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

(https://www.fodors.com/news/author/johanna-read) Johanna Read (https://www.fodors.com/news/author/johanna-read) | March 12, 2020

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Should You Change Your Travel Plans Because of the Coronavirus?

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. Now that there are many cases in the United States, fear is growing. While the intention is to be helpful, many people are sharing misinformation and unproven advice on social media. 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.

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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.

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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.

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 (https://twitter.com/Healthmac/status/1233104979646349312) 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.

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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."

Tedros added that this pandemic has shown it can be controlled. He pointed out that 90% of cases are in only four countries (China, South Korea, Italy, and Iran) and said that in the former two, the number of new cases has been significantly declining.

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 11, Tedros repeated the WHO's call for countries to "detect, test, treat, isolate, trace, and mobilize their people in response" and that this can prevent a small number of COVID-19 cases from becoming a cluster and prevent clusters from "becoming community transmission."

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.

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How Many People Are Sick?

As of March 12, 2020, there are 130,151 cases of COVID-19 (https://www.worldometers.info/coronavirus/) and at least 4,754 people have died. Over 68,000 people have recovered and 90% of cases are classified as mild (in the past week, up from 82%).

The WHO reports that, overall, 3.4% of people who have tested positive for COVID-19 have died, up from the two percent estimated earlier. However, experts say it is too early to know the actual rate, as explained in this Economist article (https://www.economist.com/briefing/2020/02/29/covid-19-is-now-in-50-countries-and-things-will-get-worse). (https://www.economist.com/briefing/2020/02/29/covid-19-is-now-in-50-countries-and-things-will-get-worse) For example, it's assumed the total number of cases is much higher than what's being reported because many people experience mild symptoms and believe they just have a cold and because some countries are not doing much testing. Dr. William Spangler, Global Medical Director with AIG Travel (https://travelguard.secure.force.com/TravelAssistance/resource/1579732765609/Coronavirus_health_advisory), says, "There could be large segments of the population who contract it and never know it."

Many experts suspect that cases of COVID-19 have been circulating within many countries for weeks, and that the high numbers of cases in countries like Italy and South Korea are known mainly because they are doing extensive testing.

Most of the cases (over 80,000) remain in China, though the disease has spread to 125 countries. As of March 12, there are 1,585 deaths due to COVID-19 outside of China.

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, China started a clinical trial of an antiviral called remdesivir; the U.S. is participating in the clinical trial as of February 25. Canada and China (https://www.macleans.ca/news/canada/a-made-in-canada-solution-to-the-coronavirus-outbreak/) hope to soon start clinical trials of the antiviral quercetin, already approved by the U.S. Food and Drug Administration as safe for human consumption. However, a vaccine won't be available for at least a year.

Perhaps a New Normal?

COVID-19 may also become a new normal. The Atlantic reports (https://www.theatlantic.com/health/archive/2020/02/covid-vaccine/607000/) 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." Canada's health minister (https://www.theglobeandmail.com/canada/article-between-30-and-70-per-cent-of-canadians-could-be-infected-with/) made a similar statement on March 11.

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.

This increases the importance of individuals taking the responsibility to practice social distancing, washing our hands well, and cough etiquette (see more on that below). Anyone with symptoms, even mild, should self-isolate. We all have a part in helping prevent those more vulnerable from getting sick.

Also serious is the economic risk of COVID-19. 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 are being affected as commerce and production slow. Spending in all but a few sectors, such as on groceries, has slowed significantly. Small businesses, especially in the tourism sector, are at particular risk. Responsible travelers can help by going out of their way to spend their money with them.

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). 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 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 (https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm) (October 1, 2009 to present, as of February 29, 2020):

United States:

- 34 million to 49 million cases
- 20,000 to 52,000 deaths (fatality rate 0.06-0.11%)

In the one week period between February 22 and February 29, the number of seasonal flu cases in the U.S. climbed by at least two million and the number of deaths by at least 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—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 of 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 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. But is there a reason to panic more over COVID-19 than we did over H1N1 or seasonal flu or even SARS? In this article, infectious disease specialist Dr. Paul Sax 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.

