Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions

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Along with other federal, state, and local agencies and public health officials across the country, the FDA continues critical work to protect public health during the COVID-19 pandemic. Find the most recent FDA updates on our Coronavirus Disease 2019 (/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19) page.

The frequently asked questions (FAQs) on this page are for a general public or consumer audience. Other audiences may want to refer to additional FAQs:

- Hand sanitizers and COVID-19 FAQs (/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19)
- Diagnostic Testing for SARS-CoV-2 FAQs (/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2)
- Medical glove shortage FAQs (/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-medical-gloves)
- Surgical mask and gown shortage FAQs (/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns)
- 3D Printing of Medical Devices & Parts FAQs (/medical-devices/3d-printing-medical-devices/faqs-3d-printing-medical-devices-accessories-components-and-parts-during-covid-19-pandemic)
- FAQs on Ventilators (/medical-devices/emergency-situations-medical-devices/faqs-ventilators)
- Manufacturing, Supply Chain, and Drug Inspections FAQs (/drugs/coronavirus-covid-19-drugs/manufacturing-supply-chain-and-drug-inspections-covid-19)
- Food Safety and COVID-19 FAQs for Industry (/food/food-safety-during-

emergencies/food-safety-and-coronavirus-disease-2019-covid-19)

- Animal Food Safety and COVID-19 Industry FAQs (/animal-veterinary/animal-health-safety-and-coronavirus-disease-2019-covid-19/industry-faqs-animal-food-safety-and-coronavirus-disease-2019-covid-19)

General Information

Q: What is a novel coronavirus?

A: A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19) is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

Q: What is coronavirus disease 2019 (COVID-19)?

A: Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. There are many types of human coronaviruses, including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. Current symptoms reported for patients with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) have included mild to severe respiratory illness with cough, and shortness of breath or difficulty breathing; or at least two of these symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or a new loss of taste or smell. You may have other symptoms. Talk to your health care provider if you have questions or concerns about symptoms.

Q: How can I prevent COVID-19?

A: The best way to prevent illness is to avoid being exposed to the virus. CDC recommends everyday preventive actions to help prevent the spread of respiratory diseases.

Learn how to protect yourself and others (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html) from coronavirus.

Learn more about using hand sanitizer safely (/consumers/consumer-updates/safely-using-hand-sanitizer).

Learn how to wash your hands (https://www.cdc.gov/handwashing/) to prevent the spread of coronavirus and other illnesses.

Q: Should I wear a face covering or face mask when I go out in public?

A: CDC recommends wearing cloth face coverings (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) in public when other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission of the coronavirus. The purpose of wearing cloth face coverings in public is to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Read more about types of face masks (/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-

surgical-masks-face-masks) and FDA's emergency use authorization for non-surgical face masks (/medical-devices/emergency-situations-medical-devices/faqs-emergency-use-authorization-face-masks-non-surgical).

Q: What treatments are available for COVID-19?

A: People with COVID-19 should receive supportive care to help relieve symptoms. People with mild symptoms are able to recover at home. If you experience a medical emergency such as trouble breathing, call 911 and let the operator know you may have COVID-19. For severe illness, treatment should include care to support vital organ functions.

Currently there are no FDA-approved drugs specifically for the treatment of COVID-19. Researchers are studying new drugs, and drugs that are already approved for other health conditions, as possible treatments for COVID-19. The FDA is working with drug manufacturers, researchers, and other partners to accelerate the development process for COVID-19 treatments. CDC has more information for health care providers (https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html) about these potential treatments. Never take a prescription medicine or drug if it is not prescribed for you by your doctor for your health condition.

Q: Can disinfectant sprays or wipes be used on my skin, injected, inhaled, or ingested to prevent or treat COVID-19?

A: No. Always follow the instructions on household cleaners. Disinfectant sprays or wipes are intended for use on hard, non-porous surfaces. Disinfectant sprays or wipes are not intended for use on humans or animals. Do not use disinfectant sprays or wipes on your skin because they may cause skin and eye irritation. Do not inject, inhale, or ingest disinfectant sprays or household cleaners; doing so is dangerous and may cause serious harm or death. If ingested, call poison control or a medical professional immediately.

View the current list of products that meet EPA's criteria for use against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2), the cause of COVID-19.

Q. Is hand sanitizer effective against COVID-19?

A. The best way to prevent the spread of infections and decrease the risk of getting sick is by washing your hands with plain soap and water, advises the CDC (https://www.cdc.gov/handwashing/). Washing hands often with soap and water for at least 20 seconds is essential, especially after going to the bathroom; before eating; and after coughing, sneezing, or blowing one's nose. If soap and water are not available, CDC recommends consumers use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Q. Where can I buy hand sanitizer? If I can't find it in the store, can I make my own?

A. Many retail stores and pharmacies sell hand sanitizers. However, we understand that many stores have run out of hand sanitizers and they may be difficult to find. To help increase the availability of hand sanitizers, the FDA has issued guidance for the

temporary preparation of alcohol-based hand sanitizers by some companies and pharmacies during the public health emergency posed by COVID-19.

The FDA does not recommend that consumers make their own hand sanitizer. If made incorrectly, hand sanitizer can be ineffective, and there have been reports of skin burns from homemade hand sanitizer. The agency lacks verifiable information on the methods being used to prepare hand sanitizer at home and whether they are safe for use on human skin.

See the Q&A for Consumers: Hand Sanitizers and COVID-19 (/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19) for more information.

Q. What do I do if I get a rash or other reaction to hand sanitizer?

A. Call your doctor if you experience a serious reaction to hand sanitizer. FDA encourages consumers and health care professionals to report adverse events experienced with the use of hand sanitizers to the FDA's MedWatch Adverse Event Reporting (/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) program:

- Complete and submit the report online (https://www.accessdata.fda.gov/scripts/medwatch/index.cfm); or
- Download and complete the form (/media/76299/download), then submit it via fax at 1-800-FDA-0178.
- Include as much information as you can about the product that caused the reaction, including the product name, the manufacturer, and the lot number (if available).

