratory-confirmed SARS-CoV-2 infection and who experience new symptoms consistent with COVID-19 within 3 months since the date of symptom onset of the previous illness episode (or date of last positive viral diagnostic test if the person never experienced symptoms), repeating viral diagnostic testing may be warranted if alternative etiologies for the illness cannot be identified. If reinfection is suspected and retesting is undertaken, the person should follow isolation recommendations for cases of COVID-19 pending clinical evaluation and testing results. Results of repeat testing should also be interpreted in consultation with an infectious disease specialist with consideration of cycle threshold values (if available) and clinical presentations. The determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with infectious diseases specialists and/or public health authorities, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms).

Note: Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

8) If an infected person has clinically recovered and then later is identified as a contact of another person with COVID-19, do they need to be quarantined?

If a person has clinically recovered from SARS-CoV-2 infection and is then identified as a contact of a new case 90 days or more after the date of symptom onset of their previous illness episode (or date of positive viral diagnostic test [RT-PCR or antigen test] if the person never experienced symptoms), then they should follow general [quarantine recommendations](#) for contacts and undergo repeat viral diagnostic testing.

The following applies to a person who has clinically recovered from SARS-CoV-2 infection that was confirmed with a viral diagnostic test and then, within 90 days since the date of symptom onset of the previous illness episode (or date of positive viral diagnostic test if the person never experienced symptoms), is identified as a contact of a new case. If the person remains asymptomatic since the new exposure, then they do not need to be retested for SARS-CoV-2 and do not need to be quarantined. However, if the person experiences new symptoms consistent with COVID-19 and an evaluation fails to identify a diagnosis other than SARS-CoV-2 infection (e.g., influenza), then repeat viral diagnostic testing may be warranted, in consultation with an infectious disease specialist and public health authorities for isolation guidance.

A person does need to quarantine after an exposure occurring more than 90 days since recovery of infection if they meet the following criteria:

- They are ages 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- They are ages 5-17 years and completed the [primary series](#) of COVID-19 vaccines.

Healthcare Professionals – Patients with Persistent or Recurrent Positive Tests

9) If an infected person has clinically recovered using the symptom-based strategy, do they need a test to show they are not infectious?

No. The [symptom-based strategy](#) is intended to replace the need for repeated testing.

10) If an infected person has clinically recovered, should the person continue to wear a cloth face covering in public?

You should continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.

11) What should I do if I suspect a potential case of reinfection?

Although current understanding of reinfection remains limited, CDC is working with its partners to characterize the clinical features, transmissibility, and immunological profile around reinfection with SARS-CoV-2. Therefore, the guidance remains the same to reinfections as to primary infection with SARS-CoV-2. To further our shared understanding of reinfection, CDC has released the [Investigative Criteria for Suspected Cases of SARS-CoV-2 Reinfection](#) as well as the [Common Investigation Protocol for Investigating Suspected SARS-CoV-2 Reinfection](#). This protocol is to support public health investigations conducted by interested institutions and jurisdictions. Clinicians with available specimens for suspected cases of reinfection meeting the above investigative criteria are also invited to contact CDC at eocevent461@cdc.gov after consulting with their local health department to pursue investigations with CDC support.

Contact Tracing

1) What is contact tracing?

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

Contact tracing slows the spread of COVID-19 by

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

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

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

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

For COVID-19, a close contact is anyone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. *An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive for COVID-19.

- ***Additional Information:*** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

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

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

Contact Tracing

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

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

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

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

The best way to protect yourself and others is to [stay home for 5 days if you think you've been exposed to someone who has COVID-19](#) and you are not fully vaccinated. Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period. Health department staff will help identify the dates for your self-quarantine. Health department staff can also provide resources for COVID-19 testing in your area.

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

Monitor your health and watch for [symptoms of COVID-19](#). Remember, symptoms may appear 2-14 days after you were exposed to COVID-19. Tell the health department if you develop any symptoms. Tell people you were around recently if you become ill, so they can monitor their health. If your symptoms worsen or become severe, seek medical care. [Severe symptoms](#) include trouble breathing, persistent pain or pressure in the chest, new confusion, and inability to wake or stay awake, or pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone. The health department staff **will not** ask you for

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

5) Am I considered a close contact if I was wearing a mask?

Contact Tracing

If you are not fully vaccinated, you are still considered a close contact even if you were wearing a mask while you were around someone with COVID-19.

6) What will happen with my personal information during contact tracing?

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

If you have been diagnosed with COVID-19, your name will not be shared with those you came in contact with. The health department will only notify people you were in close contact with (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) that they might have been exposed to COVID-19. Each state and jurisdiction use their own method for collecting and protecting health information. To learn more, contact your state or local health department.

7) What if I have recently been around someone who was identified as a close contact?

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

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

If you come into close contact with someone with COVID-19, you should quarantine if you are in one of the following groups:

- You are ages 18 or older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- You received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- You are not vaccinated or have not completed a [primary vaccine series](#).

9) Will there be a national app for contact tracing?

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

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

Yes, if you agree to participate in contact tracing for COVID-19 with the health department, your information is secure. Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider. Your name will not be shared with those you came in contact with. If you have been diagnosed with COVID-19, the health department will only notify people you were in close contact with (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) that they might have been exposed to COVID-19.

