

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

MOTION INFORMATION STATEMENT

Docket Number(s): 20-2704

Caption [use short title]

Motion for: Injunction Pending Appeal

Set forth below precise, complete statement of relief sought:

Plaintiff, through this emergency motion, seeks an
 injunction prohibiting Defendants from enforcing
 emergency executive orders in such a way as to require
 Plaintiff to quarantine herself upon arrival in New York
 State if she is neither sick nor been exposed to
 someone manifesting signs of an infectious disease.

Cynthia Page v. Andrew Cuomo, et al.

MOVING PARTY: Plaintiff-Appellant Cynthia Page

OPPOSING PARTY: Defendants-Appellees Cuomo and Zucker

☒ Plaintiff☐ Defendant☐ Appellant/Petitioner☐ Appellee/Respondent

MOVING ATTORNEY: David Yerushalmi

OPPOSING ATTORNEY: Dustin J. Brockner

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Court- Judge/ Agency appealed from: Honorable David N. Hurd

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):

☒ Yes☐ No (explain):

Opposing counsel's position on motion:

☐ Unopposed☐ Opposed☐ Don't Know

Does opposing counsel intend to file a response:

☐ Yes☐ No☐ Don't Know

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has this request for relief been made below?

☐ Yes☒ No (Excused)

Has this relief been previously sought in this court?

☐ Yes☒ No

Requested return date and explanation of emergency:

The parties have conferred and have agreed that Defendants-Appellees

will respond by August 31, 2020, and Plaintiff-Appellant will reply by September 8, 2020.

Emergency: Irreparable harm to right-to-travel.

Is oral argument on motion requested?

☒ Yes☐ No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set?

☐ Yes☒ No If yes, enter date:

But only if by telephone or video conference given logistics of travel.

Signature of Moving Attorney:

/s/David Yerushalmi

Date: 8/17/2020

Service by:

☒ CM/ECF☐ Other [Attach proof of service]

**IN THE UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

CYNTHIA PAGE,

Plaintiff-Appellant,

-v.-

ANDREW CUOMO, in his official
capacity as Governor of the State of
New York; HOWARD A. ZUCKER,
in his official capacity as
Commissioner, Department of Health
of the State of New York,

Defendants-Appellees.

Appeal No. 20-2704

**PLAINTIFF-APPELLANT'S EMERGENCY MOTION FOR INJUNCTION
PENDING APPEAL AND MEMORANDUM OF LAW IN SUPPORT**

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INTRODUCTION

Pursuant to Rule 8 of the Federal Rules of Appellate Procedure, Plaintiff-Appellant Cynthis Page (“Plaintiff”) hereby moves this Court for an injunction pending appeal that enjoins the enforcement of Defendants-Appellees’ (“Defendants”) restriction on her constitutionally-protected right to travel. The district court denied Plaintiff’s request for a preliminary injunction and granted Defendants’ motion to dismiss. (D. Ct. Op. & Order [“Op.”] at 25, R-19 at Ex. 1).

The right to freely travel between States within our Union is a fundamental liberty interest protected by the Fourteenth Amendment and the Privileges and Immunities Clause of the United States Constitution. Travel bans infringing this right are not immune from challenge during this current pandemic. *See Roberts v. Neace*, No. 2:20cv054 (WOB-CJS), 2020 U.S. Dist. LEXIS 77987, at *14 (E.D. Ky. May 4, 2020) (preliminarily enjoining the Kentucky governor’s travel ban and noting that “[t]he Court is aware that the pandemic now pervading the nation must be dealt with, but without violating the public’s constitutional rights”).

Indeed, neither *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905), nor this current pandemic prevents this Court from declaring the challenged restriction unlawful and enjoining its enforcement—now and in the future. As recently stated by the Sixth Circuit, “While the law may take periodic naps during a pandemic, we will not let it sleep through one.” *Roberts v. Neace*, 958 F.3d 409, 414-15 (6th Cir. 2020) (granting a preliminary injunction and enjoining the

enforcement of Kentucky’s ban on “mass gatherings” during the current pandemic as applied to in-person church attendances).

In *Jacobson*, amid a smallpox outbreak, a city (acting pursuant to a state statute) mandated the vaccination of all of its citizens. The Court upheld the statute against a Fourteenth Amendment challenge, clarifying that the State’s action was a lawful exercise of its police powers and noting that, “[u]pon the principle of self-defense, of paramount necessity, a community has the right to protect itself against an epidemic of disease which threatens the safety of its members.” *Jacobson*, 197 U.S. at 27. While the Court in *Jacobson* urges deferential review in times of emergency, it clearly demands that the courts enforce the Constitution. *See id.* at 28. In fact, the Court explicitly contemplates an important and essential backstop role for the judiciary. *See id.* at 31 (acknowledging that during a public health crisis the courts have the “duty” to “give effect to the Constitution”).

Under *Jacobson*, therefore, a State’s emergency response can still be unlawful if it impinges on a fundamental right in a “plain, palpable” way or has “no real or substantial relation” to the public safety concerns at issue. *Id.* at 31. Accordingly, per *Jacobson*, requiring a vaccination for a disease that is the *source* of the public emergency is directly related to the government’s public safety concerns. The same is not true of the challenged restriction at issue here.

Moreover, nothing in *Jacobson* supports the view that an emergency *displaces* normal constitutional standards. Rather, *Jacobson* provides that an emergency may

justify temporary constraints within those standards. As the Second Circuit observed, *Jacobson* merely rejected what would now be called a “substantive due process” challenge to a compulsory vaccination requirement, holding that such a mandate “was within the State’s police power.” *Phillips v. City of N.Y.*, 775 F.3d 538, 542-43 (2d Cir. 2015) (observing that “*Jacobson* did not address the free exercise of religion because, at the time it was decided, the Free Exercise Clause of the First Amendment had not yet been held to bind the states”) (citing *Cantwell v. Conn.*, 310 U.S. 296, 303 (1940)). *Jacobson* does not give license to government officials to broadly suspend the Constitution during a public health crisis. See *Roberts*, 958 F.3d at 414-16 (acknowledging *Jacobson*, applying a traditional free exercise analysis in a challenge to the Kentucky governor’s executive order issued during the pandemic, and enjoining the challenged provision).

If this Court were to accept Defendants’ position, then it is the fiat of the Governor, and not the Constitution, that is the supreme law of the land. Cf. *Sterling v. Constantin*, 287 U.S. 378, 397–98 (1932) (“If this extreme position could be deemed to be well taken, it is manifest that the fiat of a state Governor, and not the Constitution of the United States, would be the supreme law of the land; that the restrictions of the Federal Constitution upon the exercise of state power would be but impotent phrases[.]”); see also *Planned Parenthood v. Casey*, 505 U.S. 833, 857 (1992) (citing *Jacobson* for the proposition that “a State’s interest in the protection of life falls short of justifying any plenary override of individual liberty claims”).

Here, Defendants seek a “plenary override of individual liberty claims” through the enforcement of Executive Order 205. The Court should forbid it and grant Plaintiff’s motion.

FACTS

On June 24, 2020, Defendant Cuomo signed Executive Order 205, which places quarantine restrictions on travelers arriving in the State of New York. (Page Decl. ¶ 2, Ex. A, R-7-4 at Ex. 2). The order took effect on June 25, 2020. (*Id.*).

Pursuant to Executive Order 205, “The commissioner of the Department of Health [is] to issue a travel advisory to be communicated widely at all major points of entry into New York, including on highway message boards and in all New York airports, that: All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven day rolling average, will be required to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine.” (Page Decl. ¶ 3, Ex. A at Ex. 2).

Pursuant to Executive Order 205, Defendant Zucker issued “Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel” (hereinafter referred to as “DOH Guidance”). (Page Decl. ¶ 4, Ex. B at Ex. 2).

Pursuant to Executive Order 205 and the DOH Guidance, persons traveling from one of the “restricted” states are required to quarantine for 14 days, unless the traveler is an “essential worker.” (Page Decl. ¶ 7, Exs. A, B, at Ex. 2).

The quarantine requirements under the DOH Guidance and thus Executive Order 205 include the following restrictions:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Food must be delivered to the person’s quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.

- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

(Page Decl. ¶ 8, Ex. B, at Ex. 2).

The quarantine restrictions required by Executive Order 205 and the DOH Guidance are the equivalent of a house arrest. *United States v. Traitz*, 807 F.2d 322, 325 (3d Cir. 1986) (noting that when the defendant is required to “abide by specified restrictions on his personal associations, place of abode, or travel,” this is a “house arrest,” which is a permissible condition of bail under 18 U.S.C. § 3142(c)(2)(D)). However, there is no requirement that Defendants demonstrate that the person quarantined actually has COVID-19 or was exposed to someone who has COVID-19. (Page Decl. ¶ 9, Exs. A, B, at Ex. 2).

Pursuant to Executive Order 205, “Any violation of a quarantine or isolation order issued to an individual pursuant to the Commissioner of the Department of Health’s travel advisory by a local department of health or state department of health may be enforced pursuant to article 21 of the public health law, and non-compliance may additionally be deemed a violation pursuant to section 12 of the public health law subject to a civil penalty of up to \$10,000.” (Page Decl. ¶ 10, Ex. A at Ex. 2).

The civil penalty for violating Executive Order 205 may be recovered by an action brought by Defendant Zucker in any court of competent jurisdiction. N.Y. Pub. Health Law § 2(2); (*see also* Page Decl. ¶ 11 at Ex. 2).

The DOH Guidance created a “snitch line” whereby a person can “file a report of an individual failing to adhere to the quarantine” restrictions. (Page Decl. ¶ 12, Ex. B at Ex. 2).

Included amongst the restricted states is Arizona. (Page Decl. ¶ 13, Ex. C at Ex. 2).

Plaintiff had plans to go to Brooklyn, New York to assist with packing up the home of Miriam Yerushalmi in preparation for the sale of the home. The Yerushalmi’s recently moved to California. (Page Decl. ¶ 14 at Ex. 2).

Plaintiff was scheduled to fly from her home in Arizona to New York on June 29, 2020, and she was scheduled to be in New York for two weeks. (Page Decl. ¶ 15 at Ex. 2).

Plaintiff was excited to go to New York as it has been her lifelong dream to visit New York City. (Page Decl. ¶ 16 at Ex. 2).

Not only was this Plaintiff’s last chance to see the sights of New York City with the Yerushalmi family, but now it was more important than ever for her to go and help Miriam as her husband, David, dislocated his shoulder and is now recovering from surgery. Because of his recent surgery, David cannot fly to New

York nor would he be able to assist in any way with packing up the home. (Page Decl. ¶ 17 at Ex. 2).

Just as Plaintiff was preparing to purchase her ticket on June 25, 2020, she learned that Defendant Cuomo had issued Executive Order 205 and that Arizona was one of the “restricted” states requiring her to quarantine for two weeks upon her arrival in New York. As a result, Plaintiff had to cancel her plans, even though Plaintiff does not have COVID-19 nor has she been exposed to anyone with COVID-19. (Page Decl. ¶ 18 at Ex. 2).

There was no way for Plaintiff to fly to New York and then quarantine under the restrictive requirements of the DOH Guidance for two weeks before she could begin to help her friend Miriam with her move. Plaintiff was only scheduled to be in New York for two weeks. Plaintiff could not extend her stay due to work and family obligations. This was and continues to be very upsetting for Plaintiff. (Page Decl. ¶ 19 at Ex. 2).

Under Executive Order 205 and its implementing guidance and regulations, a perfectly healthy person, such as Plaintiff, is not permitted to travel from Arizona to New York without subjecting herself to a 14-day quarantine. However, a person with COVID-19 can travel freely between New Jersey (or any other state not on the “restricted states” list) and New York. (*See* Page Decl., Exs. A, B, C, at Ex. 2).

Until this restriction is halted, Plaintiff will be unable to travel to New York, and she will be unable to assist the Yerushalmi’s with their move. As a result,

Plaintiff's travel to New York and the moving plans are now on hold, causing irreparable harm to Plaintiff and others. Plaintiff would like to travel to New York and will do so once this restriction is halted. (Page Decl. ¶¶ 20, 21 at Ex. 2).

ARGUMENT

I. Standard for Issuing Injunction.¹

The Second Circuit has set out the standard for issuing an injunction pending appeal and it parallels the basis for granting a motion for preliminary injunction: “We consider (1) whether the movant will suffer irreparable injury absent a stay; (2) whether a party will suffer substantial injury if the stay is granted; (3) whether the movant has established a substantial possibility, which need not be a likelihood, of appellate success; and (4) the public interest. *Hirschfeld v. Board of Elections*, 984 F.2d 35, 39 (2d Cir. 1992) (collecting cases).” *United States v. Private Sanitation*

¹ Because this motion is not an appeal of the district court's earlier denial of the motion for preliminary injunction and grant of Defendants' cross-motion for dismissal, this Court's motion panel reviews the current motion *de novo*. *A. Philip Randolph Inst. v. Husted*, 907 F.3d 913, 917 (6th Cir. 2018) (“Because we are not reviewing any district court decision or order, our review is *de novo*.”). Further, in light of the lower court's grant of the motion to dismiss disposing of the case below in its entirety and its rulings that Plaintiff had met none of the grounds for a preliminary injunction, Plaintiff satisfies Rule 8(a)(1) of the Federal Rules of Appellate Procedure insofar as the rule expressly provides for an exception for moving first in the district court when “impracticable,” which is obviously the case here. Fed. R. App. P. 8(a)(2)(A)(i); *see also Homans v. City of Albuquerque*, 264 F.3d 1240, 1243 (10th Cir. 2001) (explaining prior motion preference overcome when it would “serve little purpose”). Finally, the parties have conferred (Defendants have stated that they will oppose the relief sought herein) and have agreed upon the briefing schedule as set forth in the accompanying Form T-1080.

Indus. Ass’n, 44 F.3d 1082, 1084 (2d Cir. 1994). We treat these four elements in a slightly modified order insofar as the legal and factual record supporting the merits of Plaintiff’s claim may then be leveraged to support the remainder of the elements.

II. Plaintiff Has Made a Clear Showing that She Is Entitled to Relief.

A. Plaintiff Will Clearly Succeed on the Merits of Her Constitutional Claims.

Plaintiff’s fundamental right to travel between States—in this case, from her home State of Arizona to the State of New York—without penalty is well established, and this right is grounded in the Fourteenth Amendment (equal protection, due process, and privileges and immunities) and in the Privileges and Immunities Clause.

Following *Jacobson*, this Court must address the question whether the quarantine order is a plain and palpable invasion of the fundamental law. *Dunn v. Blumstein*, 405 U.S. 330 (1972) is illustrative. In *Dunn*, the state of Tennessee had imposed a 12-month in-state residency requirement and a three-month county residency requirement to vote. The plaintiff sued and three questions before the Court were (1) whether the durational requirements violated the right to travel; (2) what was the appropriate constitutional standard to apply; and (3) whether the standard was met.

Just as in this case, the state argued that the right to travel was not impacted because the durational requirements did not ban or even burden travel directly but

only created an indirect burden. Thus, the state argued that out-of-state residents could travel freely, but if they chose to do so, they would have to wait to vote. In this case, Defendants have made the same argument, but it is not a delayed right to vote, rather it is an absolute, self-administered, solitary house arrest, precluding all freedom of movement for the quarantine period. The Court explained the right to travel in no-uncertain terms, and it matters not that the burden on the right to travel affects travel only indirectly:

It has long been established that a State may not impose a penalty upon those who exercise a right guaranteed by the Constitution. Constitutional rights would be of little value if they could be indirectly denied. The right to travel is an *unconditional* personal right, a right whose exercise may not be conditioned. Durational residence laws impermissibly condition and penalize the right to travel by imposing their prohibitions on only those persons who have recently exercised that right.

Dunn, 405 U.S. at 341-43 (internal quotations and citations omitted) (emphasis in the original).

Moreover, the fact that the burden on the right to travel also affects New Yorkers who wish to travel out of state to one of the designated states does not save the executive order. That argument simply goes to the equal protection aspect of the impairment of the right to interstate travel—not the impairment to the right to travel itself. Indeed, Defendants themselves quote the very language which memorializes the right to travel as more than just the relative right of a non-resident to travel as freely as a resident:

The “right to travel” discussed in our cases embraces at least three different components. It protects ***the right of a citizen of one State to enter and to leave another State***, the right to be treated as a welcome visitor rather than an unfriendly alien when temporarily present in the second State, and, for those travelers who elect to become permanent residents, the right to be treated like other citizens of that State.

Saenz v. Roe, 526 U.S. 489, 500 (1999) (emphasis added). (Defs.’ Br. at 15). To emphasize this point, *Saenz* itself cites to *United States v. Guest*, 383 U.S. 745 (1966), for the very proposition that the right to interstate travel may not be impeded as an absolute federal constitutional right, not simply a relative right compared to whether in-state residents are similarly burdened. *Id.* Not surprisingly, *Guest* stood for the proposition that African-American citizens, irrespective of whether they were residents of the state of Georgia, had the right to travel in and out of the state freely. And to make this point as an absolute and still authoritative historical legacy of the constitution, the *Guest* Court cited *Crandall v. Nevada*, 73 U.S. (6 Wall.) 35, 48-49 (1868), which held unconstitutional the imposition of a tax for exiting the state of Nevada, a tax that applied equally to residents and non-residents alike:

The constitutional right to travel from one State to another, and necessarily to use the highways and other instrumentalities of interstate commerce in doing so, occupies a position fundamental to the concept of our Federal Union. It is a right that has been firmly established and repeatedly recognized. In *Crandall v. Nevada*, 6 Wall. 35, invalidating a Nevada tax on every person leaving the State by common carrier, the Court took as its guide the statement of Chief Justice Taney in the *Passenger Cases*, 7 How. 283, 492:

“For all the great purposes for which the Federal government was formed, we are one people, with one common country. We are all citizens of the United States; and, as members of the same

community, must have the right to pass and repass through every part of it without interruption, as freely as in our own States.”
See 6 Wall., at 48-49.

Guest, 383 U.S. at 757-58.

The Supreme Court has spoken clearly on the two fundamental points at issue here. One, the burden on the right to interstate travel need not be an absolute ban on travel. The tax on those exiting Nevada was not a ban. The harassment of Blacks in Georgia was not about an absolute impediment to interstate travel. A residency requirement to vote is not a ban on interstate travel. These impositions on interstate travel, all of which the Court found to be unconstitutional, are no more of an imposition than what is, in this case, a two-week sentence of solitary confinement under house arrest. Two, it matters not whether New Yorkers’ right to interstate travel is similarly burdened. The right to interstate travel is both a relative right (compared to in-state residents) and an absolute right (irrespective of residency).