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 March 1 (https://www.worldometers.info/coronavirus/)2 (https://www.worldometers.info/coronavirus/), countries with high incidences include Italy (827 deaths, 12,462 cases), Iran (429 deaths, 10,075 cases), South Korea (66 deaths, 7,869 cases), Spain (86 deaths, 3,059 cases), France (48 deaths, 2,281 cases), and Germany (5 deaths, 2,502 cases). The United States has 1,380 cases and 38 deaths attributed to COVID-19.

Outside of China, Italy has the largest number of cases. Italy also has Europe's oldest population, so is particularly susceptible to serious consequences of COVID-19. To contain COVID-19, the country initially prohibited anyone from leaving or entering a dozen affected towns in the northern regions of Lombardy and Veneto. On March 8, this was extended to 15 regions in central and northern Italy. Church services and events like weddings and funerals were suspended, museums and cinemas closed, and sporting events postponed.

On March 9, measures were extended to the whole country and will last until April 3. People are requested to stay home as much as possible, there's a 6 p.m. curfew, and permission is needed to travel. Restaurants, initially allowed to open during the day, must now close and only food shops and stores selling essentials like pharmaceuticals can remain open.

For more on what's happening in Europe, check out Coronavirus Outbreak: Should You Cancel Your Trip to Europe? (https://www.fodors.com/news/news/should-you-change-your-travel-plans-because-of-the-coronavirus#!kxcid=sh2clsjtt&kxt=https%3A%2F%2Fwww.fodors.com%3A443&kxcl=cdn&kxp=)

Many countries are closing schools and canceling events to prompt more social distancing, and encouraging anyone with symptoms, even mild, to self-isolate. However, in some of the earliest affected countries, things are starting to return to normal. As of March 9, the head of South Korea's public health agency said they believe the peak has passed. On March 1, China had only 19 new cases (https://www.fool.com/investing/2020/03/10/believe-it-or-not-there-was-actually-good-covid-19.aspx) and the country no longer has need for 11 of its 14 new temporary hospitals. Shanghai Disney was partially reopened March 9 after being closed for over a month. However, guests' temperatures will be screened upon arrival, they're required to wear masks, and they'll need to show their Health QR Code to enter restaurants.

Many eyes are now on the United States, with questions about the extent of COVID-19 testing taking place and concern about whether coronavirus-related information must be approved by the White House before it is released to the public. Read more about U.S. travel including about new bans below, and in our Coronavirus Outbreak: Should You Change or Cancel U.S. Travel Plans? (https://www.fodors.com/news/news/coronavirus-outbreak-should-you-change-or-cancel-u-s-travel-plans)

The WHO's Advice to the Public and About Travel

As of March 12, 2020, the WHO's advice to the general public (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) remains taking the usual precautions: wash your hands frequently, avoid touching your face, practice respiratory hygiene, practice social distancing and maintain a three-foot distance from 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. This is especially the case if the person has been at a destination with an outbreak of COVID-19.

People with more serious symptoms like fever, cough and difficulty breathing should call medical providers to seek advice before visiting a doctor's office or hospital.

For travelers, the WHO reiterates the above advice to the public and recommends (https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak/) that anyone who is sick delay or avoid travel, and particularly cautions "elderly travelers and people with chronic diseases or underlying conditions" about travel.

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."

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.

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. 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. Certainly statements calling the virus "Chinese" or "foreign" are xenophobic and can make controlling COVID-19 and the consequences of it more difficult.

The CDC (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html) has issued level 3 "warnings" for both South Korea and China, saying that nonessential travel should be avoided. On February 29, 2020, the CDC upped the warnings for Iran and Italy to level 3 from level 2. On March 12, "most of Europe" was given a level 3 warning and a global outbreak noted with a level 2 alert (https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-global). The specific notices for Japan and Hong Kong were removed as of March 12.

