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The Latest: Should You Change Your Travel Plans Due to the Coronavirus?

Johanna Read | February 28, 2020

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Common sense is your best protection.

[Editor's note: This is an updated version of an earlier article that originally ran on January 28 with multiple updates since then.]

Everyone's talking about the new coronavirus, and it can be hard to differentiate between the facts, misinformation, sensible precautions and overreaction. All over the world, measures are being taken to control and contain the virus, sometimes based on scientific evidence and sometimes more in response to fear. We outline everything you need to know.

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What Is This New Virus?

In early January 2020, China and the World Health Organization (WHO) confirmed the identification of a new virus. It stems from several cases of pneumonia identified in Wuhan, a city in the Chinese province of Hubei, on December 31, 2019. The new illness initially had the temporary name 2019-nCoV. On February 11, 2020, the WHO officially named the illness COVID19, pronounced “co-vid 19.” It’s short for corona virus disease, with the “19” designating 2019, the year it was first identified. The official name of the virus itself is severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2.

A Coronavirus—What’s That?

The Centers for Disease Control and Prevention (CDC) describes coronaviruses as a type of virus that causes a fever and symptoms of the upper respiratory system, like a sore throat, coughing, and a runny nose. Sometimes coronaviruses can cause more severe symptoms like difficulty breathing, illnesses of the lower respiratory system like bronchitis and pneumonia, and sometimes death. Other coronaviruses include the common cold, as well as SARS (Severe Acute Respiratory Syndrome), and MERS (Middle East Respiratory Disease). Coronaviruses were first identified in the 1960s and have “corona” in their name because, at the molecular level, they’re shaped like a halo.

Cold and flu viruses generally mutate frequently, which is why we keep getting sick from them and why the flu vaccine changes every year. We don’t yet know if people who recover from COVID-19 will have lifelong immunity to it, or if the virus will change.

Coronaviruses can infect both humans and animals. Scientists don’t yet know the origin of SARS-CoV-2. When a virus jumps from an animal to a human, or vice versa, the virus can change rapidly and even become a new virus.

Scientists pay close attention to new viruses because they don’t know how they’ll behave and how dangerous they might be. For example, a virus that’s contagious only when the infected person is clearly sick and that causes only minor symptoms isn’t a big concern. But a virus that transmits rapidly, especially before an infected person even realizes they’re sick, is more dangerous, as is one that causes severe symptoms. Viruses that are transmitted by direct contact, like touching mucus membranes or bodily fluids, are easier to control than smaller viruses (like measles and chickenpox) that are transmitted through the air by floating on dust particles.

SARS-CoV-2 is called a “large virus that lives on droplets” by Dr. Chris Mackie, a Canadian doctor with a series of tweets explaining why he’s not panicking about COVID-19. Gravity pulls heavy viruses toward the floor and Mackie says SARS-CoV-2 could be propelled a distance of one or “mayyyyybe two” yards via a cough or sneeze.
Now a Global Health Emergency

On January 30, 2020, the World Health Organization declared COVID-19 a global health emergency. The head of the WHO expressed concern about the virus spreading to countries with weaker health systems. When it made that declaration, the WHO noted:

- The belief that the spread of the virus can still be interrupted.
- A key purpose of the declaration was to allow the WHO to provide surveillance and treatment support to lower- and middle-income countries.
- No travel or trade restrictions were recommended.

Dr. William Spangler, Global Medical Director with AIG Travel (https://travelguard.secure.force.com/TravelAssistance/resource/1579732765609/Coronavirus_health_advisor), describes it as “more of a political statement than it is a medical statement.”

As of February 28, 2020, the WHO’s advice to the general public (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) is to take the usual precautions: wash your hands frequently, avoid touching your face, practice respiratory hygiene, maintain a three-foot distance from sick people, and seek medical care if you have a cough, fever and difficulty breathing. (We explain the details of this below.) The WHO recommends that people who have recently been in an area where COVID-19 is spreading and who have symptoms (even if mild like a headache and runny nose) should stay home until they recover.

The WHO is also reminding countries of infection control advice and of countries’ legal obligations. Those obligations include sending the WHO rationale for measures that significantly interfere with international travel and trade and that the WHO can request countries to reconsider measures put in place. The WHO is also providing advice to countries about airport screening and information campaigns, about repatriating citizens who may have been exposed to the virus, and about ensuring public health systems are prepared for a possible pandemic.

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How Many People Are Sick?

As of February 28, 2020, there are 84,077 cases of COVID-19 and at least 2,876 people have died. Over 36,873 people have recovered and 82% of cases are classified as mild. While experts say it is too early to know the actual fatality rate, a provisional estimate is around two percent.