B. The Quarantine Order Does Not Survive Strict Scrutiny.

As noted above, strict scrutiny demands not only a compelling state interest, but also a necessary connection between the regulation and the compelling state interest. And beyond the necessity of the regulation, the state has the burden to demonstrate that the necessary regulation is the least restrictive way to address the compelling state interest. *Dunn*, 405 U.S. at 353 (“Our conclusion that the waiting period is not the least restrictive means necessary for preventing fraud is bolstered by the recognition that Tennessee has at its disposal a variety of criminal laws that

are more than adequate to detect and deter whatever fraud may be feared.”); *San Antonio Indep. Sch. Dist. v. Rodriguez*, 411 U.S. 1, 16-17 (1973) (“[A]s previous decisions have indicated, strict scrutiny means that the State’s system is not entitled to the usual presumption of validity, that the State rather than the complainants must carry a ‘heavy burden of justification,’ that the State must demonstrate that its educational system has been structured with ‘precision,’ and is ‘tailored’ narrowly to serve legitimate objectives and that it has selected the ‘less drastic means’ for effectuating its objectives”)

Defendants offer only the declaration of Brad Hutton, the Deputy Commissioner of the Office of Public Health at the New York State Department of Health, to meet *their* strict scrutiny burden. Hutton’s declaration, however, only tells us the obvious: (1) the response to the pandemic is a compelling state interest (Hutton Decl. at ¶¶ 1-32, R-11-5 at Ex. 3)]; (2) we fear that people travelling from other states might infect our residents (*id.* at ¶¶ 32-35); and (3) we have chosen two parameters to distinguish which states we consider high risk (*id.* at ¶ 33). Nowhere in the Hutton declaration are we told why at this point a quarantine *is in fact necessary*, insofar as the very same declaration informs us that the state of New York successfully “flattened the curve” *without* any quarantine. (*Id.* at ¶¶ 27-29). This fact alone belies the necessity prong of the strict scrutiny analysis. This is not a small point. Strict scrutiny is the “most demanding test known to constitutional law,” *City of Boerne v. Flores*, 521 U.S. 507, 534 (1997), for a reason: its *proper*

application prevents “a plain, palpable invasion of rights secured by the fundamental law,” as in this case. Indeed, the fundamental liberties enshrined in our Constitution are not simple pushovers to be ignored or discarded during a time of public crisis as Defendants suggest. *See, e.g., Coolidge v. N.H.*, 403 U.S. 443, 455 (1971) (“In times of unrest, whether caused by crime or racial conflict or fear of internal subversion, this basic law and the values that it represents may appear unrealistic or ‘extravagant’ to some. But the values were those of the authors of our fundamental constitutional concepts.”).

Further, nowhere in the Hutton declaration are we provided any scientific evidence, or even anecdotal evidence, that interstate travelers are more likely to cause infections than purely intrastate travelers. None. Moreover, the Hutton declaration provides not even a hint why or how the two parameters and the particular positivity rate levels chosen operate to *necessarily* reduce the risk of infections. None. The simple fact that a traveler comes from a state with a 10% positive test rate or from a state with 0.01% (10 out of 100,000) positive test rate is not *ipso facto* an indication, or even suggestive by way of common logic, much less scientifically persuasive, that travelers from that state are more likely to cause infections in New York than the same individuals who have been subjected to solitary confinement in New York for 14 days (or, of course, infected individuals from non-restricted states who are permitted to travel throughout New York with impunity). There are so many variables we know of for carrying the disease and

then transmitting it to another, and so many opportunities to become infected *once in New York*, that the draconian imposition of a 14-day solitary house arrest based merely on the fact that one has travelled from a designated state to New York reeks of irrational and pseudo-scientific desperation.

For example, if a resident from a non-designated state is flying (or traveling via bus or train) into New York and is joined at a layover or stop in a designated state, how is the risk somehow mitigated for the non-designated state resident versus the designated-state resident? If a non-designated state resident, such as someone from New Jersey, knows that she has been exposed to someone with COVID-19, there is no similar 14-day quarantine requirement and heavy monetary fine for violating the quarantine requirement, yet that individual is far more likely to infect New Yorkers than designated-state resident travelers.

Furthermore, Defendants provide no explanation why lesser invasive regulations would not be as or more effective. For example, why not require travelers to either be tested at home or provide a written statement under oath upon request that they have been symptom-free for 14 consecutive days prior to entering New York. When New Yorkers visit a medical facility or any other public building, Defendants have no qualms about relying on the honesty and civic responsibility of those individuals answering questions posed by the staff to screen for symptoms and the like. Similarly, Defendants have no problem permitting food service employees to prepare take-out and delivery orders and relying upon the employees' good will

and civic responsibility to answer honestly whether they have been around someone with COVID-19 or someone manifesting symptoms. The number of scenarios one might reasonably consider where a non-travelling New Yorker poses a far greater risk of infecting other New Yorkers than a traveler from a designated state is nearly infinite. That being the case, what is the scientific or evidentiary basis for Defendants' claim that this onerous invasion of the right to travel is both necessary and the least restrictive? The burden is on Defendants to satisfy the necessity and least restrictive prongs of the strict scrutiny analysis—not Plaintiff. In sum, strict scrutiny requires the government to regulate with the precision of a scalpel and not with the blunt force of a sledgehammer. *See, e.g., Rodriguez*, 411 U.S. at 16-17 (stating that strict scrutiny requires “precision”). The travel restriction fails this test.

Finally, we note that the alleged alternatives considered by Defendants as set out in the Hutton declaration fail to address any of the problems addressed above. (Hutton Dec. at ¶¶ 44-49). For example, the fact that a person might be asymptomatic for 14 days does not suggest that asking that individual to self-isolate for 14 days at home prior to travelling to New York would not be as effective as forcing that individual to quarantine once she has arrived in New York and presumably has to pay for lodging (and after already potentially exposing New Yorkers by travelling through an airport, bus terminal, cab, subway, or Uber). Further, given that New Yorkers are constantly being trusted to self-isolate when they believe they might be symptomatic but not tested, or exposed to someone

symptomatic but not tested, why do Defendants treat travelers as somehow less trustworthy and civic minded? Once again, these kinds of examples and queries are nearly endless, which further demonstrates the failure of Defendant Cuomo's quarantine order to satisfy strict scrutiny.

III. Plaintiff Will Suffer Irreparable Harm in the Absence of Injunctive Relief.

The proof of irreparable harm suffered by Plaintiff is clear and convincing, and it is established upon finding a violation of her constitutional rights. As stated by the Second Circuit, "[W]e have 'held that the alleged violation of a constitutional right triggers a finding of irreparable injury.'" *Conn. Dep't of Envtl. Prot. v. OSHA*, 356 F.3d 226, 231 (2d Cir. 2004); *Statharos v. N.Y.C. Taxi & Limousine Comm'n*, 198 F.3d 317, 322 (2d Cir. 1999) ("Because plaintiffs allege deprivation of a constitutional right, no separate showing of irreparable harm is necessary."); *Jolly v. Coughlin*, 76 F.3d 468, 482 (2d Cir. 1996) ("[I]t is the *alleged* violation of a constitutional right that triggers a finding of irreparable harm."); *see also Elrod v. Burns*, 427 U.S. 347, 373 (1976) ("The loss of First Amendment freedoms, for even minimal periods of time, unquestionably constitutes irreparable injury.").

IV. No Other Party Will Suffer Irreparable Harm If the Injunction Is Granted.

There is no evidence in the record of a likelihood of harm to any other party should the Court grant the injunction sought by this motion. As noted above, the State of New York successfully flattened the curve without a quarantine and there is

no evidence in the record that a quarantine would prevent infection given that there is no evidence that any travelers otherwise subject to the order of quarantine are infected or are at a heightened risk of infection. Defendants' public health interest can be advanced by ensuring social distancing, requiring the wearing of masks, and by quarantining those *who are infected* with COVID-19, regardless of the State within which they reside or visit. The challenged restriction is overbroad and grossly underinclusive. In short, the balance of equities favors the granting of the requested injunction.

V. Granting the Injunction Is in the Public Interest.

“Because Plaintiff [has] shown both a likelihood of success on the merits and irreparable harm, it is also likely the public interest supports preliminary relief.” *Saget v. Trump*, 375 F. Supp. 3d 280, 377 (E.D.N.Y. 2019); *Gordon v. Holder*, 721 F.3d 638, 653 (D.C. Cir. 2013) (“[E]nforcement of an unconstitutional law is always contrary to the public interest.”); *Dayton Area Visually Impaired Persons, Inc. v. Fisher*, 70 F.3d 1474, 1490 (6th Cir. 1995) (stating that “the public as a whole has a significant interest in ensuring equal protection of the laws”); *Sajous v. Decker*, No. 18-cv-2447 (AJN), 2018 U.S. Dist. LEXIS 86921, at *45 (S.D.N.Y. May 23, 2018) (“The public interest is best served by ensuring the constitutional rights of persons within the United States are upheld.”) (citing *Mitchell v. Cuomo*, 748 F.2d 804, 808 (2d Cir. 1984)); *Coronel v. Decker*, No. 20-cv-2472 (AJN), 2020 U.S. Dist. LEXIS 53954, at *23 (S.D.N.Y. Mar. 27, 2020) (“First, as this Court has previously stated,

the ‘public interest is best served by ensuring the constitutional rights of persons within the United States are upheld.’”).

In sum, “it is always in the public interest to prevent the violation of a party’s constitutional rights.” *G & V Lounge, Inc. v. Mich. Liquor Control Comm’n*, 23 F.3d 1071, 1079 (6th Cir. 1994). As noted previously, the challenged restriction violates “a virtually unconditional personal right, guaranteed by the Constitution to us all.” It is in the public interest to issue the injunction.

CONCLUSION

For the foregoing reasons, this Court should grant the motion and issue the requested injunction.

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CERTIFICATE OF COMPLIANCE

I certify that pursuant to Fed. R. App. P. 27(d)(1), the foregoing Brief is proportionally spaced, has a typeface of 14 points Times New Roman, and contains 5137 words, excluding those accompanying documents identified in Fed. R. App. P. 27(a)(2)(B).

CERTIFICATE OF SERVICE

I hereby certify that on August 17, 2020, I electronically filed the foregoing with the Clerk of the Court for the United States Court of Appeals for the Second Circuit by using the appellate CM/ECF system. Participants in the case who are registered CM/ECF users will be served by the appellate CM/ECF system. I further certify that all of the participants in this case are registered CM/ECF users.

AMERICAN FREEDOM LAW CENTER

/s/ David Yerushalmi
David Yerushalmi, Esq.

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EXHIBIT 1

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

CYNTHIA PAGE,

Plaintiff,

-v-

1:20-CV-732

ANDREW CUOMO, in his official
capacity as Governor of the State
of New York, and HOWARD A.
ZUCKER, in his official capacity
as Commissioner, Department of
Health of the State of New York,

Defendants.

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MEMORANDUM-DECISION and ORDER

I. INTRODUCTION

On July 1, 2020, plaintiff Cynthia Page ("Page" or "plaintiff") filed this official-capacity 42 U.S.C. § 1983 action against defendants New York State Governor Andrew Cuomo ("Governor Cuomo") and New York State Health Commissioner Howard A. Zucker ("Health

Commissioner Zucker") (collectively "defendants") seeking a declaration that Executive Order 205, which imposes a self-quarantine requirement on certain persons traveling to New York State, violates her constitutional right to travel.

On July 9, 2020, Page moved under Federal Rule of Civil Procedure ("Rule") 65 seeking to preliminarily enjoin defendants' continued enforcement of the challenged Executive Order. Defendants, for their part, oppose plaintiff's request for injunctive relief and have cross-moved under Rule 12(b)(6) to dismiss the complaint in its entirety.

The motions have been fully briefed and oral argument was heard by video on August 6, 2020 from Utica, New York. Decision was reserved.

II. BACKGROUND¹

On June 24, 2020, Governor Cuomo issued Executive Order 205, the latest in a string of emergency actions taken by New York State in response to the ongoing COVID–19 pandemic. Compl. ¶¶ 13, 17. The Executive Order directs Health Commissioner Zucker to issue a quarantine requirement for certain travelers arriving from out of state:

All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven day rolling average, will be required to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine.

Ex. 1 to Compl. The Executive Order makes a violation of this quarantine requirement enforceable pursuant to the State's public health law. *Id.* The Order further provides that non-compliance may subject the violator to a civil penalty of up to \$10,000. *Id.*

¹ The following facts are taken from Page's complaint and attached exhibits and are assumed true for the purpose of deciding defendants' motion to dismiss. The affidavits submitted by defendants will only be considered (to the extent necessary) for the purpose of determining whether plaintiff should be awarded preliminary injunctive relief.

Pursuant to Executive Order 205, Health Commissioner Zucker issued "Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel." Compl. ¶ 19. This State Department of Health ("DOH") document makes use of the virus testing and positivity rate metrics outlined in the Governor's Executive Order to identify a group of states currently experiencing "significant community spread." Ex. 2 to Compl. With a few limited exceptions, the DOH guidance requires any person traveling to New York from one of these so-called "restricted" states to self-quarantine for fourteen days. *Id.* The self-quarantine requirements are onerous:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.

- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

Ex. 2 to Compl.

Page, a U.S. citizen who resides in Arizona, planned to fly to Brooklyn, New York for a couple of weeks to help her friends pack up belongings left in a house they were preparing to sell. Compl. ¶¶ 12, 27. However, just as plaintiff was about to purchase a plane ticket for her two-week trip to New York, Governor Cuomo issued Executive Order 205. *Id.* ¶ 31.

Page does not have COVID–19, and has not been exposed to anyone with symptoms of COVID–19. Page Decl., Dkt. No. 7-4 ¶ 18. However, because Arizona was (and still is) on the list of "restricted states," plaintiff canceled her plans. Compl. ¶¶ 26, 31. Plaintiff alleges that the Executive Order and resulting DOH guidance have made the trip impossible—due to work and family obligations, she is unable to extend her stay to account for the self-quarantine requirement. *Id.* ¶ 32.

Page alleges that this "was and continues to be very upsetting." Compl. ¶ 32. As plaintiff explains, she was "excited to go to New York," and believes this was her "last chance to see the sights of New York City with [her friends]." *Id.* ¶¶ 29-30. To make matters worse, no one else is available to help pack up the home in question and therefore her friend's moving plans are on an indefinite hold. *Id.* ¶¶ 31, 33.

Page alleges the self-quarantine requirement imposed by Executive Order 205 and the DOH guidance is arbitrary, capricious, and irrational. Compl. ¶ 34. In plaintiff's view, the State's restrictions impose "the equivalent of a house arrest" on incoming travelers without requiring any showing that the traveler "actually has COVID–19 or was exposed to someone

who has COVID-19." *Id.* ¶ 22. According to plaintiff, a perfectly healthy person from a "restricted state" cannot travel to and within New York, but an actively sick person from an unrestricted state can come right in and move about freely. *Id.* ¶ 34.

III. DISCUSSION²

Page's three-count complaint alleges that the self-quarantine requirement imposed by Executive Order 205 violates her right to travel freely between states, a fundamental liberty interest protected by the Equal Protection Clause (Count One), the citizenship clauses of the Fourteenth Amendment and Article IV (Count Two), and the Due Process Clause (Count Three).

In Page's view, the COVID-19 pandemic does not justify a departure from, or modification to, the constitutional analysis that applies to state action that burdens or restricts a fundamental constitutional right. Pl.'s Mem., Dkt. No. 7-3 at 7-9.³ Although plaintiff acknowledges that defendants might have "a compelling interest in preventing the spread of COVID-19," she maintains that the "challenged restriction is not narrowly tailored to achieve that interest." *Id.* at 18.

As Page explains, Executive Order 205 forces a perfectly healthy person who flies in from Arizona (or any other "restricted" state) to face a fourteen-day quarantine but would permit even an actively sick person from New Jersey (or any other "unrestricted" state) to travel freely within and around the State. Pl.'s Mem. at 18-19. According to plaintiff, the

² Although Eleventh Amendment immunity can sometimes pose a bar to § 1983 relief against state officials, the doctrine of *Ex parte Young* permits an official-capacity claim for prospective injunctive relief to remedy an ongoing violation of federal constitutional law like the one alleged in this case. *See, e.g., Avitabile v. Beach*, 277 F. Supp. 3d 326, 332 (N.D.N.Y. 2017).

³ Pagination corresponds to CM/ECF.

travel restriction "is so woefully underinclusive as to render belief in [its stated] purpose a challenge to the credulous." *Id.* at 19 (quoting *Republican Party v. White*, 536 U.S. 765, 780 (2002)).

Defendants respond that the Executive Order is constitutional "under the deferential standard that applies to governmental measures designed to address an ongoing public health emergency." Defs.' Opp'n, Dkt. No. 11-31 at 7-8. In defendants' view, governing Supreme Court precedent "expressly recognizes the inapplicability of strict scrutiny when reviewing government action taken in response to an emergency, such as a worldwide pandemic." *Id.* at 12.

As defendants explain, in *Jacobson v. Massachusetts*, 197 U.S. 11 (1905), the Supreme Court set out a "separate standard for evaluating constitutional challenges to state action designed to combat an epidemic" that is "far more deferential to the state than the principles that would control in ordinary times." Def.'s Opp'n at 12. Instead of the compelling interest and narrow tailoring burdens that are ordinarily imposed on a state by the strict scrutiny analysis, *Jacobson* asks whether the challenged measure bears some "real or substantial relation" to protecting public health, and examines whether the measure is "beyond all question, a plain, palpable invasion" of fundamental constitutional rights. *Id.* at 12-13 (quoting *Jacobson*, 197 U.S. at 31).

In reply, Page rejects the notion that *Jacobson* "creates a different constitutional standard of review." Pl.'s Reply, Dkt. No. 15 at 9-10. Plaintiff emphasizes that, contrary to defendants' assertion, "circuit and district courts across the country are not of one mind on the application of *Jacobson*." *Id.* at 11. According to plaintiff, even under *Jacobson* the reviewing court must "address the question whether the quarantine order is a plain and

palpable invasion of the fundamental law." *Id.* at 12. Plaintiff asserts that this language from *Jacobson* is a clear indication that courts must continue to apply traditional means—ends scrutiny to measures that burden fundamental rights, even in times of crisis. *Id.* at 14-15.

A. Preliminary Injunction

The right to travel is not explicitly mentioned in the text of the Constitution. *Saenz v. Roe*, 526 U.S. 489, 498 (1999). But it is undoubtedly fundamental. *See, e.g., United States v. Guest*, 383 U.S. 745, 758 (1966) ("Freedom to travel throughout the United States has long been recognized as a basic right under the Constitution."). As Justice Stewart explained in *Guest*, this omission almost certainly resulted from a simple fact: the drafters thought of it as such a basic and fundamental right that it did not need to be reduced to writing. *Id.*

The absence of a specific textual source for the right to travel has given rise to a long-running debate between the justices. It has been called an incident of national citizenship. *Guest*, 383 U.S. at 763-64 (Harlan, J., concurring in part and dissenting in part) (Privileges and Immunities Clause of Article IV); *Edwards v. California*, 314 U.S. 160, 177-78 (1941) (Douglas, J., concurring) (Privileges or Immunities Clause of the Fourteenth Amendment).⁴ It has been described as a liberty interest protected by Due Process. *Jones v. Helms*, 452 U.S. 412, 418 (1981). And sometimes, it has been characterized as an Equal Protection claim. *Zobel v. Williams*, 457 U.S. 55, 60 n.6 (1982) ("Right to travel cases have examined, in equal protection terms, state distinctions between newcomers and longer term

⁴ In *Edwards*, the majority invalidated on Commerce Clause grounds a California law that made it a misdemeanor offense to knowingly assist an indigent person in entering the State. 314 U.S. at 171. Justice Douglas, joined by Justices Black and Murphy, wrote separately to explain his belief that state action burdening the right to travel violated the Privileges or Immunities Clause of the Fourteenth Amendment. *Id.* at 181. Justice Jackson, on the other hand, thought the right belonged to the Privileges and Immunities Clause of Article IV. *Id.* at 182.

residents.").

