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

Johanna Read | April 13, 2020

PHOTO: IHOR SULYATYTSKY / Shutterstock
Flatten the curve: Keeping your distance from others is essential to slow down the spread of COVID-19.

[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 but sometimes just because it sounds like it’s the right thing to do. However, more and more countries are implementing decisions based on the World Health Organization’s advice.

As April progresses, governments continue to recommend their citizens not travel and are enhancing restrictions on their citizens’ activities. Very few who are abroad are able to return to their home countries given closed borders, canceled flights, temporarily shuttered airlines, and lockdowns. On the ground, physical distancing and staying at home as much as possible is encouraged and, often, mandatory. While the vast majority of COVID-19 cases are mild, this can mean anything from not realizing you’re sick to what’s called "the
“worst case of flu you’ve ever had.” Governments are increasing measures to slow the spread of disease transmission so that health care systems are not overwhelmed by the serious cases they have now and the high numbers they know will come.

We outline what you need to know, but remind you that the World Health Organization (WHO) (https://www.who.int/emergencies/diseases/novel-coronavirus-2019) is the expert source for advice.

The Latest

The world crossed the one million case mark on April 2, and, as of April 13, there are now 1,876,296 cases worldwide, soon to cross the two million mark. The United States has more than triple the number of cases of the next highest ranking country, which remains Spain—562,742 U.S. cases on April 13 compared to Spain's 169,496. On April 11, the state of New York (https://www.cnn.com/2020/04/11/opinions/new-york-hit-hard-coronavirus-sepkowitz/index.html) alone surpassed the COVID-19 case count of Spain. The U.S. crossed the 10,000 COVID19 deaths threshold on April 6 and on April 11 became the country with the highest number of COVID-19 deaths, 22,163 as of April 13 compared to the next highest, Italy, at 19,899. At the beginning of March, the U.S. had about 100 confirmed cases.

Around the world, six countries now have more confirmed cases than China: the U.S., Spain, Italy, France, Germany, and the U.K. The WHO reported that cases are slowing in Spain, Italy, Germany and France (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---10-april-2020). COVID-19 continues its spread around the world. Countries and territories with their first COVID cases include Yemen, Sao Tome and Principe, South Sudan, the disputed territory of Western Sahara, the Falkland Islands, and the French archipelago Saint Pierre and Miquelon, which is off the coast of Newfoundland.

Two separate studies tracing the virus genome show that COVID cases in the United States originated not from travelers from China but from Europe (https://nationalpost.com/news/covid-19-u-s-coronavirus-outbreak-came-from-europe-flights-not-china-say-researchers). The first U.S. case was reported on January 13, well before the White House's January 31 China travel ban and the March 11 Europe travel ban.

In his April 8 remarks, Tedros Adhanom Ghebreyesus, the head of the WHO, gave an overview of the first 100 days of the COVID-19 crisis (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19--8-april-2020). This included that the WHO notified world leaders of the outbreak on January 5 and issued guidance on how to detect, test and manage cases on January 10. In his April 10 remarks (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---10-april-2020), Tedros outlined six factors for countries to consider in deciding when to start lifting physical distancing and other lockdown conditions. He raised concern about countries where more than ten percent of health care workers are infected and the need for them to have access to personal protective equipment. He described the UN's new Supply Chain Task Force to help with procurement and distribution where it's most needed.
Tedros also drew attention to Africa where the virus is now spreading in rural areas which already lack health capacity. He reported that, after 52 days without any new Ebola cases, an Ebola diagnosis was confirmed in the Democratic Republic of the Congo, which also has 235 COVID-19 cases. As of April 13, Africa has more than 14,000 coronavirus cases in 52 countries. The highest number is in South Africa where their lockdown was extended until the end of April. In Morocco, people who go out in public without face masks can be arrested and jailed. Only two African countries—Comoros and Lesotho—have not yet confirmed any COVID-19 cases.

In other parts of the world, South Korea now monitors those in quarantine with electronic wristbands. After reports of recovered South Korean patients testing positive again for COVID-19, the WHO began a study on April 11 to find out why. In South America, cases are climbing, particularly in Brazil and Ecuador, with Ecuador named the Latin America epicenter. CNN reports that Ecuador’s largest city, Guayaquil, is on the verge of collapse and bodies are being left in the street. In Peru, anyone who spreads fake coronavirus news can be arrested. Bloomberg reports that the Caribbean is facing a once-in-a-century tourism shock with a best case scenario of losing 50% of its 2020 tourism revenue.

Health officials say the COVID crisis is likely to continue into the summer and perhaps longer. Governments around the world are extending and deepening lockdowns and restrictions on movement and encouraging physical distancing. Panamanians are only allowed to leave their houses for two hours at a time and men and women are not allowed out on the same day. In the United States, at least 90% of the population is under some kind of lockdown; Al Jazeera describes the restrictions in each U.S. state. Argentina's lockdown was extended to April 26 and India's extended to April 30. As of April 13, however, Spain is allowing some manufacturing and construction workers to return to work. Austria will begin lifting restrictions on April 14. The leaders of France and Greece plan to address their nations on the evening of April 13, and an April 15 meeting with Angela Merkel may mean upcoming announcements for Germany.
The Latest Statistics

As of April 13, 2020, there are 1,876,296 cases of COVID-19 (https://www.worldometers.info/coronavirus/) and at least 116,096 people have died. At least 435,460 people have recovered. On April 8, the percentage of active cases classified as mild rose again from 95% to 96% (on March 25, the rate dropped from 96% to 95%, after climbing steadily since early March when it was at 82%, for example rising to 93% of March 17).