See Safely Using Hand Sanitizer (https://www.fda.gov/consumers/consumer-updates/safely-using-hand-sanitizer) for more information.

Q: Products online claim to prevent or treat COVID-19. Where can I report websites selling fraudulent medical products?

A: There are currently no FDA-approved vaccines or drug products for COVID-19 (/consumers/consumer-updates/beware-fraudulent-coronavirus-tests-vaccines-and-treatments). You can report websites selling fraudulent medical products to the FDA through our website, by phone, or mail. Learn more... (/safety/report-problem-fda/reporting-unlawful-sales-medical-products-internet)

Q: Am I at risk for serious complications from COVID-19 if I smoke cigarettes?

A: Smoking cigarettes can leave you more vulnerable to respiratory illnesses, such as COVID-19. For example, smoking is known to cause lung disease and people with underlying lung problems may have increased risk for serious complications from COVID-19, a disease that primarily attacks the lungs. Smoking cigarettes can also cause inflammation and cell damage throughout the body, and can weaken your immune system, making it less able to fight off disease.

There's never been a better time to quit smoking. If you need resources to help you quit smoking, FDA's Every Try Counts (https://smokefree.gov/everytrycounts/) campaign has supportive tips and tools to help you get closer to quitting for good.

Q: If I vape tobacco or nicotine am I at risk for complications from COVID-19?

A: E-cigarette use can expose the lungs to toxic chemicals, but whether those exposures increase the risk of COVID-19 or the severity of COVID-19 outcomes is not known. However, many e-cigarette users are current or former smokers, and cigarette smoking increases the risk of respiratory infections, including pneumonia.

Vaccines, Biologics, Human Tissues, and Blood Products

Q: What is a biological medical product or a biologic?

A: Biological products include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins. Biologics can be composed of sugars, proteins, or nucleic acids or complex combinations of these substances, or may be living entities such as cells and tissues.

Q: Are there any vaccines or other medical products to prevent COVID-19?

A: At this time there is no vaccine to prevent coronavirus disease 2019 (COVID-19). The FDA is working with vaccine developers and other researchers and manufacturers to help expedite the development and availability of medical products such as vaccines, antibodies, and drugs to prevent COVID-19. Read more (/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19) about what FDA is doing to mitigate the effects of COVID-19.

Q: Does COVID-19 present a risk to the safety of the nation's blood supply?

A: In general, respiratory viruses are not known to be transmitted by blood transfusion, and there have been no reported cases of transfusion-transmitted coronavirus.

Q: Can SARS-CoV-2, the virus that causes COVID-19, be transmitted by blood transfusion?

A: In general, respiratory viruses are not known to be transmitted by blood transfusion, and there have been no reported cases of transfusion-transmitted coronavirus.

Q: What steps are being taken to protect the U.S. blood supply from SARS-CoV-2, the virus that causes COVID-19?

A: Blood donors must be healthy and feel well on the day of donation. Routine blood donor screening measures that are already in place should prevent individuals with respiratory infections from donating blood. For example, blood donors must be in good health and have a normal temperature on the day of donation.

Donors are instructed to contact the donor center if they become ill after donation, so that their blood or plasma will not be used. Even when a donor develops COVID-19 after donation, however, there have been no cases of COVID-19 linked to donor blood or products made from blood.

FDA has provided additional information to blood establishments (/system/404) on its website.

Q: Why aren't blood centers testing donors for SARS-CoV-2?

A: At this time, the FDA does not recommend using laboratory tests to screen blood. Someone who has symptoms of COVID-19, including fever, cough, and shortness of breath, is not healthy enough to donate blood. Standard screening processes already in place will mean that someone with these symptoms will not be allowed to donate.

Q: Is it safe for me to donate blood during the coronavirus pandemic?

A: If you are healthy and interested in donating blood, the FDA encourages you to contact a local donation center to make an appointment. One way to make a difference during a public health emergency is to donate blood if you are able.

- AABB: www.aabb.org (http://www.aabb.org/Pages/default.aspx) (http://www.fda.gov/about-fda/website-policies/website-disclaimer); +1.301.907.6977
- America's Blood Centers: www.americasblood.org (https://americasblood.org/) (http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- American Red Cross: www.redcrossblood.org (https://www.redcrossblood.org/) (http://www.fda.gov/about-fda/website-policies/website-disclaimer); +1.800.RED CROSS (+1.800.733.2767)
- Armed Services Blood Program: www.militaryblood.dod.mil (https://www.militaryblood.dod.mil/) (http://www.fda.gov/about-fda/website-policies/website-disclaimer); +1.703.681.8024

Q: Can COVID-19 be transmitted through human cells, tissues, or cellular and tissue-based products (HCT/Ps)?

A: Respiratory viruses, in general, are not known to be transmitted by implantation, transplantation, infusion, or transfer of human cells, tissues, or cellular or tissue-based products (HCT/Ps). The potential for transmission of COVID-19 by HCT/Ps is unknown at this time. There have been no reported cases of transmission of COVID-19 via HCT/Ps.

Routine screening measures are already in place for evaluating clinical evidence of infection in HCT/P donors. Read more... (/vaccines-blood-biologics/safety-availability-biologics/important-information-human-cell-tissue-or-cellular-or-tissue-based-product-hctp-establishments)

Q: What is convalescent plasma and why is it being investigated to treat COVID-19?