"Whatever its source, a State may neither tax nor penalize a citizen for exercising his right to leave one State and enter another." *Jones*, 452 U.S. at 419. And as the Second Circuit has since acknowledged, this right to travel between the states includes a "correlative constitutional right to travel within a state." *King v. New Rochelle Mun. Hous. Auth.*, 442 F.2d 646, 649 (2d Cir. 1971).

In its modern formulation, the right to travel embraces at least three distinct components: (1) "the right of a citizen of one State to enter and to leave another State"; (2) "the right to be treated as a welcome visitor rather than an unfriendly alien when temporarily present in the second State"; and (3) "for those travelers who elect to become permanent residents, the right to be treated like other citizens of that State." *Saenz*, 526 U.S. at 500.

However, the fundamental nature of the right to travel is not itself sufficient to warrant relief, since a preliminary injunction is "an extraordinary remedy never awarded as of right." *Avitabile v. Beach*, 277 F. Supp. 3d 326, 332 (N.D.N.Y. 2017) (quoting *Winter v. Nat'l Res. Def. Council, Inc.*, 555 U.S. 7, 24 (2008)); see also *Am. Civil Liberties Union v. Clapper*, 804 F.3d 617, 622 (2d Cir. 2015) ("A preliminary injunction is an equitable remedy and an act of discretion by the court.").

Rather, a party seeking preliminary relief must show: "(1) a likelihood of irreparable harm; (2) either a likelihood of success on the merits or sufficiently serious questions as to the merits plus a balance of hardships that tips decidedly in their favor; (3) that the balance of hardships tips in their favor regardless of the likelihood of success; and (4) that an injunction is in the public interest." *Avitabile*, 277 F. Supp. 3d at 332 (quoting *Williams v. Conway*, 236

F. Supp. 3d 554, 581 (N.D.N.Y. 2017)).

Importantly, though, the nature of the relief sought by Page necessitates a slightly more rigorous application of this preliminary injunction standard. Pl.'s Mem. at 14; Def.'s Opp'n at 11. As both parties acknowledge, the Second Circuit has held a movant seeking injunctive relief to a heightened standard where the injunction: (1) is "mandatory," that is, it would alter the status quo; or (2) "will provide the movant with substantially all of the relief sought and that relief cannot be undone even if the defendant prevails at a trial on the merits." *N.Y. ex rel. Schneiderman v. Actavis PLC*, 787 F.3d 638, 650 (2d Cir. 2015) (quoting *Tom Doherty Assocs., Inc. v. Saban Entm't, Inc.*, 60 F.3d 27, 33-34 (2d Cir. 1995)). "When either condition is met, the movant must show a 'clear' or 'substantial' likelihood of success on the merits, and make a 'strong showing' of irreparable harm." *Id.*

The parties' agreement on this threshold issue is noteworthy because it actually runs counter to the approach taken by another court called on to resolve a virtually identical constitutional challenge to Executive Order 205. In *Corbett v. Cuomo*, U.S. District Judge Lorna Schofield of the Southern District of New York declined to apply the more demanding standard to the plaintiff's request for preliminary relief from the quarantine requirement, reasoning that the remedy sought by plaintiff would only "prohibit[], rather than compel[], government action." Ex. B to Krasnokutski Decl., Dkt. No. 11-3 at 22.

As *Corbett* noted, courts have rightly criticized this attempt at binary classification, since the distinction between "mandatory" and "prohibitory" injunctive relief usually proves to be more semantic than substantive. *Mastrovincenzo v. City of N.Y.*, 435 F.3d 78, 90 (2d Cir. 2006). However, *Corbett* did not consider the other reason given for raising the bar to injunctive relief; *i.e.*, whether it would "provide the movant with substantially all of the relief

sought and that relief cannot be undone even if the defendant prevails at a trial on the merits." This latter justification applies to this case, since exempting Page (or others) from the self-quarantine requirement imposed by the Executive Order is not the kind of equitable relief than can be unwound later on in the litigation.

Page's request for injunctive relief fails under either version of this standard. Plaintiff has not shown irreparable harm, "the single most important prerequisite for the issuance of a preliminary injunction." *Faiveley Transport Malmo AB v. Wabtec Corp.*, 559 F.3d 110, 118 (2d Cir. 2009) (citation and internal quotation marks omitted). "To satisfy the irreparable harm requirement, [the plaintiff] must demonstrate that absent a preliminary injunction [she] will suffer an injury that is neither remote nor speculative, but actual and imminent, and one that cannot be remedied if a court waits until the end of trial to resolve the harm." *Id.*; see also *Donohue v. Mangano*, 886 F. Supp. 2d 126, 149-50 (E.D.N.Y. 2012) ("The concept of irreparable harm has been described 'as certain and imminent harm for which a monetary award does not adequately compensate.'" (quoting *Wisdom Import Sales Co. v. Labatt Brewing Co.*, 339 F.3d 101, 113-14 (2d Cir. 2003))).

Page alleges the fourteen-day quarantine requirement has deprived her of the chance to go sightseeing with her friend in New York City, which "was and continues to be very upsetting." Compl. ¶¶ 31-33. And because there is no one else available to help with the move, her friends have been forced to place their plans to pack up the old house in Brooklyn on hold. *Id.* ¶ 33. These allegations are hardly cognizable as harm, let alone irreparable harm sufficient to justify preliminary relief. *Cf. Lee v. Trump*, 2020 WL 1330673, at *1 (S.D.N.Y. Mar. 23, 2020) (rejecting claim of irreparable harm from federal travel restriction imposed at the outset of the COVID-19 pandemic where pro se plaintiff's family members

were forced to delay their visit from abroad).

Page's other assertion of irreparable harm is based on her allegation that the Executive Order infringes her fundamental right to travel. According to plaintiff, the irreparable harm element is necessarily satisfied as a matter of law where, as here, the complaint alleges the violation of a constitutional right. Pl.'s Mem. at 19-20. Defendants, for their part, contend that this presumption of harm only arises in "cases involving First Amendment and related rights." Def.'s Opp'n at 26.

Page's argument is halfway correct. As defendants point out, this presumption of harm seems to arise most frequently in the context of First Amendment litigation. See, e.g., *N.Y. Progress & Prot. PAC v. Walsh*, 733 F.3d 483, 486 (2d Cir. 2013). But the Second Circuit has also applied the presumption in other contexts, such as in an Eighth Amendment claim brought by a prisoner challenging the constitutionality of the conditions of his confinement. *Jolly v. Coughlin*, 76 F.3d 468, 482 (2d Cir. 1996).

As the Second Circuit explained in *Jolly*, the favorable presumption of irreparable harm arises only *after* a plaintiff has shown a likelihood of success on the merits of the constitutional claim. 76 F.3d at 482 ("[W]e agree with the district court that the plaintiff has shown a substantial likelihood of success on his Eighth Amendment claim. The district court therefore properly relied on the presumption of irreparable injury that flows from a violation of constitutional rights."). Thus, when a plaintiff seeks injunctive relief based on an alleged constitutional deprivation, "the two prongs of the preliminary injunction threshold merge into one . . . in order to show irreparable injury, plaintiff must show a likelihood of success on the merits." *Turley v. Giuliani*, 86 F. Supp. 2d 291, 295 (S.D.N.Y. 2000).

This blended inquiry gets to the core of the parties' dispute: how does the Supreme

Court's 115-year-old opinion in *Jacobson v. Massachusetts* impact the constitutional analysis otherwise applicable to state action alleged to burden a fundamental right? According to Page, the Supreme Court has spent the decades since *Jacobson* refining and adopting a much more demanding approach to this question in the form of a means–ends test known as strict scrutiny. Defendants, on the other hand, contend that *Jacobson*'s much more forgiving standard applies to all constitutional questions that arise during a public health emergency.

Jacobson is old law. The facts arose in the midst of a 1902 outbreak of smallpox in the city of Cambridge. *Jacobson*, 197 U.S. at 12-13. Municipal health officials, acting pursuant to a Massachusetts state law that empowered them to mandate vaccinations if deemed necessary "for the public health or safety," had ordered all citizens to be vaccinated to curb the spread of the disease. *Id.* at 12. Henning Jacobson refused, insisting he had a Fourteenth Amendment right "to care for his own body and health in such a way as to him seems best." *Id.* at 26. The State fined him \$5 for the trouble. *Id.* at 21.

Mr. Jacobson's constitutional challenge to the validity of the State's compulsory vaccination law eventually made its way to the Supreme Court, which rejected a claim that today we would recognize as a substantive due process challenge. *Jacobson*, 197 U.S. at 12. In *Jacobson*, the Court reasoned that the Constitution's guarantee of individual liberty "does not import an absolute right in each person to be, at all times and in all circumstances, wholly freed from restraint." *Id.* at 26.

Jacobson held that it was within the State's police power to impose a mandatory vaccination regime in an effort to protect the community "against an epidemic of disease which threatens the safety of its members." 197 U.S. at 26. In finding the plaintiff's personal liberty interest outweighed by the State's interest in protecting the public as a whole, the

Court cautioned that judicial scrutiny of emergency public health measures should be reserved for those actions that bear "no real or substantial relation to" the object of protecting "the public health, the public morals, or the public safety," or that are "beyond all question, a plain, palpable invasion of rights secured by the fundamental law." 197 U.S. at 31.

Page contends that this deferential test has since been supplanted, at least in part, by modern constitutional analysis. According to plaintiff, the "plain, palpable invasion of rights" language from *Jacobson* is best understood as an instruction to courts to refer to the "extant body of constitutional law" to evaluate state action that burdens a fundamental right. In other words, plaintiff contends that defendants must still satisfy strict scrutiny.

Of course, *Jacobson* does not speak in terms of "means" and "ends," the stock-in-trade of modern constitutional analysis when restrictions are alleged to burden certain constitutional rights. But that is to be expected, since the Supreme Court did not even begin the project of building out tiers of judicial scrutiny until thirty years later. *United States v. Carolene Prods. Co.*, 304 U.S. 144, 152 n.4 (1938).

Page is correct that today, state action that burdens a fundamental right or liberty interest is ordinarily subject to strict scrutiny, which has been called "the most demanding test known to constitutional law." *City of Boerne v. Flores*, 521 U.S. 507, 534 (1997). Under that test, the challenged action "must be narrowly tailored to promote a compelling Government interest," and "must use the least restrictive means to achieve its ends." *Evergreen Ass'n, Inc. v. City of N.Y.*, 740 F.3d 233, 246 (2d Cir. 2014) (citation omitted).

Page is also correct that the Supreme Court has recently applied strict scrutiny to state action that burdened the fundamental right to travel. In *Saenz v. Roe*, the Supreme Court invalidated a state law limiting certain welfare benefits for citizens who failed to meet a

twelve-month durational residency requirement. 526 U.S. at 498, 511.

Finally, Page rightly points out that *Jacobson* has its detractors. The most relevant to this discussion might be *Bayley's Campground Inc. v. Mills*, a case in which a federal trial court in Maine refused to apply *Jacobson*'s deferential framework to an executive order requiring all persons entering the State to self-quarantine as a means of slowing the spread of coronavirus. 2020 WL 2791797, at *9 (D. Me. May 29, 2020), *reconsideration denied*, 2020 WL 3037252 (D. Me. June 5, 2020).

Although *Mills* ultimately denied preliminary injunctive relief from the quarantine requirement on other grounds, the court criticized *Jacobson* at length, characterizing it as "a legal standard that is at least the opposite of strict judicial scrutiny" that amounts to "a rubber stamp for all but the most absurd and egregious restrictions on constitutional liberties." 2020 WL 2791797, at *7-8.

This view has other supporters. See, e.g., *S. Bay United Pentecostal Church v. Newsom*, 959 F.3d 938, 942 (9th Cir. 2020) (Collins, J., dissenting) ("Nothing in *Jacobson* supports the view that an emergency displaces normal constitutional standards."). But a review of the current landscape confirms that they are solidly in the minority. Courts faced with constitutional challenges to quarantine orders have continued to rely on *Jacobson*, even before the current coronavirus pandemic. See, e.g., *Hickox v. Christie*, 205 F. Supp. 3d 579, 591 (D.N.J. 2016) (evaluating constitutional challenge to federal quarantine order asserted by a plaintiff returning to U.S. after treating Ebola patients abroad).

As relevant here, courts across the country have nearly uniformly relied on *Jacobson*'s framework to analyze emergency public health measures put in place to curb the spread of coronavirus. See, e.g., *In re Abbott*, 954 F.3d 772, 785 (5th Cir. 2020) (faulting district court

for "ignor[ing] the framework governing emergency public health measures" set forth in *Jacobson*); *In re Rutledge*, 956 F.3d 1018, 1028 (8th Cir. 2020) ("[T]he district court's failure to apply the *Jacobson* framework produced a patently erroneous result."); *Carmichael v. Ige*, 2020 WL 3630738, at *5 n.6 (D. Haw. July 2, 2020) (rejecting assertion that *Jacobson* is inapplicable to plaintiffs' challenge to quarantine requirement); *Ass'n of Jewish Camp Operators v. Cuomo*, –F. Supp. 3d–, 2020 WL 3766496, at *8 (N.D.N.Y. July 6, 2020) (Suddaby, J.) ("[T]he Court joins the many courts throughout the country that rely on *Jacobson* when determining if a governor's executive order has improperly curtailed an individual's constitutional right during the COVID–19 pandemic."); *McCarthy v. Cuomo*, 2020 WL 3286530, at *3 (E.D.N.Y. June 18, 2020) (applying *Jacobson* to reject challenge to several State Executive Orders related to the pandemic); *Geller v. De Blasio*, –F. Supp. 3d –, 2020 WL 2520711, at *3 (S.D.N.Y. May 18, 2020) (applying intermediate scrutiny "through th[e] lens" of *Jacobson* to reject a First Amendment challenge to New York City's order restriction non-essential gatherings).

And while it does not come in the form of binding precedent, no less an authority than the Chief Justice of the Supreme Court has thrown his support behind the continued vitality of *Jacobson*'s deferential framework in the midst of this unfolding public health crisis. *S. Bay United Pentecostal Church v. Newsom*, 140 S. Ct. 1613-14 (mem.) (Roberts, C.J., concurring) (opining that politically accountable officials are deserving of especially broad latitude in areas of medical and scientific uncertainty).

Thus, while *Jacobson* "has been thoughtfully criticized by legal scholars for lacking in limiting principles characteristic of legal standards," *Mills*, 2020 WL 2791797, at *8, the case "remains alive and well - including during the present pandemic." *Altman v. Cty. of Santa*

Clara, –F. Supp. 3d–, 2020 WL 2850291, at *7 (N.D. Cal. June 2, 2020) (rejecting assertion that *Jacobson* was merely "arcane constitutional jurisprudence" in challenge to municipal shelter-in-place order issued during the pandemic).

Under *Jacobson*, "[t]he bottom line is this: when faced with a society-threatening epidemic, a state may implement emergency measures that curtail constitutional rights so long as the measures have at least some 'real or substantial relation' to the public health crisis and are not 'beyond all question, a plain, palpable invasion of rights secured by the fundamental law.'" *In re Abbott*, 954 F.3d at 784 (quoting *Jacobson*, 197 U.S. at 31).

Measured against this deferential standard, Page has no chance of success on the merits of any of her claims. Defendants' submissions establish that COVID–19 "is a highly infectious and potentially deadly respiratory disease caused by a newly discovered coronavirus that spreads easily from person-to-person." Hutton Decl., Dkt. No. 11-5 ¶ 5. These submissions also establish that the virus that causes COVID–19 "has an incubation period of up to fourteen days." *Id.* ¶ 21.

As defendants explain, "[f]ourteen days was selected as the quarantine period because fourteen days is understood to be the average incubation period for the COVID–19 virus If a person is not exhibit any symptoms fourteen days after entering the state, it is unlikely that he or she was infected with the virus at the time of entry. Hutton Decl. ¶ 36. Plaintiff has made no contrary showing. Accordingly, plaintiff has not demonstrated that the Executive Order bears "no real or substantial relation" to public health.

Nor is the self-quarantine requirement a "plain, palpable invasion" of Page's fundamental right to travel. Far from it. Under the plain terms of the Executive Order, individuals from restricted states remain free to enter New York. They must comply with the

quarantine requirement after they arrive, but that requirement is equally applicable to a New York resident who has arrived from a restricted state. And whether resident or non-resident, any traveler who completes the quarantine remains completely free to travel freely within the State itself. Accordingly, plaintiff has not demonstrated⁵ that the Executive Order is "beyond all question, a plain, palpable invasion of rights secured by the fundamental law."

These conclusions would be the same even if the Court approached Page's challenge to the Executive Order the same way that Judge Schofield did in *Corbett*. There, the court concluded that the State's self-quarantine requirement burdened the plaintiff's right to travel because it "deters individuals from entering the state." *Corbett* at 25 (referring generally to the Supreme Court's decision in *Saenz*).

Even so, *Corbett* reasoned that, "in these extraordinary circumstances," the "general principles" set forth in *Jacobson* must still "inform" the strict scrutiny analysis. *Corbett* at 25-26. Applying that formulation, Judge Schofield found that New York had a compelling interest in combating the spread of the virus, that the State had demonstrated the quarantine measure was the least burdensome way to serve that interest, and that less restrictive means were considered but found to not be viable. *Id.* at 26. Defendants have made the same showing in this case. Hutton Decl. ¶¶ 40, 44-45.

Finally, the parties' briefing and presentation at oral argument raise two additional points that warrant brief discussion. First, Page has criticized defendants' characterization of the quarantine requirement as an essential component of New York's ongoing coronavirus

⁵ At oral argument, there was a good deal of cross-talk about burdens. Plaintiff, as the party seeking a preliminary injunction, bears the burden of demonstrating an entitlement to that relief. Defendant, as the party defending state action subject to strict scrutiny (if it applied, which it does not under these circumstances) would bear the ultimate burden of demonstrating its constitutionality at summary judgment or trial.

response. In plaintiff's view, the State's claim of necessity is totally undermined by the fact that defendants have already managed to "flatten the curve" without restricting interstate travel. According to plaintiff, if cases do begin to rise defendants should just re-impose "the same restrictions that [they] did earlier to halt the pandemic and to flatten the curve without the 14-day quarantine." Tr. at 7:10-13.

