



Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV

24 January 2020 | COVID-19 Travel Advice

This is an update to the WHO advice in relation to the outbreak of the novel coronavirus nCoV, published by WHO on 10 January 2020. Since that date, travel-related cases linked to Wuhan City have been reported in several countries. For details about the current

outbreak in China and the exported cases, please refer to the [Diseases Outbreak News](#) and the [situation reports](#) published by WHO.

So far, the main clinical signs and symptoms reported in this outbreak include fever, difficulty in breathing, and chest radiographs showing bilateral lung infiltrates. As of 24 January 2020, human-to-human transmission has been confirmed largely in Wuhan city, but also some other places in China and internationally. Not enough is known about the epidemiology of 2019-nCoV to draw definitive conclusions about the full clinical features of disease, the intensity of the human-to-human transmission, and the original source of the outbreak.

International travellers: practice usual precautions

Coronaviruses are a large family of respiratory viruses that can cause diseases ranging from the common cold to the Middle-East Respiratory Syndrome (MERS) and the Severe Acute Respiratory Syndrome (SARS). In case of symptoms suggestive of acute respiratory illness before, during or after travel, the travellers are encouraged to seek medical attention and share travel history with their health care provider.

Public health authorities should provide to travellers information to reduce the general risk of acute respiratory infections, via health practitioners, travel health clinics, travel agencies, conveyance operators and at points of entry.

[WHO's standard recommendations](#) for the general public to reduce exposure to and transmission of a range of illnesses are as follows, which include hand

and respiratory hygiene, and safe food practices:

- **Frequently clean hands by using alcohol-based hand rub or soap and water;**
- **When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands;**
- **Avoid close contact with anyone who has fever and cough;**
- **If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider;**
- **When visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces in contact with animals;**
- **The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.**

WHO technical guidance on surveillance and case definitions, laboratory guidance, clinical management for suspected novel coronavirus, home care for patients with suspected novel coronavirus, infection prevention and control, risk communications, disease commodity package, and reducing transmission from animals to humans is available on the [WHO website](#).

Health measures related to international traffic

The current outbreak originated in Wuhan city, which is a major domestic and international transport hub. Given the large population movements, expected to significantly increase during the Chinese New Year in the last week of January, and the observed human to

human transmission, it is not unexpected that new confirmed cases will continue to appear in other areas and countries.

With the information currently available for the novel coronavirus, WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic.

According to Chinese authorities, all unnecessary or non-essential large-scale public gatherings will not be approved during the Spring Festival, which starts on 25 January in China.

Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently People's Republic of China)

- Conduct exit screening at international airports and ports in the affected areas, with the aims early detection of symptomatic travelers for further evaluation and treatment, and thus prevent exportation of the disease, while minimizing interference with international traffic.
- Exit screening includes checking for signs and symptoms (fever above 38°, cough), interview of passengers with respiratory infection symptoms leaving the affected areas with regards to potential exposure to high-risk contacts or to the presumed animal source, directing symptomatic travelers to further medical examination, followed by testing for 2019-nCoV, and keeping confirmed cases under isolation and treatment.
- Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.
- Travelers who had contact with confirmed cases or

direct exposure to potential source of infection should be placed under medical observation. High-risk contacts should avoid travel for the duration of the incubation period (up to 14 days).

- Implement health information campaigns at points of entry to raise awareness of reducing the general risk of acute respiratory infections and the measures required, should a traveler develop signs and symptoms suggestive of infection with the 2019-nCoV and how they can obtain assistance.

Advice for entry screening in countries/areas without transmission of the novel coronavirus 2019-nCoV

- Evidence shows that temperature screening to detect potential suspect cases at entry may miss travelers incubating the disease or travelers concealing fever during travel and may require substantial investments. However, during the current outbreak with the novel coronavirus 2019-nCoV, the majority of exported cases were detected through entry screening. The risk of importation of the disease may be reduced if temperature screening at entry is associated with early detection of symptomatic passengers and their referral for medical follow up.
- Temperature screening should always be accompanied by dissemination of risk communication messages at points of entry. This can be done through posters, leaflets, electronic bulletin, etc, aiming at raising awareness among travelers about signs and symptoms of the disease, and encouragement of health care seeking behavior, including when to seek medical care, and report of their travel history.
- Countries implementing temperature screening are encouraged to establish proper mechanism for data collection and analysis, e.g .numbers of travelers screened and confirmed cases out of screened passengers, and method of screening. In implementing

entry screening, countries should take into account national policies and capacity.

- **Public health authorities should reinforce collaboration with airlines operators for case management on board aircraft and reporting, should a traveler with respiratory disease symptoms is detected, in accordance with the IATA guidance for cabin crew to manage suspected communicable disease on board an aircraft.**

Previous advice with regards to procedures for a sick traveller detected on board a plane and requirements for IHR capacities at points of entry remains unchanged ([see WHO Advice published on 10 January 2020](#)).

WHO advises against the application of any restrictions of international traffic based on the information currently available on this event.

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