Frequently Asked Questions for COVID-19
For Local Boards of Health

Disclaimer: COVID-19 guidance changes quickly. This document is based on an internal FAQ developed for MDPH epidemiologists and has since been adapted for LBOH use. It is not comprehensive. Please review MAVEN resources and call 617-983-6800 with any urgent questions.

TABLE OF CONTENTS:

MASSACHUSETTS NEWS & POLICY UPDATES: .................................................................................................................. 2
GENERAL COVID-19 QUESTIONS (From the public) .................................................................................................... 4
TESTING ........................................................................................................................................................................... 6
LBOH FOLLOW UP (Contacts, other non-confirmed situations) ..................................................................................... 7
QUARANTINE GUIDELINES ................................................................................................................................................ 8
LBOH Follow Up for CONFIRMED Cases ......................................................................................................................... 9
Confirmed Cases of COVID-19 in HCP .......................................................................................................................... 11
TRAVEL QUESTIONS/ SITUATION ................................................................................................................................. 12

LAST UPDATED 3/24/2020
MASSACHUSETTS NEWS & POLICY UPDATES:

Effective 3/24 at noon: all non-essential businesses shall close their physical workplaces and facilities to all workers, customers, and the public. Businesses that provide essential services are exempt. “We will always allow all grocery stores, pharmacies, and other types of businesses that provide essential goods and services to Massachusetts residents to continue to operate,” said Baker.

Effective 3/23: All early education and childcare centers will be closed
- Issued emergency procedures for opening exempt centers—providing emergency access to essential workers and first responders. They will work to help people who must go to work but aren’t emergency personnel.
  - These are the only centers that will be allowed to operate during this emergency. EEC working to identify centers across the state.

3/18/20: LBOH First Responders Order
- Effective immediately, LBOH are required to notify first responders of addresses of cases of COVI-19. Only addresses, not names, nor addresses of people in quarantine.

3/15/20: Emergency Actions to Address COVID-19
- All public gatherings >25 people should be cancelled per Governor Baker.

New Guidance on Schools:
- Three-week suspension of school operations for educational purposes at all public and private elementary and secondary (K-12) schools in the Commonwealth beginning Tuesday, March 17
  - Elementary and Secondary Schools: suspend educational operations from March 17 until April 6. Full order available here.
- Early Education and Care: Follow EEC guidance regarding closure based on actual cases.
  - The suspension of educational operations at K-12 schools will inevitably affect the provision of preschool and childcare services. Although we are not ordering the closure of childcare programs at this time, we are strongly urging childcare providers to strictly observe guidelines that are being issued by the Department of Early Education and Care (EEC) and the Department of Public Health (DPH), which call for temporary closures based on actual direct or indirect exposures to individuals with COVID-19.
  - At the same time, EEC will prioritize the maintenance and expansion of childcare capacity serving frontline healthcare workers and first-responders across the state.
- Map of Meal Sites for Youth and Teens

New Orders Limiting Gatherings and Restaurants:
- Governor Baker issued an emergency order limiting gatherings to 25 individuals and prohibiting on-premises consumption of food or drink at bars and restaurants, beginning on March 17 and effective until April 6. The full order is available here.
- Resources for Restaurants: Food drive through and delivery services may continue during an establishment’s normal business hours. For any restaurant or bar room that serves food, the Licensing Board is lifting regulations to allow for takeout service, which means that all restaurants and bar rooms that serve food can now provide take out service. If an establishment does not currently utilize a delivery service, the Small Business Unit can help support. Any business that needs operational support can contact the Inspectional Services Department.

Executive Branch Employees:
- All non-emergency state employees working in Executive Branch agencies should not report to their workplace on Monday, March 16th and Tuesday, March 17th. Employees who are designated by their managers as emergency for the purposes of coronavirus planning should report to work as well.
Health Care:
- All commercial insurers and the Group Insurance Commission are required to cover medically necessary telehealth services in the same manner they cover in-person services. The full order is available here.
- Insurers must cover COVID-19 related treatment and testing without requiring cost-sharing of any kind – such as co-pays and coinsurance – for testing and treatment.
- Additionally, insurers cannot require prior authorization for these services.
- All assisted living residences are to ban visitors to protect the health of residents and staff. This is in addition to the federal guidance issued on Friday that bans visitors to nursing homes and rest homes.
- All hospitals operated or licensed by the Department of Public Health or the Department of Mental Health are to screen all visitors and restrict visitation if individuals show any indication of illness.
- Hospitals must cancel non-essential elective procedures effective Wednesday, March 17.
- Authorizes licensed pharmacies to create and sell hand sanitizer over the counter.