The problem for Page is that neither *Jacobson* nor *Corbett* (nor the law of strict scrutiny, for that matter) requires policymakers to enact inflexible, unchanging measures that fail to account for the facts on the ground. If anything, just the opposite is true. Under any standard of review, public health officials can and should continue calibrating their responsive measures to the situation as it unfolds.

Defendants' submissions establish that the State's early response aimed to slow a threat from within: the *intrastate* spread of coronavirus, which had broken out in the downstate area and in other regional hubs of activity. Hutton Decl. ¶¶ 9-10, 24, 26. As New York made progress on that front, other states around the country began to report a significant uptick in positive test rates. *Id.* ¶ 32. Thus, when the State began to roll back some of its internal restrictions, it sought ways to slow a new threat from without: the *interstate* spread of coronavirus, which in the ensuing months had become mathematically more likely to be carried in from states with high rates of positive tests. *Id.* ¶¶ 32-40.

Second, the Court declines to apply Page's proposed formulation of the interaction between *Jacobson* and more modern constitutional analysis. In her view, a plaintiff who alleges the deprivation of a fundamental right has necessarily satisfied the "plain, palpable invasion" language of *Jacobson*, which opens the door to the same means–end scrutiny of challenged state action that would ordinarily occur in the absence of a public health crisis.

But this circular exercise is just a roundabout way of saying that *Jacobson* should be held inapplicable to certain constitutional rights. Whether you called it strict scrutiny or something else, this approach would preserve a subset of rights that could hardly ever be lawfully curtailed, even for limited durations and even in response to a public health emergency. Yet it is the temporary infringement of those core rights that generates the greatest impact on public health during an outbreak of disease. See, e.g., *Jacobson*, 197 U.S. at 12-13 (objecting to compulsory vaccination against smallpox); *Geller*, 2020 WL 2520711, at *1 (objecting to emergency order restricting non-essential gatherings during coronavirus pandemic).

That is why nearly every court to consider these issues has chosen to rely on *Jacobson*'s community-oriented framework. See, e.g., *In re Abbott*, 954 F.3d at 786 ("*Jacobson* instructs that *all* constitutional rights may be reasonably restricted to combat a public health emergency."); *Best Supplement Guide, LLC v. Newsom*, 2020 WL 2615022, at *4 (E.D. Cal. May 22, 2020) ("Although courts have not yet defined the precise contours of this [plain, palpable invasion] standard, it plainly puts a thumb on the scale in favor of upholding state and local officials' emergency public health responses.").

This is not to say that *Jacobson* grants the State *carte blanche* to run roughshod over the Constitution. "As other judges have emphasized, *Jacobson* preserves the authority of the judiciary to strike down laws that use public health emergencies as a pretext for infringing individual liberties." *Cassell v. Snyders*, –F. Supp. 3d–, 2020 WL 2112374, at *7 (N.D. Ill. May, 3, 2020). And no matter what, "*Jacobson*'s reach ends when the epidemic ceases." *Id.*

In sum, Page cannot show any likelihood of success on the merits of her claims and therefore she is not entitled to the presumption of irreparable harm that attaches to the

alleged deprivation of a constitutional right. *Jolly*, 76 F.3d at 482. Beyond that, the injunctive relief sought by plaintiff would also upset a major component of the State's current public health response to COVID-19. See, e.g., *Nken v. Holder*, 556 U.S. 418, 435 (2009) (holding that the "balance of equities" and "public interest" components of the preliminary injunction analysis merge when government is the party opposing relief). Accordingly, plaintiff's motion for a preliminary injunction will be denied.

B. Motion to Dismiss

Defendants have cross-moved to dismiss Page's complaint in its entirety. In their view, plaintiff's claims fail regardless of whether they are analyzed under *Jacobson* or the more traditional framework for evaluating right to travel claims. Def.'s Opp'n at 18. Plaintiff responds that defendants' motion "is little more than yelling 'Pandemic!' in a crowded theatre and waiting for the judges in the audience to flee for the exits." Pl.'s Reply at 19. According to plaintiff, the complaint plainly alleges that the Executive Order "places an onerous burden on interstate travel that does not satisfy strict scrutiny." *Id.* at 20.

"To survive a Rule 12(b)(6) motion to dismiss, the '[f]actual allegations must be enough to raise a right to relief above the speculative level.'" *Forjone v. Dep't of Motor Vehicles*, 414 F. Supp. 3d 292, 298 (N.D.N.Y. 2019) (quoting *Ginsburg v. City of Ithaca*, 839 F. Supp. 2d 537, 540 (N.D.N.Y. 2012)). "Dismissal is appropriate only where plaintiff has failed to provide some basis for the allegations that support the elements of his claims." *Id.*

"When ruling on a motion to dismiss, the court must accept as true all of the factual allegations contained in the complaint and draw all reasonable inferences in the non-movant's favor." *United States v. Bedi*, 318 F. Supp. 3d 561, 564-65 (N.D.N.Y. 2018) (citation omitted). "In making this determination, a court generally confines itself to the facts

stated on the face of the complaint, . . . documents appended to the complaint or incorporated in the complaint by reference, and . . . matters of which judicial notice may be taken." *Forjone*, 414 F. Supp. 3d at 298 (citation and internal quotation marks omitted).

A. Equal Protection & the Citizenship Clauses

Page's complaint alleges that Executive Order 205 violates the Equal Protection Clause of the Fourteenth Amendment and both citizenship clauses (found in the Fourteenth Amendment and in Article IV) because it "imposes a penalty on the right to travel," Compl. ¶¶ 41-49, and violates her "fundamental right to freely travel interstate," Compl. ¶ 55.

"The Equal Protection Clause of the Fourteenth Amendment commands that no State shall 'deny to any person within its jurisdiction the equal protection of the laws,' which is essentially a direction that all persons similarly situated should be treated alike." *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 439 (1985) (quoting *Plyler v. Doe*, 457 U.S. 202, 216 (1982)); see also *Connelly v. Steel Valley Sch. Dist.*, 706 F.3d 209, 213 (3d Cir. 2013) (analyzing Privileges or Immunities Clause claim under Equal Protection standard); *Selevan v. N.Y. Thruway Auth.*, 584 F.3d 82, 102 (2d Cir. 2009) (analyzing Privileges and Immunities Clause claim under *Saenz*).

Contrary to Page's assertion, it is far from clear that Executive Order 205 burdens one or more of the three components of the right to travel identified by the Supreme Court in *Saenz*. The Court recognizes that *Corbett* held otherwise. But it is worth emphasizing that the Executive Order is, for example, unlike the quarantine requirement challenged in *Mills*, which effectively closed the borders of Maine "to any out-of-stater who does not own or rent property" by directing hotels, motels, and even campgrounds to turn away all travelers who had not already completed their quarantine within the state. *Mills*, 2020 WL 2791797, at *10.

Executive Order 205 is different. Under the plain terms of the Order, individuals from restricted states remain free to enter New York. They must comply with the quarantine requirement after they arrive, but that requirement is equally applicable to a New York resident who has arrived from a restricted state. And whether resident or non-resident, any traveler who completes the quarantine remains completely free to travel freely within the State itself. In other words, the State is not drawing a distinction between residents and non-residents but between individuals with and without a mathematically heightened risk of spreading COVID–19. See *Carmichael*, 2020 WL 3630738, at *7.

Besides, "not everything that deters travel burdens the fundamental right to travel." *Matsuo v. United states*, 586 F.3d 1180, 1183 (9th Cir. 2009); see also *Selevan*, 584 F.3d at 101 & n.9 (suggesting that minor restrictions on the right to travel do not always amount to a "penalty"). And if you begin from this baseline assumption, all of the cases on which Page relies to justify the application of heightened scrutiny begin to look like a poor fit for evaluating a fourteen-day quarantine requirement that is equally applicable to residents and non-residents alike.

For instance, *Guest* is a criminal appeal from the denial of a motion to dismiss an indictment alleging a conspiracy to deprive citizens of the right to travel. 383 U.S. at 747 & n.1. There, a group of defendants were accused of, *inter alia*, shooting and killing an African–American man traveling in a car with a group of his friends. *Id.* *Dunn* invalidated a one-year residency requirement for voting in a Tennessee election. 405 U.S. at 334. *Jones* entertained a challenge to a Georgia law that elevated the misdemeanor crime of child abandonment to a felony if the parent fled the State. 452 U.S. at 415 & n.7. And *Saenz* involved a twelve-month waiting period imposed by California on newly arrived residents in

an effort to save money. 526 U.S. 492-94.

The facts of these cases are all markedly different, and draw different markedly classifications, than the fourteen-day quarantine imposed on travelers by the Executive Order. In any event, plaintiff has failed to state a plausible claim for relief under the deferential framework of *Jacobson*. Accordingly, these claims will be dismissed.

B. Due Process

Page's complaint also alleges that Executive Order 205 violates the Due Process Clause of the Fourteenth Amendment because it "compels persons . . . to quarantine without requiring the government to demonstrate that the person has COVID-19 or was actually exposed to COVID-19." Compl. ¶ 63.

The Due Process Clause protects procedural and substantive rights. "Procedural due process requires that 'a deprivation of life, liberty, or property be preceded by notice and opportunity for hearing appropriate to the nature of the case.'" *Ceja v. Vacca*, 503 F. App'x 20, 22 (2d Cir. 2012) (summary order) (quoting *Cleveland Bd. of Educ. v. Loudermill*, 470 U.S. 532, 542 (1985)).

"Procedural due process rules are meant to protect persons . . . from the mistaken or unjustified deprivation of life, liberty, or property." *Carey v. Piphus*, 435 U.S. 247, 259 (1978). "Substantive due process protects against government action that is arbitrary, conscience shocking, or oppressive in a constitutional sense, but not against a government action that is incorrect or ill-advised." *Kisembo v. N.Y. State Office of Children & Family Servs.*, 285 F. Supp. 3d 509, 521 (N.D.N.Y. 2018) (citation omitted).

There is nothing conscience-shocking about the Executive Order. As the foregoing discussion should have made clear, states around the country are grappling with an

unfolding public health crisis. The principal constitutional guidance on what amounts to a permissible response to this crisis is over one hundred years old. At best, Page has alleged state action that might be considered "incorrect or ill-advised." Accordingly, plaintiff has failed to state a substantive due process claim.

Page has also failed to plead a procedural due process claim. The constitutional safeguard of due process is not some "technical conception with a fixed content unrelated to time, place and circumstances." *Cafeteria & Rest. Workers v. Mcelroy*, 367 U.S. 886, 895 (1961) (cleaned up). "[D]ue process is flexible and calls for such procedural protections as the particular situation demands." *Morrissey v. Brewer*, 408 U.S. 471, 481 (1972). For instance, summary administrative action may be justified "where, as here, it responds to situations in which swift action is necessary to protect the public health and safety." *Hodel v. Va. Surface Mining & Reclamation Ass'n, Inc.*, 452 U.S. 264, 299-300 (1981).

Even assuming the Executive Order infringed her liberty interest in the right to travel, the COVID–19 pandemic is precisely the "scenario for which emergency action would be expected." *Mills*, 2020 WL 2791797, at *12. And although the Second Circuit has warned that summary action should generally be followed by a "prompt post-deprivation hearing," Page has not alleged that she has been denied access to an adequate remedy under State law. *Cf. DiBlasio v. Novello*, 413 F. App'x 352, 357 (2d Cir. 2011) (summary order). Accordingly, these claims will also be dismissed.

IV. CONCLUSION

Jacobson was decided just after the turn of the last century, at a time when medical science was in its adolescence if not still in its infancy. Because it endorses an approach to constitutional analysis that has fallen out of fashion, it is admittedly strange—and even a little

alarming—to discover that *Jacobson* is still considered the right tool for evaluating state action taken to protect public health. Yet unless and until the Supreme Court revisits *Jacobson* and fashions a test that demands a more particularized showing from public health officials in light of the unbelievable medical achievements of the twenty-first century, it remains a complete roadblock to Page's claims.

Therefore, it is

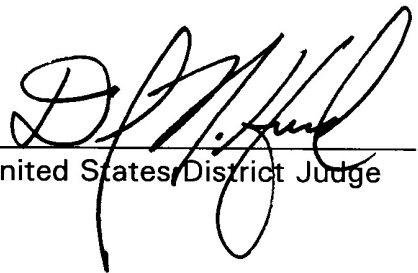
ORDERED that

1. Page's motion for a preliminary injunction is DENIED;
2. Defendants' motion to dismiss is GRANTED; and
3. Page's complaint is DISMISSED.

The Clerk of the Court is directed to terminate the pending motions, enter a judgment accordingly, and close the file.

IT IS SO ORDERED.

Dated: August 11, 2020
Utica, New York.



United States District Judge

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

CYNTHIA PAGE,
Plaintiff,

v.

ANDREW CUOMO, in his official capacity as
Governor of the State of New York; HOWARD A.
ZUCKER, in his official capacity as
Commissioner, Department of Health of the State
of New York,
Defendants.

No. 1:20-cv-732 (DNH/TWD)

Hon. David N. Hurd

DECLARATION OF CYNTHIA PAGE

I, Cynthia Page, make this declaration pursuant to 28 U.S.C. § 1746 and based on my personal knowledge and upon information and belief where noted.

1. I am an adult citizen of the United States, a resident of Arizona, and a plaintiff in this case.

2. Attached to this declaration as Exhibit A is, upon information and belief, a true and correct copy of Executive Order 205, which was signed by Governor Cuomo on June 24, 2020. The order took effect on June 25, 2020. A copy of this order is available online at <https://www.governor.ny.gov/news/no-205-quarantine-restrictions-travelers-arriving-new-york> (last visited July 9, 2020).

3. Pursuant to Executive Order 205, “The commissioner of the Department of Health [is] to issue a travel advisory to be communicated widely at all major points of entry into New York, including on highway message boards and in all New York airports, that: All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven day rolling average, will be required to

quarantine for a period of 14 days consistent with Department of Health regulations for quarantine.”

4. Upon information and belief, pursuant to Executive Order 205, the New York Department of Health issued “Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel” (hereinafter referred to as “DOH Guidance”). Howard A. Zucker is the Commissioner of the New York Department of Health.

5. Attached to this declaration as Exhibit B is, upon information and belief, a true and correct copy of the DOH Guidance. A copy of the DOH Guidance is available online at https://coronavirus.health.ny.gov/system/files/documents/2020/06/interimguidance_traveladvisor_y.pdf (last visited July 9, 2020).

6. Attached to this declaration as Exhibit C is, upon information and belief, a true and correct listing of the “Restricted States” as of July 9, 2020. Arizona is listed as one of the restricted states. A copy of the “Restricted States” list, which is constantly evolving, is available online at <https://coronavirus.health.ny.gov/covid-19-travel-advisory> (list visited July 9, 2020).

7. Pursuant to Executive Order 205 and the DOH Guidance, persons traveling from one of the “restricted” states are required to quarantine for 14 days, unless the traveler is an “essential worker.”

8. The quarantine requirements under the DOH Guidance and thus Executive Order 205 include the following restrictions:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.
- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.

- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.

- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.

- Garbage must be bagged and left outside for routine pick up. Special handling is not required.

- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.

- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.

- The quarters must be secure against unauthorized access.

9. The quarantine restrictions required by Executive Order 205 and the DOH Guidance are the equivalent of a house arrest. However, there is no requirement that the Governor or the Department of Health demonstrate that the person quarantined actually has COVID-19 or was exposed to someone who has COVID-19.

10. Pursuant to Executive Order 205, "Any violation of a quarantine or isolation order issued to an individual pursuant to the Commissioner of the Department of Health's travel advisory by a local department of health or state department of health may be enforced pursuant to article 21 of the public health law, and non-compliance may additionally be deemed a violation pursuant to section 12 of the public health law subject to a civil penalty of up to \$10,000."

11. Upon information and belief, the civil penalty for violating Executive Order 205 may be recovered by an action brought by the Commissioner of the New York Department of Health in any court of competent jurisdiction. N.Y. Pub. Health Law § 2(2).

12. The DOH Guidance created a “snitch line” whereby a person can “file a report of an individual failing to adhere to the quarantine” restrictions.

13. The “restricted” states are mostly Red States. Included amongst the restricted states is Arizona.

14. I had plans to go to Brooklyn, New York to assist with packing up the home of Miriam Yerushalmi in preparation for the sale of her home. The Yerushalmi’s recently moved to California.

15. I was scheduled to fly from my home in Arizona to New York on June 29, 2020, and I was scheduled to be in New York for two weeks.

16. I was excited to travel to New York as it has been my lifelong dream to visit New York City.

17. Not only was this my last chance to see the sights of New York City with the Yerushalmi family, but now it was more important than ever for me to go and help Miriam as her husband, David, dislocated his shoulder and is now recovering from surgery. Because of his recent surgery, David cannot fly to New York nor would he be able to assist in any way with packing up the home.

18. Just as I was preparing to purchase my airline ticket on June 25, 2020, I learned that Governor Cuomo had issued Executive Order 205 and that Arizona was one of the “restricted” states requiring me to quarantine for two weeks upon my arrival in New York. As a result, I had to cancel my plans, even though I do not have COVID-19, I don’t have any symptoms of COVID-19, and I have not been exposed to anyone with COVID-19.

19. There was no way for me to fly to New York and then quarantine under the restrictive requirements of the DOH Guidance for two weeks before I could begin to help my

friend Miriam with her move. I was only scheduled to be in New York for two weeks. I could not extend my stay due to work and family obligations. This was and continues to be very upsetting for me.

20. Until this restriction is halted, I will be unable to travel to New York, and I will be unable to assist the Yerushalmi's with their move. As a result, my travel to New York and the moving plans are now on hold, causing irreparable harm to me and the Yerushalmi's.

21. I would like to travel to New York and will do so once this restriction is halted.

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Executed on the 9th day of July 2020.


Cynthia Page

EXHIBIT A



No. 205

EXECUTIVE ORDER

QUARANTINE RESTRICTIONS ON TRAVELERS ARRIVING IN NEW YORK

WHEREAS, the State of New York has successfully slowed the transmission of COVID-19;

WHEREAS, the State of New York has gone from having the highest infection rate to one of the lowest in the country and is one of only a few states reported to be on track to contain COVID-19;

WHEREAS, the Governor has undertaken a cautious, incremental and evidence-based approach to reopening the State of New York;

WHEREAS, other states that may have taken a less cautious approach are experiencing an increased prevalence of COVID-19;

WHEREAS, New York must work in conjunction with its neighboring states of New Jersey and Connecticut, in light of the significant risk posed to the health and welfare of all residents by the further spread of COVID-19 to the tristate area, to protect the progress made;

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, in particular Article IV, section one, I do hereby order and direct as follows:

The commissioner of the Department of Health to issue a travel advisory to be communicated widely at all major points of entry into New York, including on highway message boards and in all New York airports, that:

All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven day rolling average, will be required to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine.

The Commissioner may issue additional protocols for essential workers, or for other extraordinary circumstances, when a quarantine is not possible, provided such measures continue to safeguard the public health.

The criteria and the protocols will be coordinated with New Jersey and Connecticut Commissioners of Health, in order to ensure that the tristate area is protected from community transmission of COVID-19, while permitting free travel between and among the states.

