

Stephanie Clark

CAUSE NO. DC-20-01598

ALLIED PILOTS ASSOCIATION,	§	IN THE DISTRICT COURT
Plaintiff,	§	
	§	160 JUDICIAL DISTRICT
v.	§	
	§	
AMERICAN AIRLINES, INC.	§	
Defendant.	§	DALLAS COUNTY, TEXAS

PLAINTIFF’S ORIGINAL VERIFIED PETITION
AND APPLICATION FOR INJUNCTIVE RELIEF

ALLIED PILOTS ASSOCIATION (“Plaintiff”), Plaintiff herein, files this its Original Verified Petition and Application for Injunctive Relief against AMERICAN AIRLINES, INC. (“Defendant”), Defendant herein, and in support thereof would show the Court:

I. DISCOVERY CONTROL PLAN

1. Discovery in this matter is intended to be conducted pursuant to Level 2 of Rule 190 of the Texas Rules of Civil Procedure.

II. PARTIES

2. Plaintiff, ALLIED PILOTS ASSOCIATION (“APA”), serves as the certified collective bargaining agent for the approximately 15,000 pilots of Defendant American Airlines, with its principal place of business located at 14600

Trinity Blvd., Suite 500, Fort Worth, Texas 76155.

3. Defendant, AMERICAN AIRLINES, INC., is a Delaware corporation and a United States based air carrier operating throughout the world, with a principal place of business located at 1 Skyview Drive, Fort Worth, Texas 76155.

III. JURISDICTION AND VENUE

4. Jurisdiction is proper in the district courts of Texas because this matter involves a claim for negligent exposure to a communicable disease and injunctive relief and both Plaintiff and Defendant maintain their principal places of business in the State of Texas. Venue is proper in Dallas County pursuant to §15.002 et. seq. of the Texas Civil Practices & Remedies Code because all or a substantial part of the events or omissions giving rise to the claim occur at Dallas Fort Worth International (“DFW”) Airport located in Dallas County, Texas.

IV. STATEMENT OF THE CASE

5. Safety has always been a shared concern between APA and American Airlines. Recent events relating to the outbreak of the novel coronavirus in China have created a threat to the safety of passengers and flight crew travelling to and from that country. Due to the serious, and in many ways still unknown, health threats posed by the coronavirus, and concerns regarding its continued spread globally, several governmental agencies worldwide, including the United States Centers for

Disease Control and Prevention (“CDC”), have issued alerts and warnings discouraging all “nonessential travel” to China. In response to those alerts, many air carriers have suspended flights to China until further information can be obtained regarding the virus. Given the unique challenges presented by the coronavirus, these carriers have now recognized an industry standard of care exercising the highest of precaution. While American Airlines has recently announced that it intends to suspend some flights to China effective February 9, 2020, it has yet to take any action to cancel/suspend flights prior to that date. Plaintiff contends that Defendant’s failure to immediately cancel all flights to and from China fails to meet the standard of care evidenced by other carriers in the industry. Due to the risks associated with potential exposure to the coronavirus for people travelling to and from China, Plaintiff, on behalf of its members, brings the instant action for negligent exposure to a communicable disease, as recognized in *Lancer Ins. Co. v. Garcia Holiday Tours*, 345 S.W.3d 50 (Sup. Ct. Tx. 2011), and injunctive relief to compel Defendant American Airlines to promptly take further action and join the growing list of air carriers who have responded to the threat posed by the coronavirus to their passengers and crew members by cancelling all flights to China until more information is obtained regarding the full extent of the risks and threat posed by travelling to and from China.

6. Accordingly, Plaintiff hereby sues the Defendant American Airlines for negligently and intentionally exposing its members to the coronavirus, a potentially fatal, communicable disease, through its continued operation of flights to and from China. Plaintiff seeks injunctive relief prohibiting Defendant from continuing to operate flights from airports within the United States (U.S.), including Dallas Fort Worth International (“DFW”) Airport, to and from China during the period of time that the CDC maintains its Level 3 Warning recommending that travelers avoid all nonessential travel to China as a result of the ongoing coronavirus epidemic.

V. BACKGROUND FACTS

7. There is currently an outbreak of a potentially fatal respiratory illness caused by a novel coronavirus that first surfaced in Wuhan City, Hubei Province, China.

8. The outbreak has continued to expand since its onset, with the virus reportedly spreading from person-to-person. As of January 29, 2020, according to the World Health Organization, there are approximately 6,000 confirmed cases of the coronavirus and over 130 confirmed fatalities in China alone, with an additional 68 confirmed cases in other parts of the world. Those numbers are expected to rise by the day.

9. On January 30, 2020, it was reported that there were an additional 1,700

new confirmed cases of coronavirus in China, bringing the total number of confirmed cases to approximately 7,700.

10. By comparison, there were 8,098 confirmed cases of the SARS virus between November 2002 and July 2003. The number of confirmed coronavirus cases has almost equaled that number in less than two months.

11. On January 27, 2020, the CDC issued a Level 3 Health Warning recommending that travelers avoid “all nonessential travel” to China.

12. On January 29, 2020, the United States Department of State issued a Level 4 Travel Advisory (“Do Not Travel”) to the Hubei Province and a Level 3 Advisory (“Reconsider Travel”) for the remainder of China.

13. According to the Department of State, “Chinese health officials have reported thousands of cases of novel coronavirus throughout China, and the outbreak continues to grow. Travelers should be prepared for travel restrictions to be put into effect with little or no advanced notice.”

14. The CDC has characterized the coronavirus outbreak as “a serious public health threat,” noting that it is “likely that person-to-person spread will occur, including in the United States.”

15. According to the CDC, infections from the coronavirus, most of them associated with travel from Wuhan, are being reported in a growing number of

international locations, including the United States.