A: Convalescent plasma is the liquid part of blood that is collected from patients who have recovered from the novel coronavirus disease, COVID-19, caused by the virus SARS-CoV-2. COVID-19 patients develop antibodies in the blood against the virus. Antibodies are proteins that might help fight the infection. Convalescent plasma is being investigated for the treatment of COVID-19 because there is no approved treatment for this disease and there is some information that suggests it might help some patients recover from COVID-19. Further investigation is still necessary to determine if convalescent plasma might shorten the duration of illness, reduce morbidity, or prevent death associated with COVID-19.

Q: I recently recovered from COVID-19, can I donate convalescent plasma?

A: COVID-19 convalescent plasma must only be collected from recovered individuals if they are eligible to donate blood. Individuals must have had a prior diagnosis of COVID-19 documented by a laboratory test and meet other laboratory criteria. Individuals must have fully recovered from COVID-19, with complete resolution of symptoms for at least 14 days before donation of convalescent plasma. You can ask your local blood center if there are options to donate convalescent plasma in your area. FDA included contact information for blood organizations in its March 19, 2020 statement on blood donations (/news-events/press-announcements/coronavirus-covid-19-update-blood-donations).

Drugs (Medicines)

Q: Are there any FDA-approved drug products or medicines to treat COVID-19?

A: At this time, there are no FDA-approved drug products to treat COVID-19. The FDA is working with drug manufacturers and investigational new drug sponsors to expedite the development and availability of COVID-19 treatments (https://reaganudall.org/covid-19) (http://www.fda.gov/about-fda/website-policies/website-disclaimer). Read more (/drugs/coronavirus-covid-19-drugs/coronavirus-treatment-acceleration-program-ctap) about FDA's actions to address the novel coronavirus with medical countermeasures and learn how the FDA's Sentinel System (https://www.sentinelinitiative.org/drugs/fda-sentinel-system-coronavirus-covid-19-activities) (http://www.fda.gov/about-fda/website-policies/website-disclaimer) is being used to monitor the use of drugs, describe the course of illness among hospitalized patients, and evaluate the treatment impact of therapies actively being used under real-world conditions.

Researchers are studying new drugs and drugs that are already approved for other health conditions as possible treatments for COVID-19. CDC has more information for health care providers (https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html) about these potential treatments.

Q: Are antibiotics effective in preventing or treating COVID-19?

A: No. Antibiotics do not work against viruses; they only work on bacterial infections. Antibiotics do not prevent or treat coronavirus disease (COVID-19), because COVID-19 is caused by a virus, not bacteria. Some patients with COVID-19 may also develop a

bacterial infection, such as pneumonia. In that case, a health care professional may treat the bacterial infection with an antibiotic.

Q. Is remdesivir approved by the FDA to treat COVID-19?

A. No. Remdesivir is an investigational antiviral drug. It is not currently FDA-approved to treat or prevent any diseases, including COVID-19.

Q. Are there data showing remdesivir might benefit patients with COVID-19?

A. In vitro (laboratory) testing of remdesivir demonstrated it is active against SARS-CoV-2 (the virus causing COVID-19). Preliminary results from a placebo-controlled clinical trial of remdesivir by the National Institute for Allergy and Infectious Diseases suggested that patients taking remdesivir experienced faster time to recovery as compared to patients taking a placebo. Preliminary results from a Phase 3 trial evaluating 5-day and 10-day dosing durations of remdesivir in hospitalized patients with severe COVID-19 disease, but most of whom were not receiving mechanical ventilation or ECMO at baseline, reported that patients receiving a 10-day treatment course achieved similar improvement as those taking a 5-day treatment course. The safety and efficacy of remdesivir for the treatment of COVID-19 are being evaluated in multiple ongoing clinical trials.

Because remdesivir may possibly help very sick patients, FDA is allowing this drug to be provided to hospitalized patients with severe COVID-19 under an Emergency Use Authorization (EUA) issued May 1, 2020 (/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covidtherapeutics). Under the EUA, health care providers (/media/137566/download) and patients (/media/137565/download) are provided with information about the risks of remdesivir. However, final data from clinical trials included in an FDA application are necessary for us to determine whether the drug is safe and effective in treating or preventing COVID-19.

Q: Are chloroquine phosphate or hydroxychloroquine sulfate approved by the FDA to treat COVID-19?

A: No. Hydroxychloroquine sulfate and some versions of chloroquine phosphate are FDA-approved to treat malaria. Hydroxychloroquine sulfate is also FDA-approved to treat lupus and rheumatoid arthritis.

In a Drug Safety Communication (/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or), the FDA cautions against the use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to the risk of heart rhythm problems. Read more about the emergency use authorization for chloroquine phosphate and hydroxychloroquine sulfate for COVID-19 (/media/136784/download).

Q: May health care providers prescribe chloroquine phosphate or hydroxychloroquine sulfate off-label to treat patients with COVID-19?

A: As mentioned above, chloroquine phosphate is only approved for the treatment of malaria, and hydroxychloroquine sulfate is only approved for the treatment of malaria, lupus, and rheumatoid arthritis. Once FDA has approved a drug, health care providers generally may prescribe or administer the drug for an unapproved use, including in clinical settings not described in the approved labeling. This decision will be based on their assessment of the potential benefits versus the risks for their patient, recognizing that FDA has not assessed the safety or effectiveness of such use. In a Drug Safety Communication (/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or), the FDA cautions against the use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to the risk of heart rhythm problems.

Q: Are there data showing that chloroquine phosphate or hydroxychloroquine sulfate might benefit patients with COVID-19?

A: In the lab, these drugs have been shown to prevent the growth of the virus that causes COVID-19. There are a few reports of patients with COVID-19 who received these drugs and improved. Some are reports of groups of patients, all of whom received the drug. It is not known whether it was the drug that led to the improvement or whether there were other factors involved. We do not know if the treated patients' condition would have improved without the drug. To know this, there would have to be a group of similar patients who did not receive the drug (control).