Health departments may use *case management tools* to help make the contact tracing process more efficient. If you choose to provide information through one of these tools, your information is secure and

Contact Tracing

stored with the health department. These tools also help health departments quickly receive and analyze information about COVID-19. Case management tools are under the same laws and regulations for all sensitive health information use (e.g. HIPPA). You must provide consent for the health department to collect information using a case management tool. Just like traditional contact tracing, digital tools will not collect information regarding money, Social Security numbers, bank account information, salary information, or credit card numbers.

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

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

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

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

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

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

12) I was around someone who has COVID-19, and my COVID-19 test came back negative. Do I still need to quarantine for 5 days after I was last exposed?

Yes, **if you were not fully vaccinated at the time of exposure**, you should still self-quarantine for 5 days since your last exposure. A negative result before end of the 5-day quarantine period does not rule out possible infection. By self-quarantining for 5 days and wearing a mask for an additional 5 days, you lower the chance of possibly exposing others to COVID-19. The best way to protect yourself and others is to [stay home for 5 days if you think you've been exposed to someone who has COVID-19.](#)

Flu Shot Information

1) Where can I get a flu shot?

You can receive a flu shot at a local county health department or your physician's office. Many pharmacies also offer flu shots.

2) What age group should get a flu shot?

Flu vaccine is recommended for everyone six months of age and older.

3) Should high-risk groups receive the flu shot?

People are at greater risk for serious complications and are especially encouraged to get a flu vaccine, including Adults 65 years and older. Young children, especially those between 6 months and five years.

4) When is the best time to get a flu shot?

CDC recommends getting a flu shot in September or October, however getting a flu shot anytime during the flu season can help protect you.

5) How many doses of flu vaccine does my child need?

Your child will need two doses. If your child is receiving a flu shot for the first time a second dose should be given a month later.

6) Are there side effects to the flu vaccine?

The most common side effects are; soreness, redness, tenderness, or swelling where the shot was given; headache, muscle aches, fever and nausea.

7) Is there mercury (Thimerosal) in the flu vaccine?

The only flu vaccines that contain thimerosal are multi-dose vials. Single dose vials and pre-filled syringes do not.

8) How do you prevent the flu?

The best prevention is to get a flu shot each year. Using good health habits can also help stop the spread of flu: washing your hands, covering your cough, and staying home when you're sick.

9) What are the symptoms of flu?

Flu usually comes on suddenly. Some symptoms of flu can be: fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headache, fatigue, some people may have vomiting and diarrhea.

10) Can I get the flu from the flu shot?

No, the flu shot cannot give you the flu. However, the shot can trigger an immune response from your body, so you may have a few mild symptoms such as a low-grade fever or achy muscles.

11) How effective is the flu shot usually?

The flu shot can be up to 49% effective overall, but getting a flu shot helps alleviate flu illnesses, flu hospitalizations and flu deaths. Flu vaccination has been shown in several studies to reduce severity of illness in people who get vaccinated but still get sick.

12) What are reasons I would get it in August rather than wait to October?

Flu Shot Information

It is preferable to wait until September or October due to the length of time of effectiveness and the typical flu season. Children 6 months through 8 years of age who need 2 doses should get the first dose as soon as possible.

13) How many flu strains does the vaccine protect against?

Most flu vaccines protect against four strains, referred to as quadrivalent vaccines.

There is a trivalent vaccine that protects against three strains, which is designed for people 65 and older.

14) Is there one preferred vaccine over the other?

There is no preference for one vaccine over the other for a person when more than one vaccine is available.

COVID-19 VACCINE INFORMATION

1) Who can receive the Moderna COVID-19 vaccine?

The FDA has authorized the emergency use of the Moderna COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older under an Emergency Use Authorization (EUA).

2) Who should not get the Moderna COVID-19 vaccine?

You should not get the Moderna COVID-19 vaccine if you have had a severe allergic reaction after a previous dose of this vaccine in the past or any ingredient in this vaccine. The ingredients in this vaccine include the following: messenger ribonucleic acid (mRNA), lipids (SM-102, polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG), cholesterol, and 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose

3) Can I get the Moderna COVID-19 vaccine if I am pregnant?

COVID-19 vaccination is recommended for people who are pregnant. Pregnant people may also receive a COVID-19 vaccine [booster shot](#). Getting a COVID-19 vaccine can protect you from severe illness from COVID-19, and a healthy mom is important for a healthy baby. If you are pregnant, you might want to have a conversation with your healthcare provider about COVID-19 vaccination. While such a conversation might be helpful, it is not required before vaccination. You can receive a COVID-19 vaccine, including a booster shot, without any additional documentation from your healthcare provider.

CDC recommendations align with those from professional medical organizations serving people who are pregnant, including the [American College of Obstetricians and Gynecologists](#) and the [Society for Maternal Fetal Medicine](#), along with many other professional medical organizations.

If you got pregnant after receiving your first shot of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine), you should get your [second shot](#) to get as much protection as possible. If you experience fever following vaccination, you should take acetaminophen (Tylenol®) because fever—for any reason—has been associated with adverse pregnancy outcomes.

4) Can I take the Moderna COVID-19 vaccine with other vaccines?