Ex. A-1



GIVEN under my hand and the Privy Seal of the
State in the City of Albany this
twenty-fourth day of June in the year
two thousand twenty.

A handwritten signature in dark ink, appearing to be "Andrew Cuomo", written over a horizontal line.

BY THE GOVERNOR

A handwritten signature in dark ink, appearing to be "M. C.", written over a horizontal line.

Secretary to the Governor

EXHIBIT B



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: June 24, 2020

FROM: Office of the Commissioner

Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

Purpose

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has joined with New Jersey and Connecticut in jointly issuing a travel advisory for anyone returning from travel to states that have a significant degree of community-wide spread of COVID-19.

Background

Under Governor Andrew M. Cuomo's leadership, New York State has successfully slowed the transmission of COVID-19 to a rate that is unprecedented within the country. New York contracted COVID-19 from Europe, with over 2.2 million travelers coming in between the end of January and March 16, 2020, when the federal government finally implemented a full European travel ban. During that period of time, 2.2 million travelers landed in the New York metropolitan area and entered our communities. This, combined with the density and crowding of our population, caused New York to have the highest infection rate in the country.

After 116 days of strict adherence to data-driven, evidence-based protocols, including required social distancing and mandatory face coverings, and after the closure of our economy, New Yorkers have successfully reduced the spread of COVID-19 to one of the lowest rates in the nation. While New York has continued on this positive trajectory, other states have taken a more haphazard, less data-driven, less cautious approach, and are now experiencing a rapidly increasing rate of transmission of this deadly virus.

In response to this ongoing public health emergency and the risk posed by a resurgence of COVID-19, Governor Cuomo has issued Executive Order 205, requiring the New York State Commissioner of Health Dr. Howard Zucker to issue a travel advisory requiring all travelers coming from states with significant rates of transmission of COVID-19 (hereinafter "designated states") to quarantine for a 14-day period from the time of their last contact within such designated state(s). This action is taken in conjunction with neighboring states of New Jersey and Connecticut, considering the significant risk posed to the health and welfare of all residents by the further spread of COVID-19 throughout the tri-state area, and to protect the progress made in New York, this action is being taken in conjunction with neighboring states of New Jersey and Connecticut. This guidance sets forth the policies to be followed in New York State to effectuate the Department of Health travel advisory.

Criteria for Designating States with Significant Community Spread

All travelers entering New York who have recently traveled within a state with either:

- a positive test rate higher than 10 per 100,000 residents over a seven-day rolling average; or
- a testing positivity rate of higher than a 10% over a seven-day rolling average,

will be required to quarantine for a period of 14 days consistent with the Department of Health (DOH) regulations for quarantine. Data used to construct the metrics that determine the designated states from which individuals must quarantine is detailed in the tables [posted publicly](#) by all 50 states. Analysis of the metrics will be conducted weekly to determine if travelers from other states qualify.

The designated states with significant community spread will be conspicuously posted on the DOH [website](#) and will be updated weekly. Please check the site frequently as the information will change as often as daily, as rates of COVID-19 transmission increase or decrease.

Guidance for Travel

The travel advisory is effective at 12:01 am on Thursday, June 25, 2020. If you have traveled from within one of the designated states with significant community spread as defined by the metrics above, you must quarantine when you enter New York for 14 days from the last travel within such designated state, provided on the date you enter into New York State that such state met the criteria for requiring such quarantine.

The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel. Examples of such brief passage include but are not limited to: stopping at rest stops for vehicles, buses, and/or trains; or lay-overs for air travel, bus travel, or train travel.

The travel advisory requires all New Yorkers, as well as those visiting from out of state, to take personal responsibility for complying with the advisory in the best interest of public health and safety. To file a report of an individual failing to adhere to the quarantine pursuant to the travel advisory, please call 1-833-789-0470 or visit this website:

<https://mylicense.custhelp.com/app/ask>. Individuals may also [contact](#) their local department of health.

Quarantine Requirements

If you are returning from travel to a designated state, and if such travel was for longer than the limited duration outlined above, you are required to quarantine for 14 days, unless you are an essential worker identified below. The [requirements to safely quarantine](#) include:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.

- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.
- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

Travel Advisory Exemptions for First Responders and Essential Workers

Exceptions to the travel advisory are permitted for essential workers and are limited based on the duration of time in designated states, as well as the intended duration of time in New York. The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health.

Short Term – for essential workers traveling to New York State for a period of less than 12 hours.

- This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
- Essential workers should stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Medium Term – for essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.

- This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term – for essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.

- This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities.
- Essential workers should seek diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours) to ensure they are not positive.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
- Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 7 days.

Essential workers and their employers are expected to comply with previously issued DOH [guidance](#) regarding return to work after a suspected or confirmed case of COVID-19 or after the employee had close or proximate contact with a person with COVID-19. Additionally, this guidance may be superseded by more specific industry guidance for a particular industry (e.g., for a nursing home worker, a negative test PCR test will be required before return to work). Consult with your employer regarding whether there is industry-specific guidance that may apply to you.

Please consult the DOH [website](#) and resources for additional details and information regarding isolation procedures for when a person under quarantine is diagnosed with COVID-19 or develops symptoms.

For reference, an “essential worker” is (1) any individual employed by an entity included on the Empire State Development (ESD) [Essential Business list](#); or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to DOH [Protocol for COVID-19 Testing, issued May 31, 2020](#), or (3) [any other worker deemed such by the Commissioner of Health](#).

Resources

Travel restrictions will help to contain the rates of COVID-19 transmission in New York State and will work to protect others from serious illness. All New Yorkers must take these travel directives seriously. Your cooperation is greatly appreciated. For further information, please visit:

- [DOH COVID-19 Website](#)
- [NYS Local Health Department Directory](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 Website](#)

[World Health Organization \(WHO\) COVID-19 Website](#)

EXHIBIT C

Restricted States

Based upon Governor Cuomo's Executive Order 205, issued June 25, 2020, the following states meet the criteria for required quarantine:

- Alabama
- Arkansas
- Arizona
- California
- Delaware
- Florida
- Georgia
- Iowa
- Idaho
- Kansas
- Louisiana
- Mississippi
- North Carolina
- Nevada
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Utah

This is based upon a seven day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

EXHIBIT 3

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

CYNTHIA PAGE,

Plaintiff,

DECLARATION

-against-

20-CV-4864 (LGS)

ANDREW M. CUOMO, in his official capacity as Governor of the State of New York; HOWARD A. ZUCKER, in his official capacity as Commissioner, Department of Health of the State of New York.

Defendants.

Brad Hutton, on the date noted below and pursuant to § 1746 of title 28 of the United States Code, declares the following to be true and correct under penalty of perjury under the laws of the United States of America:

1. My name is Brad Hutton, and I am the Deputy Commissioner of the Office of Public Health at the New York State Department of Health ("DOH"). I have been the Deputy Commissioner of the Office of Public Health since July 2016 and have been employed by the Department since 1994. In my position, I oversee the Office of Public Health, which has more than 3,000 employees statewide. I am responsible for all public health activities including communicable disease control, chronic disease and tobacco control, environmental health, emergency preparedness, Wadsworth Center—the state public health laboratory—and other community health programs.
2. In my role as Deputy Commissioner of Public Health, I serve in a lead role in the Incident Command Structure for the response to the COVID-19 pandemic in DOH along with the

Commissioner of Health and Executive Deputy Commissioner.

3. I am familiar with the facts set forth herein based on personal knowledge and expertise, and DOH records. I make this declaration in support of the Defendants' opposition to the Plaintiff's Motion for Preliminary Injunction.

January–February 2020 — Novel Coronavirus Spreads Worldwide

4. On January 7, 2020, following an outbreak of pneumonia of unknown etiology in China's Wuhan Province, Chinese authorities identified a novel coronavirus—COVID-19. Its spread around the world has been well documented. See Exhibit A (World Health Organization ("WHO") Situation Report 1).
5. COVID-19 is a highly infectious and potentially deadly respiratory disease caused by a newly discovered coronavirus that spreads easily from person-to-person. Exh. B.
6. Because there is no pre-existing immunity against this new virus, it has spread worldwide in an exceptionally short period of time, posing a "serious public health risk." *Id.*
7. On January 31, 2020, the WHO declared a "public health emergency of international concern." Exh. C.
8. On March 13, 2020, the President of the United States declared a national emergency. Exh. E.

March 2020 — COVID-19 Surges in the State of New York

9. New York recorded its first cases of COVID-19 on March 1, 2020, in New York City and on March 2, 2020, in Westchester County.
10. On March 7, 2020, Governor Cuomo declared a State of Emergency. As of March 7, 2020, 60 people had tested positive for COVID-19 in the State of New York. See Exhibit B (Images from the New York State Department of Health's COVID-19 Tracker). Cases in the United States totaled 275. See Exhibit C (Images from the Centers for Disease

Control's ("CDC") Coronavirus Disease Dashboard). Cases worldwide totaled 179,111, with 7,426 deaths reported. See Exhibit D (WHO Situation Report 57).

11. On March 11, 2020, the WHO declared COVID-19 a global pandemic. See Exhibit E (WHO Pandemic Announcement).
12. By March 20, 2020, the number of individuals testing positive for COVID-19 in New York approached 10,000, and deaths exceeded 150. See Exhibit F (Image from Johns Hopkins University's Coronavirus Resource Center).

New York's Health Care System Is Nearly Overwhelmed

13. By April 20, 2020, over 267,000 individuals had tested positive for COVID-19, and over 13,000 people had died from COVID-19. See Exhibit G (Images from Johns Hopkins University's Coronavirus Resource Center).
14. These events placed significant strain on New York State's healthcare system. For example, as the virus spread, New York faced a shortage of hospital beds, ventilators, and personal protective equipment such as masks and gloves.
15. As a result, field hospitals were set up around the state, including at the Javits Center in New York City. The United States Navy sent the U.S.N.S. Comfort, a Mercy-class hospital ship, to New York to assist with medical care.
16. Funeral homes were also overwhelmed, resulting in the use of mass graves to bury the dead.
17. At the worst stage of the pandemic, New York State had more coronavirus cases than any single country in the world.

New York State on PAUSE

18. Public health efforts aimed to stop the pandemic from overwhelming our healthcare system are sometimes referred to as "flattening the curve." The "curve" in question refers

to the projected increase in COVID-19 demands on the health care system over time. See Exhibit H (Projection Model).

19. The rapid spread of COVID-19 in New York, in the United States, and worldwide, as detailed above, presented and continues to present a grave threat to New Yorkers and to New York's health care system. However, by taking strong action to ensure social distancing as well as other important measures, that threat can be mitigated, and the curve can be flattened, so that the burdens of COVID-19 are spread over a longer period of time and our health care system can continue to function at a high level.
20. COVID-19 "spreads through droplets released into the air when an infected person coughs or sneezes. The droplets generally do not travel more than a few feet, and they fall to the ground (or onto surfaces) in a few seconds." See Exhibit I (Johns Hopkins, "What is Coronavirus?"). "Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials." See Exhibit J (CDC, "Cleaning and Disinfection for Households.").
21. COVID-19 has an incubation period of up to fourteen days. See Exhibit I (Johns Hopkins, "What is Coronavirus?"). Social distancing is one of the most effective means of limiting transmission of COVID-19. *Id.*
22. The CDC has thus issued guidance recommending that people comply with social distancing measures in order to prevent the spread of COVID-19. According to the CDC, "[l]imiting face-to-face contact with others is the best way to reduce the spread" of COVID-19. See Exhibit K (CDC, "Social Distancing"). In order to limit exposure to COVID-19 and slow its spread, the CDC recommends keeping at least six feet away from others outside your household and avoiding groups and crowded places. Social distancing "is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and

across the country and world” because it “helps limit contact with infected people and contaminated surfaces.” See *id.* (CDC, “Social Distancing.”).

23. As cases of COVID-19 rapidly increased across the globe, nations worldwide undertook emergency social distancing measures aimed at restricting its spread or “flattening the curve.” Many states, including New York, likewise have taken emergency action to ensure social distancing, flatten the curve, and slow the pandemic.

24. Among other measures aimed at flattening the curve, slowing the spread of COVID-19, and preventing the health care system from becoming overburdened, Governor Cuomo issued multiple Executive Orders restricting gatherings.

- March 12, 2020 — gatherings in excess of five hundred people prohibited; smaller gatherings limited to 50 percent capacity; theaters in large cities closed. See Exhibit L (Executive Order 202.1).
- March 16, 2020 — gatherings in excess of 50 people prohibited; all bars, restaurants, gambling establishments, gyms, movie theaters indefinitely closed. See Exhibit M (Executive Order 202.3). All non-essential state and local workers to stay home, “except for those personnel essential to the . . . response to the COVID-19 emergency.” See Exhibit N (Executive Order 202.4). All schools closed until no earlier than April 1, 2020. *Id.*
- March 18, 2020 — All malls and places of public amusement closed. See Exhibit O (Executive Order 202.5).

25. On March 20, 2020, the governor announced the New York State on PAUSE initiative. In his press conference announcing the initiative, the Governor explained that “[w]e know the most effective way to reduce the spread of this virus is through social distancing and density reduction measures This executive order builds on the actions we have taken to reduce the spread of the virus and protect the wellbeing of our friends, colleagues and neighbors.” See <https://www.governor.ny.gov/news/governor-cuomo-signs-new-york-state-pause-executive-order>.

26. The 10-point New York State on PAUSE plan is as follows:

- All non-essential businesses statewide closed, effective March 22, 2020, at 8pm;
- Non-essential gatherings of individuals of any size for any reason (e.g. parties, celebrations or other social events) are canceled or postponed at this time;
- Any concentration of individuals outside their home must be limited to workers providing essential services and social distancing should be practiced;
- When in public individuals must practice social distancing of at least six feet from others;
- Businesses and entities that provide other essential services must implement rules that help facilitate social distancing of at least six feet;
- Individuals should limit outdoor recreational activities to non-contact and avoid activities where they come in close contact with other people;
- Individuals should limit use of public transportation to when absolutely necessary and should limit potential exposure by spacing out at least six feet from other riders;
- Sick individuals should not leave their home unless to receive medical care and only after a telehealth visit to determine if leaving the home is in the best interest of their health;
- Young people should also practice social distancing and avoid contact with vulnerable populations; and
- Use precautionary sanitizer practices such as using isopropyl alcohol wipes.

See Exhibit P (New York PAUSE). All of these actions were taken to limit the spread of the virus.

APRIL, MAY, and JUNE 2020—New York Appears to Flatten the Curve

27. Before the New York State on PAUSE initiative, the daily increase in the number of positive COVID-19 tests had been rising quickly. On March 19, the number of positive tests increased nearly 70%, from, 1,769 to 2,950. For the remainder of March and early April, the number of positive tests increased at an average rate of approximately 20% per day. On April 9, 2020, alone, over 10,000 people tested positive for COVID-19. Since April 9,

2020, the number of positive tests per day has declined steadily. On May 28, 2020, over 1,700 people tested positive for COVID-19. On June 29, 2020, 46,428 people were tested and only 319 tested positive—a positivity rate below .7 %. On July 19, 2020, 49,342 people were tested and only 519 tested positive for COVID-19. See Exhibit Q (Images from DOH's COVID-19 Tracker).

28. The transmission rate, also known as the reproduction rate—which measures the number of individuals infected on average by an infected individual—was at 3.59 on February 24, 2020. The rate was as low as .67 on April 17, 2020. The rate remained consistent between .67 and .73 until May when the NY Forward transition began. Since reopening, the rate has remained low but has begun inching up as the state progresses through the phases of reopening. As of July 20, 2020, the transmission rate is now 1.04%, slightly above the critical 1.0, which warrants close monitoring. See Exhibit R (<https://rt.live/us/NY> (last visited July 19, 2020)).
29. Due to the success of the people of the State of New York at flattening the curve, New York City is in Phase Three of the re-opening process as of July 16, 2020, with all other regions in Phase Four. See Exhibit S (Images from New York Regional Monitoring Website).

The Pandemic Is Not Over

30. Despite the gains that New York has made, the pandemic is not over. On July 20, 2020, WHO reported 14,348,858 individuals confirmed positive for COVID-19, and 603,691 confirmed COVID-19 deaths worldwide. See Exhibit T (WHO COVID-19 Data Tracker). On July 20, 2020, the CDC reported that 3,761,362 individuals in the United States had tested positive for COVID-19, and 140,157 had died of COVID-19. See Exhibit U (Images from CDC Coronavirus Disease Dashboard).

31. Indeed, during the week of July 12 through July 18, the United States reported the highest seven-day average of new COVID-19 cases. See *id.*
32. As of June 30, 2020, 22 states had a positivity rate of over 10%, including Alabama, Arkansas, Arizona, California, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, New Mexico, Nevada, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Utah, and Wisconsin. See Exhibit V (Image from COVID-19 Travel Advisory).¹

Efforts to Sustain the Gains New York has Made

33. In an effort to sustain the gains attributable to the PAUSE initiative, the Governor, on June 24, issued Executive Order 205, “Quarantine Restrictions on Travelers Arriving in New York.” The Order requires all travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven-day rolling average, to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine. See Exhibit W.
34. Executive Order 205 gives discretion to the Commissioner of the Department of Health to issue additional protocols for essential workers, or for other extraordinary circumstances, when a quarantine is not possible, provided such measures continue to safeguard the public health.
35. On June 24, 2020, the Office of the Commissioner for the New York State Department of Health issued the “Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel. See Exhibit X.
36. Fourteen days was selected as the quarantine period because fourteen days is understood to be the average incubation period for the COVID-19 virus. A person can be

¹ Found at <https://coronavirus.health.ny.gov/covid-19-travel-advisory> (last visited July 20, 2020).

infected with the COVID-19 virus for up to fourteen days and not exhibit any symptoms. If a person is not exhibiting any symptoms fourteen days after entering the state, it is unlikely that he or she was infected with the virus at the time of entry.

37. The quarantine requirement is intended to both reduce the spread of the COVID-19 virus in New York and reduce and/or prevent a second undue strain on New York's health care system.

38. The State of New York, which includes the cultural and tourism hub of New York City, received 253,000,000 visitors in 2018²— more than 65,000,000 visited New York City.³ The quarantine requirement is intended to reduce the risk posed by a large number of people entering New York. It does this by ensuring that, before individuals who have entered the state come into contact with others, they quarantine and wait for symptoms to develop (if any). The absence of developing symptoms consistent with COVID-19 greatly reduces the likelihood that an individual has been infected with COVID-19.

39. Moreover, at the time the quarantine requirement was issued, and continuing to this day, other states had much higher infection rates than New York's. Our concern was that people in those states would travel to New York and unknowingly infect people here, thus further increasing the spread of the virus and the number of COVID-19 cases in New York.

40. In fact, the quarantine requirement only affects individuals traveling from states with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven-day rolling average. Therefore, the quarantine requirement is tailored to only apply to individuals from states where there is a much greater likelihood that they

² See <https://esd.ny.gov/industries/tourism> (last visited July 20, 2020).

