

What Do We Know About COVID-19?

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. That's why personal prevention practices (such as handwashing and staying home when sick) and environmental cleaning and disinfection are important practices covered in this Health Guidance.

Any scenario in which many people gather together poses a risk for COVID-19 transmission. While children generally experience mild symptoms with COVID-19, and, to date, have not been found to contribute substantially to the spread of the virus, transmission from even those with mild or no apparent symptoms remains a risk. We are learning more every day about COVID-19 in children, teens and in school settings and are using that data and research to make our school guidance and approach better.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Headache

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Fever is determined by measuring a temperature of 100.4 °F or greater, or feeling warm to the touch, or giving a history of feeling feverish.

While symptoms in children are similar to adults, children may have milder symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Children with COVID-19 may not initially present with fever and cough as often as adult patients.

With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.

- There is little evidence that schools have contributed to increase rates of community transmission; countries that have reopened their schools did not see large rises in infection at a population level.
- Overall, studies in the US and internationally have demonstrated limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.
- North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student to staff transmission.

Fortunately, there are many actions that school and district administrators can take to help lower the risk of COVID-19 exposure* and spread during school sessions and activities.

**Exposure refers to being within 6 feet of someone diagnosed with COVID-19 for a cumulative total of 15 minutes or more, over a period.*

Click to learn more about the latest research on COVID-19, children, and schools. ([English](#) | [Spanish](#))