16. According to CDC, the incubation period for the virus is believed to be between 2 and 14 days from exposure. It is believed that individuals exposed to the virus may be able to transmit the virus even before symptoms appear.

17. CDC has further acknowledged that the coronavirus “is an emerging, rapidly evolving situation.”

18. On January 29, 2020, British Airways suspended all flights into and out of China based on the advice of the British Foreign Office against “all but essential travel to mainland China.”

19. On January 29, 2020, Air Canada suspended all flights into and out of China for the period January 30 through February 29, 2020, following a Canadian government advisory cautioning against “non-essential travel.”

20. On January 29, 2020, recognizing that the “safety of its passengers and employees was a top priority,” Lufthansa Group announced that “[a]fter thoroughly evaluating all currently available information on the corona virus, [it] has decided to suspend its Lufthansa, SWISS and Austrian Airlines flights to/from mainland China until 9 February with immediate effect.”

21. Other air carriers worldwide have suspended service into and out of China in response to the risks associated with exposure to, and the spread of, the

coronavirus.

22. American Airlines currently operates approximately 56 flights per month between DFW Airport and airports in China. There are currently 26 flights scheduled between DFW and China, including Hong Kong, between January 30 and February 9, 2020.

23. APA represented pilots are scheduled to fly all American Airlines flights between the United States and cities in China.

24. Each crew of pilots and flight attendants flying to cities in China is required to be on the ground in China for approximately 32 hours between flights to comply with federal rest regulations.

25. The required presence of flight crews in China and the transportation of passengers to United States airports from cities in China creates potential exposure for flight crew members to the coronavirus.

26. It is estimated that based on American Airlines' current schedule approximately 300 passengers and crew per flight may travel to DFW Airport alone from cities in China on American Airlines flights.

27. As a result of the potential for spread of the coronavirus to the North Texas region from persons flying from China, the CDC has announced that it will commence screening procedures for passengers arriving at DFW airport.

28. In light of the “serious public health threat” posed by the coronavirus, APA has requested that Defendant American Airlines suspend all of its flights to and from United States and cities in China as long as the CDC has its Level 3 Health Warning in effect.

29. To date, Defendant American Airlines has refused to suspend any flights between U.S. airports and cities in China, though it has announced plans to suspend flights between Los Angeles International Airport (LAX) and China due to decreased passenger volume beginning on February 9, 2020.

30. As a result of Defendant American Airlines’ refusal to suspend all flights to and from China, APA members may potentially be exposed to the coronavirus with the risk of further exposing family members, passengers and others.

31. The potential for exposure to the coronavirus is not only an unacceptable risk for flight crew members, but for the general public in North Texas due to the uncertainties relating to the disease, its incubation period, and how the virus is spread.

32. In recognition of the potential risks associated with the coronavirus to the North Texas area, the Texas Department of Health and Human Services has already issued a health alert related to the virus.

33. The CDC has announced that older adults are more at risk of contracting and becoming seriously ill after exposure to coronavirus. The average age of the 193 DFW-based captains on the 777 aircraft, an aircraft which flies between DFW and China, is 61. The average age of the 121 DFW-based captains on the 787 aircraft, which also flies between DFW and China, is also 61. The average age of the 387 DFW-based first officers on the 777 aircraft is 57, and the average age of the 282 DFW-based 787 first officers is 55.

34. Defendant American Airlines has a duty to protect the health, safety and well-being of its employees while they are performing duties on behalf of the Company.

35. Through the warnings issued by the CDC, the Department of State and other governments around the world, including the Chinese government, Defendant American Airlines is aware of the threats of exposure to the coronavirus posed to flight crew members who are required to fly to and from China.

36. Notwithstanding its awareness of the risks to its flight crew members associated with continued operations to and from China while the CDC Level 3 Warning is in effect, Defendant American Airlines has continued to knowingly expose its employees to those risks by refusing to suspend operations to and from China.

37. Defendant American Airlines' decision to continue to operate flights from the United States to and from cities in China and to compel flight crewmembers to work those flights negligently exposes those flight crewmembers to exposure to, and spread of, the coronavirus.

VI. CAUSE OF ACTION - NEGLIGENCE

38. Plaintiff realleges and incorporates paragraphs 1-37 of the Verified Petition as if fully set forth herein.

39. Defendant is the employer of the pilots represented by the Plaintiff. Defendant has the duty to use ordinary care in providing a reasonably safe workplace and a duty to use ordinary care in establishing rules and regulations for its employee's safety due to the complexity of the industry. Defendant also has the duty and obligation to undertake policies and procedures to protect its employees and to avoid hazardous conditions for their employees.

40. Defendant has breached the aforementioned duties, among others, by continuing to require Plaintiff's members to fly flights between United States airports and China, where a potentially fatal disease that has been found to transfer from person-to-person, is relentlessly spreading and taking lives. Defendant's breach is the proximate cause of damages to Plaintiff's members, as it is placing them in danger and some are experiencing anxiety, mental anguish, and other

stressors related to concerns regarding contracting the deadly virus. Defendant's breach has resulted in Defendant placing flight crew members and others at risk of exposure to the coronavirus, a potentially fatal communicable virus.

VII. APPLICATION FOR INJUNCTION RELIEF

41. Plaintiff realleges and incorporates paragraphs 1-40 of the Verified Petition as if fully set forth herein.

42. If Defendant continues flight operations between United States airports and China while the CDC Level 3 Warning (or higher) is in effect, flight crew members will suffer immediate, ongoing and irreparable harm, through the possible exposure to a potentially fatal viral outbreak, for which Plaintiff and its members will have no adequate remedy at law. As such, Plaintiff seeks a temporary restraining order prohibiting Defendant from continuing to operate flights between United States airports and cities in China during the pendency of the CDC Level 3 Warning (or higher) related to travel to China.

