

Public Health Guidance for Community-Related Exposure

Community-Related Exposures

Updated July 31, 2020

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The following guidance is provided for definitions and management of contacts of people with COVID-19. Separate guidance is available for [international travelers](#). Healthcare personnel (HCP) should follow CDC's [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) regarding work restrictions if they have potential exposure to people with COVID-19. However, such HCP should also follow this Guidance for Community-Related Exposure for what to do in the community. See also CDC's guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Individuals should always follow guidance of the state and local authorities.

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

- Growing evidence of transmission risk from infected people without symptoms (asymptomatic) or before the onset of recognized symptoms (presymptomatic);
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public;
- Continued focus on reducing transmission through social distancing and other [personal prevention strategies](#).

Summary of Changes:

On June 4, 2020

1. Added exposure to people with confirmed COVID-19 who have not had any symptoms to this Guidance.

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


Person	Exposure to	Recommended Precautions for the Public
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<ul style="list-style-type: none"> Individual who has had close contact (< 6 feet)** for ≥15 minutes*** 	<ul style="list-style-type: none"> Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). <p>Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE)</p>	<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, or other symptoms of COVID-19 Avoid contact with people at higher risk for severe illness from COVID-19 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"> Practice social distancing and other personal prevention strategies Be alert for symptoms <ul style="list-style-type: none"> Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Check temperature if symptoms develop 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 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

** Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). While research indicates masks may help those who are infected from spreading the infection, there is less information regarding whether masks offer any protection for a contact exposed to a symptomatic or asymptomatic patient. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask. Because the general public has not received training on proper selection and use of respiratory PPE, it cannot be certain whether respiratory PPE worn during contact with an individual with COVID-19 infection protected them from exposure. Therefore, as a conservative approach, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE, which is recommended for health care personnel and other trained users, or a mask recommended for the general public.

***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 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed 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  "

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