As of April (https://www.worldometers.info/coronavirus/)13 (https://www.worldometers.info/coronavirus/), COVID-19 is in 210 countries. The top ten nations with high incidences are the U.S. (562,742 cases, 22,163 deaths), Spain (169,496 cases, 17,489 deaths), Italy (156,363 cases, 19,899 deaths), France (132,591 cases, 14,393 deaths), Germany (127,916 cases, 3,022 deaths), the U.K. (88,621 cases, 11,329 deaths), China (82,160 cases, 3,341 deaths), Iran (73,303 cases, 4,585 deaths), Turkey (56,956 cases, 1,198 deaths), and Belgium (30,589 cases, 3,903 deaths).

Earlier in April

Concern is rising about a number of issues. Bidding wars by countries and institutions for increasingly hard-to-find personal protective equipment are jacking up prices and putting health care workers at risk. "Mask wars" (https://www.cbc.ca/news/world/coronavirus-global-mask-wars-1.5522860) are underway, with the U.S. attempting to limit exports of N95 masks made by 3M to Canada and Latin America. Canadian officials made statements about how the pulp used to make N95 masks comes from British Columbia and about the number of Canadian medical staff who work in Detroit hospitals. The Ontario premier said April 6 that a shipment of three million masks purchased by Ontario was reportedly stopped at the U.S. border. The U.S. is also accused of interfering with European mask purchase agreements, including allegedly redirecting to the U.S. a shipment of 200,000 masks from Bangkok bound for Germany. German officials dubbed it an "act of modern piracy" and called the "behavior of the U.S. president...inhumane and unacceptable" and insisted that "the U.S. comply with international rules." Barbados accused the U.S. of blocking the shipment of 20 donated ventilators (https://www.businessinsider.com/coronavirus-us-accused-of-diverting-medical-equipment-from-countries-2020-4). Experts say this kind of individualism will likely increase virus transmission and put everyone at greater risk.

On April 3, the CDC (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) advised Americans to wear face coverings in public to help prevent people without symptoms from inadvertently spreading COVID-19. The CDC provided instructions for making them. Medical experts warned about a false sense of security with a mask (https://www.theguardian.com/world/2020/apr/05/face-mask-protect-coronavirus-covid-19-myths-busted), saying that staying home and, when out, keeping physical distance from others is still the most effective way to prevent COVID transmission. People can also easily infect themselves by not using masks properly (we provide more details toward the end of this article). Officials also reminded of the shortage of masks for medical professionals and that everyone is less safe if health care workers become sick.

In his April 1 remarks, the head of the WHO, Tedros Adhanom Ghebreyesus, urged governments to put social welfare measures in place to protect vulnerable people. He commended India for providing free food rations for 800 million citizens and free cooking gas for 80 million households. Tedros drew attention to the needs of
developing countries and echoed the call from the World Bank and International Monetary Fund to provide debt relief. The WHO, with UNICEF and the International Federation of the Red Cross, is releasing new guidance for handwashing aimed at countries where access to clean water is limited.

Countries are still working to try to repatriate citizens abroad. However, more and more airlines are cutting flights and countries are limiting international air traffic. For example, The Guardian [https://www.theguardian.com/world/live/2020/apr/03/coronavirus-update-live-news-usa-uk-spain-italy-china-who-middle-east-spike-world-global-cases-latest-updates] reports that, as of April 3, Russia’s repatriation flights are suspended even though there are 25,000 Russians stranded outside the country. Passengers and crew aboard cruise ships are also facing difficulties getting home.

Authoritarian governments [https://www.theguardian.com/world/2020/mar/31/coronavirus-is-a-chance-for-authoritarian-leaders-to-tighten-their-grip] and police forces are exerting their influence. The Guardian [https://www.theguardian.com/world/live/2020/apr/01/coronavirus-live-news-us-deaths-could-reach-240000-un-secretary-general-crisis-worst-since-second-world-war-us-uk-europe-latest-updates] reports that a 13-year-old boy in Nairobi, Kenya was shot dead on his balcony by police enforcing curfew. Global News [https://globalnews.ca/news/6757642/coronavirus-word-banned-turkmenistan/] describes how the word “coronavirus” is banned by the Turkmenistan government and that people who say it or wear face masks are being arrested. The BBC [https://www.bbc.com/news/world-europe-52095500] reports that the Hungarian parliament passed a bill that gives the government the ability to rule by decree without any time limits. The law also allows significant jail sentences for people deemed to be spreading rumors or breaking quarantine. Journalists are alarmed by the government-sponsored “hate campaign” against independent news.

The EU and Germany both called attention to the new Hungarian situation and of the importance of the rule of law, human rights, democracy, and an independent and free media. The Guardian [https://www.theguardian.com/world/2020/apr/01/coronavirus-could-be-final-straw-for-eu-european-experts-warn] also reports on concern about how the coronavirus is affecting European solidarity. A former Italian prime minister, Enrico Letta, said, "If everyone took the strategy of 'Italy first,' 'Belgium first' or 'Germany first,' we will all sink together." See more on the situation in Europe in Coronavirus Outbreak: Should You Cancel a Trip to Europe? [https://www.fodors.com/news/news/coronavirus-outbreak-should-you-cancel-a-trip-to-europe-right-now]

On March 31, Donald Trump warned that “We’re going to go through a very tough two weeks” with modeling showing that between 100,000 and 240,000 Americans could die of COVID-19. However, Politico [https://www.politico.com/news/2020/03/31/trump-obamacare-coronavirus-157788] reports that the White House has decided against allowing new Obamacare enrollments for uninsured Americans.