³ See <https://www.nytimes.com/2019/01/16/nyregion/nyc-tourism-record.html> (last visited July 20, 2020).

are infected with COVID-19.

41. The purpose of the quarantine requirement is to reduce additional introductions of the virus into New York, limit new avenues of transmission, and slow the overall spread of the virus. There are exceptions in the quarantine rule for persons coming into New York to perform essential services, and we recognized that some of those people could be carrying the virus.
42. We determined that the risk from the people who would be exempt from the quarantine rule because they were performing essential services was relatively small. On the other hand, the risk from the people who, in the absence of a quarantine rule, would enter New York from specific states where the positivity rate was higher, was significantly larger.
43. The State of New York is not attempting to prevent travel to New York from persons currently out of state. Rather, our intent is to reduce the likelihood that any person who enters the state, whether a New York resident or not, could potentially transmit COVID-19 to others. We minimize the risk from those persons by ensuring that the vast majority of persons who enter the state do not interact in the community until it is more certain that they were not carrying the COVID-19 virus at the time of their arrival. Self-quarantine both controls the spread of the virus and reduces the possibility that New York's health care system will be over-taxed by a sudden flood of new cases.
44. We carefully considered various alternatives to the 14-day quarantine requirement. For example, we considered whether it would be feasible to prohibit persons exhibiting COVID-19 symptoms from entering the state. However, any such requirement would be ineffective because, as discussed above, individuals can be infected with the virus for up to 14 days before exhibiting symptoms.

45. We also considered whether it might be feasible to prohibit persons who have been exposed to the coronavirus, and/or those who have been in close contact with infected individuals, from entering the state. But this approach would also be unworkable because it is impossible for a person to know definitively that he or she was not exposed. Individuals can be carriers and transmitters of COVID-19 long before they exhibit symptoms, so an individual can expose many people to the virus before the individual learns he or she is carrying it. In addition, a large percentage of transmission is thought to occur before an individual develops symptoms. Those with whom the individual came in contact would have no way of knowing of the potential exposure.
46. At this time, the 14-day quarantine requirement is an effective step to protect the progress that New York has made toward containing the COVID-19 virus and reduce the threat to public health caused by infected persons who are entering New York. Conducting health screenings of persons entering the State would be inadequate because an infected person can be asymptomatic for 14 days and therefore might not have an elevated temperature. Also, people can have elevated temperatures for a host of reasons other than being infected with the COVID-19 virus, so using temperature readings would screen out many people who are not, in fact, carrying the virus.
47. There are tests that can be used to detect the presence of the COVID-19 virus in an individual. However, at the beginning of the pandemic, these tests were in short supply. There are still not sufficient quantities to test all of the millions of persons seeking to enter the state, especially given that there are some supply shortages due to the increased demand for testing occurring in other states. There are also laboratory tests that can look for the presence of antibodies, which signify a possible prior infection with COVID-19. However, there is significant scientific uncertainty about the accuracy of antibody-based

tests, as well as questions about their interpretation. As the supply of test kits increases, and we obtain better information about the interpretation of antibody tests, we will continue to evaluate the use of the tests as a substitute for, or an addition to, the existing quarantine requirement.

48. We recognize that there will be circumstances in which the 14-day quarantine rule might not be necessary. However, as a matter of public health policy, it is impossible to craft a rule that can account for every unique situation that might arise. Our goal in developing the quarantine requirement was to develop a rule that would account for the vast majority of risk posed by persons coming into New York from states with higher infection rates.

49. The 14-day quarantine requirement is the best way to adequately protect the public health while still ensuring that certain essential services and operations can continue.

50. As part of the enforcement of the quarantine restrictions, on July 13, 2020, Commissioner Zucker issued an Order for Summary Action related to the COVID-19 New York State Traveler Health Form. See Exhibit Y.

51. There are teams stationed at airports statewide to meet arriving aircrafts at gates and greet disembarking passengers to request proof of completion of the Department's Traveler Health Form, which is distributed to airline passengers before the flight, and when boarding and disembarking. See online guidance at <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.

52. Travelers who leave an airport without completing the form will be subject to a \$2,000 fine and may be brought to a hearing and ordered to complete mandatory quarantine. *Id.*

53. All individuals traveling to New York from any of the restricted states must complete the form upon entering New York. Travelers coming to New York from designated states through other means of transport, including trains and cars, must fill out the form online.

Id.

54. I declare under penalty of perjury that the foregoing is true and correct.

55. True and accurate copies of the following documents are attached hereto:

- A. Exhibit A: WHO Situation Report 1.
- B. Exhibit B: Images from the New York State Department of Health's COVID-19 Tracker.⁴
- C. Exhibit C: Images from the CDC's Coronavirus Disease Dashboard.⁵
- D. Exhibit D: WHO Situation Report 57.
- E. Exhibit E: WHO Declares Global Pandemic.
- F. Exhibit F: Image from Johns Hopkins University's Coronavirus Resource Center.⁶
- G. Exhibit G: Images from Johns Hopkins University's Coronavirus Resource Center.⁷
- H. Exhibit H: Projection Model.
- I. Exhibit I: Johns Hopkins Article: What is Coronavirus?
- J. Exhibit J: CDC: Cleaning and Disinfection for Households.
- K. Exhibit K: CDC: Social Distancing.
- L. Exhibit L: Executive Order 202.1.
- M. Exhibit M: Executive Order 202.3.

⁴ Found at <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-DailyTracker?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n#/views> (last visited July 20, 2020).

⁵ Found at <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last visited July 16, 2020).

⁶ Found at <https://coronavirus.jhu.edu/map.html> (last visited July 16, 2020).

⁷ *Id.*

- N. Exhibit N: Executive Order 202.4.
- O. Exhibit O: Executive Order 202.5.
- P. Exhibit P: New York PAUSE Initiative.
- Q. Exhibit Q: Images from the New York State Department of Health's COVID-19 Tracker.⁸
- R. Exhibit R: Transmission Slides.⁹
- S. Exhibit S: Images from New York Regional Monitoring Website.¹⁰
- T. Exhibit T: WHO COVID-19 Dashboard.
- U. Exhibit U: Images from the CDC's Coronavirus Disease Dashboard and Data Tracker.¹¹
- V. Exhibit V: Image from COVID-19 Travel Advisory.
- W. Executive Order 205.
- X. Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel.
- Y. Order for Summary Action related to the COVID-19 New York State Traveler Health Form, dated July 13, 2020.

⁸ Found at <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Map?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n> (last visited July 20, 2020).

⁹ Found at <https://rt.live/us/NY> (last visited July 20, 2020).

¹⁰ Found at forward.ny.gov (last visited July 20, 2020).

¹¹ Found at <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html> (last visited July 20, 2020).

Dated: July 20, 2020
Albany County, New York

s/ Brad Hutton
Brad Hutton



World Health Organization

Novel Coronavirus (2019-nCoV)

SITUATION REPORT - 1

21 JANUARY 2020

Data as reported by: 20 January 2020

SUMMARY

Event highlights from 31 December 2019 to 20 January 2020:

- On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. From 31 December 2019 through 3 January 2020, a total of 44 case-patients with pneumonia of unknown etiology were reported to WHO by the national authorities in China. During this reported period, the causal agent was not identified.
- On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission China that the outbreak is associated with exposures in one seafood market in Wuhan City.
- The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020.
- On 12 January 2020, China shared the genetic sequence of the novel coronavirus for countries to use in developing specific diagnostic kits.
- On 13 January 2020, the Ministry of Public Health, Thailand reported the first imported case of lab-confirmed novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.
- On 15 January 2020, the Ministry of Health, Labour and Welfare, Japan (MHLW) reported an imported case of laboratory-confirmed 2019-novel coronavirus (2019-nCoV) from Wuhan, Hubei Province, China.
- On 20 January 2020, National IHR Focal Point (NFP) for Republic of Korea reported the first case of novel coronavirus in the Republic of Korea.

Situation update:

- As of 20 January 2020, 282 confirmed cases of 2019-nCoV have been reported from four countries including China (278 cases), Thailand (2 cases), Japan (1 case) and the Republic of Korea (1 case);
- Cases in Thailand, Japan and Republic of Korea were exported from Wuhan City, China;
- Among the 278 cases confirmed in China, 258 cases were reported from Hubei Province, 14 from Guangdong Province, five from Beijing Municipality and one from Shanghai Municipality;

- Of the 278 confirmed cases, 51 cases are severely ill¹, 12 are in critical condition²;
- Six deaths have been reported from Wuhan City.

I. SURVEILLANCE

Reported incidence of confirmed 2019-nCoV cases

Table 1. Countries, territories or areas with reported confirmed cases of 2019-nCoV, 20 January 2020

WHO Regional Office	Country, territory, area	Total number of confirmed cases
WPRO	China – Hubei Province	258
	China – Guangdong	14
	China – Beijing Municipality	5
	China – Shanghai Municipality	1
	Japan	1
	Republic of Korea	1
SEARO	Thailand	2
Total confirmed cases		282

Details of cases reported on 20 January 2020:

- Wuhan City:
 - 60 new confirmed cases including three deaths.
- Guangdong Province:
 - Fourteen confirmed cases (one case was confirmed on 19 January) including four severe cases, two critical cases, no deaths;
 - Of the 14 confirmed cases, 12 had travel history to Wuhan and two cases had contact history with cases;
 - Nine were male and five were female.
- Beijing Municipality:
 - Five confirmed cases (two cases were confirmed on 19 January);
 - Of the three new confirmed cases on 20 Jan, two were male and one was a female;
 - All five cases had a travel history to Wuhan and are currently asymptomatic.
- Shanghai Municipality:
 - One confirmed case in a female;
 - Travelled to Shanghai from Wuhan on 12 January;

¹ Severe illness: According to any of the following criteria:

(1) dyspnea; (2) respiratory rate more than 30 bpm; (3) hypoxemia; (4) chest X-ray with multi-lobar infiltrates or pulmonary infiltration progressed more than 50% within 24 - 48 hours.

² Critical condition: According to any of the following criteria:

(1) respiratory failure; (2) septic shock; (3) other organ failure which requires Intensive Care Unit (ICU) admission.

- Two contacts have been identified for follow up.

II. PREPAREDNESS AND RESPONSE:

WHO:

- WHO has been in regular and direct contact with Chinese as well as Japanese, Korean and Thai authorities since the reporting of these cases. The three countries have shared information with WHO under the International Health Regulations. WHO is also informing other countries about the situation and providing support as requested;
- On 2 January, the incident management system was activated across the three levels of WHO (country office, regional office and headquarters);
- Developed the surveillance case definitions for human infection with 2019-nCoV and is updating it as per the new information becomes available;
- Developed interim guidance for laboratory diagnosis, clinical management, infection prevention and control in health care settings, home care for mild patients, risk communication and community engagement;
- Prepared disease commodity package for supplies necessary in identification and management of confirmed patients;
- Provided recommendations to reduce risk of transmission from animals to humans;
- Updated the travel advice for international travel in health in relation to the outbreak of pneumonia caused by a new coronavirus in China;
- Utilizing global expert networks and partnerships for laboratory, infection prevention and control, clinical management and mathematical modelling;
- Activation of R&D blueprint to accelerate diagnostics, vaccines, and therapeutics;
- WHO is working with our 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.

III. COUNTRY RESPONSE:

China:

- National authorities are conducting active case finding in all provinces;
- Since 14 January 2020, 35 infrared thermometers have been installed in airports, railway stations, long-distance bus stations, and ferry terminals;
- Search expanded for additional cases within and outside of Wuhan City;
- Active / retroactive case finding in medical institutions in Wuhan City;
- The Huanan Seafood Wholesale Market in Wuhan city was closed on 1 January 2020 for environmental sanitation and disinfection. Market inspection in expansion to other markets;
- Public education on disease prevention and environmental hygiene further strengthened in public places across the city, farmers' markets in particular.

Thailand:

- The Department of Disease Control has been implementing its surveillance protocol by fever screening of travellers from all direct flights from Wuhan, China to the Suvarnabhumi, Don Mueang, Chiang Mai, Phuket and Krabi airports, with the screening protocol starting at Krabi Airport started on 17 January 2020;
- From 3 to 20 January 2020, among 116 flights, 18,383 passengers and aircrew members were screened for respiratory symptoms and febrile illness;
- As of 20 January 2020, the Department of Disease Control, Ministry of Public Health, Thailand has scaled up the Emergency Operations Center to Level 2 to closely monitor the ongoing situation both at the national and international levels;
- Risk communication guidance has been shared with the public and a hotline has been established by the Department of Disease Control for people returning from the affected area in China with related symptoms.

Japan:

- Contact tracing and other epidemiological investigations are underway by the local health authorities in Japan;
- As of 20 January 2020, 41 contacts have been followed. Of the 41 contacts, 37 have not shown any symptoms, three have left the country and efforts have been made to reach one contact;
- The Japanese Government has scaled up a whole-of-government coordination mechanism on the 16 January;
- The MHLW has strengthened surveillance for undiagnosed severe acute respiratory illnesses since the report of undiagnosed pneumonia in Wuhan, China;
- From 6 January, MHLW requested local health governments to be aware of the respiratory illnesses in Wuhan by using the existing surveillance system for serious infectious illness with unknown etiology;
- NIID is supporting local authorities on epidemiologic investigations including contact tracing;
- Quarantine and screening measures have been enhanced for travelers from Wuhan city at the point of entries since 7 January;
- NIID established an in-house PCR assay for nCoV on 16 January;
- Revision of the risk assessment by NIID is being conducted, including case definition of close contacts;
- The public risk communication has been enhanced;
- A hotline has been established among the different ministries in the government;
- The MHLW is working closely with WHO and other related Member States to foster mutual investigations and information sharing.

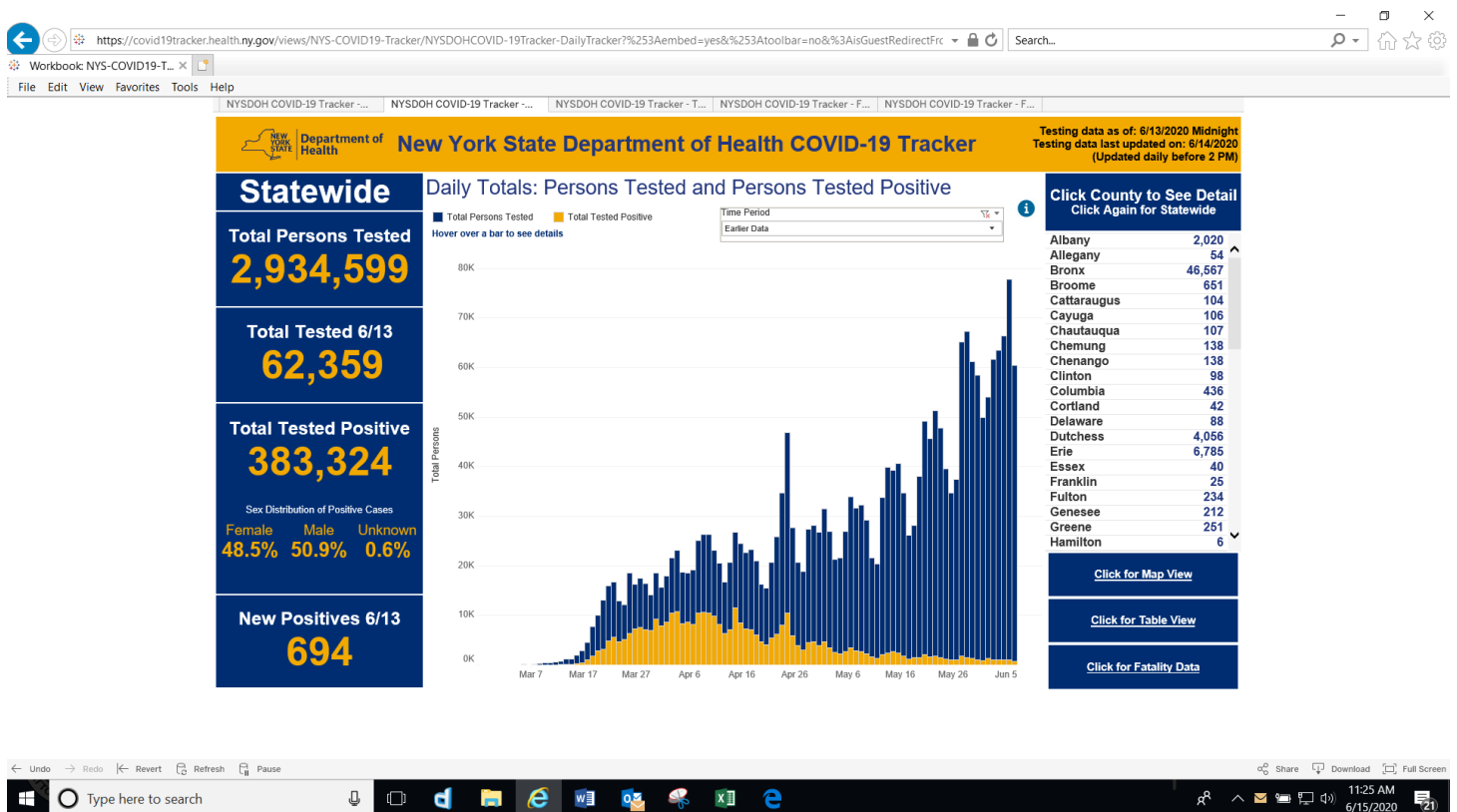
Republic of Korea:

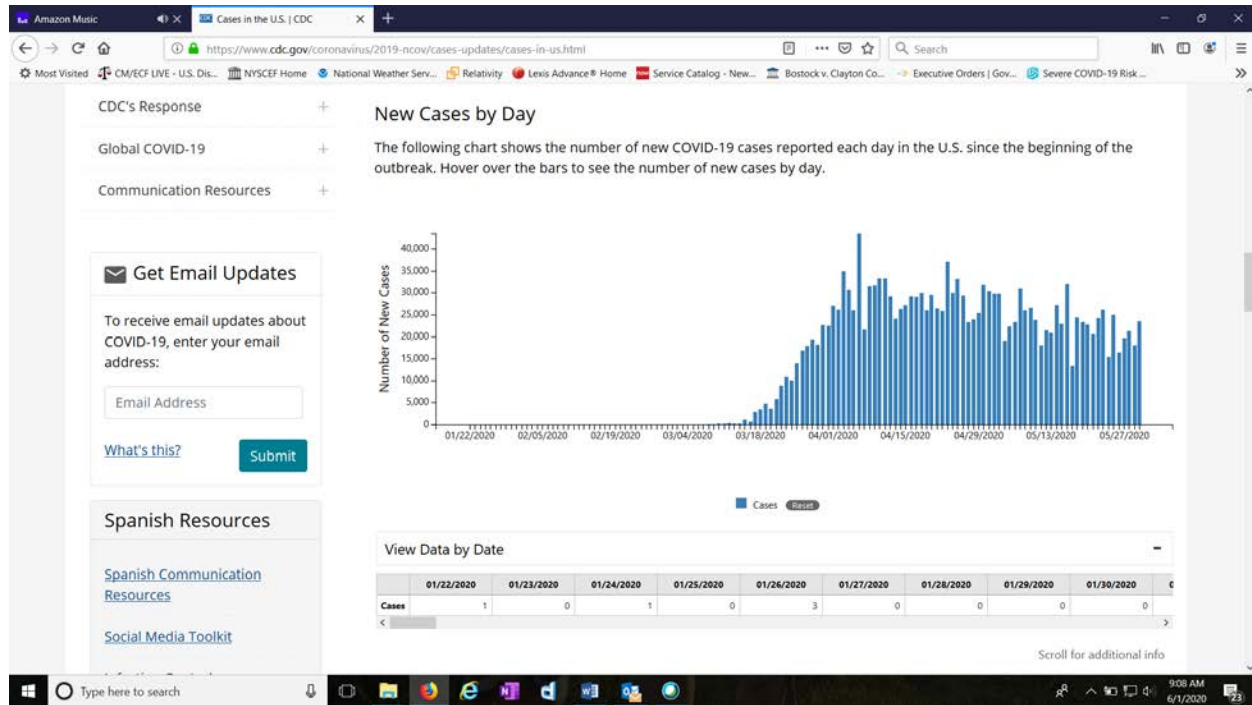
- Contact tracing and other epidemiological investigation are underway;
- The government of the Republic of Korea has scaled up the national alert level from Blue (Level 1) to Yellow (Level 2 out of 4-level national crisis management system);

