



Coronavirus Disease 2019 (COVID-19)

Public Health Recommendations for Community-Related Exposure

The following updates CDC guidance for definitions and management of contacts of persons with COVID-19 contained in “[Public Health Recommendations after Travel from Areas with Potential Risk of Exposure to Coronavirus Disease 2019 \(COVID-19\)](#).” Separate guidance is available for [travelers](#) and [health care workers](#). See also [Guidance for essential workers](#) [↗](#).

Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology and the need to simplify risk stratification. New recommendations are based on:

- Growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms;
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public and to simplify implementation for public health authorities;
- Limitations in access to COVID-19 testing and increasing number of cases diagnosed clinically
- Continued focus on reducing transmission through social distancing of individuals in affected areas

Summary of Changes:

- Changed risk strata descriptions – levels of risk have been reduced to simplify communications and implementation
- Changed period of exposure risk from “onset of symptoms” to “48 hours before symptom onset”
- Added the definition of a contact to include exposure to a laboratory confirmed case as well as a clinically compatible case in regions with widespread ongoing transmission
- Removed “no risk” category and replaced with unknown risk to acknowledge that all persons in the United States are at some risk of COVID-19 given the increases in community spread throughout the United States.

Current guidance based on community exposure, for asymptomatic persons exposed to persons with known or suspected COVID-19 or possible COVID-19

[Travelers](#), [health care workers](#) and critical infrastructure workers should follow guidance that include special consideration for these groups. CDC’s recommendations for community-related exposures are provided below. Individuals should always follow guidance of the state and local authorities.

Person	Exposure to	Recommended Precautions for the Public
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<ul style="list-style-type: none"> Household member Intimate partner Individual providing care in a household without using recommended infection control precautions Individual who has had close contact (< 6 feet)** for a prolonged period of time *** 	<ul style="list-style-type: none"> Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission) 	<ul style="list-style-type: none"> Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times Self-monitor for symptoms <ul style="list-style-type: none"> Check temperature twice a day Watch for fever*, cough, or shortness of breath Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) Follow CDC guidance if symptoms develop
<p>All U.S. residents, other than those with a known risk exposure</p>	<ul style="list-style-type: none"> Possible unrecognized COVID-19 exposures in U.S. communities 	<ul style="list-style-type: none"> Be alert for symptoms <ul style="list-style-type: none"> Watch for fever*, cough, or shortness of breath Take temperature if symptoms develop Practice social distancing <ul style="list-style-type: none"> Maintain 6 feet of distance from others Stay out of crowded places Follow CDC guidance if symptoms develop

*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4oF (38oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

** Data are limited to define of close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure but 15 min of close exposure can be used as an operational definition. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Integration of these definitions and actions into communications and actions of public health authorities can be guided by CDC's ["Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission"](#) 