



International travel and health

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

27 January 2020

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](#). 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 27 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. [Novel Coronavirus \(2019-nCoV\) advice for the public](#) published on the WHO website contains WHO standard recommendations for the general public to reduce exposure to and transmission of a range of illnesses, to protect yourself and others from getting sick, to stay healthy while travelling.

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, 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.

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 travellers 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 travellers 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;
- Travellers 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 traveller 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 that choose to perform entry screening

- The evidence from the past outbreaks shows that effectiveness of entry screening is uncertain, but it may support risk communication strategy by providing information to travellers from affected countries/areas to reduce the general risk of acute respiratory infections, and to seek medical attention early if they develop symptoms compatible with the infection.
- During the current outbreak with the novel coronavirus 2019-nCoV, a number of exported cases were detected through entry screening implemented by some countries. Symptomatic cases may be detected through temperature screening at Point of Entry, for whom medical examination and laboratory tests will be conducted for confirmation. Temperature screening to detect potential suspect cases at Point of Entry may miss travellers incubating the disease or travellers concealing fever during travel and may require substantial investments. A focused approach targeting direct flights from affected areas could be more effective and less resource demanding.
- Currently the northern hemisphere (and China) is in the midst of the winter season when Influenza and other respiratory infections are prevalent. When deciding implementation of entry screening, countries need to take into consideration that travellers with signs and symptoms suggestive of respiratory infection may result from respiratory diseases other than 2019-nCoV, and that their follow-up

may impose an additional burden on the health system. National policy and capacities should be taken into account during the decision-making process.

- If entry screening is implemented, 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 travellers 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 travellers screened and confirmed cases out of screened passengers, and method of screening.
- Public health authorities should reinforce collaboration with airline operators for case management on board an aircraft and reporting, should a traveller 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 ill 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.

Related links

- [Novel coronavirus \(2019-nCoV\)](#)
- [Situation reports](#)
- [How to protect yourself from coronavirus infection](#)
- [What is coronavirus?](#)
- [Risk assessment guidelines for infectious diseases transmitted on aircraft \(RAGIDA\) - Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)

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