Frequently Asked Questions about the Coronavirus Disease 2019 (COVID-19)

Q. What does COVID-19 mean?
A. This is the official name for the disease caused by the novel coronavirus identified in 2019. The World Health Organization (WHO) recently renamed 2019-nCoV to COVID-19 using a combination of the words coronavirus (CO), virus (VI), and disease (D). The number “19” is for the year the outbreak was first identified. The name was chosen to avoid references to a specific geographical location, animal species or group of people to prevent stigma.

Q. How is the virus spread?
A. While animals are likely the original source of the virus, it is now spreading from one person to another. There is currently not enough information to determine how easily and how long this virus spreads between people. From what we know so far, the virus is spread mainly through respiratory droplets that people sneeze, cough, or exhale.

Q. Who is at risk for COVID-19?
A. Currently, you may be at risk if you have traveled to mainland China OR have been in close contact with a person who has COVID-19 within the past 14 days. While most COVID-19 cases outside of China have been associated with travel to or from China, community spread is being detected in a growing number of countries. Destinations with widespread or sustained community spread of COVID-19 include Iran, Italy, Japan, and South Korea. Other destinations with instances of apparent community spread include Hong Kong, Singapore, Taiwan, Thailand, and Vietnam.

Q. Who is not considered at risk for becoming infected or spreading COVID-19?
A. The following people are not considered at risk for COVID-19:
- People who returned more than 14 days ago from areas where COVID-19 is active and do not have symptoms of coronavirus do not put others at risk.
- Someone who has completed their quarantine or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
- People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Help fight fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
- Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
- People who have not been in contact with a person who is a confirmed or suspected case are not at greater risk of acquiring and spreading this new virus than others.
Q. What are the most common symptoms of COVID-19?
A. The virus can cause mild, flu-like symptoms such as fever, cough, difficulty breathing, pain in the muscles, and tiredness, but can cause serious illnesses in some people who may have medical issues such as heart and lung disease or weakened immune systems.

Q. What should I do if I come in contact with someone who came from mainland China?
A. You are not at risk for getting COVID-19 just by coming in contact with a person returning from mainland China who is not sick. If you have been in close contact with an ill person for a lengthy period of time, you should watch for symptoms and contact your healthcare provider immediately if you develop symptoms such as fever, cough, or difficulty breathing.

Q. Am I at risk if I was in close contact with a person who traveled through the airport in China?
A. No. Individuals traveling through an airport, e.g., layover, are not considered at risk for exposure. Therefore, a person exposed to an individual who traveled through an airport in China is not considered at risk.

Q. Is COVID-19 more serious than influenza?
A. The challenge with the new coronavirus is that we are continuing to learn more about the virus, such as how it spreads and how it can be contained. Person-to-person spread has been confirmed in the U.S., but so far, there is not community-wide transmission and the number of people infected in the U.S. is small. COVID-19 is serious and public health officials are taking the possibility of widespread disease very seriously. However, because there is currently widespread influenza in the U.S., the risk of getting influenza is much greater for the U.S. right now than the risk of the novel coronavirus. So, it is still recommended to get an influenza vaccine if you have not already done so.

Q. If the risks are low for the average American, why is there so much attention about this new coronavirus?
A. While the immediate risks from the virus to the general American public is considered to be low, the potential public health threat is high, according to the CDC. Public health officials are seeing rapid growth in these infections worldwide and expect the rate will continue to climb. Also, extreme caution is important because so much remains unknown about this new virus. For now, spreading awareness and keeping people updated as scientists learn more, screening people who might be at risk, and separating those who are infected from healthy people are the best tools public health can use.
Q. Who is most affected by COVID-19?
A. Generally, young children, elderly people and those with underlying conditions (e.g. hypertension, heart disorders, diabetes, liver disorders, and respiratory disease) are likely to be more at risk of developing severe symptoms. As this is an emerging disease and there is only limited information available, we do not yet know which groups of people might be prone to more serious outcomes after COVID-19 infection.

Q. Can you get COVID-19 from animals?
A. There is no evidence that animals/pets such as dogs or cats can be infected with the new coronavirus and spread it to humans. However, it is always a good idea to wash your hands with soap and water after contact with pets. This protects you against various common bacteria such as *E.coli* and *Salmonella* that can pass between pets and humans.

Q. Are there any specific medicines to prevent or treat COVID-19?
A. Currently, there are no specific medicines or vaccines for the new virus, and antibiotics do not work either (they fight off bacteria). Most people get better on their own. Scientists are working to develop a vaccine, but this will have to be tested in trials first, so it could be some time before it is ready.

Q. What does close contact mean?
A. Close contact means being within approximately 6 feet of a person who has COVID-19 for a lengthy period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a person who has COVID-19. You may also be at risk if you have direct contact with infectious secretions of a person with COVID-19 (e.g., being coughed on).

Q. How does the health department know who traveled to Utah from China?
A. The Centers for Disease Control (CDC) is working closely with the Division of Global Migration and Quarantine (DGMQ) and Customs and Border Patrol to identify and notify states of U.S. residents leaving China and entering the U.S. Public health officials will be in direct contact with these residents.