You can get a COVID-19 vaccine and other vaccines at the same visit. You no longer need to wait 14 days between vaccinations. Experience with other vaccines has shown that the way our bodies develop protection, known as an immune response, after getting vaccinated and possible side effects of vaccines are generally the same when given alone or with other vaccines. Learn more about [the timing of other vaccines](#).

5) What are the risks of the Moderna COVID-19 vaccine?

Side effects that have been reported with the Moderna COVID-19 vaccine include: injections site reactions: pain, tenderness and swelling of the lymph nodes in the same arm of the injection; general side effects of fatigue, headache, muscle pain, joint pain, chills, nausea, vomiting and fever.

There is a remote chance that the Moderna COVID-19 vaccine could cause a severe allergic reaction. A severe reaction would usually occur within a few minutes to one hour after getting a dose of the Moderna COVID-19 vaccine. Your vaccination provider will ask that you stay at the place where you receive your vaccine for monitoring after vaccination. Signs of a severe allergic reaction include the following:

COVID-19 VACCINE INFORMATION

difficulty breathing, swelling of your face and throat, a fast heartbeat, a rash all over your body, dizziness or weakness. These may not be all the possible side effects; the vaccine is still being studied in clinical trials.

Since April 2021, there have been more than a thousand reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart—called myocarditis and pericarditis—happening after mRNA COVID-19 vaccination (i.e., Pfizer-BioNTech, Moderna) in the United States.

- These reports are rare, given the hundreds of millions of vaccine doses administered, and have been reported after mRNA COVID-19 vaccination, particularly in adolescents and young adults. [View the latest information.](#)
- CDC and its partners are actively monitoring these reports, by reviewing data and medical records, to learn more about what happened and to understand any relationship to COVID-19 vaccination.
- Most patients who received care responded well to treatment and rest and quickly felt better.
- The known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the possible risk of myocarditis or pericarditis. Also, most patients with myocarditis and pericarditis who received care responded well to treatment and rest and quickly felt better.

If you have concerns about COVID-19 vaccination, talk with your or your child's doctor, nurse, or clinic.

6) How is the **Moderna** COVID-19 vaccine given?

The **Moderna** COVID-19 Vaccine will be given to you as an injection into the muscle. The **Moderna** COVID-19 Vaccine vaccination series is 2 doses given 1 month apart. If you receive one dose of the **Moderna** COVID-19 Vaccine, you should receive a second dose of the same vaccine 1 month later to complete the vaccination series.

7) Will the **Moderna** COVID-19 vaccine give me COVID-19?

No, the **Moderna** COVID-19 vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

8) Can I receive the **Moderna** COVID-19 vaccine if I am immunocompromised or receiving immunosuppressant therapy?

Yes, however you should discuss your medical condition with your vaccination provider before you get the **Moderna** COVID-19 vaccine if you are immunocompromised or are on a medicine that affects your immune system. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the **Moderna** COVID-19 vaccine.

9) Does the **Moderna** COVID-19 Vaccine contain preservatives, antibiotics or products from human or animal origin?

The **Moderna** COVID-19 vaccine contains NO preservatives, NO antibiotics, and NO products from human or animal origin.

The **Moderna** COVID-19 Vaccine contains the following ingredients: messenger RNA (mRNA), 4 fatty substances (SM-102, polyethylene glycol [PEG] 2000 dimyristoyl glycerol [DMG], cholesterol, and 1,2-

COVID-19 VACCINE INFORMATION

distearoyl-sn-glycero-3-phosphocholine [DSPC]), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate, and sucrose.

10) Does the Moderna COVID-19 vaccine vial contain latex?

No, the vial stoppers are not made with natural rubber latex

11) Will the Moderna COVID-19 vaccine still work if I only get 1 dose?

The Moderna COVID-19 vaccine vaccination series is 2 doses, given 1 month apart. If you receive one dose of the Moderna COVID-19 vaccine, you should receive the second dose of the same vaccine 1 month later to complete the vaccination series. In an ongoing clinical trial, the Moderna COVID-19 Vaccine has been shown to prevent COVID-19 following 2 doses given 1 month apart.

<https://www.fda.gov/media/144638/download>

<https://www.modernatx.com/covid19vaccine-eua/recipients/>

12) Who can receive the Pfizer-BioNTech COVID-19 vaccine?

The Pfizer-BioNTech vaccine is recommended for people 5 years and older. CDC recommends that children between the ages of 5 and 11 years receive the Pfizer-BioNTech pediatric COVID-19 vaccine.

Please note that a minor who otherwise qualifies to receive the Pfizer vaccine at a mass vaccination event shall be accompanied by a parent or legal guardian; this requirement is per the following State statutes:

<https://revisor.mo.gov/main/OneSection.aspx?section=431.061&bid=24124>

<https://revisor.mo.gov/main/OneSection.aspx?section=431.058>

The Moderna and Johnson & Johnson vaccines are only approved for those 18 years of age or older.

13) Who should not get the Pfizer-BioNTech COVID-19 vaccine?