The U.S. began implementing new rules on February 2, prohibiting foreign nationals who had visited China in the previous 14 days from entry, and subjecting U.S. citizens to health screenings and, potentially, restrictions on their movements for 14 days. A ban on travelers from Iran was added on February 29 and advice for travelers from other high-incidence countries, including all countries with a level-3 warning, includes that they should self-isolate for (https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html)14 days (https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html). On February 29, Donald Trump commented on potentially closing the U.S.-Mexico border, though later walked back those comments.

On March 11, Trump announced that all travel from Europe (except the U.K.) is suspended for 30 days as of midnight March 13. There was confusion (https://www.theguardian.com/world/2020/mar/11/coronavirus-outbreak-us-trump-latest) about exactly what this meant with many Americans wondering if they would be able to return home between March 14 and April 13. Later clarifications confirmed that the new rule applies only to passengers and not to goods, and does not apply to U.S. citizens, most of their immediate family members, or U.S. permanent residents. Rather, the Europe ban is similar to the previous ones for China and Iran, i.e. foreign nationals who have been in China, Iran or the 26 Schengen countries of Europe during the previous 14 days are not allowed entry into the U.S.

All countries are screening arrivals at their borders. Some are encouraging—and others insisting on—self-isolation for travelers under some conditions and sometimes for all travelers. Several countries, such as Argentina (https://www.osac.gov/Content/Report/3eb9afb6-eb24-438e-87ce-182d1306055c), are introducing mandatory quarantine periods for Americans. Some are restricting entry to people who have recently been in hot spots and some are banning all foreigners from entry.

For example, on March 11, India announced all tourist visas are suspended until April 15. Saudi Arabia will not allow any foreigners to travel to Mecca this year. On February 26, 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. Then, on March 9, Israel announced that anyone entering the country will need to self-quarantine for 14 days or be refused entry.

Other countries, like Canada, are following the WHO's advice (https://www.who.int/ith/2019-nCoV_advice_for_international_traffic-rev/en/) and have rejected travel bans. As 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, 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." Bans encourage people to lie about their symptoms and about whether they may have been exposed to illness. Instead, Canada (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html) is screening arrivals for illness and ensuring there's a high level of awareness of what people should do if they exhibit symptoms. Canada is quarantining some people, for example, citizens who were aboard cruise ships with outbreaks, and encouraging self-isolation in other situations. Public health experts reiterate that restricting travel and trade is 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.

Air Travel Restrictions

Airlines are adjusting their flights both in response to government bans and because of reduced customer demand. Many airlines have discontinued flights to Italy, given the country's lockdown status. With the new U.S.-Europe travel ban, demand for flights between Europe and the U.S. is likely to drop and flights likely canceled soon.

The coronavirus means a very fluid air travel situation 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:

- American Airlines Travel Alerts (https://www.aa.com/i18n/travel-info/travel-alerts.jsp)
- Delta Air Lines Current Advisories (https://www.delta.com/us/en/advisories/current-advisories)
- United Airlines Important Notices (https://www.delta.com/us/en/advisories/current-advisories)

Cruise Ship Restrictions

Cruise ship travel has been significantly disrupted. February 2020 had news stories about ships delayed from disembarking their passengers, being turned away from ports, and about quarantines. On March 9, Canada's Public Health Agency (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html) advised against travel on cruise ships during the COVID-19 epidemic. The United States (https://www.politico.com/news/2020/03/09/azar-cruise-ship-shutdown-coronavirus-124645) initially recommended that people with compromised health and the elderly avoid cruise travel, though messaging for all Americans has been inconsistent.

COVID-19 incidences aboard cruise ships include the Diamond Princess (https://www.princess.com/news/notices_and_advisories/notices/diamond-princess-update.html), which was quarantined in Japan with 3,700 passengers and crew on February 4. The number of COVID-19 cases aboard climbed rapidly. The shipboard quarantine ended February 20 with additional quarantines required in Japan or in passengers' home countries. As of March 10, there are 696 confirmed cases and seven deaths. See our Coronavirus Outbreak: Should You Change or Cancel U.S. Travel Plans? (https://www.fodors.com/news/news/coronavirus-outbreak-should-you-change-or-cancel-u-s-travel-plans) for information about cruise travel within the U.S.

