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


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Common sense is your best protection.

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

Everyone’s talking about the new coronavirus, and it can be hard to differentiate between the facts, misinformation, sensible precautions, and overreaction. All over the world, measures are being taken to control and contain the virus, sometimes based on scientific evidence 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 (WHO) advice.

The middle of March brings advisories from many countries that their citizens reconsider or avoid nonessential travel not only to COVID-19 hot spots but anywhere abroad. Many countries are also recommending that their citizens return home from vacations and business trips anywhere in the world. Except for essential travel and returning home, travel should be on hold for a while.

While the vast majority of COVID-19 cases are mild, governments are increasing measures to slow the spread of disease transmission so that health care systems are not overwhelmed by the serious cases 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. While the intention is to be helpful, many people are sharing misinformation and unproven advice on social media.

The Latest

Late on March 13, the United States declared a state of emergency. The U.K. and Ireland were added to the U.S.’s Europe travel ban. Canada put out an advisory recommending that Canadians not travel at all outside of Canada, just as spring break was about to start. On March 14, Canada advised that Canadians who are abroad return home. Anyone entering Canada is asked to self-isolate for 14 days. Public life is shutting down and many destinations are asking residents to stay home except for essential excursions to buy food or seek health care. Italy and Spain are in lockdown, with France expected to follow.

We provide the details below.

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.

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. 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.”

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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, when he said, “We are in unchartered 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 13, Tedros said “We’re encouraged that many countries are now acting on the eight pillars of WHO’s Strategic Preparedness and Response Plan” and he encouraged more countries to follow suit. He added “Our message to countries continues to be: you must take a comprehensive approach. Not testing alone. Not contact tracing alone. Not quarantine alone. Not social distancing alone. Do it all.”

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.

How Many People Are Sick?

As of March 16, 2020, there are 175,754 cases of COVID-19 and at least 6,716 people have died. Over 77,500 people have recovered and 93% of cases are classified as mild. 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. The death rate in Italy is higher. However, experts say it is too early to know the actual rate, as explained in this Economist article. 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, says, “There could be large segments of the population who contract it and never know it.”

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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. Korea’s strategy of extensive testing, even of people who had no symptoms, is seen as one of the reasons they were successful at combating COVID-19.

Most of the cases (over 80,000) are concentrated in China. However, the disease has spread to 157 countries and the total number of cases outside China is higher than China’s. As of March 16, there are 3,293 deaths due to COVID-19 outside of China, surpassing China’s death toll of 3,199.

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 become a new normal. In the short-term at least, the new normal means, at a minimum, social 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 is necessary and perhaps quarantine (usually at home).

The aim is to prevent the most at-risk populations from contracting the disease and not overwhelming 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 social 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.

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 (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, as did German Chancellor Angela Merkel. The Guardian reports (https://www.theguardian.com/world/2020/mar/15/uk-coronavirus-crisis-to-last-until-spring-2021-and-could-see-79m-hospitalised) on a U.K. public health briefing where it was predicted that the COVID crisis could last until spring 2121.

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. Some governments are implementing monetary and fiscal stimuli to prevent and ward off the worst. A recession 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[1] 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[2] 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[3] (October 1, 2009 to present, as of March 79, 2020):

**United States:**

- 36 million to 51 million cases
- 22,000 to 55,000 deaths (fatality rate 0.06-0.11%)
In each one week period, the number of seasonal flu cases in the U.S. is climbing 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—don’t have symptoms, but can spread the flu virus.

COVID-19 is new and there’s still a lot we don’t know about it. There are millions more cases of H1N1 and annual flu. COVID-19’s fatality rate is higher than H1N1 and annual flu, but much lower than SARS and MERS 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, 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 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, countries with high incidences include Italy (1,809 deaths, 24,747 cases), Iran (724 deaths, 13,938 cases), South Korea (75 deaths, 8,162 cases), Spain (292 deaths, 7,843 cases), France (127 deaths, 5,423 cases), and Germany (11 deaths, 5,813 cases). The United States has 3,400 confirmed cases and 63 deaths attributed to COVID-19.

Europe is the current epicenter of the disease. Italy and Spain are essentially locked down. France is following suit as are other countries. Tourist sites are closed, as are restaurants and shops. Some countries, like Spain, have closed beaches and parks. Everyone is encouraged to practice social distancing and stay home as much as possible.

For more on what’s happening in Europe, check out Coronavirus Outbreak: Should You Cancel Your Trip to Europe?

The good news is that, 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 10, China reported the country no longer has need for 11 of its 14 new temporary COVID-19 hospitals. Shanghai Disney was partially reopened as of 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.

However, the disease is rapidly spreading to the rest of the world. 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?
The WHO’s Advice About Travel

On March 13, the head of the WHO expressed relief that more and more countries are now acting on their advice, but said there is much more to be done.

As of March 16, 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, which is now most countries.

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.

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, further restrictions arise daily. Some infectious disease specialists are saying that not all of the 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 experts say to rely on evidence-based scientific advice. 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. 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.

The CDC (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html) has issued level 3 “warnings”, meaning that nonessential travel should be avoided, for South Korea, China, Iran and, as of March 11, “most of Europe.” The United Kingdom and Ireland (https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-united-kingdom-ireland) have now been added. Also on March 11 a global outbreak (https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-global) was noted with a level 2 alert (https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-global). The CDC’s specific notices for Japan and Hong Kong were removed as of March 12. On March 11, the State Department (https://travel.state.gov/content/travel/en/traveladvisories/ea/covid-19-information.html) raised their travel advisory to a “reconsider all travel” level three.

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 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 and 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 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 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. Later clarifications confirmed that the new rule 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, the 26 Schengen countries of Europe, Ireland, and the U.K. 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—14-day self-isolation for travelers under some conditions and sometimes for all travelers. Several countries, such as Argentina (https://www.osac.gov/Content/Report/3eb9af6b-eb24-438e-87ce-182d1306055c), are introducing mandatory quarantine periods for people traveling from the United States. Some countries 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. Canada 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. As of March 13, Canada advised Canadians to avoid all but essential travel abroad. Canadians who are traveling are encouraged to come home. Anyone entering the country is encouraged to self-isolate for 14 days. The aim is to slow the spread of disease to avoid the situation in Italy where hospitals are overwhelmed.

Air Travel Restrictions

Airlines are adjusting their flights both in response to government bans and because of reduced customer demand. Many airlines are discontinuing flights not only to Italy, but Europe, and the rest of the world. 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 repeating with subsequent flights. If you need to get back to your home country, now is the time to do it.

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. Following the rerouting of itineraries, limitations on who can board, and enhanced health checks, many cruise lines have suspended operations for at least a few weeks.

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 to port closures (https://www.cruisecritic.com/news/5097/).

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

No. Not right now.

Many countries are now advising their citizens to reconsider or avoid nonessential travel and to return home if they are abroad.

While the risk of getting sick is still low, the chance of spreading COVID-19 is high. We all need to practice the WHO’s advice of social distancing, washing hands, and avoiding touching faces (see below). Many countries are advising that people stay in their homes as much as possible. 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.

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 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 (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 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 [https://www.mayoclinic.org/healthy-lifestyle/adult-health/indetail/hand-washing/art-20046253](https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-detail/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/](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.

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(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 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[1](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. 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.

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[2](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 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 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, 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 website. Other reliable government advice includes Canada’s and the U.K.’s.

Note that fake coronavirus news (see these busted COVID-19 myths 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 are also starting to emerge. For example, the WHO reports that criminals are using the WHO’s name to steal personal information and money.