Because chloroquine phosphate and hydroxychloroquine may possibly help very sick patients, FDA is allowing these drugs to be provided to certain hospitalized patients under an Emergency Use Authorization (EUA) issued March 28, 2020 (https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covidtherapeutics). Under the EUA, health care providers and patients are provided with information about the risks of these drugs. However, more data from clinical trials are necessary for us to determine whether chloroquine phosphate or hydroxychloroquine sulfate are safe and effective in treating or preventing COVID-19. In a Drug Safety Communication (/drugs/drug-safety-and-availability/fda-cautions-against-use-hydroxychloroquine-or-chloroquine-covid-19-outside-hospital-setting-or), the FDA cautions against the use of hydroxychloroquine or chloroquine for COVID-19 outside of the hospital setting or a clinical trial due to the risk of heart rhythm problems.

Q. Is the chloroquine phosphate used to treat disease in aquarium fish the same as the chloroquine phosphate that FDA has issued an emergency use authorization for as a COVID-19 treatment for humans?

A. No. Products marketed for veterinary use, "for research only," or otherwise not for human consumption have not been evaluated for safety or effectiveness and **should never be used by humans**. FDA is aware that chloroquine phosphate is marketed to treat disease in aquarium fish, but these products have not been evaluated by FDA to determine if they are safe, effective, properly manufactured, and adequately labeled. The agency continues to work with online marketplaces to remove these items, and many have been removed based on these efforts. Patients should not take any form of chloroquine unless it has been prescribed by a licensed health care provider. Chloroquine products also should not be given to pets or livestock unless prescribed by a veterinarian.

Q. Will Miracle Mineral Solution (MMS) cure COVID-19?

A: No. Miracle Mineral Solution does not cure COVID-19 and has not been approved by the FDA for any use. The solution, when mixed, develops into a dangerous bleach which has caused serious and potentially life-threatening side effects. For more information, see: FDA warns consumers about the dangerous and potentially life threatening side effects of Miracle Mineral Solution (/news-events/press-announcements/fda-warns-consumers-about-dangerous-and-potentially-life-threatening-side-effects-miracle-mineral) and Danger: Don't Drink Miracle Mineral Solution or Similar Products (/consumers/consumer-updates/danger-dont-drink-miracle-mineral-solution-or-similar-products).

Q: Should I take ivermectin to prevent or treat COVID-19?

A: No. While there are approved uses for ivermectin in people and animals, it is not approved for the prevention or treatment of COVID-19. You should not take any medicine to treat or prevent COVID-19 unless it has been prescribed to you by your health care provider and acquired from a legitimate source.

A recently released research article (https://www.sciencedirect.com/science/article/pii/S0166354220302011) (http://www.fda.gov/about-fda/website-policies/website-disclaimer) described the effect of ivermectin on SARS-CoV-2 in a laboratory setting. These types of laboratory studies are commonly used at an early stage of drug development. Additional testing is needed to determine whether ivermectin might be appropriate to prevent or treat coronavirus or COVID-19. Read more about ivermectin (/animal-veterinary/product-safety-information/faq-covid-19-and-ivermectin-intended-animals).

Q: What is the FDA doing to protect people from fraudulent COVID-19 products?

A: We have established a cross-agency task force dedicated to closely monitoring for fraudulent COVID-19 products. We have reached out to major retailers to ask for their help in monitoring online marketplaces for fraudulent COVID-19 products. Products sold are subject to FDA investigation and potential enforcement action if they claim to prevent, diagnose, treat, or cure COVID-19 and have not demonstrated safety and effectiveness for that intended use. The task force has already worked with retailers to remove dozens of these types of product listings online.

The FDA and the Federal Trade Commission (FTC) issue warning letters to companies that violate federal law and pose significant risks to patient health by selling unapproved products with fraudulent claims to treat or prevent COVID-19. View the warning letters (https://www.fda.gov/consumers/health-fraud-scams/fraudulent-coronavirus-disease-2019-covid-19-products#Warning%20Letter%20Table) for more information.

Q: Are there going to be drug shortages due to drug manufacturer facility closures in China?

A: The FDA has been closely monitoring the supply chain with the expectation that the COVID-19 outbreak would likely impact the medical product supply chain, including potential disruptions to supply or shortages of critical medical products in the U.S.

We have been reaching out to manufacturers as part of our approach to identifying potential disruptions or shortages. We will use all available tools to react swiftly and mitigate the impact to U.S. patients and health care professionals when a potential disruption or shortage is identified.

Find real-time information (https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm) about drug shortages.

Learn more in our drug shortages frequently asked questions (/drugs/drug-shortages/frequently-asked-questions-about-drug-shortages).

Q: Am I at risk for COVID-19 from taking FDA-approved drugs made in China?

A: Currently, there is no evidence to support transmission of COVID-19 associated with imported goods, including food and drugs for humans and pets. There have not been any cases of COVID-19 in the United States associated with imported goods.

Q: Who should I contact with drug-related questions?

A: If you have additional questions, call FDA's Division of Drug Information at (855) 543-3784 or email us at druginfo@fda.hhs.gov (mailto:druginfo@fda.hhs.gov).

Medical Devices Including Tests for COVID-19

Q: Is there a test for COVID-19?

A: Yes, there are tests for COVID-19. Though there is currently no FDA-approved or cleared test for COVID-19, the FDA has issued several Emergency Use Authorizations (EUAs). During public health emergencies declared under section 564 of the FD&C Act, the FDA is able to issue EUAs when certain criteria are met that allows for the use and distribution of potentially life-saving medical products to diagnose, treat, or prevent the disease, which can include diagnostic tests. For more information, please see In Vitro Diagnostic EUAs (https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd).

