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

**Acronyms Used:**
- CDC – Centers for Disease Control and Prevention
- LHD – Local Health Department
- EMS – Emergency Medical Services
- PHR – Public Health Region
- PUI – Person Under Investigation

<table>
<thead>
<tr>
<th>Risk level</th>
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<th>Activity restriction</th>
<th>Actions if exposed individual develops symptoms*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>Travel</td>
<td>Travel from Hubei Province, China†</td>
<td>Daily active monitoring‡</td>
<td>• 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.</td>
<td>• Immediate isolation with consideration of public health orders. Immediately contact PHR/LHD. • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing for COVID-19 should be guided by Texas’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 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.</td>
</tr>
</tbody>
</table>

Household contact without using recommended precautions for home care and home isolation
- Household contact with a person with symptomatic, laboratory-confirmed COVID-19, including:
  - Living in the same household or
  - An intimate partner or
  - Providing care in a non-healthcare setting (such as a home)
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<td><strong>Medium Risk</strong></td>
<td>Travel</td>
<td>Travel from country with sustained community transmission, and not having any exposures that meet high risk definition</td>
<td>Self-monitoring</td>
<td>• To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing**.</td>
<td>• Self-isolation. Immediately contact PHR/LHD. • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing for COVID-19 should be guided by Texas’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.</td>
</tr>
<tr>
<td></td>
<td>Contact with infected traveler</td>
<td>On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19; this distance correlates approximately with 2 seats in each direction</td>
<td>Self-monitoring</td>
<td>•</td>
<td></td>
</tr>
<tr>
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<td>Household contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        &amp;n...</td>
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### Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for Coronavirus Disease 2019 (COVID-19)

<table>
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<td><strong>Medium Risk</strong></td>
<td>Crews on passenger or cargo flights</td>
<td>Crew members who are based in countries with <strong>sustained community transmission</strong> and who are in the United States for layovers.</td>
<td>Self-monitor under the supervision of the air carrier’s occupational health program (i.e., self-monitoring under delegated supervision)</td>
<td>• Practice social distancing** while in the United States. &lt;br&gt; • 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.</td>
<td>• Should self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities. &lt;br&gt; • Air carrier should coordinate with the health department of jurisdiction for the airport to establish a plan for managing crew members identified as symptomatic.</td>
</tr>
</tbody>
</table>

Crew members who are based in countries with **widespread sustained transmission** and who are in the United States for layovers

Self-monitor under the supervision of the air carrier’s occupational health program (i.e., self-monitoring under delegated supervision)

• Recommended to remain in their hotels, limit activities in public, practice social distancing**, and avoid congregate settings while in the United States. <br> • 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.
## Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for Coronavirus Disease 2019 (COVID-19)

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| Low Risk   | Travel           | Travel from any other country, and not having any exposures that meet high or medium risk definition | Self-observation | No restrictions | • Self-isolation, social distancing**  
  • 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 COVID-19 should be guided by CDC’s PUI definition.  
  • Travel on long-distance commercial conveyances or local public transport while symptomatic is not recommended. Travel on commercial conveyances should be postponed until no longer symptomatic |
|            | Other contact with symptomatic laboratory-confirmed persons | Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact | 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. | No movement restrictions while in the United States and may continue to work on passenger or cargo flights as long as they remain asymptomatic++  
  • Air carriers have the authority to adopt occupational health policies for their own employees that exceed CDC recommendations. | • Self-isolate and be excluded from work on commercial flights immediately until cleared by public health authorities.  
  • Air carriers should coordinate with health departments of jurisdiction for crew members’ residences to establish plans for managing crew members identified as symptomatic |

*Note: This table is a summary of the risk levels and recommendations for travelers, flight crews, and contacts in community or household settings for COVID-19. The recommendations are subject to change based on the latest information and guidance from health authorities.
# Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for Coronavirus Disease 2019 (COVID-19)

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| No Identifiable Risk| Contact with infected traveler          | Interactions with a person with symptomatic laboratory-confirmed COVID-19 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 COVID-19. | None       | • No restrictions   | • Self-isolation, social distancing**  
• 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 COVID-19 should be guided by Texas's PUI definition.  
• Travel on commercial conveyances should be postponed until no longer symptomatic. |
|                     | Contacts of asymptomatic people exposed to COVID-19 | CDC does not recommend testing, symptom monitoring, or special management for people exposed to asymptomatic individuals with potential exposures to COVID-19 (such as in a household), i.e., “contacts of contacts.” These people are not considered exposed to COVID-19. |            |                    |                                                                                                                |
|                     | General Public                          | Interactions with a person with symptomatic laboratory-confirmed COVID-19 that do not meet any of the high, medium or low risk conditions above, such as walking by the person or being briefly in the same room. |            |                    |                                                                                                                |

* 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. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.

** This applies to travel occurring on or after February 3, 2020.
Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for Coronavirus Disease 2019 (COVID-19)

‡ Based on the local situation, available resources, and competing priorities, LHDs and PHRs may consider implementing self-monitoring rather than active monitoring for these individuals.
§ Congregate settings are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.
** Social distancing means remaining out of congregant settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.
†† Close contact is defined as—
   a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case.
   - or -
   b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

Data are also insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important.

See CDC’s updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or Persons Under Investigation for SARS-CoV-2 in Healthcare Settings.

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