43. Plaintiff seeks to have Defendant restrained from doing, or performing or causing to be done or performed, the following acts:

- a. Continuing to operate flights between United States airports and cities in China during the pendency of the CDC Level 3 Warning or any subsequent high warning based upon the coronavirus.
- b. Taking any actions or steps to punish, penalize, replace, demote,

intimidate Plaintiff or its members for seeking the relief requested in this application for injunctive relief.

44. Issuing a TRO will protect not only the health and safety of the members of the Plaintiff, but also the public health of the people of North Texas and the greater United States as it will reduce the risk of the spread of the potentially fatal coronavirus.

45. Plaintiff is likely to prevail on their claim for negligent exposure to a potential communicable disease based upon all of the information and warnings published by various governmental agencies identifying known risks associated with travel to China. If the TRO does not issue, Plaintiff and its members, and their families, will be irreparably harmed as the Defendant will compel them to continue to operate flights to China and thereby knowingly increase their risk of exposure to the potentially fatal coronavirus. Such harm greatly outweighs any harm which may come to Defendant from the issuance of the TRO.

46. Plaintiff requests that the TRO be made into a Temporary Injunction, and on final trial hereof that a Permanent Injunction issue against Defendant through the pendency of the CDC Level 3 Warning (or higher).

47. The Declarations of Captain Peter W. Lewis and First Officer Patrick D. Clark are incorporated as if fully set forth herein.

VIII. PRAYER

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that the Court grant a Temporary Restraining Order as prayed for herein, that citation, notice and the Temporary Restraining Order issue as required by law, that Defendant be cited to appear and answer herein, that upon notice and hearing the Temporary Restraining Order be made into a Temporary Injunction, that upon final trial hereof the Temporary Injunction be made into a Permanent Injunction and that the Plaintiff be awarded all actual damages, attorney's fees, expenses and costs of Court, with both pre- and post-judgment interest as provided by law, and for such other and further relief, at law or in equity, to which Plaintiff may show itself justly entitled.

Respectfully submitted,

SHEILS WINNUBST
A Professional Corporation

By: /s/ Latrice E. Andrews
Mark D. Winnubst
State Bar No. 21781200
Latrice E. Andrews
State Bar No. 24063984

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ALLIED PILOTS ASSOCIATION

By: /s/ James P. Clark
Pro Hac Vice Admission pending

14600 Trinity Boulevard
Fort Worth, Texas 76155
Telephone No. (817) 302-2284

VERIFICATION

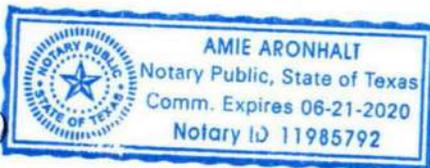
STATE OF TEXAS §
 §
COUNTY OF TARRANT §

BEFORE ME, the undersigned Notary Public on this day personally appeared Captain Eric Ferguson, the Affiant, known to me to be the person whose signature appears on this verification document. After being duly sworn on his oath, Affiant states he is the President of Allied Pilots Association, is authorized and is entitled to make this Affidavit on behalf of said Plaintiff, has read the above and foregoing Plaintiff Verified Original Petition and Application for Injunctive Relief, and states that he has personal knowledge of the facts stated therein and that the allegations of fact contained therein are true and correct to the best of his knowledge. Further, that the exhibits attached to the Plaintiff Verified Original Petition are true and correct copies of documents received and produced in the normal course of business on the date contained thereon.



CAPTAIN ERIC FERGUSON

SWORN AND SUBSCRIBED TO by Captain Eric Ferguson this the 29th day of January, 2020.

(SEAL) 



Notary Public, State of TEXAS

CAUSE NO. _____

ALLIED PILOTS ASSOCIATION,	§	IN THE DISTRICT COURT
Plaintiff,	§	
	§	
v.	§	_____ JUDICIAL DISTRICT
	§	
American Airlines, Inc.,	§	
Defendant.	§	DALLAS COUNTY, TEXAS

DECLARATION OF FIRST OFFICER PATRICK D. CLARK

I, First Officer Patrick D. Clark, do hereby affirm and state as follows:

1. "My name is First Officer Patrick D. Clark. I am over the age of twenty-one (21) years and have never been convicted of a felony, and am fully competent and authorized to make this Affidavit. I have personal knowledge of the facts set forth herein, all of which are true and correct.

2. "I am the elected Secretary-Treasurer of the Allied Pilots Association ("APA"), a position which is one of the National Officers of the APA. I am also a commercial airline pilot employed by American Airlines and have been employed by American Airlines as a pilot since 1991.

3. APA is the exclusive bargaining representative for the pilots employed by American Airlines. APA membership includes those pilots employed by American Airlines and represented by APA.

4. Currently, I am a first officer on the Boeing 787 aircraft based at Dallas-Fort Worth International Airport (DFW). I fly this aircraft both internationally and domestically. I have served as first officer on commercial flights to and from Beijing, China.

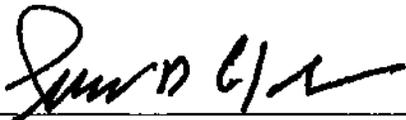
5. Currently, American Airlines operates approximately 56 flights per month between DFW and airports in Shanghai and Beijing, China. Four pilots serve as flight crew members on each flight. American Airlines employs flight attendants for each flight as well. On any given flight to China, there are at least a dozen flight attendants in addition to the pilots. Layovers between flights to and from China (time on the ground in China awaiting the trip back to the United States) average 32 hours. An average of approximately 285 passengers may be on board each flight.

6. As an APA National Officer, I have monitored the outbreak of the novel coronavirus, a potentially fatal respiratory illness originating in Wuhan City, Hubei Province, China. I have reviewed multiple news articles, government announcements and publications, and discussed the details of known facts with APA's aeromedical committee and staff. I am aware of the risks that accompany travel to China and believe American Airlines should cease flying there until the appropriate authorities lift the current warnings and determine the health risks are

no longer substantial. The risks to crew members and passengers is simply too great to fly there at this time.