We’ve integrated key events from March into the information below.
The Evolving Spread of COVID-19

Reports of a rapid spread of COVID-19 outside of Asia began late in the week of February 17. March began with concern about China, Italy, Iran, and South Korea. By mid-March, cases were climbing high in western Europe and the U.S., and COVID was in 125 countries. Europe became the epicenter of the disease, but by the end of March it had shifted to the U.S.

For more on what's happening in Europe, check out Coronavirus Outbreak: Should You Cancel Your Trip to Europe? Read more about U.S. travel below and in our Coronavirus Outbreak: Should You Change or Cancel U.S. Travel Plans?

Many experts say that cases of COVID-19 have been circulating within many countries long before confirmed cases started to be counted. Dr. William Spangler, Global Medical Director with AIG Travel, says, "There could be large segments of the population who contract it and never know it." It's assumed that the total number of cases is much higher than what's being reported because many people experience mild or no symptoms and because most countries are not able to test everyone with symptoms. This means that the mortality rate is also unknown, as explained in this Economist article.

Case numbers rose dramatically throughout the month of March, particularly over the weekend of March 27 to 29. Dr. Faheem Younus, Chief of Infectious Diseases at the University of Maryland, says it took 66 days for the case count to go from 100,000 to 200,000; 12 days to go to 300,000; four days to go to 400,000; two days to go to 500,000; and less than two days to go to 600,000. It then took one day to go to 700,000 cases. The WHO reported similar statistics.

On March 26, the world's COVID-19 cases surpassed the half-million mark, then hitting 558,357 cases with 25,262 related deaths. March 26 also saw the case count in the United States not only surpass that of Italy but also of China, which had had the largest number of cases since
the outbreak was first reported on December 31, 2019. On March 24, the world’s COVID-19 cases rose above 400,000. While the count on March 20 was 254,493, and 360,096 on March 23, by March 25 the count was at 445,815. The United States became the third most-affected country in the world on March 23, rising from the sixth most affected as of March 20. A White House official said on March 30, “If we do things together well, almost perfectly, we could get in the range of 100,000 to 200,000 fatalities.” New York, as CNN (https://www.cnn.com/2020/03/26/us/new-york-coronavirus-explainer/index.html) explains, is the U.S. epicenter.

On March 10, China (https://www.fool.com/investing/2020/03/10/believe-it-or-not-there-was-actually-good-covid-19.aspx) reported that the country no longer has need for 11 of its 14 new temporary COVID-19 hospitals. China reported three days of no new domestic COVID-19 cases starting on March 19, as described by The Washington Post (https://www.washingtonpost.com/world/2020/03/18/coronavirus-latest-news/). However, occasional domestic cases continued to be confirmed and what’s being dubbed a second wave of cases, brought in by travelers to China, is now underway. Second waves are in several of the earliest affected countries, including South Korea, Singapore, and Japan, as the BBC (https://www.bbc.co.uk/news/world-asia-51955931) reported on March 18. On March 20, the Japanese prime minister announced that some schools could reopen in April, however, Tokyo implemented a new lockdown on March 25 and a state of emergency on April 7. As of March 9, the head of South Korea’s public health agency said they believe the peak has passed. Here's key information on how the crisis evolved from January to March.

What Is This New Virus?

In early January 2020, China and the 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 (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) the illness COVID19, pronounced “co-vid 19.” It's short for coronavirus 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) (https://www.cdc.gov/coronavirus/about/symptoms.html) 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 have a crown-like shape.

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.

There was initial hope that the virus would not survive in warm weather and therefore cases would ease off as the northern hemisphere entered summer, but outbreaks in warm countries like Singapore proved that wrong. As Spangler says, “unfortunately, it does not appear this particular virus is susceptible to heat and humidity.”

For more detail see Is It Safe to Go to the Beach Right Now? (https://www.fodors.com/news/news/is-it-safe-to-go-to-the-beach-right-now)

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.

From a Global Health Emergency to a Pandemic

On January 30, 2020, the World Health Organization declared COVID-19 a global health emergency. On March 11, the head of the WHO, Tedros Adhanom Ghebreyesus, declared the spread of COVID-19 a pandemic (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020). However, Tedros accompanied that declaration with several important statements:

• “…we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.”
• “Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.”
• “Describing the situation as a pandemic does not change WHO’s assessment of the threat posed by this virus. It doesn’t change what WHO is doing, and it doesn’t change what countries should do.”

Linked are Tedros’ statements from March 2 (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—2-march-2020), when he said, “We are in unchartered [sic] territory. We have never before seen a respiratory pathogen that is capable of community transmission, but which can also be contained with the right measures. If this was an influenza epidemic, we would have expected to see widespread community transmission across the globe by now, and efforts to slow it down or contain it would not be feasible.”