Registry of Motor Vehicles:
- The Registry of Motor Vehicles (RMV) will extend the renewal timeline of certain credentials to reduce the need for customers to physically visit an RMV service center for in-person transactions. The full order is available here.
- Effective this week, the RMV will implement a 60-day extension to the current expiration date for Class D, Class DMs, ID cards, and Learner’s Permits within the RMV system. All customers with expired/expiration credentials physically dated between March 1, 2020 and April 30, 2020, will continue to have an active status within the RMV system until sixty (60) days after the expiration date printed on their credential.
- This extension does not apply to vehicle registrations. Most vehicle registrations can be renewed online at Mass.Gov/RMV.
- This deadline extension will not apply to customers with Commercial Driver’s Licenses (CDLs) or those whose end of stay in the United States is the same as the expiration date on their driver’s license, ID card, or Learner’s Permit.
- Customers eligible for this extension should wait to visit an RMV Service Center or AAA office (if a member of AAA), to renew until after the State of Emergency has been terminated.

Unemployment Assistance:
- The Executive Office of Labor and Workforce Development (EOLWD) and the Department of Unemployment Assistance (DUA), in coordination with the US Department of Labor (USDOL), are taking a series of actions to assist workers and employers.
- To assist individuals who cannot work due to the impact of COVID-19, the administration is filing emergency legislation that will allow new claims to be paid more quickly by waiving the one week waiting period for unemployment benefits.
- EOLWD and DUA are also filing emergency regulations that will allow people impacted by COVID-19 to collect unemployment if their workplace is shut down and expects to reopen in four or fewer weeks. The following conditions apply:
  o Workers must remain in contact with their employer during the shutdown.
  o Workers must be available for any work their employer may have for them that they are able to do.
  o An employer may request to extend the period of the covered shut-down to eight weeks, and workers will remain eligible for the longer period under the same conditions described above.
  o If necessary, DUA may extend these time periods for workers and employers.

3/10/2020: Charlie Baker declared a state of emergency
GENERAL COVID-19 QUESTIONS (From the public)

Tips for managing anxious callers:

- “Plan ahead to feel more in control”. For example, ask your employer about a work-from-home option, be prepared for disruptions such as school closings. Have family contingency plans for these disruptions.
- The best information that we promote for Massachusetts comes directly from MDPH press releases and our website (www.mass.gov/COVID19), encourage that instead of relying on the news/media for information.
- During an outbreak, proper hand-washing is your best defense against a virus (20 seconds or more using soap and water). Or use hand sanitizers that contain at least 60% alcohol. In addition, you may want to forego hugging and hand-shakes, and embrace "low-touch" salutations such as the elbow bump.
- NPR Shots - Pandemic Panic? These 5 Tips Can Help You Regain Your Calm
- Pandemic Preparedness Resources:
  - CDC in Action: Preparing Communities for Potential Spread of COVID-19
  - Pandemic Preparedness Resources
  - CDC Prepares Communities

“Am I at Risk?” (Non-traveler)

- Individual risk is dependent on exposure (ex: travel, close contact to confirmed case).
- Under current circumstances, certain people will have an increased risk of infection. For example, healthcare workers caring for patients with COVID-19 and other close contacts of persons with COVID-19.

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

- Yes, there is evidence that the virus is spread from person-to-person between people who are in close contact with one another (about 6 feet). It is spread through respiratory droplets produced when an infected person coughs or sneezes.
- We are not concerned about surfaces or being in the same building/ bus/ train after a positive case.

What can I do to protect myself/my family?

- Staying home when you are sick.
- Covering coughs and sneezes with a tissue.
- Washing hands with soap and water or using hand sanitizer when soap and water is not available.
- Staying home if you have been exposed to a family or household member who is sick.
- Perform routine surface cleaning.

Do I need to be wearing a facemask or stockpiling supplies?

- The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a healthcare facility).
- Making sure you are able to take care of yourself when you don’t feel well is always important. Having things like thermometers, over the counter fever-reducing medications, cough medication, and your important prescriptions could be helpful.
- The need to collect food, cleaning supplies, and household items is currently only for the purpose of promoting social distancing if we have sustained community transmission in the US (aka, minimizing exposure to others would minimize risk of disease in a scenario where we have community transmission in MA). MDPH is not recommending MA residents do this at this time.
Is there treatment or a vaccine for COVID-19?
- At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. People with COVID-19 should receive supportive care to help relieve symptoms.

Can I get tested for COVID-19 if I am asymptomatic?
- No, asymptomatic individuals cannot be tested with the current process.

Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?
- We do not have information on adverse pregnancy outcomes in pregnant women with COVID-19.

Who is at higher risk of getting very sick from this illness?
- Older adults
- People who have serious chronic medical conditions like heart disease, lung disease, and diabetes.

What should I do if I’m at higher risk?
- Stay home as much as possible.
- Consider ways of getting food brought to your house through family, social, or commercial networks.
- Take everyday precautions and actions to reduce your change of getting sick.
- Have a plan for if you get sick.
- Have supplies on hand.
TESTING

What are MA COVID-19 testing criteria?
- New Testing Criteria as of 3/13/2020
- Guidance for testing deceased patients.

Where can I find it online?
- Go to mass.gov and click on “Read More” on the “Stay informed about COVID-19” banner at the top
- Guidance and directives
- Health Care Professionals & Organizations
- COVID-19 PUI Criteria PDF

Where can people get tested for COVID-19?
- Patients can get tested in any healthcare setting that has the appropriate supplies on hand. This includes primary care practices - suspect PUIs do NOT need to be sent the ER or hospitals solely for testing.
- Patients should contact their doctors before coming in for testing. Negative air pressure rooms are preferred but not required.
- If the patient cannot leave their home, and you are unable to collect the specimen at the LBOH level, please consult an epidemiologist at 617-983-6800.

Is the Massachusetts Department of Public Health providing testing?
- Yes. MA SPHL/MDPH is coordinating with healthcare providers and the CDC to provide testing to individuals that meet the PUI criteria.
- Commercial laboratories are also open for testing and can be used. Their results are reported to MDPH electronically.

How should specimens be collected?
- A single upper respiratory specimen per patient should be submitted, a single NP swab is preferred by DPH as of 3/13/2020.
  - Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media (VTM).
  - Nasopharyngeal swab – Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas.
- Label the primary container with two unique patient identifiers (e.g., name, DOB, and/or MR#) and label the specimen type:
  - Upper respiratory specimen: For NP or OP swabs, collect the swab and place in a commercially available viral transport media (VTM) tube.
  - Lower respiratory specimen: Sputum should be submitted in a sterile, dry screw cap sputum collection cup or other sterile, screw cap container.
- Submit State Lab Specimen Submission Form (SS-PHL-1-18) [https://www.mass.gov/doc/specimen-submission-form/download](https://www.mass.gov/doc/specimen-submission-form/download) including: submitting facility, ordering clinician, and patient name, ID (or medical record number), patient address, test request “2019 nCoV PCR”, PUI# (if known), travel history (including dates and locations), signs and symptoms, onset date, and patient status at time of collection (ER, inpatient, outpatient). **Because we are no longer pre-approving all specimens and creating MAVEN events, the data on the submission form is VERY CRITICAL as it may be the first source of information on a future positive.**

How should specimens be stored/transmitted?
- Specimen collection guidance
**LBOH FOLLOW UP (Contacts, other non-confirmed situations)**

For general questions, please see MAVEN Help “COVID-19 LBOH” for a comprehensive list of resources.

**How is lab reporting done?**
- As of 3/10/2020, both positive and negative COVID-19 results should automatically append to matching MAVEN events. No additional approvals to report out specimen results are required once the result is in MAVEN.
- MDPH Epi’s will call out results to providers and LBOHs to initiate investigations at the local level.
- Ideally, the provider would notify the patient of the result.
- The LBOH will be called as soon as positive results are available, you can always check MAVEN events “lab” tab.

**If my case’s specimen is “unsat”, what do I do?**
- We would recommend obtaining another specimen for testing.

**What does an “invalid result” mean?**
- An invalid result means that one of the two PCR targets (one is pos and one is neg). This means the person is likely later in the course of their illness. Consider a recollection of the sample. A follow up test may be negative (as they clear the virus).

**What if someone is under 14-day quarantine and they develop symptoms and test NEGATIVE for COVID19?**
- At this time, they need to complete the 14-day quarantine. However, once that time is completed, they can be released assuming that 24 hours have passed since fever resolved.

**What is our messaging to those individuals who have respiratory symptoms but who have not had any sort of diagnosis (either lab or clinical)? Are we still going with 24 hours since resolution of fever?**
- For consistency, anyone with respiratory symptoms who does not work in healthcare, is not hospitalized and is not immunocompromised should follow these guidelines.

**What are the recommendations for close contacts of individuals who are symptomatic but have NOT been tested? If they become symptomatic, will these guidelines be followed?**
- See answer above. For consistency, anyone with respiratory symptoms who does not work in healthcare, is not hospitalized and is not immunocompromised, in the absence of another diagnosis, should follow these guidelines.