I, Patrick D. Clark, currently reside in Bedford, Texas, declare under penalty of perjury that the foregoing is true and correct. Executed in Tarrant County, State of Texas.

January 29, 2020


FIRST OFFICER PATRICK D. CLARK

CAUSE NO. _____

ALLIED PILOTS ASSOCIATION)	IN THE DISTRICT COURT
)	
)	
Plaintiff)	_____ JUDICIAL DISTRICT
)	
v.)	
)	
AMERICAN AIRLINES, INC.)	
Defendant.)	DALLAS COUNTY, TEXAS

DECLARATION OF CAPTAIN PETER W. LEWIS

I, Captain Peter Lewis, do hereby affirm and state as follows:

1. I am currently employed as a pilot for American Airlines and have been employed by American Airlines as a pilot since 1997. I am a member of the Allied Pilots Association (“APA”). I make this Declaration in support of the APA’s Original Verified Petition and Application for Injunctive Relief of the above-captioned action.
2. I am currently the Chairman of the APA’s Aeromedical Committee. I have served in this capacity since February 5, 2016.
3. Prior to serving as the Chairman of the APA’s Aeromedical Committee, I served as a member of the Aeromedical Committee from December 2008 to February 2016.
4. The APA’s Aeromedical Committee ensures that crew member medical qualifications are maintained for their crew positions and that crew members are medically current and qualified if they encounter a health issue aboard an aircraft. The committee also monitors medical events which may impact pilots, provides education to our pilot membership, and develops plans for medical improvement.

5. Within the Aeromedical Committee, I work with health care aeromedical professionals, have attended multiple conferences and continuing education programs on aeromedical issues and medical issues related to the aviation industry and pilots, and interact with individual pilots and others within the industry related to pilot health and well-being.

6. As Chairman of the APA's Aeromedical Committee, I have monitored the outbreak of the novel coronavirus, a potentially fatal respiratory illness originating in Wuhan City, Hubei Province, China, and have reviewed multiple news articles, government announcements and publications, and discussed the details of known facts with medical professionals.

7. Based on my review of the data issued by the Centers for Disease Control ("CDC"), novel coronavirus is one of seven strains of coronaviruses, which includes severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS.) Attached as **Exhibit 1** is the CDC information on human coronavirus types.

8. According to the CDC, the incubation period for the virus is believed to be between 2 and 14 days from exposure. It is believed that individuals exposed to the virus may be able to transmit the virus even before symptoms appear. Symptoms of the virus include fever, cough, and shortness of breath. Attached as **Exhibit 2** is the CDC information on the symptoms and incubation period of the illness.

9. Based on my review of CDC advisories, most recently, the CDC recommended "that travelers avoid all nonessential travel to China." Attached as **Exhibit 3** is the CDC travel recommendation guidelines as of January 29, 2020. The CDC, within **Exhibit 3**, also notes that older adults may be at increased risk.

10. In my role as APA's Aeromedical Chairman, I have also reviewed the CDC recommendations for airline crew, attached as **Exhibit 4**.

11. According to the latest report from the World Health Organization, there are currently over 6,000 confirmed cases of coronavirus worldwide, with 132 confirmed deaths, WHO-Situation Report – 9 attached hereto as **Exhibit 5**.

12. By comparison, there were 8,098 confirmed cases of SARS between November 2002 and July 2003. To put this into context, in less than two months, the number of confirmed coronavirus cases is approximately 75% of the number of people infected by SARS over a nine-month period.

13. In addition to the confirmed cases, the World Health Organization notes there are 9,239 suspected cases of the coronavirus in China alone.

14. The World Health Organization has reported that, in addition to China, there are now confirmed cases in 15 countries around the world, including the United States.

15. Based on my review of the CDC recommendations as well as news articles surrounding the coronavirus, travel advisories, and the action of other airlines in grounding flights to China, I believe that there is a serious risk to crew member and passenger safety from continued flying to China due to the coronavirus.

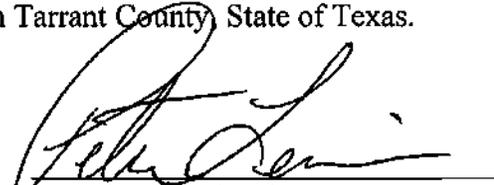
16. The average age of American Airlines pilots flying to China ranges from 55-61. The average age of the 193 DFW-based captains on the 777 aircraft, an aircraft which flies between DFW and China, is 61. The average age of the 121 DFW-based captains on the 787 aircraft, another aircraft which flies between DFW and China, is also 61. The average age of the 387 DFW-based first officers on the 777 aircraft is also 57, and the average age of the 282 787 first officers is 55.

17. I believe that the potential for exposure to the coronavirus is not only an unacceptable risk for flight crew members, but also for the pilots' families and those who are close to our pilots, and to the general public in North Texas due to the uncertainties relating to the disease, its incubation period, and how it is spread.

18. American Airlines has a duty to protect the health, safety and well-being of its employees while they are performing duties on behalf of the Company. Suspending all flights from the United States to China until it can more comprehensively assess the threat posed to crew members, American Airlines' passengers, and the general public is the best course of action to prevent any further spread of this serious and potentially deadly illness.

I, Peter W. Lewis, who currently resides in Roseville, California, declare under penalty of perjury that the foregoing is true and correct. Executed in Tarrant County, State of Texas.

1/30/20
Date



Captain Peter Lewis



Coronavirus

Human Coronavirus Types

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect people are:

Common human coronaviruses

1. 229E (alpha coronavirus)
2. NL63 (alpha coronavirus)
3. OC43 (beta coronavirus)
4. HKU1 (beta coronavirus)

Other human coronaviruses

5. MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
6. SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
7. 2019 Novel Coronavirus (2019-nCoV)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV.