You should not get the Pfizer-BioNTech COVID-19 Vaccine if you:

- had a severe allergic reaction after a previous dose of this vaccine
- had a severe allergic reaction to any ingredient of this vaccine: INGREDIENTS IN THE PFIZER-BIONTECH COVID-19 VACCINE include the following: mRNA, lipids ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate), 2 [(polyethylene glycol)-2000]-N,N-ditetradecylacetamide, 1,2-Distearoyl-sn-glycero-3-phosphocholine, and cholesterol), potassium chloride, monobasic potassium phosphate, sodium chloride, dibasic sodium phosphate dihydrate, and sucrose.

14) Can I get the Pfizer-BioNtech COVID-19 vaccine if I am pregnant?

COVID-19 vaccination is recommended for people who are pregnant. Pregnant people may also receive a COVID-19 vaccine [booster shot](#). Getting a COVID-19 vaccine can protect you from severe illness from COVID-19, and a healthy mom is important for a healthy baby. If you are pregnant, you might want to have a conversation with your healthcare provider about COVID-19 vaccination. While such a

COVID-19 VACCINE INFORMATION

conversation might be helpful, it is not required before vaccination. You can receive a COVID-19 vaccine, including a booster shot, without any additional documentation from your healthcare provider.

CDC recommendations align with those from professional medical organizations serving people who are pregnant, including the [American College of Obstetricians and Gynecologists](#) and the [Society for Maternal Fetal Medicine](#), along with many other professional medical organizations.

If you got pregnant after receiving your first shot of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine), you should get your [second shot](#) to get as much protection as possible. If you experience fever following vaccination, you should take acetaminophen (Tylenol®) because fever—for any reason—has been associated with adverse pregnancy outcomes.

15) What are the risks of the Pfizer-BioNTech COVID-19 vaccine?

Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include: injection site pain, tiredness, headache, muscle pain, chills, joint pain, fever, injection site swelling, injection site redness, nausea, feeling unwell, swollen lymph nodes (lymphadenopathy).

There is a remote chance that the Pfizer-BioNTech COVID-19 Vaccine could cause a severe allergic reaction. A severe reaction would usually occur within a few minutes to one hour after getting a dose of the Pfizer-BioNTech COVID-19 Vaccine. Your vaccination provider may ask that you stay at the place where you receive your vaccine for monitoring after vaccination. Signs of a severe allergic reaction include difficulty breathing, swelling of your face and throat, a fast heartbeat, a rash all over your body, dizziness or weakness. CDC will continue to provide updates regarding side effects as more is learned in real-world conditions.

Since April 2021, there have been more than a thousand reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart—called myocarditis and pericarditis—happening after mRNA COVID-19 vaccination (i.e., Pfizer-BioNTech, Moderna) in the United States.

- These reports are rare, given the hundreds of millions of vaccine doses administered, and have been reported after mRNA COVID-19 vaccination, particularly in adolescents and young adults. [View the latest information.](#)
- CDC and its partners are actively monitoring these reports, by reviewing data and medical records, to learn more about what happened and to understand any relationship to COVID-19 vaccination.
- Most patients who received care responded well to treatment and rest and quickly felt better.
- The known and potential benefits of COVID-19 vaccination outweigh the known and potential risks, including the possible risk of myocarditis or pericarditis. Also, most patients with myocarditis and pericarditis who received care responded well to treatment and rest and quickly felt better.

If you have concerns about COVID-19 vaccination, talk with your or your child's doctor, nurse, or clinic.

16) Can I take the Pfizer-BioNTech COVID-19 vaccine with other vaccines?

COVID-19 VACCINE INFORMATION

You can get a COVID-19 vaccine and other vaccines at the same visit. You no longer need to wait 14 days between vaccinations. Experience with other vaccines has shown that the way our bodies develop protection, known as an immune response, after getting vaccinated and possible side effects of vaccines are generally the same when given alone or with other vaccines. Learn more about [the timing of other vaccines](#).

17) How is the Pfizer-BioNTech COVID-19 vaccine given?

The Pfizer-BioNTech COVID-19 Vaccine will be given to you as an injection into the muscle. The Pfizer-BioNTech COVID-19 Vaccine vaccination series is 2 doses given 3 weeks apart. If you receive one dose of the Pfizer-BioNTech COVID-19 Vaccine, you should receive a second dose of this same vaccine 3 weeks later to complete the vaccination series.

18) Will the Pfizer-BioNTech COVID-19 vaccine give me COVID-19?

No. The Pfizer-BioNTech COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

19) Does the Pfizer-BioNTech COVID-19 Vaccine contain preservatives?

No, the Pfizer-BioNTech COVID-19 Vaccine does not contain preservatives.

20) Does the Pfizer COVID-19 vaccine vial contain latex?

No. The vial stoppers are not made with natural rubber latex.

21) Can I receive the Pfizer-BioNTech COVID-19 vaccine if I am immunocompromised or receiving immunosuppressant therapy?

Yes, however you should discuss your medical condition with your vaccination provider before you get the Pfizer-BioNTech COVID-19 vaccine if you are immunocompromised or are on a medicine that affects your immune system. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the Pfizer-BioNTech COVID-19 vaccine.

22) Who can receive the Janssen-Johnson & Johnson COVID-19 vaccine?

The Centers for Disease Control and Prevention (CDC) and the US Food and Drug Administration (FDA) recommended that use of J&J/Janssen COVID-19 Vaccine resume in the United States for those age 18 years and older, effective April 23, 2021.