**Have we advised any hospitals to stop testing?**
- No. We are not advising anywhere to stop testing. It is important to consider that there are shortages of PPE and swabs, and that testing might not always be necessary. Providers should continue to use clinical judgement to guide testing. Symptomatic individuals should use judgment in deciding to stay at home and isolate until symptoms subside or to seek care. Recommendations will be the same if they have symptoms consistent with COVID-19 in terms of when they can be released from isolation.

**Do hospitals need MDPH permission for drive-thru testing?**
- No. Many facilities across the state are implementing this kind of testing and it is not something that needs to be cleared with MDPH 6600 number.
## Quarantine Guidelines

<table>
<thead>
<tr>
<th>Type of Patient</th>
<th>Quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confirmed Case</strong></td>
<td>- A <strong>confirmed case</strong> should be in complete isolation.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Household contacts of a confirmed case</strong>, the confirmed case should be completely isolating from the rest of the household.</td>
</tr>
<tr>
<td></td>
<td>- Since this is not happening in most households, the rest of the household contacts <strong>should begin quarantine from the date the person became symptomatic</strong>.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Household contacts who become symptomatic</strong> now become a suspect PUI themselves and need to be tested, and then their close contacts need to be quarantined.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Quarantine for a close contact</strong> (who is NOT a household contact) of a <strong>confirmed case begins from the date of their last exposure to that positive case</strong>.</td>
</tr>
<tr>
<td><strong>Suspect PUI/Contacts of Confirmed Case</strong></td>
<td>- <strong>Household contacts of a suspect PUI awaiting their lab result</strong>, the rest of the household contacts should <strong>begin quarantine from the date this person was confirmed to be positive</strong>.</td>
</tr>
<tr>
<td></td>
<td>- This is very dependent on household set-up. If the case cannot completely isolate, then the rest of the household begins quarantine from the date the person became symptomatic (think young children who need care from this suspect case, or they only have one bathroom, etc.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Close contacts (who are NOT household contacts) of a suspect PUI awaiting their lab result</strong>: it is reasonable to begin quarantine from the date they last saw the case, especially if the suspect PUI was symptomatic (covering or fever) when they saw the case. Once they find out the case is negative, they can return to activities. If they are positive, then the close contact can continue the quarantine for the full 14 days and monitor themselves for symptoms.</td>
</tr>
<tr>
<td><strong>Travelers</strong></td>
<td>- <strong>Quarantine for travelers</strong> begins the date when they were in that country of risk last.</td>
</tr>
<tr>
<td></td>
<td>- As long as they stay asymptomatic, their family does not need to be quarantined.</td>
</tr>
<tr>
<td></td>
<td>- If they are experiencing any symptoms they should stay home or decide to self-quarantine after any travel if they are sick. If they are sick enough that they want to be tested, then they are sick enough that they should stay home as well.</td>
</tr>
<tr>
<td><strong>Hospitalized Patients</strong></td>
<td>- These people, since hospitalized and suspected of COVID-19 should already be isolated within the hospital. If the patient is a confirmed positive, anyone who is a close contact within the 14 days of symptom onset now has to quarantined. <strong>That quarantine starts from the date of their last exposure to the confirmed case</strong>.</td>
</tr>
<tr>
<td></td>
<td>- <strong>Anyone visiting a suspect PUI</strong> who is hospitalized and is awaiting a lab result should be wearing PPE while visiting the case in the hospital, including hospital staff.</td>
</tr>
</tbody>
</table>
When does a confirmed case get released from isolation?


1. The **test-based strategy**: two negative swabs at least 24 hours apart, resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms.

2. The **non-test-strategy** is new and can be applied to anyone who does not work in healthcare, who is not hospitalized and who is not immunocompromised (there is separate guidance for this group). It should be applied to people who test positive for covid-19 **and** anyone who is clinically diagnosed with covid-19 and not tested. The full name of this strategy is the “time-since-illness-onset and time-since-recovery” strategy.
   a. **Symptomatic persons with covid-19** (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home isolation under the following conditions:
i. At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms – e.g., cough, shortness of breath) AND

ii. At least seven days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”

Therefore, anyone with covid-19 should stay home for a minimum of seven days. They should only discontinue isolation if at least 72 hours have also passed since “recovery.”

**Decisions to discontinue home isolation are made at the local level by local board of health, MDPH is available to consult if needed.**

**Who is responsible for releasing cases from isolation?**
- This is the responsibility and jurisdiction of the local board of health (LBOH). MDPH is available for guidance in interpretation of the CDC recommendations.