Since the start of the outbreak in January, cruise lines have added additional pre-boarding health screenings and are restricting who can board. Companies that are members of Cruise Lines International Association (CLIA) (https://cruising.org/news-and-research/press-room/2020/february/clia-statement-on-2019-novel-coronavirus-outbreak) follow the same protocols. Cruise ships aren't allowing passengers who have been in countries with high numbers of COVID-19 cases 14 to 30 days before embarkation. Refund policies with most cruise lines are generous.

Many cruise lines are changing their itineraries to avoid COVID-19 hot spots and because of port closures (https://www.cruisecritic.com/news/5097/). Cruise Critic (https://www.cruisecritic.com/news/5016/) is monitoring the situation and includes links to all cruise lines' latest COVID-19 updates. Some cruise lines have started temporarily suspending operations.

Ongoing port closures (https://www.cruisecritic.com/news/5097/) include Hong Kong, Taiwan, South Korean ports, and in the South Pacific. Countries newly closing all their ports to cruise traffic include India, Malaysia, the Maldives, United Arab Emirates, and Samoa. Other ports are selectively turning away ships, sometimes because of cases of respiratory illness on board, sometimes because of where passengers have come from, and other times without a specified reason.

Many ports are restricting entry to people who have recently been in China and other destinations with COVID-19 cases, just as the cruise lines are. Some ports are not allowing passport holders from specific countries to disembark.

If Bans and Restrictions Don't Affect Me, Should I Still Travel?

Outside of known hot spots, healthy, non-elderly travelers are unlikely to get sick with COVID-19 if they practice the WHO's advice of social distancing, washing their hands, and avoiding touching their faces (see below). Though they may not get sick, travelers will want to consider whether their travel could mean spreading COVID-19 and, especially, exposing people who are at greater risk of getting sick and of accelerating the spread of COVID-19 to already over-extended health care systems. Consider this advice from an anonymous doctor in western Europe (https://www.newsweek.com/young-unafraid-coronavirus-pandemic-good-you-now-stop-killing-people-opinion-1491797), reported in Newsweek. Always 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.

Until new case numbers slow significantly, travelers should assume that new restrictions and bans could arise at any time. Travelers 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 destinations they have transited through recently. Other countries are asking travelers for their contact information so they can be tracked in case of new outbreaks. More and more countries are implementing mandatory quarantine periods for travelers from some, or all, destinations.

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 or be quarantined for two weeks.

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. 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.

You should consider whether it's wise to book new travel 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 bans and restrictions 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.

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 (https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/hand-washing/art-20046253) 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 (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). 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 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 (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.

- **Social Distancing:** It's always wise to keep your distance from sick people. During the COVID-19 outbreak, try to keep a three-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 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.

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

People who have higher risks—the immunosuppressed, 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/)). 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.

At 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, wearing a mask is a courtesy to the people around you (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. However, 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. It's different for medical staff—they receive special training on mask use and wear masks specifically fitted to their faces.

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) 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.

People using masks when they don't need them diminishes the supply for those that do. In fact, there are mask shortages in many countries because people are buying and wearing them when they don't need them, which encourages others to follow suit. Before you buy a mask you don't need, consider that your health is more at risk if there aren't any masks available for the sick people around you.

What If I'm Sick?

Stay home and avoid traveling 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, 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 have the up-to-date intel on the virus. Rely on their information, advice, and, if needed, travel restrictions on the WHO's (https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public) website. Other reliable government advice includes Canada (https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html)'s and the U.K (https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-travellers/).'s.

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) (see (https://www.npr.org/sections/goatsandsoda/2020/02/21/805287609/theres-a-flood-of-fake-news-about-coronavirus-and-a-plan-to-stop-it)these busted COVID-19 myths (https://gulfnews.com/uae/10-top-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) are also starting to emerge. For example, the WHO reports that criminals are using the WHO's name to steal personal information and money.

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