23) Who should not get the Janssen-Johnson & Johnson COVID-19 vaccine?

You should not get the Janssen-Johnson & Johnson COVID-19 Vaccine if you:

- had a severe allergic reaction to any ingredient of this vaccine: INGREDIENTS IN THE JANSSEN-JOHNSON & JOHNSON COVID-19 VACCINE include the following: recombinant, replication-incompetent adenovirus type 26 expressing the SARS-CoV-2 spike protein, citric acid monohydrate, trisodium citrate dihydrate, ethanol, 2-hydroxypropyl- β -cyclodextrin (HBCD), polysorbate-80, sodium chloride.

COVID-19 VACCINE INFORMATION

24) Can I get the [Janssen-Johnson & Johnson COVID-19 vaccine](#) if I am pregnant?

COVID-19 vaccination is recommended for people who are pregnant. Pregnant people may also receive a COVID-19 vaccine [booster shot](#). Getting a COVID-19 vaccine can protect you from severe illness from COVID-19, and a healthy mom is important for a healthy baby. If you are pregnant, you might want to have a conversation with your healthcare provider about COVID-19 vaccination. While such a conversation might be helpful, it is not required before vaccination. You can receive a COVID-19 vaccine, including a booster shot, without any additional documentation from your healthcare provider.

CDC recommendations align with those from professional medical organizations serving people who are pregnant, including the [American College of Obstetricians and Gynecologists](#) and the [Society for Maternal Fetal Medicine](#), along with many other professional medical organizations.

If you got pregnant after receiving your first shot of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine), you should get your [second shot](#) to get as much protection as possible. If you experience fever following vaccination, you should take acetaminophen (Tylenol®) because fever—for any reason—has been associated with adverse pregnancy outcomes.

25) What are the risks of the [Janssen-Johnson & Johnson COVID-19 vaccine](#)?

Side effects that have been reported with the Janssen-Johnson & Johnson COVID-19 Vaccine include: injection site pain, tiredness, headache, muscle aches, fever, injection site swelling, injection site redness, nausea. In clinical trials, side effects were common within 7 days of getting vaccinated and were mostly mild.

There is a remote chance that the Janssen-Johnson & Johnson COVID-19 Vaccine could cause a severe allergic reaction. A severe allergic reaction would usually occur within a few minutes to one hour after getting a dose of the Janssen-Johnson & Johnson COVID-19 Vaccine. Your vaccination provider may ask that you stay at the place where you receive your vaccine for monitoring after vaccination. Signs of a severe allergic reaction include difficulty breathing, swelling of your face and throat, a fast heartbeat, a rash all over your body, dizziness or weakness.

There is a plausible causal relationship between J&J/Janssen COVID-19 Vaccine and a rare and serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS).

- It occurs at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old.
- For women 50 years and older and men of all ages, this adverse event is even more rare.
- Find the latest [updates on J&J/Janssen COVID-19 Vaccine](#) and blood clots with low platelets.
- CDC will continue to provide updates as we learn more about the safety of the J&J/Janssen COVID-19 Vaccine in [real-world conditions](#).

Women aged <50 years can receive any FDA-authorized COVID-19 vaccine. However, they should be aware of the rare risk of Thrombosis with Thrombocytopenia Syndrome (TTS) after receipt of the Janssen COVID-19 vaccine and the availability of other FDA-authorized COVID-19 vaccines (i.e., mRNA vaccines). The highest rates of TTS per vaccine doses administered were identified in women <50 years of age.

COVID-19 VACCINE INFORMATION

Special precaution should be taken by those who have or have a history of thrombocytopenia, who have or have a history of a low platelet count, prior surgery (cardiac, orthopedic, trauma), cardiovascular disease, oral contraceptive use or hereditary thrombophilia. If you experience any of the following symptoms seek medical attention right away: Shortness of breath, chest pain, leg pain or swelling, backache, persistent abdominal pain, severe and persistent headaches, visual changes or easy bruising or tiny blood spots under the skin beyond the site of the injection.

26) Can I take the [Janssen-Johnson & Johnson](#) COVID-19 vaccine with other vaccines?

You can get a COVID-19 vaccine and other vaccines at the same visit. You no longer need to wait 14 days between vaccinations. Experience with other vaccines has shown that the way our bodies develop protection, known as an immune response, after getting vaccinated and possible side effects of vaccines are generally the same when given alone or with other vaccines. Learn more about [the timing of other vaccines](#).

27) How is the [Janssen-Johnson & Johnson](#) COVID-19 vaccine given?

The Janssen-Johnson & Johnson COVID-19 Vaccine will be given to you as an injection into the muscle. The Janssen-Johnson & Johnson COVID-19 Vaccine vaccination series is a single dose.

28) Will the [Janssen-Johnson & Johnson](#) COVID-19 vaccine give me COVID-19?

No. The Janssen-Johnson & Johnson COVID-19 Vaccine does not contain SARS-CoV-2 and cannot give you COVID-19.

29) Where should I report vaccine side effects?

Report vaccine side effects to FDA/CDC Vaccine Adverse Event Reporting System (VAERS). The VAERS toll-free number is 1-800-822-7967 or report online to <https://vaers.hhs.gov/reportevent.html>.