On February 12, the number of new COVID-19 cases jumped by 33%, but this was largely due to a new method of diagnosing the illness. Spangler explains that the diagnosis method was changed “to include all those patients [in China] who have been hospitalized and have pneumonia,” even though the results of a positive culture test weren’t yet available. The new method allows doctors to treat and isolate patients more quickly.

Most of the cases remain in China, though the disease has spread to 59 countries, including the United States. As of February 28, 2020, there are 88 deaths due to COVID-19 outside of China. The first COVID-19 death outside of Asia was announced February 15, 2020—a tourist from Hubei province who was visiting France.

The number of COVID-19 cases and deaths will continue to rise and we still need to learn a lot about the disease. On February 6, 2020, China started a clinical trial of an antiviral called remdesivir; the U.S. is participating in the clinical as of February 25.

How Does COVID-19 Compare to Other Respiratory Diseases?

Spangler says that it’s important to put COVID-19 in the context of other diseases. SARS had a mortality rate of 9.6% and MERS’ rate is 34% (the disease is still active, the last case was reported in January 2020).

The 2009 H1N1 “Swine Flu” was designated as a pandemic and the CDC provides these estimates for April 2009 to April 2010:

**United States:**

- 8 million cases (range 43.3-89.3 million)
- 274,304 hospitalizations (range: 195,086-402,719)
- 12,469 deaths (range: 8,868-18,306) (fatality rate 0.02%)

**Worldwide:**

- 151,700 to 575,500 deaths, 80% of which were in people younger than age 65.

Consider annual flu statistics too. The CDC says that during the current 2019-2020 flu season (October 1, 2009 to present, as of February 15, 2020):
United States:

- 29 million to 41 million cases
- 16,000 to 41,000 deaths (fatality rate 0.05-0.1%)

Many Americans aren’t getting a flu shot despite the number of deaths from flu. Last year, 62.6% of U.S. kids got a flu shot while only 45.3% of adults did. And many people who have the flu—14 percent (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586318/)—don’t have symptoms, but can spread the virus.

COVID-19 is new and there’s still a lot we don’t know about it. There are millions more cases of H1N1 and annual flu. COVID-19’s fatality rate is higher than H1N1 and annual flu, but much lower than SARS and MERS. SARS got a lot of worldwide attention and COVID-19 has been top of the daily news. But is there a reason to panic more over COVID-19 than we did over H1N1 or seasonal flu or even SARS?

Spread of COVID-19 Outside Asia

Reports of a rapid spread of COVID-19 outside of Asia began late in the week of February 17, 2020. As of February 28, the highest number of deaths outside China are in Iran (34 deaths, 388 cases), South Korea (16 deaths, 2,337 cases), and Italy (21 deaths, 821 cases). Other countries with a high incidence of COVID-19 are Japan (5 deaths, 226 cases), Hong Kong (2 deaths, 93 cases), and Singapore (0 deaths, 96 cases). The United States and Germany each have 60 cases.

Responses to this spread have varied. For example, Japan has closed schools until late March. South Korea has strengthened laws to ensure people who are sick follow self-isolation rules.

In Italy, people are not allowed to leave or enter a dozen affected towns in the northern states of Lombardy and Veneto, essentially quarantining 50,000 people. Public events and attractions like Milan’s Duomo cathedral have been closed. Venice’s Carnival ended two days early after two cases of COVID-19 were confirmed in the city.

On February 25, 1,000 guests at a hotel on Spain’s island of Tenerife have been asked to remain in their rooms after an Italian tourist tested positive for COVID-19. The Guardian (https://www.theguardian.com/world/live/2020/feb/25/coronavirus-live-updates-outbreak-latest-news-italy-italia-deaths-symptoms-china-stocks-wall-street-dow-jones-economy-falls?CMP=share_btn_fb) reports that Greece’s government, despite not yet having any COVID-19 cases, stated it would restrict all forms of public transportation.

Likely to Become a Pandemic—But Also a New Normal

On February 24, 2020, the WHO announced (https://www.worldometers.info/coronavirus/who-coronavirus-pandemic-feb-24/) that conditions to declare the outbreak a pandemic have not yet been met and noted that COVID-19 cases in China have been in decline since early February. Classifying a disease as a pandemic isn’t about how severe a disease is, it’s about how the disease is spreading geographically.
As of February 28, the WHO is still cautioning that countries should be preparing for a potential pandemic. The WHO specifically notes “We cannot shut down the world. Everyone can close their borders and everyone can say there's no movement but that's not going to work because disease can spread between nations. What we need to focus on is risk management.”