Q. How are people tested for COVID-19?

A. To be tested for COVID-19, a sample is typically collected from your nose and/or throat with a special swab at a designated collection location staffed by health care professionals. Currently, a health care professional swabbing the back of the nasal cavity through the nostril is the preferred choice. Alternatively, the health care professional may swab the back of your throat, or for patients with symptoms of COVID-19, the inside of the front of the nose. Depending on, among other things, the type of swab used, a health care professional may collect the sample, or you may be able to collect the sample yourself at the collection site under the supervision of health care personnel. Testing of the sample is performed in a laboratory on the prescription or order of a health care professional.

Q: Are there any tests that I can purchase to test myself at home for COVID-19?

A: At this time, the FDA has not authorized any COVID-19 test to be completely used and processed at home. However, on April 20, 2020, the FDA authorized the first COVID-19 test for home collection of samples (/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-first-test-patient-home-sample-collection) to be sent to a laboratory for processing and test reporting. Please note that this authorization is specific only to the test that has been issued the Emergency Use Authorization (EUA), which has a home collection option (LabCorp's COVID-19 RT-PCR Test (https://www.fda.gov/media/136148/download)). Any COVID-19 test intended for at-home testing, including self-collection of a sample at home, with or without the use of telemedicine, must be authorized by the FDA. The FDA sees the public health value in expanding the availability of COVID-19 testing through safe and accurate tests that may include home collection, and we are actively working with test developers in this space. You can find listings of tests that have have been issued an EUA on the Emergency Use Authorizations (/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization) page.

The FDA is supportive of at-home testing for COVID-19 if there is data and science to support consumer safety and test accuracy. We are actively working with developers on EUAs for at-home tests that demonstrate appropriate validation. Home collection raises several issues of importance, including whether the lay user can safely and properly collect the sample, whether the components of the test kit are safe for use in the home environment (since some components may be toxic), proper shipment, and stability of the sample (such as, if the sample sits in a hot truck). A physician watching the collection via telemedicine may address the issue of sample collection (if the self-collection method does not raise safety concerns), but telemedicine does not address these other issues.

Q: When will other diagnostic tests for COVID-19 be authorized?

A: The FDA is actively working with test developers and issues Emergency Use Authorizations (EUAs) frequently for EUA requests with sufficient supporting data.

Q: What is the difference between the types of tests available for SARS-CoV-2?

A: There are currently two types of tests available for SARS-CoV-2, the virus that causes COVID-19. Molecular tests detect the virus and can be used to directly diagnose COVID-19 and antibody tests detect the body's immune response to the infection caused by the virus but cannot be used to definitively diagnose or exclude COVID-19. Currently, molecular tests are the only type of tests that can be used alone to diagnose COVID-19. Antibody tests cannot be used alone to rule out COVID-19.

1. Molecular Tests: "Nucleic acid amplification tests," or "NAAT" tests are molecular tests that detect the virus's genetic material. FDA has issued Emergency Use Authorizations (EUA) for dozens of molecular tests. Based on current data, we believe these EUA-authorized tests are highly accurate tests.
2. Antibody Tests: Antibody (or serology) tests detect antibodies in the blood when the body is fighting an infection. The test does not detect the actual virus; rather, it detects the body's immune response to the virus. In the early days of an infection, antibodies may not be detected, limiting the effectiveness of an antibody test. This type of test may also be falsely positive if antibodies to a coronavirus other than

the pandemic novel strain are present. Because of this potential for false negative and false positive results, an antibody test should not be used alone to diagnose COVID-19. FDA has also issued EUAs for serology tests to detect SARS-CoV-2 antibodies. More information on serology tests can be found in the Serology section of FAQs on Diagnostic Testing for SARS-CoV-2.

Q: If antibody tests are not used for diagnosis or exclusion of SARS-CoV-2 infection, what is their purpose?

A: Antibody tests cannot be used alone to rule out COVID-19. However, they can serve an important role. Using antibody tests on many patients may help the medical community better understand the immune response in patients over time and how many people may have been infected. In the future, it is also possible that they may also be used to help determine, together with other clinical data, that some individuals are no longer susceptible to infection. In addition, these test results can aid in determining who may donate a part of their blood called convalescent plasma, which may serve as a possible treatment for those who are seriously ill from COVID-19.

Q: Should I purchase personal protective equipment such as facemasks or N95 respirators for me and my family?

A: No. Surgical masks and N95s (/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks) need to be reserved for use by health care workers, first responders, and other frontline workers whose jobs put them at much greater risk of acquiring COVID-19. The cloth face coverings recommended by CDC are not surgical masks or N95 respirators. Surgical masks and N95s are critical supplies that must continue to be reserved for health care workers and other medical first responders, as recommended by CDC.

Q: Is there a shortage of personal protective equipment (PPE) such as gloves, masks, and N95 respirators or of ventilators?

A: The FDA has been working closely with PPE and ventilator manufacturers to understand their supply capabilities during this pandemic. The agency is also aware of challenges throughout the supply chain that are presently impacting the availability of PPE products and is taking steps to mitigate shortages that health care facilities are already experiencing.

The FDA issued new guidance (/news-events/press-announcements/coronavirus-covid-19-update-fda-continues-facilitate-access-crucial-medical-products-including) to give ventilator manufacturers and non-medical device manufacturers more flexibility to start making new ventilators and parts. We adjusted our screening of PPE and medical devices (/news-events/press-announcements/coronavirus-covid-19-update-fda-takes-action-increase-us-supplies-through-instructions-ppe-and) at U.S. ports of entry to expedite imports of legitimate products into the U.S. With CDC we took action (/news-events/press-announcements/coronavirus-covid-19-update-fda-and-cdc-take-action-increase-access-respirators-including-n95s) to make more respirators, including certain N95s, available to health care personnel for use in health care settings.