Please include which vaccine EUA in the first line of box #18 of the report form for example if it was the Moderna “Moderna COVID-19 EUA” if it was Pfizer-BioNTech “Pfizer-BIONTech COVID-19 Vaccine EUA”.

In addition you can report side effects of Moderna’s vaccine to ModernaTX, Inc. at 1-866-663-3762 and you can report side effects of Pfizer-BioNTech’s vaccine to 1-800-438-1985 or their website: <http://www.pfizersafetyreporting.com>

30) What is V-safe?

A new voluntary smartphone-based tool that uses text messaging and web surveys to check in with people who have been vaccinated to identify potential side effects after COVID-19 vaccination. It also provides second-dose reminders if needed and live telephone follow-up by CDC if participants report a significant health impact following COVID-19 vaccination. For more information on how to sign up, visit: www.cdc.gov/vsafe

31) Is the COVID-19 Vaccine safe?

COVID-19 vaccines are **safe and effective**.

COVID-19 VACCINE INFORMATION

- Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.
- CDC recommends you [get a COVID-19 vaccine](#) as soon as possible.
- If you are fully vaccinated, you can resume activities that you did prior to the pandemic. Learn more about what you can do [when you have been fully vaccinated](#).

32) Is it better to be exposed to the COVID-19 virus or get the COVID-19 vaccination?

COVID-19 can have serious, life-threatening complications and there is no way to know how COVID-19 will affect you. If you get sick, you could spread the disease to friends, family and others around you. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed. The combination of getting vaccinated and following CDC's recommendations to protect yourself and others will offer the best protection from COVID-19.

33) Does the COVID-19 vaccine interact or interfere with the DNA in any way?

No, the two current COVID-19 vaccines use messenger RNA (mRNA) to give instructions for our cells to make a harmless piece of what is called the “spike protein”. The spike protein is found on the surface of the virus that causes COVID-19. After the protein piece is made, the cell breaks down the instructions and gets rid of them. mRNA never enters the nucleus of the cell, which is where our DNA is kept.

34) Will there be enough vaccine for everyone?

Yes.

35) If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 vaccine?

Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible—although rare—that you could be infected with the virus that causes COVID-19 again. Studies have shown that vaccination provides a strong boost in protection in people who have recovered from COVID-19. Learn more about [why getting vaccinated is a safer way to build protection](#) than getting infected.

If you were treated for COVID-19 with monoclonal antibodies or convalescent plasma, you should wait 90 days before getting a COVID-19 vaccine. Talk to your doctor if you are unsure what treatments you received or if you have more questions about getting a COVID-19 vaccine.

If you or your child has a history of multisystem inflammatory syndrome in adults or children ([MIS-A](#) or [MIS-C](#)), consider delaying vaccination until you or your child have recovered from being sick and for 90 days after the date of diagnosis of MIS-A or MIS-C. Learn more about the [clinical considerations](#) people with a history of multisystem MIS-C or MIS-A.

Experts are still learning more about how long vaccines protect against COVID-19. CDC will keep the public informed as new evidence becomes available.

COVID-19 VACCINE INFORMATION

36) Who has CDC worked with to plan for the distribution of COVID-19 vaccines?

CDC is working with state, tribal, territorial, and local jurisdictions on the development of COVID-19 vaccination plans for their respective areas. CDC released a playbook in September 2020 to provide specific information to consider during vaccination plan development.

CDC has also worked with private partners, such as chain and networks of independent pharmacies, and other federal agencies (e.g., the Indian Health Service) on plans to more widely distribute COVID-19 vaccines. For example, CDC is working with pharmacies to offer on-site COVID-19 vaccination services for residents in long-term care settings, including skilled nursing facilities, nursing homes, and assisted living facilities where most individuals are over 65 years of age.

37) Who is not recommended for the COVID-19 vaccine?

Pfizer's vaccine is approved for those age 5 and older. Moderna and Janssen's vaccines have been approved for those 18 and older.

The Pfizer and Moderna vaccines are not recommended for individuals who have experienced a serious reaction (e.g., anaphylaxis) to a prior dose of a COVID-19 vaccine or to any of its components. Those who have had a severe allergic reaction to any ingredient of the Janssen vaccine should not receive the Janssen vaccine. For information on vaccine components, refer to the manufacturers' package inserts from [Pfizer](#), [Moderna](#), and [Janssen](#).

38) What special precautions should people follow when getting the vaccine?

Someone with a history of severe allergic reaction to a previous dose of any vaccine (non-COVID-19)-provider should assess the risk of vaccination and if concludes the patient should be vaccinated; the patient needs to be observed for 30 minutes following vaccination.

People who recently had COVID-19 and were treated with antibody-based therapies such as monoclonal antibodies or convalescent plasma, should wait until 90 days after treatment to be vaccinated.

People with a known COVID-19 exposure should wait until their quarantine is over before getting vaccinated (unless they live in a group setting such as a nursing home, correctional facility, or homeless shelter, in which case they can be vaccinated during the quarantine period)

Defer vaccination for both symptomatic and asymptomatic COVID-19 patients until they have met criteria to discontinue isolation

39) Is it normal to feel bad after getting the COVID-19 vaccine?