COVID-19, like the flu, is a significant health risk to the elderly, people with pre-existing illnesses, and to countries with underfunded health care systems and where many citizens live in poverty. While health care workers are trained to take extra precautions, they are also at greater risk of getting sick from the virus as well as from burnout.

Though the disease is spreading, it's unlikely to mean a large number of deaths around the world.

The Atlantic reports that “cold and flu season’ could become ‘cold and flu and COVID-19 season’” and describes the situation according to Marc Lipsitch, an epidemiology professor from Harvard. He predicts that “some 40 to 70 percent of people around the world will be infected” with COVID-19 over the next year, but “many will have mild disease or may be asymptomatic.”

COVID-19 may become the new normal. That increases individuals’ need to practice the usual precautions of washing our hands well and practicing cough etiquette (see more on that below).

More serious perhaps is the economic risk of COVID-19. Even with mild symptoms, ill people are being asked to self-isolate and stay home from work and school. Not being able to go to work will have significant financial effects on individuals without paid sick leave and on businesses without workers. Economies around the world will be affected as commerce and production slow.

### Travel Bans and Restrictions

Travel restrictions began in Wuhan in January and grew. With COVID-19 now on every continent except Antarctica, we can expect further restrictions.

As of February 28, 2020, the CDC has issued level 3 “warnings” for both South Korea and China, saying that nonessential travel should be avoided. Level 2 “alerts” are in place for Iran, Italy, and Japan, with the CDC recommending that “older adults and those with chronic medical conditions should consider postponing nonessential travel.” Hong Kong is listed as a level 1 “watch.”

Countries are screening arrivals at their borders, and some are restricting entry. On February 2, 2020, the United States began implementing several new rules. U.S. citizens and residents who have visited China in the previous 14 days are subjected to health screenings and, potentially, restrictions on their movements for 14 days. Foreign nationals who have been in China within 14 days are not allowed entry into the United States. While the original January 31, 2020 notice excluded Hong Kong and Macau, the CDC's website now simply says “China.”
With respect to Taiwan, Beijing views the island as part of “One China.” Taiwan considers itself a self-ruled democracy and not part of the People’s Republic of China. Initially, the WHO included cases of COVID-19 in Taiwan in the count of cases in China. This may have resulted in some countries, such as Italy, restricting flights from Taipei. The Philippines instituted a ban for people who had been in Taiwan for a few days (https://www.straitstimes.com/asia/se-asia/coronavirus-philippines-to-lift-taiwan-travel-ban) but lifted it on February 14, 2020.

Many countries, such as Australia (https://www.homeaffairs.gov.au/news-media/current-alerts/novel-coronavirus), are restricting entry to people who have recently been to China. On February 18, 2020, Russia announced that Chinese citizens are no longer allowed in the country. Saudi Arabia will not allow any foreigners to travel to Mecca this year. On February 26, 2020, Israel (https://www.timesofisrael.com/in-unprecedented-move-israelis-advised-to-avoid-all-travel-over-virus-fears/) advised its citizens to reconsider travel abroad, the first country to do so. Israel also advised that international conferences within the country be postponed or canceled.

Other countries, like Canada (https://www.theglobeandmail.com/canada/article-canadas-decision-against-travel-bans-tied-to-coronavirus-backed-by/), are following the WHO’s advice and have rejected travel bans. As Steve Hoffman, a professor of global health at York University, described to Canada’s national newspaper, a travel ban “actually undermines the public-health response because it makes it harder to track cases in an outbreak.” Public health experts reiterate that restricting travel and trade is ineffective (https://foreignpolicy.com/2020/02/23/virus-travel-bans-are-inevitable-but-ineffective/), neither scientifically nor economically warranted, and can cause more harm than good.

**Air Travel Restrictions**

Airlines are adjusting their flights both in response to government restrictions and because of reduced customer demand. This means a very fluid situation and travelers should check with their airline or travel agent for the latest news.

Many airlines initially suspended flights to mainland China, and later added Hong Kong. For example, American Airlines and United Airlines have cancellations in place for both China and Hong Kong through to April 24, 2020. Delta Air Lines suspended China flights until April 30 (Delta does not fly to Hong Kong). Some airlines are now suspending flights to Milan, South Korea, Iran, and other destinations. As of February 28, United Airlines announced temporary cancelations of some flights to Japan and other airlines are likely to follow suit.