**If someone was under 14-day quarantine and they developed symptoms which then resolved and there is still time on their quarantine, do they continue the quarantine?**
- Yes. At this time, they continue quarantine until the end of the 14 days. If their symptoms occur after day 7 of quarantine, they should remain in home isolation as per the new guidelines, which will be longer than the existing 14-day quarantine. Onset date (of symptoms) would be considered “day zero.”

**What should providers do if they have positive cases in a congregate setting (behavioral health, homeless shelter) and there is not ability to isolate or cohort patients?**
- If the congregate setting is part of a hospital (ex: behavioral health) they should work with the hospital epidemiologist and infection control. These are situations that MDPH may be able to provide guidance. If the congregate setting is in the community (ex: homeless shelter) they should start by talking to their LBOH for assistance and guidance. [MDPH Congregate Care Guidance](#)
Confirmed Cases of COVID-19 in HCP

Questions to prompt during investigation of a confirmed or suspected case of COVID-19 in a HCP:

- Determine HCP’s symptom onset date.
- Did the HCP work while symptomatic?
- Gather a list of close contacts: Symptomatic HCP who had contact with patients, providers and others (defined as >= 15 minutes, less than 6 feet) would be identified as close contacts starting with the day their symptoms began.

Use one of the below strategies to determine when confirmed or suspected HCP* may return to work in healthcare settings (current as of 3/17/20)

1. **Test-based strategy.** Exclude from work until
   - Resolution of fever without the use of fever-reducing medications **and**
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
   - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV)].

2. **Non-test-based strategy.** Exclude from work until
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,  
   - At least 7 days have passed since symptoms first appeared

Return to Work Practices and Work Restrictions -- After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC’s interim infection control guidance](https://www.cdc.gov/coronavirus/2019-ncov/infection-control-guidance.html) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

*Note: This applies to HCP who are lab-confirmed cases of COVID-19, as well as individuals who meet clinical criteria but did not undergo testing. However, if HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
TRAVEL QUESTIONS/ SITUATION

*This information is likely to change, please stay up to date with the CDC website.

Should I cancel my international trip? (CDC FAQ for Travelers)

- **Warning Level 3:** CDC recommends travelers avoid all nonessential travel to these destinations.
  - Countries included: Austria, Belgium, China, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Iran, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Monaco, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, San Marino, United Kingdom (including England, Scotland, Wales, and Northern Ireland), Vatican City
  - **China and Iran:** Foreign nationals who have visited China or Iran in the past 14 days may not enter the United States. American citizens, lawful permanent residents, and their families who have been in China or Iran in the past 14 days will be allowed to enter the United States, but will be redirected to one of 11 airports to undergo health screening. Depending on their health and travel history, they will have some level of restrictions on their movements for 14 days from the time they left China or Iran.
    - Ireland
    - Malaysia
    - South Korea
    - **Cruise Ships:** CDC recommends that travelers defer all cruise travel worldwide. Cruise travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

- **Alert Level 2:** CDC recommends older adults and people of any age with serious chronic medical conditions consider postponing nonessential travel.
  - Global COVID-19 Outbreak Notice

Should I go on a cruise?

- NO. CDC recommends that travelers defer all cruise travel worldwide. Cruise travelers should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.

What should I do if I've recently traveled to a Level 3 country or a cruise?

- Travelers returning from level 3 countries should stay home for 14 days after returning from travel, monitor their health, and practice social distancing.
- Travelers who are sick with fever, cough, or have trouble breathing should call ahead before seeking medical care.

What should I do if I've recently traveled to a Level 2 country?

- All travelers should monitor their health and practice social distancing for 14 days after returning from travel.
- Travelers who are sick with fever, cough, or have trouble breathing should stay home and call ahead before seeking medical care.

Should I travel within the United States?

- There are no official recommendations for domestic travel, however; there are several things you should consider when deciding whether it is safe for you to travel.

How should I protect myself if I do have to travel?

- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
• Discuss travel with your healthcare provider.
• Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60%-95% alcohol. Soap and water should be used if hands are visibly dirty.

Are layovers included in CDC’s recommendations?

• Layovers are NOT included in CDC’s recommendations for quarantine. If a traveler has had a layover in an airport in a Level 3 country, they do not need to quarantine upon arrival into the US, unless they left the airport or had close contact with a confirmed case.
• However, layovers ARE included in CDC’s recommendations to avoid nonessential travel. Layovers at airports in destinations with level 3 travel notices are included in CDC’s recommendation to avoid nonessential travel. If a layover is unavoidable, CDC recommends that travelers not leave the airport. Travelers with layovers may still be subject to screening and monitoring when entering the United States.