On March 16 (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—16-march-2020), Tedros noted that many countries have implemented decisions to enhance social distancing, for example by canceling events and closing schools. However, he said there is not “an urgent enough escalation in testing, isolation and contact tracing” and that these are needed to “extinguish this pandemic.” He added “We have a simple message for all countries: test, test, test. Test every suspected case.”

He also reminded that “all countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights” and called for all sectors of society to work together to mitigate the pandemic’s social and economic consequences.

RELATED STORY
A Flight Attendant Gives Us an Inside Look at the Airline Industry During Coronavirus

World Leaders’ Reactions and the WHO’s Advice
EU finance ministers reached agreement on April 9 for a financial rescue package worth 500 billion euro (https://www.theguardian.com/business/2020/apr/09/eu-risks-break-up-over-coronabonds-row-warns-italian-pm). G20 leaders met on March 26 to discuss working together to address the effects of COVID-19 but no specific actions were shared with the media. This followed a March 25 G7 foreign ministers discussion where
they were unable to issue a planned joint statement because the U.S. insisted on calling COVID-19 the "Wuhan virus" and the other G7 ministers refused, as reported by the CBC (https://www.cbc.ca/news/politics/g7-covid-19-coronavirus-wuhan-pompeo-trump-1.5510329).

On April 5, the head of the United Nations called for governments to enact measures to protect abused women and children (https://twitter.com/antonioguterres/status/1246973397759819776?sf=20) who must self-isolate at home with their abusers.

Tedros Adhanom Ghebreyesus, the head of the WHO, reminded G20 leaders that in order to address COVID-19, "No country can fight alone; we can only fight together." In his March 27 public remarks, he said "The chronic global shortage of personal protective equipment is now one of the most urgent threats to our collective ability to save lives," adding that "when health workers are at risk, we’re all at risk.” He announced next steps in the WHO’s SOLIDARITY clinical trial and requested that countries "refrain from using therapeutics that have not been demonstrated to be effective" against COVID-19, saying "We must follow the evidence. There are no short cuts.”

Tedros said the world “squandered the first window of opportunity” to deal with COVID-19 and must "do everything to suppress and control this virus” and not squander the second opportunity. In his March 25 remarks (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---25-march-2020), he said encouraging people to stay in their homes is slowing the spread of COVID-19, but that it will not extinguish it. He called on countries that have implemented lockdowns to use the time to enhance measures so that the virus does not simply resurge when lockdowns are lifted. He outlined six key actions, including refocusing “the whole of government on suppressing and controlling COVID-19.”

Tedros echoed the March 23 call of the United Nations’ Secretary-General for a ceasefire of all armed conflicts, stating "We are all facing a common threat, and the only way to defeat it is by coming together as one humanity, because we are one human race.” Tedors continued to press for more testing, isolating, tracing and quarantining. He discussed the rising number of COVID-19 infections amongst medical staff and recommended that limited protective equipment be prioritized for use by medical teams. He also encouraged countries to work together in the WHO’s SOLIDARITY clinical trial study, saying it will bring faster and more effective results than many smaller observational studies. For individuals, Tedros reminded us that physical distancing does not mean social distancing. He encouraged everyone to reach out to others by phone or electronic means, especially to older people and those who live alone.

In his remarks on March 18 (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---18-march-2020), Tedros again pressed countries to enhance COVID-19 measures beyond physical distancing (like canceling events and large group gatherings). Without "isolating, testing, and treating every suspected case" and then tracing contacts of anyone diagnosed, he said transmission chains will continue at low levels and then surge again once physical distancing restrictions are lifted. On March 13, the head of the WHO expressed relief that more and more countries are now acting on the WHO’s advice but repeated that there is much more to be done.
The WHO's advice to the general public (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public), last updated on March 18, remains taking the usual precautions: wash your hands frequently, avoid touching your face, practice respiratory hygiene, practice physical distancing and maintain at least a three-foot distance from people. People who show even mild symptoms, like a headache or runny nose, should stay home. Those with more serious symptoms (like a cough, fever, and difficulty breathing) should seek medical care but call for instructions before visiting a medical provider in person. We explain the details of this below.

In a statement on March 16, the WHO gave advice on how to care for a COVID patient who is quarantined at home (https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---16-march-2020) to minimize the chance the virus is spread to other family members (a key way COVID-19 spread in China). New guidance is also available for how to care for older people, pregnant women, and children.

The WHO also provides advice on international mass gatherings (https://www.who.int/news-room/q-a-detail/q-a-on-mass-gatherings-and-covid-19), defined as events where the number of participants could drain the destination's health system. The WHO has ruled out blanket cancellations but has provided advice on how assessments should be made including that multiple stakeholders, particularly public health authorities, be involved.

With respect to travel bans, the WHO reiterates that “evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions.” The organization says some short-term restrictions, carefully weighed against risk, may be justified at the beginning of an outbreak to allow countries to implement preparedness measures and identifies circumstances where the temporary restriction of movement may be useful “such as in settings with few international connections and limited response capacities.”

Cancelations, Domestic Restrictions and Lockdowns

In most countries, the initial response to COVID-19 was to cancel major events like international conferences and to have sports matches played but without audiences in stadiums. Restrictions grew in most countries, first in Asia and then in Europe and elsewhere. Most events around the world are now canceled or postponed. The decision to postpone the Tokyo 2020 Olympics was made on March 24. The Olympics are now scheduled for July 23 to August 8, 2021, and the Paralympics for August 24 to September 5, 2021.