The FDA encourages manufacturers and health care facilities to report any supply disruptions to the device shortages mailbox at deviceshortages@fda.hhs.gov (mailto:deviceshortages@fda.hhs.gov).

Q. Can 3D printing be used to make PPE?

A. Personal protective equipment (PPE) includes protective clothing, gowns, gloves, face shields, goggles, face masks, and respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness. While it is possible to use 3D printing to make certain PPE, there are technical challenges. 3D-printed PPE may provide a physical barrier, but 3D-printed PPE are unlikely to provide the same fluid barrier and air filtration protection as FDA-cleared surgical masks and N95 respirators. The CDC has recommendations for how to optimize the supply of face masks (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html). Find more information in the FDA guidance (/medical-devices/3d-printing-medical-devices/faqs-3d-printing-medical-devices-accessories-components-and-parts-during-covid-19-pandemic).

Q. I built a DIY ventilator using instructions I found on the internet. May I sell it?

A. DIY ventilator makers may request that their product be added to the Emergency Use Authorization (EUA) that FDA issued on March 24, 2020, to legally market the product in the U.S. Instructions on how to do so, and the criteria for ventilator safety, performance and labeling, may be found in the Letter of Authorization and Appendix A for the EUA (https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ventilators) related to ventilators, anesthesia gas machines modified for use as ventilators, positive pressure breathing devices modified for use as ventilators, ventilator tubing connectors, and ventilator accessories.

Q: Who should I contact if I have questions about medical devices or need more information?

A: Please contact the FDA's Center for Devices and Radiological Health (CDRH)'s Division of Industry and Consumer Education (DICE) for general questions and information (/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice).

If you need additional information completing the diagnostic EUA template or wish to consider use of an alternative specimen type, please contact the Division of Microbiology Devices at (301) 348-1778 or email CDRH-EUA-Templates@fda.hhs.gov (mailto:CDRH-EUA-Templates@fda.hhs.gov).

If you have questions about the EUA for personal respiratory protective devices, including N95 respirators, please email CDRH-NonDiagnosticEUA-Templates@fda.hhs.gov (mailto:CDRH-NonDiagnosticEUA-Templates@fda.hhs.gov).

Food Products

Q: Will there be food shortages?

A: In some cases the inventory of certain foods at your grocery store might be temporarily low before stores can restock. Food production and manufacturing generally are widely dispersed throughout the U.S., however; there is a significant shift in where consumers are buying food during the pandemic. While food use in large-scale establishments, such as hotels, restaurants, sports arenas/stadiums and universities suddenly declined, the demand for food at grocery stores increased.

The FDA has issued temporary guidance (/food/guidance-regulation-food-and-dietary-supplements/guidance-documents-regulatory-information-topic-food-and-dietary-supplements#y2020) to provide flexibility in packaging and labeling requirements to support food supply chains and get foods to the consumer retail marketplace. FDA is closely monitoring the food supply chain for any shortages in collaboration with industry and our federal and state partners. We are in regular contact with food manufacturers and grocery stores.

Q: Will there be animal food shortages?

A: There are no nationwide shortages of animal food, although in some cases the inventory of certain foods at your grocery store might be temporarily low before stores can restock. Animal food production and manufacturing are widely dispersed throughout the United States and no widespread disruptions have been reported in the supply chain.

Q: What are the most important things I need to know to keep myself and others safe when I go to the grocery store during the pandemic?

A: There are steps you can take to help protect yourself, grocery store workers and other shoppers, such as wearing a face covering, practicing social distancing, and using wipes on the handles of the shopping cart or basket. Read more tips in Shopping for Food During the COVID-19 Pandemic - Information for Consumers (/food/food-safety-during-emergencies/shopping-food-during-covid-19-pandemic-information-consumers).

Q: Are food products produced in the United States or other countries affected by COVID-19 a risk for the spread of COVID-19?

A: There is no evidence to suggest that food produced in the United States or imported from countries affected by COVID-19 can transmit COVID-19.

Q: Can I get the coronavirus from food, food packaging, or food containers and preparation area?

A: Currently there is no evidence of food, food containers, or food packaging being associated with transmission of COVID-19. Like other viruses, it is possible that the virus that causes COVID-19 can survive on surfaces or objects.

If you are concerned about contamination of food or food packaging, wash your hands after handling food packaging, after removing food from the packaging, before you prepare food for eating and before you eat. Consumers can follow CDC guidelines on frequent hand washing (https://www.cdc.gov/handwashing/) with soap and water for at least 20 seconds; and frequently clean and disinfect surfaces.

It is always important to follow the 4 key steps of food safety—clean, separate, cook, and chill (https://www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety).

Q: Is the U.S. food supply safe?

A: Currently there is no evidence of food or food packaging being associated with transmission of COVID-19.

Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness and not gastrointestinal illness, and foodborne exposure to this virus is not known to be a route of transmission.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. It's always important to follow the 4 key steps of food safety—clean, separate, cook, and chill (https://www.foodsafety.gov/keep-food-safe/4-steps-to-food-safety).

Q: Is the U.S. animal food supply safe?

A: Currently there is no evidence of animal food or food packaging being associated with transmission of COVID-19.

SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness. Foodborne exposure to this virus is not known to be a route of transmission.

Q: Can I get COVID-19 from a food worker handling my food?

A: Currently, there is no evidence of food or food packaging being associated with transmission of COVID-19. However, the virus that causes COVID-19 is spreading from person-to-person in some communities in the U.S. The CDC recommends that if you are sick, stay home until you are better and no longer pose a risk of infecting others.

Anyone handling, preparing and serving food should always follow safe food handling procedures (/food/buy-store-serve-safe-food/safe-food-handling), such as washing hands and surfaces often.

Q: Should food workers who are ill stay home?

