



# US Travel Screening

As of January 22, 2020

The US Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs and Border Protection (DHS/CBP) agency are implementing [returning traveler screening](#) for all travelers on direct or connecting flights from Wuhan, China. The CDC acknowledges that this program is not designed to prevent the introduction of 2019-nCoV to the United States but, rather, to slow and reduce the number of imported cases. As of this writing, DHS/CBP have not made implementation details available. The information here is provided by [CDC](#).

All passengers originating in Wuhan will be “funneled” through 1 of 5 airports: Atlanta (ATL), Chicago- O’Hare (ORD), Los Angeles (LAX), New York–Kennedy (JFK), or San Francisco (SFO). This approach is similar to the screening program implemented during the West Africa Ebola epidemic. In the announcement about the [initial 3 airports](#) (SFO, LAX, JFK), the CDC noted that the risk to the American public was low. The CDC was planning to deploy approximately 100 personnel to the first 3 airports to support the screening efforts. Presumably, they are deploying personnel to ATL and ORD airports as well. The [CDC expects](#) approximately 60,000 to 65,000 arrivals annually from Wuhan.

According to information made available by [CDC](#), the screening process will include fever checks after passengers deplane, accompanied by a questionnaire asking about symptoms. Individuals found to have a fever and relevant symptoms will be taken to a quarantine area where they will undergo further screening and be interviewed. The interviews will be conducted by someone from the CDC or with direct input from CDC officials, and all family members (and presumably other groups traveling together) will undergo similar interviews. These interviews will gather more detailed information on symptoms, travel history, and potential exposures.

Individuals who are identified as being at risk for 2019-nCoV infection will be transported to a designated local healthcare facility, where they will be placed in isolation. These patients will be provided clinical care and will undergo a series of diagnostic tests. The local facility and/or local laboratory will perform routine diagnostic tests (eg, for influenza or respiratory syncytial virus, or RSV), and specimens will be collected and sent to the CDC or appropriate laboratory facility to conduct 2019-nCoV diagnostic tests.<sup>1</sup> There are reports that the CDC has access to “real-time” assays, but

supplies may be limited, and assays have not been distributed widely as of this writing. The CDC anticipates that the testing will take approximately 1 day, but that will likely get faster as diagnostic capabilities improve. Unlike the Ebola traveler screening and monitoring program, there does not appear to be any follow-up monitoring after the screening process is complete.

Passengers with mild symptoms or those traveling during their incubation period will likely not be identified during the screening process. However, a monitoring program that requires frequent check-ins with travelers, like the one implemented for Ebola, would be orders of magnitude larger, based on the volume of travel from Wuhan (and China) compared to West Africa. It is highly unlikely that state and local health departments could implement a monitoring program on this scale.

As an additional note, CDC updated the [travel guidance](#) for Wuhan from Watch/Level 1 (Practice Usual Precautions) to Alert/Level 2 (Practice Enhanced Precautions) on January 21. In the update, CDC removed references to most cases having exposure to the seafood market and strengthened the language regarding human-to-human transmission. Additionally, CDC added a warning that older individuals and those with comorbidities could be at elevated risk for severe disease.

1. As of this writing, laboratories affiliated with the California Department of Public Health are capable of performing testing.