More and more countries advised their citizens to avoid gathering in restaurants and bars, then closed nonessential businesses, and then told people to stay in their homes as much as possible under guidelines to self-isolate and shelter in place. Several countries enacted official lockdowns, some issuing severe penalties for violations. Public life around the world is shutting down, relatively easy for people with their own apartments or houses, but sometimes impossible for people with low incomes and for homeless people.

The aim is to prevent the most at-risk populations from contracting the disease and not overwhelm health care systems. Known as “flattening the curve,” this NPR article (https://www.npr.org/sections/health-shots/2020/03/13/815502262/flattening-a-pandemics-curve-why-staying-home-now-can-save-lives) explains
what it means and why staying home and physical distancing can save lives. Individual action is critical in ensuring success and we all must take on responsibility in helping prevent those more vulnerable from getting sick.

New guidelines for the United States, called "15 Days to Slow the Spread" (https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf), were implemented March 16 and later changed to "30 Days to Slow the Spread." As USA Today (https://www.usatoday.com/story/news/health/2020/03/16/coronavirus-live-updates-us-death-toll-rises-cases-testing/5053816002/) describes, they include advice to "limit discretionary travel, shopping trips, and social visits," avoid gatherings of more than 10 people, and to avoid sitting in restaurants and bars.

The Guardian (https://www.theguardian.com/australia-news/live/2020/mar/25/coronavirus-live-news-india-lockdown-italy-cases-restrictions-uk-us-outbreak-australia-china-hubei-latest-updates) said March 25 that approximately 20% of the world is living in lockdown conditions. On April 5, the BBC (https://www.bbc.com/news/uk-england-birmingham-52152333) reported it at 25% and other outlets said that half the world’s population faces movement restrictions (https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou). Generally, people are allowed out of their homes for essential purchases and, in most countries, to exercise. The Washington Post reported that 87% of the world’s students, some 1.5 billion children, are not in school because of the pandemic. Several countries have begun warning citizens that COVID-19 restrictions could last for six months or longer.

In mid-March, officials in many countries expressed shock at the number of people, particularly young people, who were ignoring advice to maintain physical distance and not attend events of any kind, including going to bars and restaurants. There was grave concern about how much disease was spread because of these activities. News outlets report comments from spring breakers in Florida (https://www.rawstory.com/2020/03/covid-bros-americans-furious-over-kids-who-dont-care-if-they-get-coronavirus-because-spring-break-comes-first/) saying they didn’t care if they contracted COVID-19, seemingly unaware that young people can also have serious symptoms and of the significant role they would then have in spreading the disease and putting health care systems in jeopardy. A French minister said, “There are people who think they are modern-day heroes by breaking the rules while they are in fact idiots.”

**Travel Bans and Restrictions**

Travel restrictions began in Wuhan in January and grew to almost every other country in March. Echoing the WHO, some infectious disease specialists say that not all of the travel bans are medically necessary but are being put in place for political reasons. To non-experts, some of the decisions may sound like they make sense, but evidence-based scientific advice suggests otherwise. For example, Steve Hoffman (https://www.theglobeandmail.com/canada/article-canadas-decision-against-travel-bans-tied-to-coronavirus-backed-by/), a professor of global health at York University, describes how a travel ban “actually undermines the public-health response because it makes it harder to track cases in an outbreak.” Bans encourage people to lie about their symptoms and about whether they may have been exposed to illness. Many people are so desperate to get to their destination that they board flights knowing they have symptoms. Axios (https://www.axios.com/coronavirus-trump-china-travel-ban-45a2da12-8063-4ad9-ba28-61cdeb1ce0b3.html)
describes how about 40,000 people flew to the U.S. on direct flights from China after the China-U.S. travel ban was in place, perhaps giving a false sense of security and delaying other actions which may have saved more lives.

Some decisions may even be driven by fear and xenophobia. Certainly, statements calling the virus “Chinese” or “foreign” are xenophobic and can make controlling COVID-19 and the consequences of it more difficult. Asians around the world report increased harassment and discrimination because of the virus. Public health experts reiterate that bans against travel and trade are ineffective (https://foreignpolicy.com/2020/02/23/virus-travel-bans-are-inevitable-but-ineffective/), not scientifically or economically warranted, and can cause more harm than good. However, encouraging individuals to make decisions to avoid travel or self-isolate can help slow the spread of disease, flatten the curve, and reduce pressures on health care systems.

In the United States, travel restrictions strengthened during February and March. The CDC and State Department use different warning scales and have issued differing advice. As of March 19, the State Department’s warning is at “Level 4: Do Not Travel (https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html),” the highest level. It advises Americans to “arrange for immediate return to the United States unless they are prepared to remain abroad for an indefinite period.” This follows the State Department’s March 11 Level 3: Reconsider All Travel (https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html) advisory. The CDC (https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html) has issued level 3 “warnings” to avoid nonessential travel to a list of countries (https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html) that changes frequently. On March 11, a global outbreak was noted with a level 2 alert, but later changed to level 3 (https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-global), the highest, meaning “avoid all nonessential travel.”