2019 Novel Coronavirus (2019-nCoV)

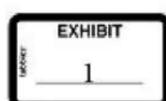
On January 9, 2020, the World Health Organization reported that a novel (new) coronavirus was identified by Chinese authorities. The virus is associated with an outbreak of pneumonia in Wuhan City, Hubei Province, China.

SARS-CoV

Severe acute respiratory syndrome coronavirus (SARS-CoV) was first recognized in China in November 2002. It caused a worldwide outbreak in 2002-2003 with 8,098 probable cases including 774 deaths. Since 2004, there have not been any known cases of SARS-CoV infection reported anywhere in the world.

MERS-CoV

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in Saudi Arabia in 2012. It has since caused illness in people from dozens of other countries. All cases to date have been linked to countries in or near the Arabian Peninsula. CDC continues to closely monitor MERS globally and work with partners to better understand the risks of this virus, including the source, how it spreads, and how infections might be prevented.





2019 Novel Coronavirus, Wuhan, China

Symptoms

For confirmed 2019-nCoV infections, reported illnesses have ranged from people being mildly sick to people being severely ill and dying. Symptoms can include:

- Fever
- Cough
- Shortness of breath

CDC believes at this time that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure. This is based on what has been seen previously as the incubation period of MERS viruses.

The latest situation summary updates are available on CDC's web page 2019 Novel Coronavirus, Wuhan, China.

Novel Coronavirus Outbreak (2019-nCoV)

Symptoms of Novel Coronavirus

Patients with 2019 nCoV have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

* Symptoms may appear 2-14 days after exposure. If you have been in China within the past 2 weeks and develop symptoms, call your doctor.



www.cdc.gov/nCoV

Travelers' Health

Novel Coronavirus in China

Warning - Level 3, Avoid Nonessential Travel

Alert - Level 2, Practice Enhanced Precautions

Watch - Level 1, Practice Usual Precautions

Key Points

- CDC recommends that travelers avoid all nonessential travel to China.
- There is an ongoing outbreak of respiratory illness caused by a novel (new) coronavirus that can be spread from person to person.
- Chinese officials have closed transport within and out of Wuhan and other cities in Hubei province, including buses, subways, trains, and the international airport. Other locations may be affected.
- Older adults and people with underlying health conditions may be at increased risk for severe disease.
- The situation is evolving. This notice will be updated as more information becomes available.

What is the current situation?

- CDC recommends that travelers avoid all nonessential travel to China. In response to an outbreak of respiratory illness, Chinese officials have closed transport within and out of Wuhan and other cities in Hubei province, including buses, subways, trains, and the international airport. Additional restrictions and cancellations of events may occur.
- There is limited access to adequate medical care in affected areas.

A novel (new) coronavirus is causing an outbreak of respiratory illness that began in the city of Wuhan, Hubei Province, China. This outbreak began in early December 2019 and continues to grow. Initially, some patients were linked to the Wuhan South China Seafood City (also called the South China Seafood Wholesale Market and the Hua Nan Seafood Market).

Chinese health officials have reported thousands of cases in China and severe illness has been reported, including deaths. Cases have also been identified in travelers to other countries, including the United States. Person-to-person spread is occurring in China. The extent of person-to-person spread outside of China is unclear at this time.

Coronaviruses are a large family of viruses. There are several known coronaviruses that infect people and usually only cause mild respiratory disease, such as the common cold. However, at least two previously identified coronaviruses have caused severe disease — severe acute respiratory syndrome (SARS) coronavirus and Middle East respiratory syndrome (MERS) coronavirus.

Signs and symptoms of this illness include fever, cough, and difficulty breathing. This novel coronavirus has the potential to cause severe disease and death. Available information suggests that older adults and people with underlying health conditions or compromised immune systems may be at increased risk of severe disease.

In response to this outbreak, Chinese officials are screening travelers leaving some cities in China. Several countries and territories throughout the world are reported to have implemented health screening of travelers arriving from China.

On arrival to the United States, travelers from China may be asked questions to determine if they need to undergo health screening. Travelers with signs and symptoms of illness (fever, cough, or difficulty breathing) will have an additional health assessment.

What can travelers do to protect themselves and others?

CDC recommends avoiding nonessential travel to China. If you must travel:

- Avoid contact with sick people.
- Discuss travel to China with your healthcare provider. Older adults and travelers with underlying health issues may be at risk for more severe disease.
- Avoid animals (alive or dead), animal markets, and products that come from animals (such as uncooked meat).
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

If you were in China in the last 14 days and feel sick with fever, cough, or difficulty breathing, you should:

- Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- Avoid contact with others.
- Not travel while sick.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

Clinician Information

Healthcare providers should obtain a detailed travel history for patients with fever and respiratory symptoms. For patients with these symptoms who were in China on or after December 1, 2019, and had onset of illness within 2 weeks of leaving, consider the novel coronavirus and notify infection control personnel and your local health department immediately.

Although routes of transmission have yet to be definitively determined, CDC recommends a cautious approach to interacting with patients under investigation. Ask such patients to wear a surgical mask as soon as they are identified. Conduct their evaluation in a private room with the door closed, ideally an airborne infection isolation room, if available. Personnel entering the room should use standard precautions, contact precautions, and airborne precautions, and use eye protection (goggles or a face shield). For additional infection control guidance, visit CDC's Infection Control webpage.

For additional information, please see:

- Novel Coronavirus 2019, Wuhan, China
- Information for Healthcare Professionals
- Interim Recommendations for Airline Crew: Novel Coronavirus in China
- WHO, Coronavirus
- U.S. Department of State China Travel Advisory

This notice was originally posted January 6, 2020.