After getting vaccinated, you might have some side effects, which are normal signs that your body is building protection. Common side effects are pain, redness, and swelling in the arm where you received the shot, as well as tiredness, headache, muscle pain, chills, fever, and nausea throughout the rest of the body. These side effects could affect your ability to do daily activities, but they should go away in a few days.

COVID-19 VACCINE INFORMATION

40) How much will it cost to get the COVID-19 vaccine?

Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers may be able to charge administration fees for giving the shot. Vaccination providers can get this fee reimbursed by the patient's public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration's Provider Relief Fund.

41) I have had a severe allergic reaction to other vaccines; should I get the COVID-19 vaccine?

CDC has learned of reports that some people have experienced severe allergic reactions- also known as anaphylaxis- after getting a COVID-19 vaccine. CDC recommends that if you have ever had a severe allergic reaction to other vaccines or injectable therapies, you should ask your healthcare provider if you should get a COVID-19 vaccine. After their assessment, if they determine you should get the vaccination, you should be observed for 30 minutes following vaccination.

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.

42) I have heard that people can have severe allergic reactions to the COVID-19 vaccine?

The CDC has made recommendations for personnel with prior severe allergic reactions to discuss getting the vaccine with their healthcare provider. CDC recommends that people with a history of severe allergic reactions not related to vaccines or injectable medications may still get vaccinated. People with a history of allergies to oral medications or a family history of severe allergic reactions, or who might have a milder allergy to vaccines (no anaphylaxis) may also still get vaccinated. The CDC has provided recommendations for COVID-19 vaccination providers about how to prepare for the possibility of a severe allergic reaction, which is the same guidance given to providers when giving all immunizations.

If you get a COVID-19 vaccine and you think you might be having a severe allergic reaction after leaving the vaccination site, seek immediate medical care by calling 911.

43) Do I need to wear a mask when I receive a COVID-19 vaccine?

Yes. CDC recommends that during a pandemic people wear a mask that covers their nose and mouth when in contact with others outside your household, when in healthcare facilities, and when receiving any vaccine, including a COVID-19 vaccine. Anyone who has trouble breathing or is unable to remove a mask without assistance should not wear a mask.

44) What activities can I do if I am fully vaccinated?

If you've been fully vaccinated:

- You might choose to wear a mask regardless of the level of transmission if you have a weakened immune system or if, because of your age or an underlying medical condition, you are at increased risk for severe disease, or if a member of your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated.

COVID-19 VACCINE INFORMATION

- For people who are vaccinated but are more than 5 months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person [wear a well-fitting mask](#) at all times when around others for 10 days after exposure.
- Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure.

45) What precautions should I continue to take even if I'm fully vaccinated?

For now, if you've been fully vaccinated:

- You will still need to follow guidance at your workplace and local businesses.
- If you [travel](#), you should still take steps to [protect yourself and others](#).
- Masks are required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations. Travelers are not required to wear a mask in outdoor areas of a conveyance (like on a ferry or the top deck of a bus). CDC recommends that travelers who are not [fully vaccinated](#) continue to wear a mask and maintain physical distance when traveling.
- Fully vaccinated [international travelers](#) arriving in the United States are still [required to get tested](#) 1 day before travel by air into the United States (or show documentation of recovery from COVID-19 in the past 3 months) and should still get tested 3-5 days after their trip.
- You should still watch out for [symptoms of COVID-19](#), especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get [tested](#) and [stay home](#) and away from others.
- People who have a condition or are taking medications that weaken the immune system, should continue to take all [precautions](#) recommended for unvaccinated people until advised otherwise by their healthcare provider.
- For people who are vaccinated but are more than 5 months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person [wear a well-fitting mask](#) at all times when around others for 10 days after exposure.
- Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure.

46) How should individuals get access to the vaccine?

Visit: <https://covidvaccine.mo.gov/find/>

47) Will we need more than one series of the COVID-19 vaccine?

Studies show after getting vaccinated against COVID-19, protection against the virus and the ability to prevent infection with variants may decrease over time and due to changes in variants.

Although COVID-19 vaccines remain effective in preventing severe disease, recent data suggest their effectiveness at preventing infection or severe illness wanes over time, especially in people ages 65 years and older.

The recent emergence of the Omicron variant further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.

COVID-19 VACCINE INFORMATION

Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech or Moderna primary series 5 months earlier or who received a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against getting infected with COVID-19. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped prevent severe disease.

48) New variant strains of COVID-19 are now in the United States. Will a vaccine still be effective?

The COVID-19 vaccines approved or authorized in the United States are highly effective at preventing severe disease and death, but they are not 100% effective, and some fully vaccinated people will become infected (breakthrough infection) and experience illness. For all eligible persons, the vaccine provides the best protection against serious illness and death from COVID-19.

Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech or Moderna primary series 5 months earlier or who received a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against COVID-19, including variants such as the Delta variant, which currently represents greater than 99% of circulating viruses in the United States. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped prevent COVID-19 with symptoms.

49) Can I receive the COVID-19 vaccine if I have a rheumatological disease?