A: CDC recommends that employees who have symptoms of acute respiratory illness stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick. We recommend that businesses review CDC's interim guidance for businesses and employers (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html) for planning and responding to coronavirus disease. Also see the FDA's Retail Food Protection:

Employee Health and Personal Hygiene Handbook (/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook).

Q: Should food facilities (grocery stores, manufacturing facilities, restaurants, etc.) perform any special cleaning or sanitation procedures for COVID-19?

A: CDC recommends routine cleaning of all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. CDC does not recommend any additional disinfection beyond routine cleaning at this time.

View the current list of products that meet EPA's criteria for use against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2), the cause of COVID-19.

Restaurants and retail food establishments are regulated at the state and local level. State, local, and tribal regulators use the Food Code (/food/retail-food-protection/fda-food-code) published by the FDA to develop or update their own food safety rules. Generally, FDA-regulated food manufacturers are required to maintain clean facilities, including, as appropriate, clean and sanitized food contact surfaces, and to have food safety plans in place. Food safety plans include a hazards analysis and risk-based preventive controls and include procedures for maintaining clean and sanitized facilities and food contact surfaces. See: FSMA Final Rule for Preventive Controls for Human Food (/food/food-safety-modernization-act-fsma/fsma-final-rule-preventive-controls-human-food).

Q: What is FDA doing to respond to foodborne illnesses during the COVID-19 pandemic?

A: The virus that causes COVID-19 is a virus that causes respiratory illness. Viruses like norovirus and hepatitis A that can make people sick through contaminated food usually cause gastrointestinal or stomach illness. Currently there is no evidence of food, food containers, or food packaging being associated with transmission of COVID-19.

The CDC, FDA, and USDA continue to work with state and local partners to investigate foodborne illness and outbreaks during the COVID-19 pandemic. the FDA's Coordinated Outbreak Response and Evaluation (CORE) Network manages outbreak response, as well as surveillance and post-response activities related to incidents involving multiple illnesses linked to FDA-regulated human food products. During this coronavirus outbreak, CORE's full-time staff will continue to operate to prepare for, coordinate and carry out response activities to incidents of foodborne illnesses.

The FDA's Center for Veterinary medicine manages outbreak response for animal food and is similarly staffed and prepared to respond to incidents of foodborne illness in animals.

Animals, Pets and Animal Drug Products

Q: Can I get COVID-19 from my pet or other animals?

A: There is a very small number of animals around the world reported to be infected with the virus that causes COVID-19 after having contact with a person with COVID-19. There is currently no evidence that animals are a source of COVID-19 infection in the

United States.

Until we learn more about how this virus affects animals, treat pets as you would other human family members to protect them from a potential infection.

- Do not let pets interact with people or other animals outside the household.
- Keep cats indoors when possible to prevent them from interacting with other animals or people.
- Walk dogs on a leash, maintaining at least 6 feet (2 meters) from other people and animals.
- Avoid dog parks or public places where a large number of people and dogs gather.

Talk to your veterinarian if your pet gets sick or if you have any concerns about your pet's health.

Q: Is there a test for COVID-19 in pets? If so, has it been approved by FDA?

A: Certain veterinary diagnostic laboratories have developed diagnostic tests for SARS-CoV-2, the virus that causes COVID-19, for use in pets if needed.

Diagnostic tests for animals are regulated differently than those for humans. The FDA does not require approval or clearance of a 510(k), PMA, or any other pre-market submission for devices, including diagnostic tests, intended for animal use. The FDA does, however, have post-market regulatory oversight over devices intended for animal use and can take appropriate regulatory action if an animal device is misbranded or adulterated.

Certain private, state, and university veterinary diagnostic laboratories have developed diagnostic tests for SARS-CoV-2, the virus that causes COVID-19, for use in dogs and cats. The FDA is also aware of at least two veterinary tests for COVID-19 in pets developed by commercial laboratories initially for internal surveillance, but the agency has not evaluated the validity of these tests. The tests are not currently available for routine testing. The decision to test pets should be made collaboratively between local, state, or federal public and animal health officials.

Q: Should I get my pet tested for COVID-19?

A: Routine testing of pets for COVID-19 is not recommended at this time. There is currently no evidence that animals are a source of COVID-19 infection in the United States. Based on the limited information available to date, the risk of pets spreading the virus is considered to be low. If your pet is sick, consult your veterinarian.

Animal testing is reserved for situations when (https://www.cdc.gov/coronavirus/2019-ncov/php/animal-testing.html) the results may affect the treatment or management of people and animals. If your veterinarian thinks your pet is a candidate for testing, they will consult the state veterinarian and public health officials. Do not contact your state veterinarians directly: they do not have the client/patient-veterinarian relationship that would allow them to fully understand the situation and they are also actively involved in other animal disease-related emergencies as well as response to COVID-19.

Q: What animal species can get COVID-19?

A: We currently don't fully understand how COVID-19 affects different animal species. We are aware of a very small number of pets, including dogs and cats, reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19.

On April 22, 2020, the United States Department of Agriculture (USDA) and the Centers for Disease Control and Prevention (CDC) announced the first confirmed cases of SARS-CoV-2 (the virus that causes COVID-19) infection in two pet cats. These are the first pets in the United States to test positive for SARS-CoV-2. The cats lived in two separate areas of New York state. Both had mild respiratory illness and are expected to make a full recovery. SARS-CoV-2 infections have been reported in very few animals worldwide, mostly in those that had close contact with a person with COVID-19.

A tiger at a zoo in New York has also tested positive for the virus; it was the first confirmed case of COVID-19 infection in an animal in the United States.

Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings. Pigs, chickens, and ducks did not become infected or spread the infection based on results from these studies. Data from one study suggest that dogs are not as likely to become infected with the virus as cats and ferrets. These findings were based upon a small number of animals and do not indicate whether animals can spread infection to people.