Page last reviewed: January 27, 2020
Content source: National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
Division of Global Migration and Quarantine (DGMQ)



Quarantine and Isolation

Interim Recommendations for Airline Crew: Novel Coronavirus in China

Updated January 28, 2020

Purpose

This document provides interim recommendations for the commercial airline industry about the 2019 novel (new) coronavirus (2019-nCoV) first identified in Wuhan, China. CDC reminds air carriers of the requirement under Title 42 Code of Federal Regulations section 71.21 to report ill travelers to CDC who have certain signs and symptoms during flight, and all deaths onboard, prior to arrival in the United States. This document also contains recommendations for managing ill travelers onboard if novel coronavirus infection is suspected.

Situation summary

An outbreak of respiratory illness caused by 2019-nCoV first detected in Wuhan, Hubei Province, China is ongoing. Cases also have been identified in travelers from Wuhan to other parts of China and the world, including the United States. Early on, many of the patients in Wuhan reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. At this time, person-to-person spread is occurring. Some viruses are highly contagious (like measles), while other viruses are less so. It's not clear yet how easily this new coronavirus spreads from person-to-person

Symptoms include fever, cough, and difficulty breathing. These symptoms also can occur with many other common respiratory infections, such as flu.

Investigations are ongoing and these recommendations will be updated as more information becomes available.

Report to CDC travelers with specific symptoms arriving from China.

- Report travelers with
 - fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher) that has persisted for more than 48 hours

OR

- fever AND one of the following:
 - persistent cough
 - difficulty breathing
 - appears obviously unwell
- Report, as soon as possible before arrival, by one of the methods described in the Guidance for Air Travel Industry Reporting of Onboard Death or Illnesses to CDC.

- CDC recommends that companies review and update, as needed, their personal protection policies and communicate and train employees on how to manage sick travelers.

CDC recommends the following measures for cabin crew to protect themselves, manage a sick traveler, clean contaminated areas, and take actions after a flight.

- Practice routine handwashing.
 - Wash hands often with soap and water for at least 20 seconds after assisting sick travelers or touching potentially contaminated body fluids or surfaces.
 - Use alcohol-based hand sanitizer (containing at least 60% alcohol) if soap and water are not available.
- Identify sick travelers who meet the above description.
 - Minimize contact between passengers and cabin crew and the sick person. If possible, separate the sick person from others (2 meters or 6 feet is ideal) and designate one crew member to serve the sick person.
 - Offer a facemask, if available and if the sick person can tolerate it. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.
- Treat all body fluids (such as respiratory secretions, diarrhea, vomit, or blood) as if they are infectious.
 - Wear disposable gloves when tending to a sick traveler or touching body fluids or potentially contaminated surfaces. Remove gloves carefully [\[PDF - 1 page\]](#) to avoid contaminating yourself, then wash hands.
 - When tending to a sick traveler from China who has fever, persistent cough, or difficulty breathing, use additional protective equipment in the Universal Precaution Kit [\[PDF - 1 page\]](#) [\[↗\]](#) : face mask, eye protection, and a gown to cover clothing.
 - Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in biohazard bag or a secured plastic bag labeled as "biohazard."
- Clean and disinfect contaminated surfaces according to airline protocol.

After arrival, CDC Quarantine Station staff will conduct a health assessment of the sick traveler's symptoms and possible exposures. If necessary, CDC staff will coordinate transport to a health care facility for medical evaluation and testing. CDC will update the airline about the results of the testing and any need for follow-up of exposed crew members or passengers.

More information about 2019-nCoV

- **Situation Update: Novel Coronavirus (2019-nCoV) Wuhan, China**
- **CDC Travel Health Notice:**
 - Novel Coronavirus in China
 - Novel Coronavirus in Hubei Province, China
- **World Health Organization, Coronavirus** [\[↗\]](#)

Page last reviewed: January 28, 2020

Content source: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ)

Novel Coronavirus(2019-nCoV) Situation Report - 9

Data as reported by 29 January 2020*

HIGHLIGHTS

- Four confirmed cases reported in United Arab Emirates, in individuals traveling from Wuhan City.
- World Health Organization (WHO), in collaboration with the World Economic Forum, has set up a public private collaboration called "The Pandemic Supply Chain Network (PSCN)". It is a Market Network that seeks to provide a platform for data sharing, market visibility, and operational coordination and connecting.
- Today, PSCN is launching the first of several teleconference calls with over 30 private sector organizations and 10 multilateral organizations to develop a market capacity and risk assessment for personal protective equipment (PPE). This assessment will be used as the basis to match the global demand for PPE with the global supply. The market and risk assessment for PPE is expected to be completed by 5 February 2020.
- The Emergency Committee on the novel coronavirus (2019-nCoV) under the International Health Regulations (IHR 2005) is re-convened by the World Health Organization Director-General Dr Tedros Adhanom Ghebreyesus on 30 January.