Thus far, there are no data on how the vaccine affects people with rheumatic diseases (RD). Based on information collected to date, we know that vaccination offers protection against COVID-19. The risks posed by vaccination appear minimal, unlike the risks of COVID-19. It is reassuring that the RNA vaccines have been constructed to minimize inappropriate immune system activation, which may reduce the likelihood of bad reactions. Some RD patients on immunosuppressive medications may be at increased risk of severe illness and death if they contract COVID-19, so vaccination may be very advantageous for these individuals, even if there is some risk involved. Our understanding of effectiveness and safety will improve as data from clinical trials and other studies emerge during the roll out of vaccines. We strongly suggest that you speak to your rheumatologist before receiving a vaccine so that you can discuss the most up-to-date information and the advisability of receiving the vaccine. We expect the benefits of COVID-19 vaccination will far outweigh the risks in patients with RD.

50) Can people with an egg allergy receive the COVID-19 vaccine?

Neither the Pfizer nor the Moderna vaccine contain egg.

51) How fast does the vaccine take effect and provide protection against COVID-19?

It typically takes two weeks after you are fully vaccinated for the body to build protection (immunity) against the virus that causes COVID-19.

52) I have a previous history of Guillain-Barre syndrome; can I receive the COVID-19 vaccine?

Per the current CDC recommendations, persons who have previously had GBS may receive an mRNA COVID-19 vaccine. To date, no cases of Guillain-Barre syndrome (GBS) have been reported following vaccination among participants in the mRNA COVID-19 vaccine clinical trials.

53) Will the COVID-19 vaccine be mandated?

COVID-19 VACCINE INFORMATION

There are no plans at the state level to mandate the COVID-19 vaccination.

54) Can you get the vaccine if you are in quarantine due to an exposure with a positive COVID-19 case?

You should delay your vaccination if you have had a known SARS-CoV-2 (virus that causes COVID-19) exposure until your quarantine period has ended, unless residing in a congregate setting (health care/long-term care facility, correctional facility, homeless shelter, etc.).

55) Should you have a pregnancy test or antibody test prior to receiving the vaccine?

Routine testing for pregnancy or antibody tests is not recommended in relation to vaccine use.

56) Do I have to get the same vaccine for the first and second doses?

Yes, patients must receive the same vaccine for both the first and second doses of Pfizer or Moderna. Your vaccination provider will give you a vaccine card stating the manufacturer name and other critical information you will need for a second dose.

57) Who should receive a COVID-19 booster shot?

The booster is now available for anyone 12 years and older.

The timing of the booster shot depends on the vaccine received during the primary series:

- Johnson & Johnson's Janssen
 - Booster at least 2 months after completing the primary COVID-19 vaccination.
 - For adults 18 years and older.
- Pfizer-BioNTech
 - Booster at least 5 months after completing the primary COVID-19 vaccination series.
 - For everyone 12 years and older.
- Moderna
 - Booster at least 5 months after completing the primary COVID-19 vaccination series.
 - For adults 18 years and older.

Choosing Your COVID-19 Booster Shot

You may choose which COVID-19 vaccine you receive as a booster shot. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots. Pfizer-BioNTech or Moderna (COVID-19 mRNA vaccines) are preferred. You may get Johnson & Johnson's Janssen COVID-19 vaccine [in some situations](#). Pfizer-BioNTech is approved for anyone ages 12 and older.

COVID-19 VACCINE INFORMATION

Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred booster types in most* situations.

*Although mRNA vaccines are preferred, J&J/Janssen COVID-19 vaccine [may be considered in some situations](#).

Scheduling Your Booster Shot

If you need help scheduling your booster shot, contact the location that set up your previous appointment. If you need to get your booster shot in a location different from where you received your previous shot, there are several ways you can [find a vaccine provider](#).

What to Expect during and after Your Booster Shot Appointment

- Bring [your CDC COVID-19 Vaccination Record card](#) to your booster shot appointment so your provider can fill in the information about your booster dose. If you did not receive a card at your first appointment, contact the vaccination site where you got your first shot or your [state health department](#) to find out how you can get a card.
- You may experience [side effects](#) after getting a COVID-19 vaccine. These are normal signs that your body is building protection against COVID-19.
- Use [v-safe](#) to tell CDC about any side effects. If you [enter your booster shot](#) in your v-safe account, the system will send you daily health check-ins.

Although COVID-19 vaccination remains effective in preventing severe disease, recent data suggest vaccination becomes less effective over time, especially in people aged 65 and older and at preventing infection or milder illness with symptoms.

- The recent emergence of the Omicron variant (B.1.1.529) further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19. Early data from South Africa suggest increased transmissibility of the Omicron variant and the potential for immune evasion.
- Emerging evidence also shows that among healthcare and other frontline workers, vaccine effectiveness against COVID-19 infections is also decreasing over time.
- This lower effectiveness is likely due to the combination of decreasing protection as time passes since getting vaccinated, as well as the greater infectiousness of the Delta variant.

Data from clinical trials showed that a booster shot increased the immune response in trial participants who finished a Pfizer-BioNTech or Moderna primary series 5 months earlier or who received a J&J/Janssen single-dose vaccine 2 months earlier. With an increased immune response, people should have improved protection against COVID-19, including the Delta variant. For Pfizer-BioNTech and J&J/Janssen, clinical trials also showed that a booster shot helped prevent COVID-19 with symptoms.