The U.S. began implementing new border rules on February 2, prohibiting foreign nationals who had visited China in the previous 14 days from entry and subjecting U.S. citizens traveling from there to health screenings and, potentially, restrictions on their movements for 14 days. A ban on travelers from Iran was added on February 29. Advice for travelers from other high-incidence countries, including all countries with a level-3 warning, includes that they should self-isolate for 14 days (https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html). On March 11, Donald Trump announced that all travel from Europe is suspended for 30 days as of midnight March 13. Originally the U.K. and Ireland were exempt from this ban, but on March 14, the ban was revised to include them and clarifications issued about who the ban did and did not apply to.

The U.S.-Canada border is closed to all but essential travel as of March 21. Nationals of each country are able to return home and commercial goods are still allowed through. Canada was following the WHO's advice but on March 16, the prime minister announced new restrictions on who can enter the country. Canada's advisory recommending that Canadians not travel abroad at all was released March 13, just as spring break was about to start. On March 14, Canada advised Canadians who are abroad to return home. Anyone coming into Canada, regardless of where from and regardless of whether they have symptoms, must self-isolate for 14 days.

On March 26, the Canadian prime minister confirmed rumors that the White House discussed putting troops near the U.S.-Canada border. Canadian officials do not support this plan, with Justin Trudeau saying “Canada and the United States have the longest un-militarized border in the world and it is very much in both of our interests for it to remain that way.” At the time, Canada had about 4,000 cases while the U.S. had about 81,000. Global News explains the details. On March 31, the CBC reported that a U.S. Department of Defense official said, “As of last night, that is no longer under consideration.” The Nation reports on a leaked Customs and Border Protection memo requesting $145 million in funding to monitor the activities of Canadians.

With almost all its new COVID-19 cases arriving from abroad, China now prohibits foreign nationals from entering its borders. As reported by Al Jazeera, it includes foreign passport holders with residency permits as of March 28. Chinese airlines are allowed one foreign route with one weekly flight. China is sending medical supplies to countries in need and to those which sent supplies to them earlier in the crisis. More and more countries began screening arrivals at their borders. Some encourage 14-day self-isolation for travelers under some conditions or for all travelers. Some countries make 14-day post-travel isolation mandatory. Countries then began restricting entry to people who have recently been in COVID hot spots and then many began restricting entry to all foreign nationals. Al Jazeera has a list of border restrictions. Israel was the first country to advise their citizens not to travel abroad at all. More countries followed suit and several also have domestic restrictions.

**Air Travel Restrictions**

Governments continue to work to repatriate their citizens, but this is growing increasingly difficult. Airlines began canceling flights and adjusting schedules in January in response to government bans and because of reduced customer demand. Many airlines are announcing that they are discontinuing international flights, reducing domestic flights, and some are temporarily shutting down operations. Some countries are grounding all international flights.
Travel, even if one wanted to, is increasingly difficult. Passengers around the world report showing up for flights at airports only to find they’ve been canceled and the pattern repeats with subsequent flights. The air travel situation is extremely fluid and travelers should check with their airline or travel agent for the latest news. The three major U.S. airlines are issuing travel waivers to customers who booked tickets under specific circumstances. This means increased flexibility to postpone travel with change fees waived. Find more information at:


Cruise Ship Restrictions

Cruise ship travel has been significantly disrupted. Rerouting of itineraries began in January, as did enhanced health checks and limitations on who can board, sometimes based on travel history and sometimes just based on passport regardless of the person's country of residence. In March, many cruise lines suspended operations for at least a few weeks though several lines are still working to get passengers and crew home from ships that are stranded at sea and not allowed to dock. Cruise Critic (https://www.cruisecritic.com/news/5016/) is monitoring the situation and includes links to all cruise lines’ latest COVID-19 updates and well as information on port closures (https://www.cruisecritic.com/news/5097/).


In April, dozens of cruise ships are still stranded at sea and are trying to dock to allow their passengers and crew, some of whom are sick, to return home. At least eight ships, with crew but no passengers, were ordered to leave Australian waters in early April, reports The Guardian (https://www.theguardian.com/australia-news/2020/apr/01/coronavirus-calls-to-repatriate-15000-crew-members-from-cruise-ships-off-australias-coast). Australian officials said they don't want sick people using up their hospital capacity and cruise officials are making humanitarian appeals (https://www.bloomberg.com/news/articles/2020-04-02/thousands-stranded-as-australia-cruise-ship-standoff-intensifies).
Two Holland America ships, finally allowed through the Panama Canal on March 29, then faced delays off Florida. The *Zaandam*'s original March 7 to 21 itinerary was Argentina to Chile, but no one was allowed off after March 14. Sister ship the *Rotterdam* joined the *Zaandam* on March 26 near Panama to separate sick and healthy passengers. Florida Governor Ron DeSantis initially did not allow the ships to dock, first saying he did not want passengers "dumped" in Florida and then said only Floridians could disembark. This prompted a barrage of complaints on social media, including reminders of the grounding of flights on 9/11 and how the town of Gander, Newfoundland took in double its population when 38 planes needed a place to land urgently [here](https://www.usatoday.com/story/news/nation/2017/09/08/gander-newfoundland-september-11-terror-attacks-kindess-come-from-away/631329001/). On April 2, a few cruise passengers were allowed to leave. Most passengers disembarked April 3 [here](https://www.local10.com/news/local/2020/04/03/dozens-of-sick-people-remain-aboard-zaandam-cruise-ship-at-port-everglades/) and flew to U.S. destinations and to Europe, New Zealand, and Canada via charter flights arranged by Carnival Corporation [here](https://www.businessinsider.com/holland-america-florida-ships-zaandam-rotterdam-flight-details-2020-4).