SITUATION IN NUMBERS

Globally
6065 confirmed

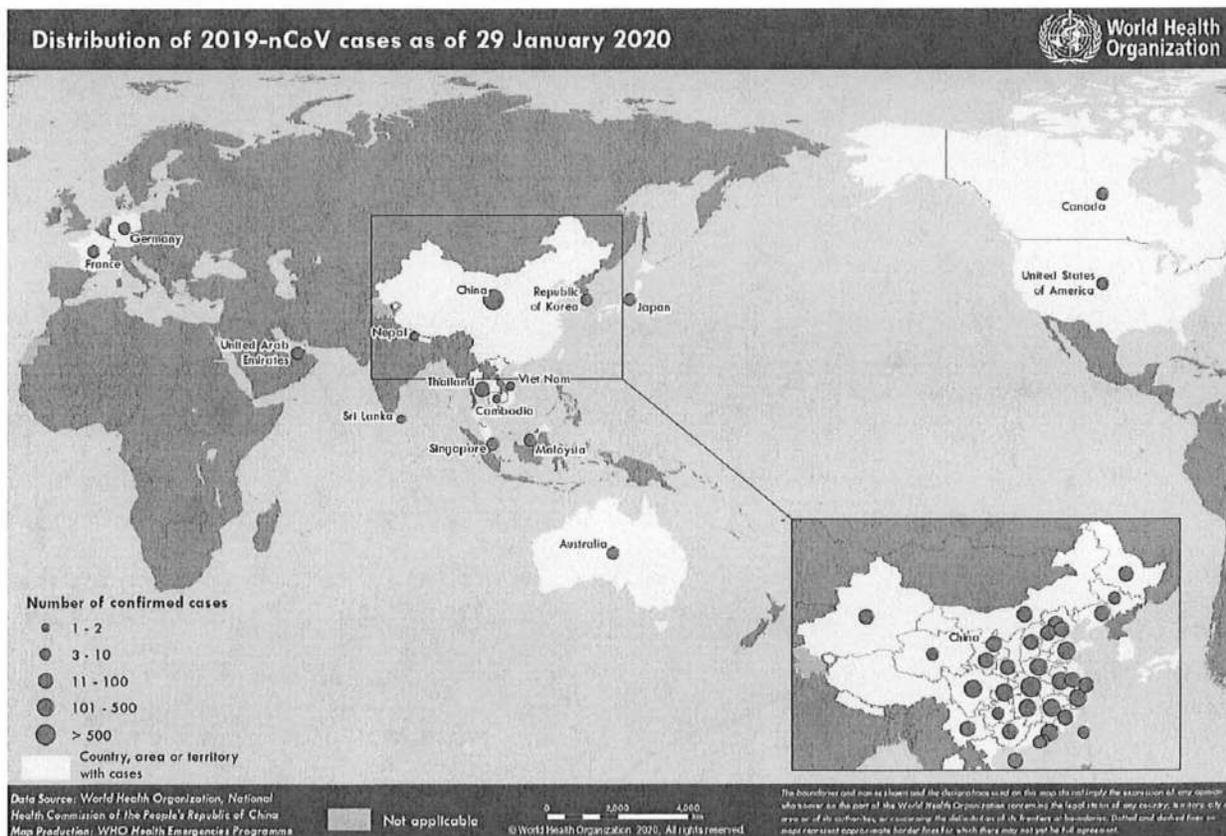
China
5997 confirmed
9239 suspected
1239 severe
132 deaths

Outside of China
68 confirmed
15 countries

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High

Figure 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 29 January 2020



*The situation report includes information reported to WHO Geneva by 10

TECHNICAL FOCUS: Travel advice:

WHO has published travel advice for international traffic on 27 January . This document includes advice for individual travelers on general measures to reduce the risk of acute respiratory infection, as well as advice on health measures related to international traffic. Exit screening is advised for areas with ongoing transmission of the novel coronavirus 2019-nCoV (currently in People's Republic of China). 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. 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. 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 or electronic bulletin 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 reporting of their travel history.

When implementing temperature screening, countries should take into account national policy and capacity considerations. Countries implementing temperature screening are encouraged to establish proper mechanism for data collection and analysis such as numbers of travellers screened and confirmed cases out of screened passengers, and method of screening.