**Cruise Ship Restrictions**

Some cruise ships are being delayed or prevented from docking and even quarantined. In late January, Italy delayed a Costa Cruises ship from disembarking passengers near Rome until testing revealed a sick passenger had the flu, not COVID-19. The four-day quarantine of the World Dream in Hong Kong ended February 9, 2020, after coronavirus tests came back negative. A Holland America ship was denied entry at five ports of call before finally being allowed to disembark its 2,257 passengers and crew on February 14, 2020, in Sihanoukville, Cambodia. Cambodia’s Prime Minister commented on the importance of not being swayed by fear and discrimination and personally greeted passengers with flowers.
Japan quarantined the Diamond Princess, with 3,700 passengers and crew, on February 4, 2020. The number of COVID-19 cases aboard climbed rapidly, with 705 confirmed cases as of February 28, 2020. On February 12, 2020, Japan started allowing those aboard the Diamond Princess to complete their quarantine period off the ship, and countries like the United States (https://japan2.usembassy.gov/pdfs/alert-20200215-diamond-princess.pdf) and Canada began to repatriate their citizens.

Some cruise lines have also started restricting who can board. Some aren’t allowing passengers who have been in China, including transiting through Chinese airports, up to 30 days before embarkation. On February 7, Royal Caribbean and Norwegian announced that passengers and crew with passports from China, Hong Kong, and Macao—regardless of country of residence—are not allowed to board until further notice.

In January, many cruise lines canceled or rerouted itineraries in China and added additional pre-boarding health screenings. Cruise Critic (https://www.cruisecritic.com/) is monitoring the situation and updates its website regularly.

**What Should I Do? Change My Travel Plans?**

Some infectious disease specialists are saying that not all of the restrictions are medically necessary but are being put in place for political reasons. Some decisions may even be driven by fear and xenophobia.

Studies have shown that travel bans don’t prevent outbreaks and can cause people to hide symptoms and not report to doctors. Travel bans can also have immense economic costs and increase—rather than decrease—fear. CNN reports (https://www.cnn.com/2020/02/07/health/coronavirus-travel-ban/index.html) the comments of Jennifer Nuzzo, of the John Hopkins Center for Health Security, at a February 5, 2020 hearing of the House of Representatives’ Committee on Foreign Affairs: “travel restrictions and quarantines directed at individual countries...may exacerbate the epidemic’s social and economic tolls. And can make us less safe.”

Travelers remain at low risk of getting sick with COVID-19, especially outside of mainland China. Effectiveness aside, travelers need to be aware of restrictions and bans. Decisions will be made for you in some cases, such as when flights and cruises are canceled.

Travelers who have recently been in China are also facing restrictions, not only at ports of entry and whether they can board planes and cruise ships, but also if booked for tour groups. Each country and travel company has its own rules, and they can change quickly. Compensation also varies considerably.

Until new case numbers slow significantly, travelers should assume they will be asked multiple questions about whether they have visited destinations where there are cases of COVID-19. Some countries are asking new arrivals to fill in a form listing all the cities they have transited through recently.

It is difficult to predict any new restrictions and bans, especially when it appears decisions are not always being made based on scientific evidence and the advice of experts like the WHO.

Travelers also need to consider their post-travel plans as part of their decision to travel. If you have visited an at-risk country (however that’s currently defined), you will be allowed to return to your home country, but might be asked to self-isolate for two weeks or may even face quarantine.
If you have additional travel plans, you need to consider the restrictions in place for your next destination and take an educated guess on additional restrictions that may come. As an example, a person planning to visit Hong Kong next week and take a cruise next month is unlikely to be able to do both. Some countries are even putting restrictions in place for large group gatherings. The Tokyo Marathon, for example, was canceled for all but elite runners.

It's not new to the COVID-19 situation, but keep in mind that airlines have the right to refuse passengers who appear to have a communicable disease (https://www.who.int/ith/mode_of_travel/tcd_aircraft/en/). The captain has the final say and many airlines employ medical consultants. As fears over COVID-19 rise, expect increased vigilance and potentially restrictions on people who simply have a cold or allergy symptoms.

And if you’re booking travel now? Travel insurance may or may not reimburse you for coronavirus-related cancellations so check policies very carefully.

**Easy and Common Sense Protections**

Basically, if you follow the advice of health experts like the CDC and the WHO, the chance of getting sick from this new coronavirus remains slim. And not only is the advice pretty easy, it’s what we should all be doing anyway to prevent colds and flus.

- **Wash Your Hands:** A 20-second scrub using warm running water and soap is best (the Mayo Clinic (https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253) says to sing “Happy Birthday” twice). Then, rinse with clean water and dry your hands. It’s important to dry them, though the jury is out about the best way (https://www.snopes.com/fact-check/blowing-hard-2/) (some studies say hot air blowers spread germs and that paper towels or clean fabric towels are best; other studies disagree). If you don’t have access to a sink, using a hand sanitizer that contains at least 60% alcohol is fine. Regardless, wash your hands often: certainly after coughing, sneezing or blowing your nose; before you prepare food; before and after eating, and after using the restroom. And throw those used tissues away immediately (and then wash your hands!).