Q. What should I do if I come in contact with someone who came from mainland China?
A. You are at very low risk for getting COVID-19 just by coming in contact with a person returning from mainland China. If you have been in close contact with an ill person for a lengthy period of time, you should watch for symptoms and contact your healthcare provider immediately if you develop symptoms such as fever, cough, or difficulty breathing.
Q. Am I at risk if I was in close contact with a person who traveled through the airport in China?
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Q. If I get a package from China and open it, will I get coronavirus?
A. People receiving packages from China are not at risk of contracting COVID-19. Coronaviruses do not survive long on objects, such as letters or packages. These viruses are generally thought to be spread most often by respiratory droplets, such as coughing and sneezing. There have not been any cases of COVID-19 in the U.S. associated with imported goods.

Q. Should I wear a facemask? Does wearing a facemask help prevent coronavirus?
A. Face masks help prevent further spread of infection from those who are sick to others around them. For the general public, there is not a clear benefit to wearing lightweight disposable surgical masks. That's because they are generally too loose, don't cover the eyes and can't be worn for long periods. Experts say they may provide some protection from large drops, sprays or splashes, but because they don't fit tightly, they may allow tiny infected droplets to get into the nose, mouth or eyes.

If you are healthy, you only need to wear a mask if you are taking care of a person with suspected COVID-19 infection or are in close contact with an ill person for an extended period of time. If you wear a mask, then you should also know how to use it and dispose of it properly. Visit https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks to learn how to use and properly dispose of face masks.

Q. What does isolation mean?
A. Isolation means separating ill persons who have an infectious disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Q. Who is being isolated?
A. Currently, all symptomatic travelers returning from mainland China will be isolated for 14 days after entering the U.S. in one the designated U.S. quarantine stations.
Q. What does quarantine mean?
A. Quarantine means separating and restricting the movement of well persons who may have been exposed to an infectious disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

Q. What determines when a person will be quarantined for COVID-19?
A. Currently, all travelers without symptoms returning to the U.S. from mainland China will be quarantined for 14 days.

Q. What is social distancing?
A. Social distancing means staying away from mass gatherings (e.g., stadiums, theaters, shopping centers, schools, community events, church), avoiding local public transportation (e.g., bus, taxi, TRAX), and maintaining distance (approximately 6 feet) from others. This is a strategy public health uses often for other respiratory diseases such as influenza.

Q. Is a person who has been released from quarantine still considered a risk?
A. No. A person who has been released from COVID-19 quarantine is not considered at risk for spreading the virus to others because they have not developed illness during the incubation period.

Q. Who should be tested for COVID-19?
A. Anyone who develops a fever and symptoms, such as cough or shortness of breath, within 14 days after travel from China OR had close contact with someone showing these symptoms who recently traveled from this area may be at risk and may require testing. Your healthcare provider will work with the Utah Department of Health and the CDC to determine if you need to be tested for COVID-19.

Q. What happens if I test positive for COVID-19?
A. You will be isolated for 14 days and contacted by the local health department daily to assess if your symptoms are getting better or worse. If your symptoms are getting worse, your healthcare provider will determine the need for hospitalization.

Q. What does “active monitoring” mean?
A. Active monitoring means that the state or local public health department will regularly contact a potentially exposed person to determine if the person develops fever, cough, or difficulty breathing. Contact will be at least once daily and may be twice daily for some people, depending on their risk level. Contact may include telephone calls, text, or email.
Q. Is a person under active monitoring automatically tested for COVID-19?
A. No. Whether a person is tested depends on the level of risk. The Utah Department of Health will consult with the CDC to determine the need for testing on a case-by-case basis.

Q. What happens if a person in active monitoring develops symptoms?
A. A person who is under active monitoring and develop symptoms should notify the local health department conducting the monitoring about their symptoms. The person should also contact their healthcare provider immediately. The healthcare provider will consult with the local health department and the Utah Department of Health to determine if testing is necessary and assess the need for further medical evaluation.

Q: Should everyone traveling from China be quarantined?
A. In an attempt to prevent COVID-19 from spreading throughout the U.S., the President issued a proclamation that all travelers returning from mainland China will be funneled to one of 11 U.S. airports and will be assessed for illness. U.S. citizens who have been in Hubei province in the previous 14 days will have an additional health assessment. If symptomatic, these citizens will be transferred for further medical evaluation and isolated for 14 days. If asymptomatic, U.S. citizens will be allowed to reach their final destination and, after arrival, and will be monitored under self-quarantine for 14 days.

While the origin of this particular outbreak can be traced back to China, it is not associated with any particular race, nationality, or ethnicity. Ostracizing anyone from our communities or excluding anyone from our places of public gathering based on their nationality is grossly inappropriate.

Q. What about people on cruise ships? How are they managed?
A. The CDC is working with the Department of State to evaluate all U.S. residents on cruise ships. Passengers from the Diamond Princess cruise ship in Japan are currently housed at two designated quarantine sites – Travis Air Force Base in California or Joint Base San Antonio-Lackland in Texas – for 14 days. Anyone who becomes ill will be sent directly to a local hospital for medical evaluation.

Q. Where can I find information about U.S. and worldwide cases of COVID-19?