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

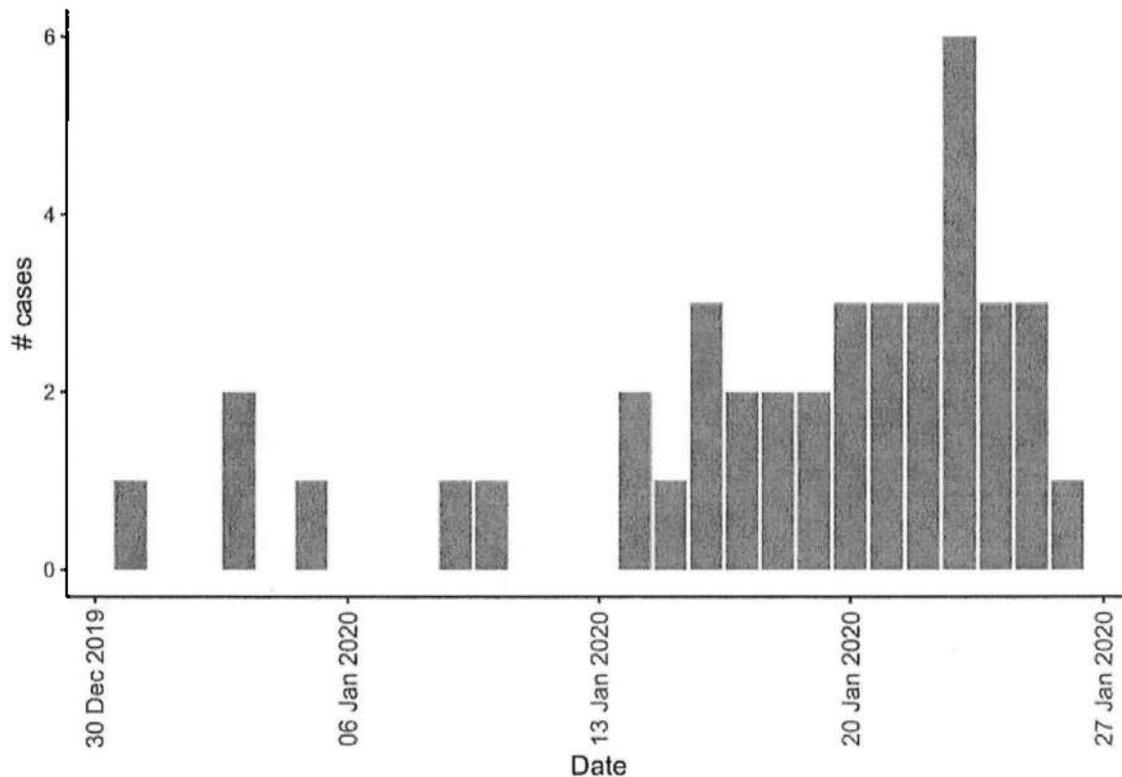
SURVEILLANCE

Table 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 29 January 2020

WHO Regional Office	Country/Territory/Area	Confirmed Cases
Western Pacific	China*	5997
	Japan	7
	Republic of Korea	4
	Viet Nam	2
	Singapore	7
	Australia	7
	Malaysia	4
	Cambodia	1
	Thailand	14
	Nepal	1
South-East Asia	Sri Lanka	1
	United States of America	5
Region of the Americas	Canada	3
European Region	France	4
	Germany	4
Eastern Mediterranean	United Arab Emirates	4
Total Confirmed cases	Total	6065

*Confirmed cases in China include cases confirmed in Hong Kong SAR (8 confirmed cases), Macau SAR (7 confirmed cases) and Taipei (8 confirmed cases).

Figure 2: Epidemic curve by date of onset of 2019-nCoV cases identified outside of China, 29 January 2020



Note for figure 2: Of the 68 cases reported outside China, three were detected while asymptomatic. For the remaining 65 cases, information is available only for 40 cases as presented in the epi curve.

STRATEGIC OBJECTIVES

WHO's strategic objectives for this response are to:

- Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travellers, awareness-raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

- WHO has been in regular and direct contact with Member States where cases have been reported. WHO is also informing other countries about the situation and providing support as requested.
- WHO has developed interim guidance for laboratory diagnosis, clinical management, infection prevention and control in health care settings, home care for patients with suspected novel coronavirus, risk communication and community engagement.
- Prepared disease commodity package that includes an essential list of biomedical equipment, medicines and supplies necessary to care for patients with 2019-nCoV.
- WHO has provided recommendations to reduce risk of transmission from animals to humans.
- WHO has published an updated advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV.
- Activation of R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- WHO has developed an online course to provide general introduction to emerging respiratory viruses, including novel coronaviruses.
- WHO is providing guidance on early investigations, which are critical to carry out early in an outbreak of a new virus. The data collected from the study protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of 2019-nCoV, help understand spread, severity, spectrum of disease, impact on the community and to inform operational models for implementation of countermeasures such as case isolation, contact tracing and isolation. The first protocol that is available is a: Household transmission investigation protocol for 2019-novel coronavirus (2019-nCoV) infection.
- WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit onward transmission. WHO has issued interim guidance for countries, updated to take into account the current situation.
- WHO is working with global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling.

RECOMMENDATIONS AND ADVICE

During previous outbreaks due to other coronavirus (Middle-East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), human-to-human transmission occurred through droplets, contact and fomites, suggesting that the transmission mode of the 2019-nCoV can be similar. The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent hand-washing, especially after direct contact with ill people or their environment.
- Avoiding unprotected contact with farm or wild animals.
- People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).
- Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.

WHO does not recommend any specific health measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share their travel history with their healthcare provider.

Resources:

- Technical interim guidance for novel coronavirus, WHO:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- WHO travel advice for international travel and trade in relation to the outbreak of the novel coronavirus 2019-nCoV
<https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/>
- Readiness is the key to detect, combat spread of the new coronavirus:
<https://www.who.int/southeastasia/news/detail/27-01-2020-readiness-is-the-key-to-detect-combat-spread-of-the-new-coronavirus>
- WHO's Eastern Mediterranean Region scales up preparedness for novel coronavirus
<http://www.emro.who.int/media/news/whos-eastern-mediterranean-region-scales-up-preparedness-for-novel-coronavirus.html>
- Press statements by KCDC (in Korean):
<https://www.cdc.go.kr/board/board.es?mid=a20501000000&bid=0015>
- Wuhan Municipal Health Commission's briefing on the pneumonia epidemic situation, (in Chinese):
<http://wjw.wuhan.gov.cn/front/web/list2nd/no/710>
- Disease outbreak news, Novel Coronavirus:
<https://www.who.int/csr/don/en/>
- Thailand Ministry of Public Health situation update on novel coronavirus (in Thai):
<https://ddc.moph.go.th/viralpneumonia/index.html>
- Press statement by Ministry of Health, Labour and Welfare, Japan (in Japanese):
https://www.mhlw.go.jp/stf/houdou/houdou_list_202001.html
- Notice sent out from Health and Food Safety Planning Division, Quarantine Station Operation Management Office (in Japanese):
<https://www.mhlw.go.jp/content/10900000/000582967.pdf>
- Situation report by WHO on Novel Coronavirus (2019-nCoV)
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- CDC press release. First Travel-related Case of 2019 Novel Coronavirus Detected in United States
<https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html>
- Hong Kong SAR Department of Health, Press Release
<https://www.info.gov.hk/gia/general/202001/23/P2020012300970.htm>
- Epidemic Prevention Measures, Macau SAR Health Bureau
<https://www.ssm.gov.mo/apps1/PreventWuhanInfection/ch.aspx#clg17048>
- Press release on 23 January 2020, Ministry of Health Singapore.
<https://www.moh.gov.sg/news-highlights/details/confirmed-imported-case-of-novel-coronavirus-infection-in-singapore-multi-ministry-taskforce-ramps-up-precautionary-measures>
- CDC press release. Second Travel-related Case of 2019 Novel Coronavirus Detected in United States
<https://www.cdc.gov/media/releases/2020/p0124-second-travel-coronavirus.html>
- New South Wales Government: Health: Coronavirus cases confirmed in NSW
https://www.health.nsw.gov.au/news/Pages/20200125_03.aspx