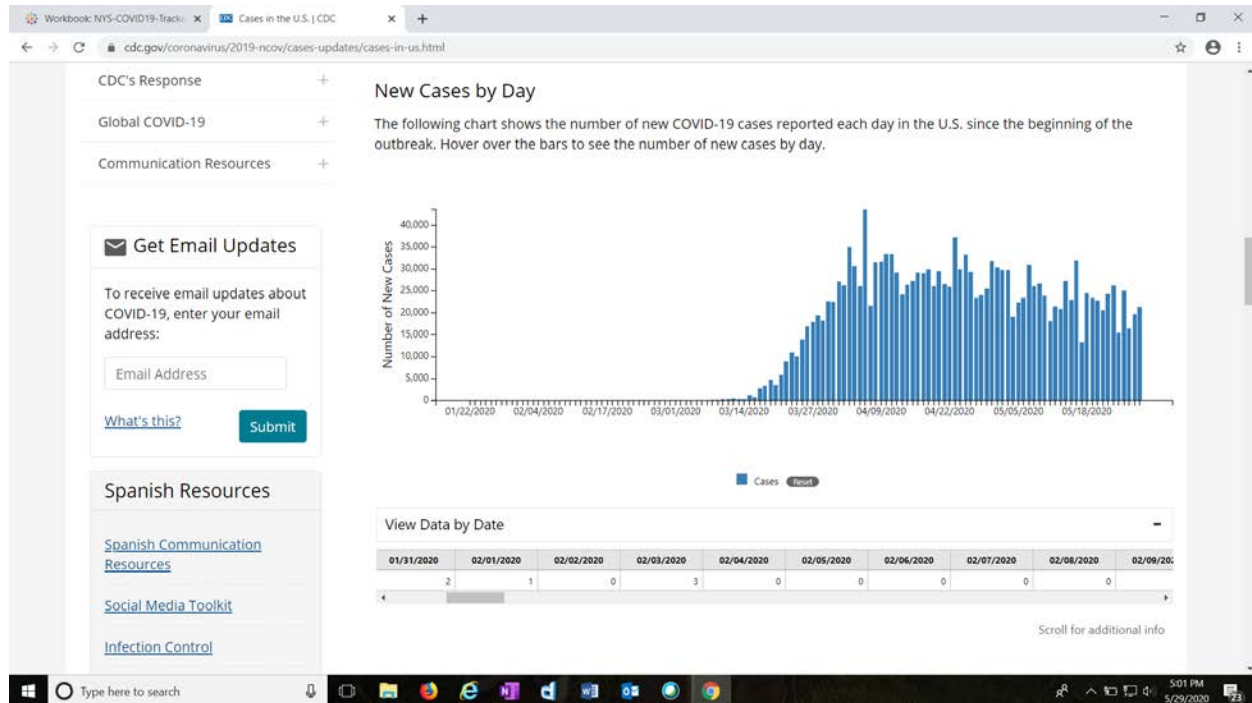
- The Republic of Korea health authority has strengthened surveillance for pneumonia cases in health facilities nationwide since 3 January 2020;
- Quarantine and screening measures have been enhanced for travelers from Wuhan at the point of entries (PoE) since 3 January 2020;
- Public risk communication has been enhanced.

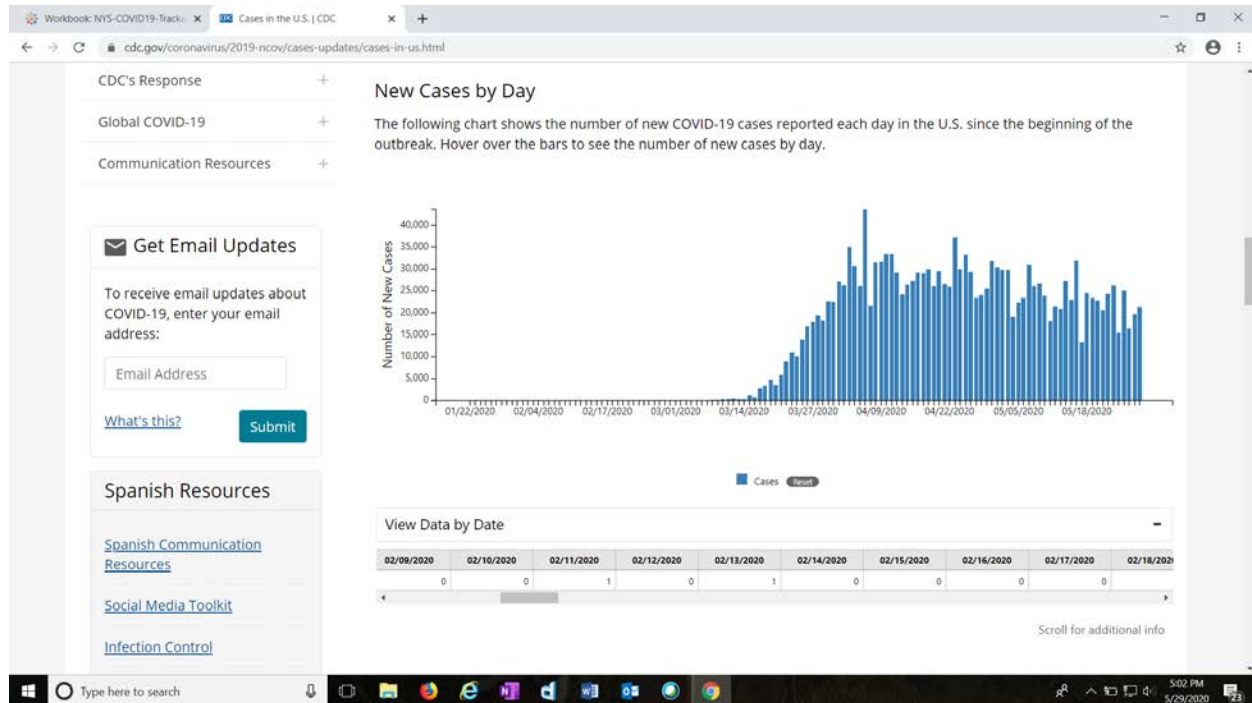
Resources:

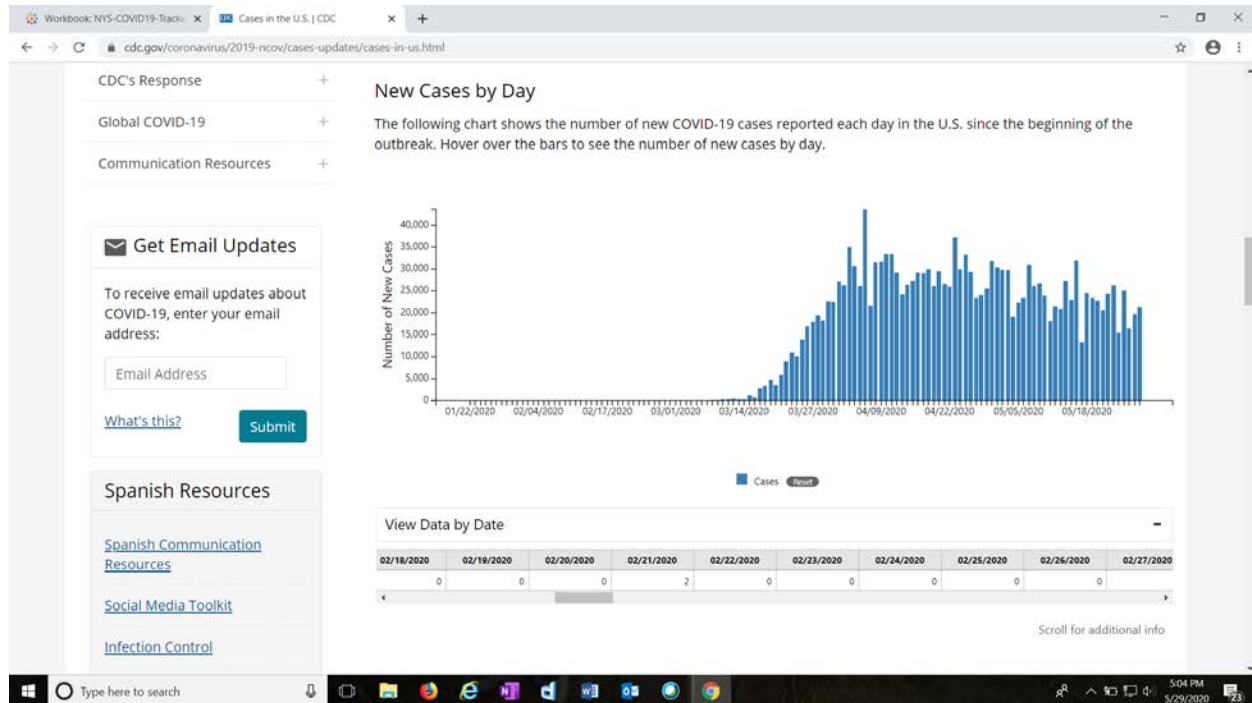
- Technical interim guidance for novel coronavirus, WHO:
<https://www.who.int/health-topics/coronavirus>
- WHO travel advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China:
https://www.who.int/ith/2020-0901_outbreak_of_Pneumonia_caused_by_a_new_coronavirus_in_C/en/
- Press statement by KCDC (in Korean):
https://www.cdc.go.kr/board/board.es?mid=a20501000000&bid=0015&list_no=365794&act=view#
- Second Press statement by KCDC (in Korean):
https://www.cdc.go.kr/board/board.es?mid=a20501000000&bid=0015&list_no=365805&act=view#
- 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 on 16 January 2020 (in Japanese):
https://www.mhlw.go.jp/stf/newpage_08906.html
- Press statement by Ministry of Health, Labour and Welfare, Japan on 6 January 2020 (in Japanese):
https://www.mhlw.go.jp/stf/newpage_08767.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>

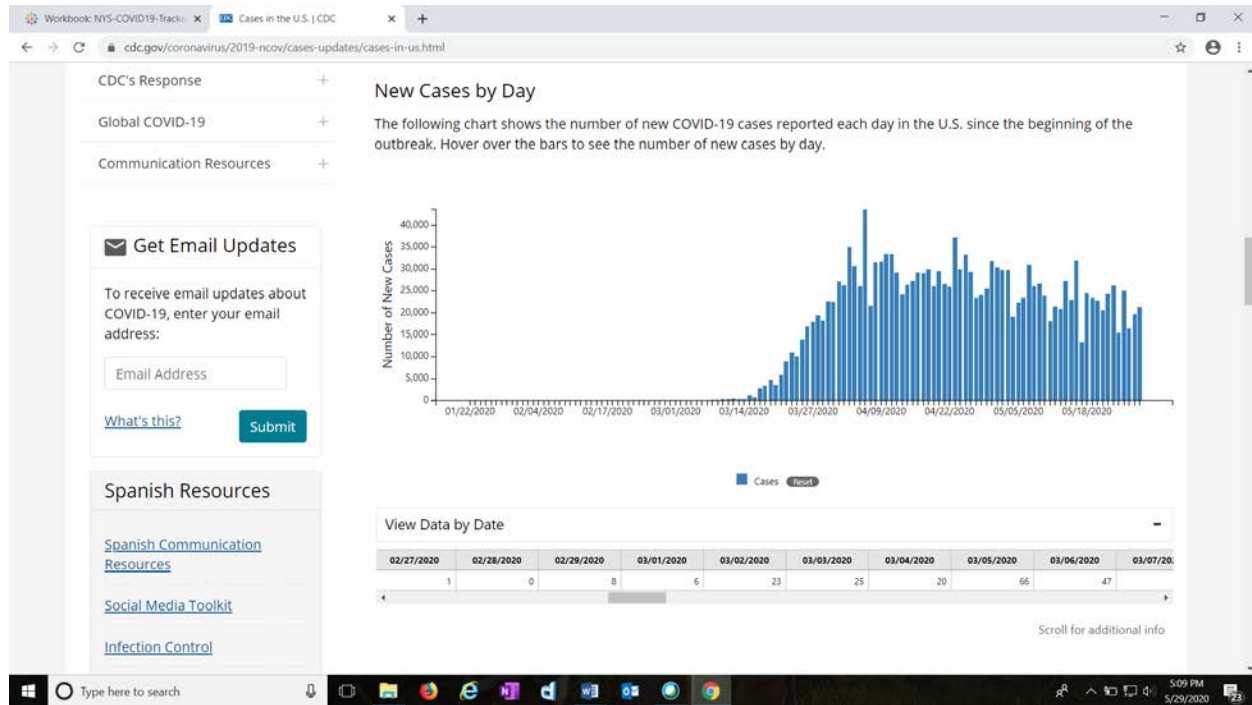


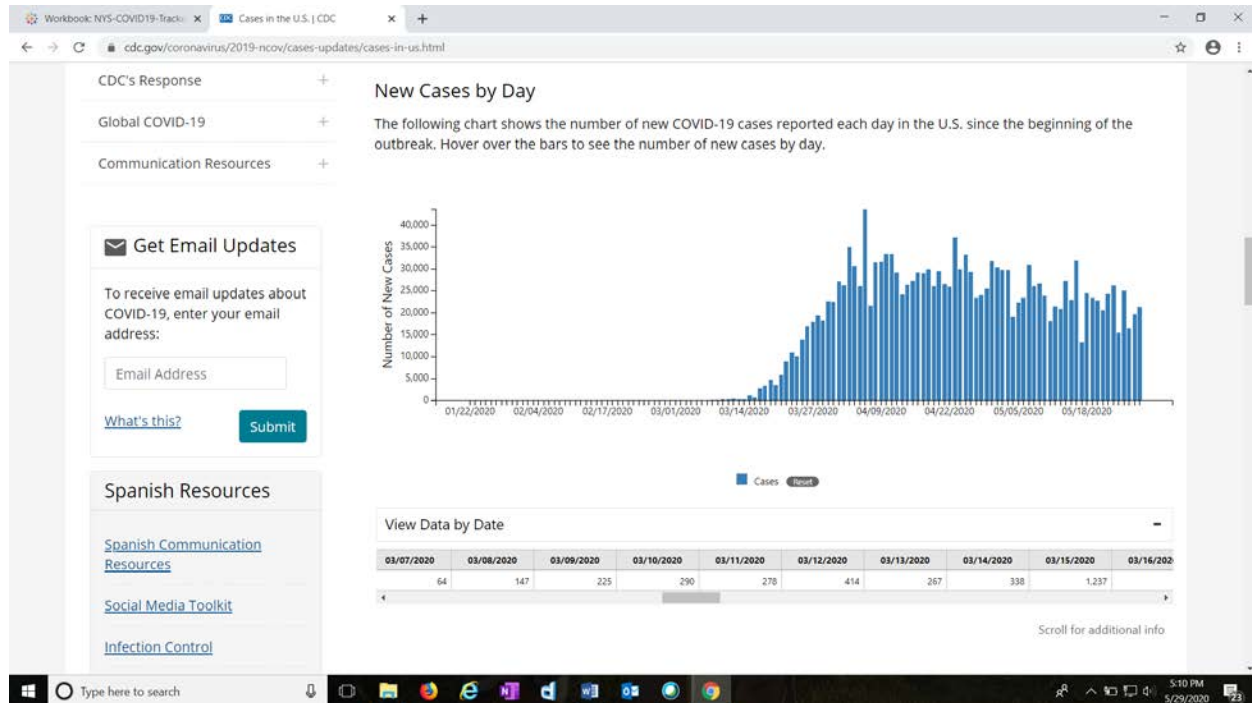












Coronavirus disease 2019 (COVID-19)

Situation Report – 57

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World Health Organization

Data as reported by national authorities by 10 AM CET 17 March 2020

HIGHLIGHTS

- 8 new countries/territories/areas (African Region [3], Eastern Mediterranean Region [1], Region of the Americas [3], and Western Pacific Region [1]) in have reported cases of COVID-19 in the past 24 hours.
- As the on-going COVID-19 pandemic continues to develop, WHO is committed to working together with the travel, transport and tourism sectors on emergency preparedness and response. For more information, please see the *Subject in Focus* section below.
- OpenWHO is an interactive, web-based, knowledge-transfer platform offering free online courses to improve the response to health emergencies. COVID-19 resources are available in the official WHO languages [here](#) and in additional national languages [here](#). The OpenWHO team is continuing to work with WHO Country Offices, public health institutes and educational entities who have offered voluntary translation support to help localize the response efforts. Resources in the pipeline include courses in Hindi and Macedonian. For more information, please see the *Preparedness and Response* section of the Situation Report.