- **Avoid Touching Your Face:** Most viruses and bacteria enter the body through mucous membranes like the mouth, nose, and eyes. It’s easy to re-contaminate your hands after washing them, so keeping your hands away from your face is the best way to prevent germs of any type from getting in you and making you sick.

- **Cough and Sneeze Into Your Elbow:** Yes, covering your cough or sneeze with your hand is preferable to spraying all those tiny virusy droplets directly into the air. But
then you’ve contaminated your hand and you’ll inevitably touch something or someone. So, make a new habit of coughing/sneezing into the inside of your elbow. And while you’re at it, break that other habit of crossing your arms and putting your hands right onto your sneeze spots.

People who have higher risks—the immunosuppressed, very old, or very young—should follow the advice of their doctor.

**Extra Protections**

Still feeling a little paranoid? It’s good practice to regularly disinfect surfaces that get handled frequently ([your phone is filthy](https://www.thehealthsite.com/diseases-conditions/how-dirty-is-your-phone-305672/)). On the plane, you can also use a wipe to clean off your tray table, armrests, and seatbelt, though the evidence is unclear whether this is effective in killing germs or just cleaning up that bit of sticky spilled Coke.

Regardless of whether there’s a new coronavirus circulating, staying away from animals when you travel (even that cute stray cat or dog) is a sensible precaution. They likely carry bugs that your body isn’t used to. The WHO is also reminding people of its general advice to be extra careful in markets that have live animals or non-refrigerated meats and fish.

It’s wise to keep your distance from sick people, the WHO recommends three feet. No hugs, kisses, or handshakes, please. And really, during cold and flu season why not keep close contact just for loved ones?

At restaurants, do an extra hand wash, ideally after you’ve given back the menu and before you start to eat. At a buffet, only put food on a clean plate; don’t bring your used plate back to the smorgasbord. And while we’re at it, let’s call a halt to waiters at fancy restaurants picking up your used napkin and refolding it when you step away from the table. Let’s all just keep our germs to ourselves, yes?

**Should I Wear a Mask?**

Speaking of keeping your germs to yourself: if you’re sick, wearing a mask is a courtesy to the people around you. You’ll be less likely to spread your illness when you cough, sneeze, laugh or talk.

There is no recommendation to wear a mask to prevent getting sick yourself unless you are in close contact with a sick person. The CDC is recommending ([https://www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html](https://www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html)) that caregivers wear a disposable mask when touching a person sick with COVID-19 or when they have contact with the person’s body fluids, like disposing of their used tissues.

People using masks when they don’t need them diminishes the supply for those that do. Plus, masks aren’t perfect and most of us don’t use them correctly. We fidget with them, put them on and off without washing our hands, and re-use masks that are meant to be single-use.
What If I’m Sick?

Avoid traveling if you feel sick. Your would-be fellow passengers will appreciate you protecting them (even if it’s just from the common cold). Given the increased monitoring since the discovery of the new coronavirus, travelers who do show signs of illness could be prevented from boarding a plane, cruise, train, or bus. Many airports and seaports have installed thermal imaging cameras to scan people as they walk by. Anyone showing a fever is pulled aside for additional questioning and maybe quarantine.

If you exhibit symptoms of the coronavirus—fever, cough, and difficulty breathing—follow the instructions of your health care provider as soon as possible. Usually, this means calling ahead to your doctor or hospital so that they can take precautions to isolate you from other patients while they carry out testing. Be sure to advise doctors if you’ve been traveling.

Where to Get Updated Information

A new virus like this coronavirus means a rapidly changing situation. Scientists at the WHO and CDC have the up-to-date intel on the virus. They provide information, advice, and, if needed, travel restrictions with the goal of preventing a pandemic. Rely on their advice at the WHO’s (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) and CDC’s (https://www.cdc.gov/media/dpk/diseases-and-conditions/coronavirus/coronavirus-2020.html) websites.

Note that fake coronavirus news (https://www.npr.org/sections/goatsandsoda/2020/02/21/805287609/theres-a-flood-of-fake-news-about-coronavirus-and-a-plan-to-stop-it) is spreading fast with the WHO calling it an “infodemic.” Trust in governments, public health institutions and scientists is being affected, which could have more serious consequences than COVID-19 itself.

Scams related to COVID-19 (https://www.who.int/about/communications/cyber-security) are also starting to emerge. For example, the WHO reports that criminals are using the WHO’s name to steal personal information and money.