**Treatments, Vaccines and Hope for the Future**

The number of COVID-19 cases and deaths will continue to rise and we still need to learn a lot about the disease. A vaccine is not expected for at least a year. Research and clinical trials around the world are underway. False reports circulate daily about new “miracle cures” for COVID-19, often about specific drugs which are effective for other diseases, but which can harm or kill people who don’t have those illnesses. Drug shortages are affecting the lives of people with those other illnesses.

As examples, the BBC [here](https://www.bbc.com/news/world-australia-51921403#sa-link_location=story-body&intlink_from_url=https%3A%2F%2Fwww.bbc.com%2Fnews%2Fworld-europe-51927790&intlink_ts=1584501631434-sa) reports that Australian scientists have mapped out the body’s immune response to COVID-19, a significant benefit for vaccine development. On March 18, The Guardian [here](https://www.theguardian.com/world/2020/mar/18/japanese-flu-drug-clearly-effective-in-treating-coronavirus-says-china) reported that the Japanese flu drug favipiravir has helped COVID-19 patients show improvements faster than control groups. On March 18, the head of the WHO [here](https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---18-march-2020) described a new study to collect data on the effectiveness of the variety of treatments around the world, naming it the SOLIDARITY trial (a reminder to world leaders that the only way to combat COVID-19 is to work together). There’s a new antibody test [here](https://www.sciencemag.org/news/2020/03/new-blood-tests-antibodies-could-show-true-scale-coronavirus-pandemic) which may help count the number of undetected cases. Global News [here](https://globalnews.ca/news/6716475/winnipeg-researchers-covid-19-treatment/) reports that Canadian Emergent Biosolutions is developing treatments for patients already diagnosed with COVID-19 and is working with two U.S. companies, Novavax and Vaxart, to develop two vaccines. A hospital in Houston is testing whether the blood plasma of a recovered patient [here](https://www.houstonmethodist.org/coronavirus/blood-transfusion-treatment/), which has antibodies that fight the virus, can help.
Perhaps a New Normal?

COVID-19 may become a new normal. In the short-term at least, the new normal means, at a minimum, physical distancing, enhanced cleanliness, and vigilance in monitoring ourselves for symptoms, even the most mild. It certainly means no travel, except for returning to your home country or for the most essential of reasons. For many, self-isolation and perhaps quarantine (usually at home) are necessary. People around the world are asked to stay in their homes as much as possible. Staying home will save lives.

In the long term, the new normal might mean COVID-19 becomes a new disease we always have to watch out for. 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, 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 with low incomes. COVID-19 cases will pressure the health care systems of all countries, especially during flu season. 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.

Also serious is the economic risk of COVID-19. Not being able to go to work is having significant financial effects on individuals without paid sick leave and on businesses without workers. Economies around the world are being affected as commerce and production slow. Spending in all but a few sectors, such as on groceries, has slowed significantly. Small businesses are at particular risk. Governments are implementing monetary and fiscal stimuli to protect citizens and businesses and ward off the worst of the recession (and perhaps depression) that is expected.

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 most recent case was reported February 18, 2020, in Qatar). 2013’s H7N9 “Bird Flu” had a 39.3% mortality rate and 1997’s H5N1 “Bird Flu” was 57%.
The 2009 H1N1 "Swine Flu" was designated as a pandemic and hit 214 countries. The CDC (https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html) provides these estimates for the April 2009 to April 2010 period:

**United States:**

- 8 million H1N1 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%); note that as of April 7, 2020, the U.S. had more COVID-19-related deaths than H1N1-related deaths.

**Worldwide:**

- 151,700 to 575,500 H1N1 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 (https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm) (October 1, 2009 to present, as of April 4, 2020):

**United States:**

- 39 million to 56 million annual flu cases
- 24,000 to 62,000 deaths (fatality rate 0.06-0.11%)

Every week or so, the number of annual flu cases in the U.S. is climbing by a million or two and the number of deaths by one or two thousand. 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 don't have symptoms, but can spread the flu virus.

In comparing how contagious the new coronavirus is, Spangler says the average person with COVID-19 "can transmit it to 2.00 or 2.5, even, [other] people," while the annual flu spreads to about 1.0 or 1.2 people.

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 and some other flus. SARS got a lot of worldwide attention and COVID-19 has been top of the daily news. Everyone needs to take precautions to stop the spread of the disease, particularly to prevent health care systems from being overwhelmed. But is there a reason to panic more over COVID-19 than we did over H1N1 or seasonal flu or even SARS? Take the advice of governments seriously, but panic behaviors are making the situation worse. Consider this article by infectious disease specialist Dr. Paul Sax who explains What Does (and Doesn't) Scare Me About the Coronavirus (https://www.wbur.org/commonhealth/2020/03/02/infectious-disease-doctor-coronavirus) from the U.S. perspective.
If Bans and Restrictions Don’t Affect Me, Should I Still Travel?

No. Not right now.

Many countries are advising their citizens to reconsider or avoid nonessential travel and to return home if they are abroad. Wherever you are, you should also be staying at home and minimizing contact with other people as much as possible to slow the spread of COVID-19. We all need to practice the WHO’s advice of physical distancing, washing hands, and avoiding touching faces (see below). Consider this advice from an anonymous doctor in western Europe, reported in Newsweek.

