Interim Exposure Risk Categories for **Travelers and Crews on Passenger and Cargo Flights** for 2019 Novel Coronavirus (2019-nCoV)

These risk levels apply to individuals arriving in the U.S. on or after February 3, 2020 who are asymptomatic and have exposures in travel-associated settings. All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

**Acronyms Used:**
R/LHD – Regional or Local Health Department  
CDC – Centers for Disease Control and Prevention  
HCF – Healthcare Facility  
EMS – Emergency Medical Services

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<th>Monitoring</th>
<th>Activity restriction</th>
<th>Actions if exposed individual develops symptoms*</th>
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| High Risk  | Travel           | Travel from Hubei Province, China†‡ | Daily active monitoring§ | Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities. Travel is controlled. | • Immediate isolation. Immediately contact R/LHD.  
• Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC’s PUI definition but is recommended for symptomatic people with a known high-risk exposure.  
• If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.  
• Travel is controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. |

*Actions if exposed individual develops symptoms*
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| Medium Risk | Travel | Travel from mainland China outside Hubei Province | Daily active monitoring§ | To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing. Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel. | • Immediate isolation. Immediately contact R/LHD.  
• Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC’s PUI definition  
If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.  
• Travel is controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask. |
|            | Contact with infected traveler | On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction (refer to the air carrier seating chart example in the appendix) | Daily active monitoring§ |  | |
|            | Crews on passenger or cargo flights | Crew members who are based in mainland China outside Hubei Province and who are in the United States for layovers. | Self-monitor under the supervision of the air carrier’s occupational health program in coordination with the health department of jurisdiction for the crew member’s residence in the United States. | Recommended to remain in their hotels, limit activities in public, practice social distancing, and avoid congregate settings while in the United States.  
• Air carrier crew members may continue to work on passenger or cargo flights to and within the U.S. as long as they remain asymptomatic. | Should self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities. Air carrier should coordinate with the health department of jurisdiction for the airport to establish a plan for managing crew members identified as symptomatic. Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC recommendations. |
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<td>Low Risk</td>
<td>Contact with infected traveler</td>
<td>On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) (refer to the air carrier seating chart example in the <em>appendix</em>) AND not having any exposures that meet a medium- or a high-risk definition (refer to the air carrier seating chart example in the <em>appendix</em>)</td>
<td>Self-observation</td>
<td>No restriction</td>
<td>• Immediately contact R/LHD. Recommendation to avoid contact with others and public activities while symptomatic.  • Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC’s PUI definition  • Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic.</td>
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<td>Crews on passenger or cargo flights</td>
<td>• Crew members who are based in the United States and who have been on layovers in mainland China outside Hubei Province within the previous 14 days, and who have no known exposure to persons with 2019-nCoV  • Crew members who are based outside the United States but not in mainland China</td>
<td>Self-monitor under the supervision of the air carrier’s occupational health program in coordination with the health department of jurisdiction for the crew member’s residence in the United States.</td>
<td>No movement restrictions while in the United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic**</td>
<td>Self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities. Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC recommendations.</td>
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**Interim Exposure Risk Categories for Travelers and Crews on Passenger and Cargo Flights for 2019 Novel Coronavirus (2019-nCoV)**

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| No Identifiable Risk | Contact with infected traveler | Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being seated more than 2 rows away from a traveler with symptomatic, laboratory-confirmed 2019-nCoV infection. | None       | No restriction        | • No restrictions.  
• Seek routine medical care.  
• No travel restriction. |
|             | Contacts of asymptomatic people exposed to 2019-nCoV | People exposed to asymptomatic people with potential exposures to 2019-nCoV (i.e., “contacts of contacts”) | None       | No restriction        | • No restrictions.  
• Seek routine medical care.  
• No travel restriction. |

* Symptoms include ≥ 1 or more of the following: fever (measured ≥100°F or subjective), chills, cough, shortness of breath/difficulty breathing, sore throat, runny nose, muscle aches, fatigue, headache, abdominal pain/discomfort, nausea, diarrhea, vomiting.

† In general, these geographic exposures do not apply to travelers who only transited through an airport.

‡ This applies to travel occurring on or after February 3, 2020.

§ The Texas Department of State Health Services has condensed the Centers for Disease Control and Prevention’s daily “active monitoring” and “self-monitoring with public health supervision” category together into just daily “active monitoring”

** This recommendation is based on U.S.-based airline crew having limited interaction with the local population in China during a typical layover.
Appendix

Figure 1. Example Air Carrier Seating Chart

Sample seating chart for a 2019-nCoV aircraft contact investigation showing risk levels based on distance from the infected traveler.