Q: Since domestic cats can get infected with the virus that causes COVID-19, should I worry about my cat?

A: We are still learning about this virus and how it spreads, but it appears it can spread from humans to animals in some situations. FDA is aware of a very small number of pets, including cats, reported to be infected with the virus that causes COVID-19. The majority of these cases were linked to close contact with people who tested positive for COVID-19.

At this time, there is no evidence that pets, including cats and dogs, play a role in spreading COVID-19 to people. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with pets.

Q: Why are animals being tested when many people can't get tested?

A: The FDA, USDA and CDC recommend that any testing of animals should be conducted using kits not required when testing people. USDA's National Veterinary Services Laboratories (NVSL) and the laboratories of the National Animal Health Laboratory Network (NAHLN) use tests developed for animal testing that are not used for testing in people. This avoids placing additional stresses on human testing resources while also recognizing the potential importance of animal testing to supporting public health.

Although animal and human tests are generally similar, this type of testing has to be adjusted in each species and for each sample type (blood, feces, nasal swab). Human and animal tests are not intended to be interchangeable. Some testing performed on animals is based on the published tests used in people, but animal testing is not likely to reduce the availability of tests for people if labs follow recommendations from FDA, USDA, and CDC that animal testing be conducted using tests developed for animals.

Q: Can pets carry the virus that causes COVID-19 on their skin or fur?

A: Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that viruses, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of pets.

However, because animals can sometimes carry other germs that can make people sick, it's always a good idea to practice healthy habits (https://www.cdc.gov/healthypets/publications/stay-healthy-pets.html) around pets and other animals, including washing hands before and after interacting with them and especially after cleaning up their waste.

Q: Are there any approved products that can prevent or treat COVID-19 in animals?

A: No. Under the Federal Food, Drug, and Cosmetic (FD&C) Act, "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals" are drugs. The FDA has not approved any drugs for the diagnosis, cure, mitigation, treatment, or prevention of COVID-19 in animals. The U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) Center for Veterinary Biologics (CVB) (https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/veterinary-biologics) regulates veterinary biologics, including vaccines, diagnostic kits, and other products of biological origin. Similarly, APHIS CVB has not licensed any products to treat or prevent COVID-19 in animals.

The FDA has taken action against unapproved products claiming to prevent or cure COVID-19. The public can help safeguard human and animal health by reporting any products claiming to do so to FDA-COVID-19-Fraudulent-Products@fda.hhs.gov (mailto:FDA-COVID-19-Fraudulent-Products@fda.hhs.gov) or 1-888-INFO-FDA (1-888-463-6332).

Q: Is it true that animals, like dogs, cats, and cattle, get their own different types of coronavirus?

A: Yes. Coronaviruses are a large family of viruses. Some coronaviruses like COVID-19 cause cold-like illnesses in people, while others cause illness in certain types of animals, such as cattle, camels, and bats. Some coronaviruses, such as canine and feline coronaviruses, only infect animals and do not infect humans. For example, bovine coronavirus causes diarrhea in young calves, and pregnant cows are routinely vaccinated to help prevent infection in calves. This vaccine is only licensed for use in cattle for bovine coronavirus and is not licensed to prevent COVID-19 in cattle or other species, including humans.

Dogs can get a respiratory coronavirus, which is part of the complex of viruses and bacteria associated with canine infectious respiratory disease, commonly known as "kennel cough." While this virus is highly contagious among both domestic and wild

dogs, it is not transmitted to other animal species or humans.

Most strains of feline enteric coronavirus, a gastrointestinal form, are fought off by a cat's immune system without causing disease. However, in a small proportion of these cats, the virus can cause feline infectious peritonitis (FIP), a disease that is almost always fatal.

Other species, like horses, turkeys, chickens, and swine, can contract their own species-specific strains of coronavirus but, like the other strains mentioned above, they are not known to be transmissible to humans. More information is available in the American Veterinary Medical Association's fact sheet about coronaviruses in domestic species (https://www.avma.org/sites/default/files/2020-02/AVMA-Coronavirus-Taxonomy-Notes.pdf) (http://www.fda.gov/about-fda/website-policies/website-disclaimer).

Q: If my pet previously had a species-specific coronavirus, does that make them more or less likely to get COVID-19?

A: There are no data to suggest that current or previous infection with another strain of coronavirus would make your pet more or less likely to get COVID-19.

Q: If my pet has been vaccinated for species-specific coronavirus, does that make them more or less likely to get COVID-19?

A: Species-specific coronavirus vaccines are unlikely to work against this type of coronavirus because it is a new virus that is different from the species-specific strains of coronavirus targeted by the vaccine.

Q: My pet has health problems and goes to the vet regularly for treatment. Should I be doing anything different to manage their health during the COVID-19 outbreak?

A: While you should not avoid necessary visits to your veterinarian due to the COVID-19 outbreak, you should exercise reasonable caution just like you would if you were going to any other public place. If you are concerned about your own health or that of your pet when going to the veterinarian, contact their office in advance to discuss any recommended precautions.

Q: Is it safe to adopt pets from a shelter or rescue?

A: There is no reason to think that any animals, including shelter or rescue pets, in the United States, might be a source of COVID-19. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

Q: Are there going to be any animal drug shortages due to the COVID-19 outbreak?

A: The FDA has been and is continuing to closely monitor how the COVID-19 outbreak may impact the animal medical product supply chain.

We have been reaching out to manufacturers as part of our approach to identifying potential disruptions or shortages. We will use all available tools to react swiftly to help mitigate the impact if a potential disruption or shortage is identified.

Learn more on our Animal Drug Shortage Information page (/animal-veterinary/product-safety-information/animal-drug-shortage-information).