If you must travel, check the website of the public health authority of the destination you plan to visit to see their latest advice, including how strained their health care system is. Travelers should assume that new restrictions and bans could arise at any time, that flights will be canceled with little to no warning and that their travel history will be scrutinized. More and more countries are advising that people self-isolate for 14 days after traveling and some are implementing mandatory quarantine periods for travelers from some destinations or if they have been abroad at all.

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. 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.

You should consider whether it’s wise to book new travel, even for months from now. It’s true that there are deals to be had and many airlines, cruise lines, and tour groups are offering unprecedented flexibility to make changes. However, most travel insurance will not reimburse you for coronavirus-related cancellations so check policies very carefully. Further travel bans, restrictions, and advisories are likely in the weeks to come. And you need to consider how you may be contributing to the spread of disease, particularly to vulnerable populations. We need to flatten the curve.
Easy and Common Sense Protections

Following the advice of health experts like the WHO will minimize your chance of getting sick from this new coronavirus. The advice to protect yourself from getting sick—and to minimize the spread to others—is pretty easy to follow, and 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 says to sing “Happy Birthday” twice); one of Canada’s provincial health officers says “wash your hands like you’ve been chopping jalapenos and you need to change your contact [lenses]”). Then, rinse with clean water and dry your hands. It’s important to dry them, though the jury is out about the best way (some studies say hot air blowers spread germs and that paper towels or clean fabric towels are best; other studies disagree). Soap and water are more effective, but if you don’t have access to a sink, using a hand sanitizer that contains at least 60% alcohol is fine (scrub well). 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.

• **Cough and Sneeze Into Your Elbow:** Yes, covering your cough or sneeze with your hand is preferable to spraying all those tiny viruzy 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 (although a tissue should be your first choice). And while you’re at it, break that other habit of crossing your arms and putting your hands right onto your sneeze spots.
• **Physical Distancing:** It’s always wise to keep your distance from sick people. During the COVID-19 outbreak, try to keep a three- to six-foot distance from others. No hugs, kisses, or handshakes, please. And really, during cold and flu season why not keep close contact just for loved ones?

• **Don’t Touch Animals You Don’t Know:** Regardless of whether there’s a new virus 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.

And of course, to prevent others from getting sick, isolate yourself if you have COVID-19 symptoms.

People who have higher risks—the immunosuppressed, those with other health conditions, and older adults—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/)). When flying resumes you can 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. Don’t assume you’re safer in a taxi or Uber: it’s easier not to touch surfaces on the subway or bus, and those vehicles have a regular cleaning schedule while cars do not.

When we’re allowed to return to restaurants, do an extra hand wash after you’ve given back the menu and before you start to eat. Use hand sanitizer before and after you touch serving utensils at a buffet. Be sure to 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 or may have been exposed to a respiratory disease, wearing a mask is recommended (here’s how (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks)). You’ll be less likely to spread your illness when you cough, sneeze, laugh or talk.

There is a lot of debate about whether everyone should wear a mask (https://www.ctvnews.ca/health/coronavirus/tam-says-there-are-situations-where-wearing-a-homemade-mask-outside-is-a-good-idea-1.4882974), with the CDC (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) recommending on April 3 that Americans wear one in public. Know that there is little evidence that a mask can prevent you from getting sick.
unless you wear specific types of medical masks that are fitted to your face and unless you know how to use them properly. These types of masks are in short supply around the world and should be reserved for the people who need them most: medical staff and other essential workers.

Many are saying that masks may help prevent the spread of COVID-19 by people who don't realize they have the virus, as they have no symptoms. However, studies show that masks are not more effective than physical distancing measures. Remember that masks aren't perfect, most of us don't use them correctly, and they can give a false sense of security. It is easy to contaminate yourself just by taking off a mask. We fidget with them, put them on and off without washing our hands, don't wash them properly, and re-use masks that are meant to be single-use. Masks do not cover your eyes, a key way for the virus to enter your body. Staying at home, keeping six feet from others when you must go out, not touching your face, and washing your hands well are the most effective measures to prevent COVID-19. The CDC provides instructions on how to make a mask at home. Remember that when the supply of masks for essential workers is jeopardized, your health is more at risk.

The CDC also recommends 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 or doing their laundry.

What If I’m Sick?
Stay home and self-isolate if you feel sick. To help stop the spread of COVID-19, the WHO and other experts are asking people to stay home from work, school and travel if they have symptoms of a cold, even if they’re mild.

Given the increased monitoring since the discovery of the new coronavirus, anyone who shows signs of illness could be prevented from entering a store let alone 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 have the up-to-date intel on the virus. Rely on their information, advice, and travel restrictions on the WHO’s website. Other reliable government advice includes Canada’s.

Note that fake coronavirus news (see these busted COVID-19 myths).
coronavirus-cures-debunked-1.70238845) is spreading fast with the WHO calling it an "infodemic." Well-meaning people are also spreading misinformation or opinions presented as facts, which is increasing fear and confusion. 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) exist. False claims about cures and treatments are frequent. People have died by following them. The WHO provides myth busting (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters) information and reports that criminals are using the WHO's name to steal personal information and money. Text messages and emails are impersonating governments and tempting clicks by offering income supports. Always go directly to a government website before giving your personal information. Do not click through links in suspicious messages.

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