SITUATION IN NUMBERS

total (new) cases in last 24 hours

Globally

179 111 confirmed (11 525)
7426 deaths (475)

Western Pacific Region

91 779 confirmed (289)
3357 deaths (23)

European Region

64 188 confirmed (8506)
3108 deaths (428)

South-East Asia

508 confirmed (124)
9 deaths (2)

Eastern Mediterranean Region

16 786 confirmed (330)
873 deaths (3)

Regions of the Americas

4910 confirmed (2234)
68 deaths (18)

African Region

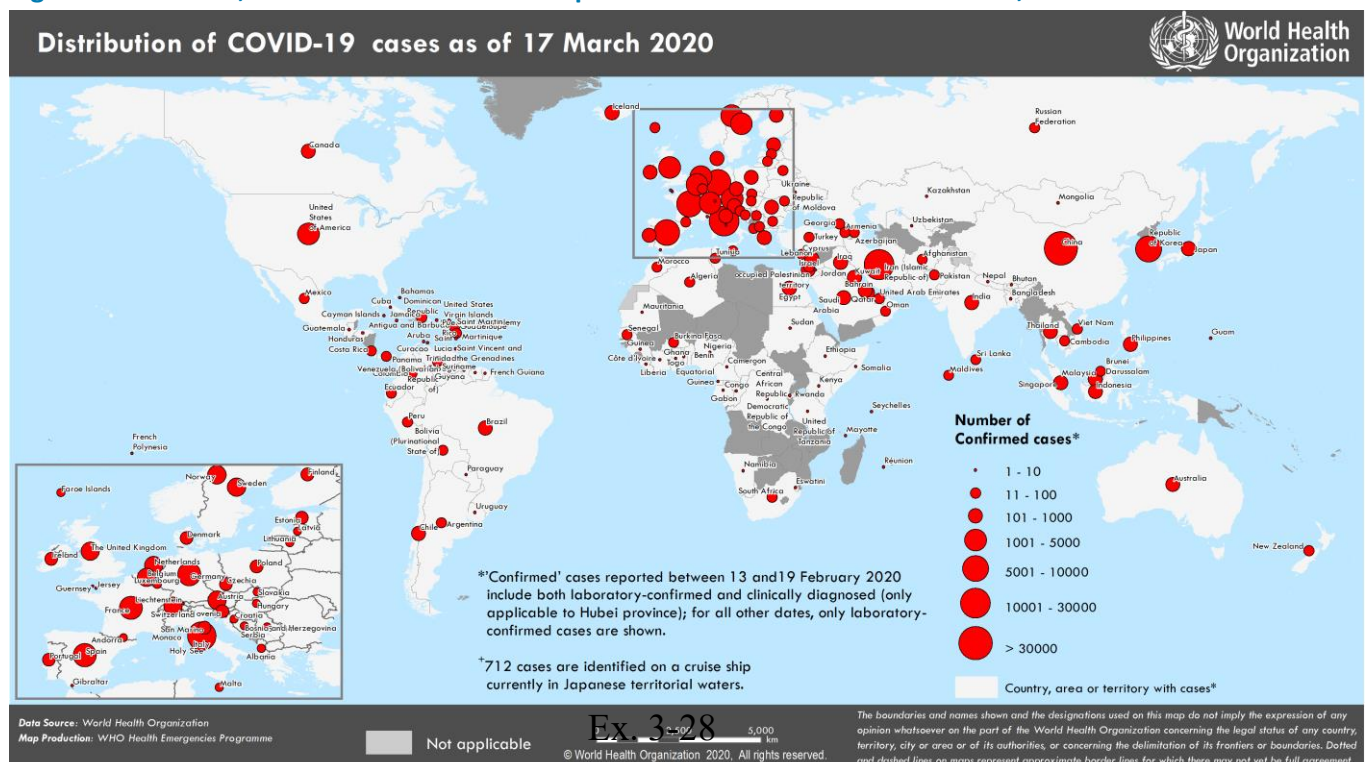
228 confirmed (42)
4 deaths (1)

WHO RISK ASSESSMENT

Global Level Very High

Erratum: Total cases and new cases for Sudan have been corrected.

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 17 March 2020



SUBJECT IN FOCUS: Update on partner coordination with international travel, transport and tourism sectors

As the on-going Coronavirus Disease (COVID-19) pandemic continues to develop, WHO is committed to working together with the travel, transport and tourism sectors on emergency preparedness and response.

In a global world with hyperconnected international travel and transport, points of entry (PoEs)– airports, ports and ground crossings – can play a key role in the international spread of diseases through travellers, conveyances and goods. The travel and transport sectors are indispensable actors in public health emergency preparedness and response actions related to PoEs.

WHO has published three joint statements to remind all stakeholders of the importance of following International Health Regulations and guidance, existing regulations of partner organizations, and the need for cross-sector collaboration. The joint statements were released respectively, with the [International Maritime Organization](#) (IMO), the [International Civil Aviation Organization](#) (ICAO) and the [World Tourism Organization](#) (UNWTO).

With input from IMO, ICAO, the International Air Transport Association (IATA) and UNWTO as well as major industry associations, WHO has produced and continues to develop comprehensive COVID-19 technical guidance on maritime and aviation traffic and ground crossings. These include:

- [Operational considerations for managing COVID-19 cases and outbreaks on board ships \(Interim guidance\)](#);
- [Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak](#);
- [Public health preparedness and response for aviation sector](#);
- [Operational considerations for managing COVID-19 cases/outbreak on board ships](#); and the
- [Handbook for the management of public health events on board ships](#).

Additionally, guidance on operational considerations for managing COVID-19 cases and outbreak in aviation, scaling up preparedness for COVID-19 at ground crossings, and managing COVID-19 cases and outbreaks in hotels and other travel and tourism accommodations are under development and will be available soon.

WHO also regularly updates travel advice to support emergency preparedness, which is available [here](#). ICAO is also publishing a [dedicated website with specific resources](#), and guidance for airlines industries and national authorities. Similarly, [IMO](#) and [UNWTO](#) host dedicated websites with resources and guidance for their members and stakeholders.

SURVEILLANCE

Table 1. Countries, territories or areas with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 17 March 2020*

Reporting Country/ Territory/Area [†]	Total confirmed cases [‡]	Total confirmed new cases ¹	Total deaths	Total new deaths ¹	Transmission classification [§]	Days since last reported case
Western Pacific Region						
China	81116	39	3231	13	Local transmission	0
Republic of Korea	8320	84	81	6	Local transmission	0
Japan	829	15	28	4	Local transmission	0
Malaysia	553	0	0	0	Local transmission	1
Australia	375	77	5	0	Local transmission	0
Singapore	243	0	0	0	Local transmission	1
Philippines	187	47	12	0	Local transmission	0
Viet Nam	61	4	0	0	Local transmission	0
Brunei Darussalam	50	0	0	0	Local transmission	1
Cambodia	24	12	0	0	Local transmission	0
New Zealand	11	5	0	0	Local transmission	0
Mongolia	4	3	0	0	Imported cases only	0
Territories**						
French Polynesia	3	0	0	0	Imported cases only	2
Guam	3	3	0	0	Local transmission	0
European Region						
Italy	27980	3233	2503	349	Local transmission	0
Spain	9191	1438	309	21	Local transmission	0
France	6573	1193	148	21	Local transmission	0
Germany	6012	1174	13	1	Local transmission	0
Switzerland	2200	0	14	1	Local transmission	1
The United Kingdom	1547	152	55	20	Local transmission	0
Netherlands	1413	278	24	4	Local transmission	0
Norway	1169	92	3	2	Local transmission	0
Austria	1132	173	3	2	Local transmission	0
Belgium	1085	0	5	0	Local transmission	1
Sweden	1059	67	3	0	Local transmission	0
Denmark	960	62	4	3	Local transmission	0
Czechia	383	85	0	0	Local transmission	0
Greece	331	0	4	0	Local transmission	1
Portugal	331	86	0	0	Local transmission	0
Israel	250	50	0	0	Local transmission	0
Finland	272	5	0	0	Local transmission	0
Slovenia	253	34	0	0	Local transmission	0
Ireland	223	54	2	0	Local transmission	0
Estonia	205	0	0	0	Local transmission	1
Iceland	199	19	0	0	Local transmission	0
Romania	158	0	0	0	Local transmission	1
Poland	150	0	3	0	Local transmission	1
San Marino	102	10	9	4	Local transmission	0
Russian Federation	93	30	0	0	Imported cases only	0
Luxembourg	81	43	1	0	Local transmission	0
Slovakia	72	11	0	0	Local transmission	0
Bulgaria	67	16	2	0	Local transmission	0
Serbia**	70	24	0	0	Local transmission	0
Croatia	56	7	0	0	Local transmission	0

Armenia	52	26	0	0	Local transmission	0
Albania	51	9	1	0	Local transmission	0
Hungary	50	11	1	0	Local transmission	0
Turkey	47	42	0	0	Imported cases only	0
Belarus	36	0	0	0	Local transmission	1
Latvia	36	5	0	0	Imported cases only	0
Cyprus	33	0	0	0	Imported cases only	1
Georgia	33	0	0	0	Imported cases only	1
Malta	30	9	0	0	Imported cases only	0
Republic of Moldova	29	6	0	0	Local transmission	0
Azerbaijan	19	0	0	0	Imported cases only	2
Bosnia and Herzegovina	19	0	0	0	Local transmission	1
North Macedonia	19	6	0	0	Local transmission	0
Lithuania	17	3	0	0	Imported cases only	0
Andorra	14	12	0	0	Imported cases only	0
Monaco	9	0	0	0	Under investigation	1
Liechtenstein	7	0	0	0	Imported cases only	1
Ukraine	7	4	1	0	Local transmission	0
Kazakhstan	6	0	0	0	Imported cases only	2
Uzbekistan	4	0	0	0	Under investigation	1
Holy See	1	0	0	0	Under investigation	11
Territories**						
Faroe Islands	47	36	0	0	Imported cases only	0
Gibraltar	3	2	0	0	Under investigation	0
Jersey	2	0	0	0	Imported cases only	4
Guernsey	1	0	0	0	Imported cases only	7
South-East Asia Region						
Indonesia	172	55	5	1	Local transmission	0
Thailand	147	33	1	0	Local transmission	0
India	137	23	3	1	Local transmission	0
Sri Lanka	29	10	0	0	Local transmission	0
Maldives	13	0	0	0	Local transmission	1
Bangladesh	8	3	0	0	Local transmission	0
Bhutan	1	0	0	0	Imported cases only	11
Nepal	1	0	0	0	Imported cases only	53
Eastern Mediterranean Region						
Iran (Islamic Republic of)	14991	0	853	0	Local transmission	1
Qatar	439	38	0	0	Local transmission	0
Bahrain	229	8	1	0	Local transmission	0
Pakistan	187	135	0	0	Imported cases only	0
Egypt	166	40	4	2	Local transmission	0
Saudi Arabia	133	30	0	0	Local transmission	0
Kuwait	130	18	0	0	Local transmission	0
Iraq	124	0	9	0	Local transmission	1
Lebanon	109	10	3	0	Local transmission	0
United Arab Emirates	98	0	0	0	Local transmission	1
Morocco	38	10	2	1	Local transmission	0
Jordan	35	29	0	0	Imported cases only	0
Oman	24	2	0	0	Imported cases only	0
Afghanistan	21	5	0	0	Imported cases only	0
Tunisia	20	2	0	0	Local transmission	0
Sudan	1	0	1	0	Imported cases only	2

Somalia	1	1	0	0	Imported cases only	0
Territories**						
occupied Palestinian Territory	39	1	0	0	Local transmission	0
Region of the Americas						
United States of America	3503	1825	58	17	Local transmission	0
Canada	424	120	1	0	Local transmission	0
Brazil	234	34	0	0	Local transmission	0
Chile	156	81	0	0	Local transmission	0
Peru	86	15	0	0	Local transmission	0
Panama	69	26	1	0	Local transmission	0
Argentina	65	9	2	0	Local transmission	0
Ecuador	58	21	2	0	Local transmission	0
Mexico	53	0	0	0	Imported cases only	1
Colombia	45	21	0	0	Local transmission	0
Costa Rica	41	18	0	0	Local transmission	0
Venezuela (Bolivarian Republic of)	33	16	0	0	Imported cases only	0
Dominican Republic	21	16	1	1	Local transmission	0
Bolivia (Plurinational State of)	11	0	0	0	Imported cases only	1
Jamaica	10	0	0	0	Local transmission	1
Paraguay	9	1	0	0	Local transmission	0
Honduras	8	6	0	0	Imported cases only	0
Uruguay	6	2	0	0	Imported cases only	0
Cuba	5	1	0	0	Imported cases only	0
Trinidad and Tobago	5	3	0	0	Imported cases only	0
Guyana	4	0	1	0	Local transmission	1
Saint Lucia	2	0	0	0	Imported cases only	1
Antigua and Barbuda	1	0	0	0	Imported cases only	3
Bahamas	1	1	0	0	Local transmission	0
Guatemala	1	0	1	0	Imported cases only	2
Saint Vincent and the Grenadines	1	0	0	0	Imported cases only	4
Suriname	1	0	0	0	Imported cases only	1
Territories**						
Guadeloupe	18	12	0	0	Imported cases only	0
Martinique	16	1	0	0	Imported cases only	0
French Guiana	7	0	0	0	Imported cases only	3
Curaçao	3	1	0	0	Imported cases only	0
Puerto Rico	3	0	0	0	Imported cases only	3
Saint Barthelemy	3	0	0	0	Under investigation	1
Aruba	2	2	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	14
United States Virgin Islands	2	2	0	0	Imported cases only	0
Cayman Islands	1	0	1	0	Imported cases only	3
African Region						
South Africa	62	11	0	0	Local transmission	0
Algeria	60	11	4	1	Local transmission	0
Senegal	27	1	0	0	Local transmission	0
Burkina Faso	15	0	0	0	Imported cases only	1
Rwanda	7	2	0	0	Local transmission	0

Cote d'Ivoire	6	3	0	0	Imported cases only	0
Ghana	6	0	0	0	Imported cases only	1
Cameroon	5	2	0	0	Local transmission	0
Ethiopia	5	4	0	0	Imported cases only	0
Seychelles	4	2	0	0	Imported cases only	0
Democratic Republic of the Congo	3	1	0	0	Imported cases only	0
Kenya	3	2	0	0	Local transmission	0
Namibia	2	0	0	0	Imported cases only	2
Nigeria	2	0	0	0	Imported cases only	8
Benin	1	1	0	0	Imported cases only	0
Central African Republic	1	0	0	0	Imported cases only	2
Congo	1	0	0	0	Imported cases only	2
Equatorial Guinea	1	0	0	0	Imported cases only	2
Eswatini	1	0	0	0	Imported cases only	2
Gabon	1	0	0	0	Imported cases only	3
Guinea	1	0	0	0	Imported cases only	3
Liberia	1	1	0	0	Imported cases only	0
Mauritania	1	0	0	0	Imported cases only	2
Togo	1	0	0	0	Imported cases only	10
United Republic of Tanzania	1	1	0	0	Imported cases only	0
Territories**						
Réunion	9	0	0	0	Imported cases only	1
Mayotte	1	0	0	0	Imported cases only	2
Subtotal for all regions	178399	11525	7419	475		
International conveyance (Diamond Princess)	712	0	7	0	Local transmission	1
Grand total	179111	11525	7426	475		

*Numbers include both domestic and repatriated cases

*The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

*Case classifications are based on [WHO case definitions](#) for COVID-19.

*Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

**Including 13 (5 new) cases from Kosovo^[1]

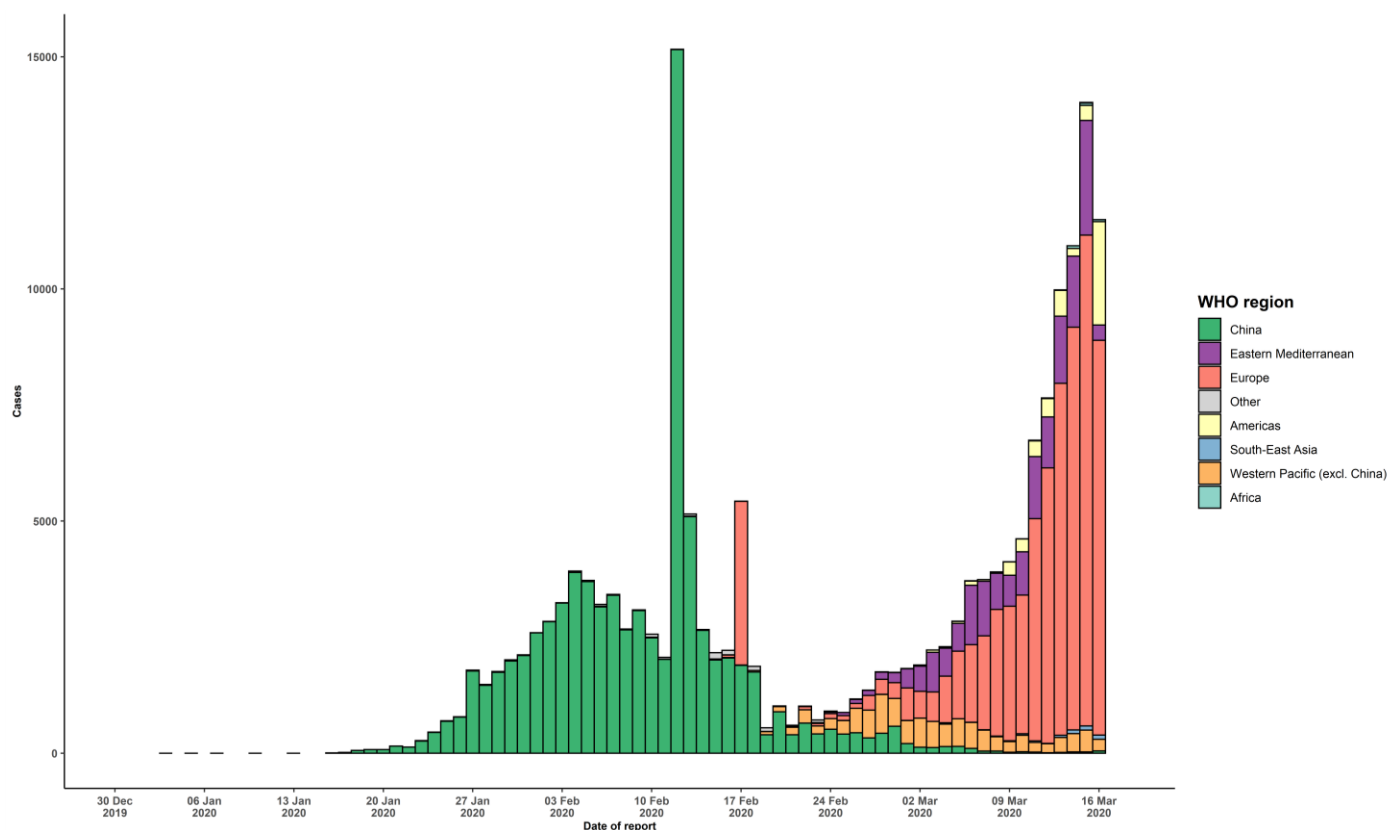
[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Due to a retrospective data consolidation exercise, some numbers may not reflect the exact difference between yesterday's and today's totals.

New countries/territories/areas are shown in red.

Erratum: The total number of cases and new cases for Sudan have been corrected.

Figure 2. Epidemic curve of confirmed COVID-19, by date of report and WHO region through 17 March 2020



STRATEGIC OBJECTIVES

WHO's strategic objectives for this response are to:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread*;
- 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 health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- WHO has developed interim guidance for laboratory diagnosis, advice on the use of masks during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak, clinical management, infection prevention and control in health care settings, home care for patients with suspected novel coronavirus, risk communication and community engagement and Global Surveillance for human infection with novel coronavirus (2019-nCoV).
- WHO is working closely with International Air Transport Association (IATA) and have jointly developed a guidance document to provide advice to cabin crew and airport workers, based on country queries. The guidance can be found on the [IATA webpage](#).
- 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 is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection prevention and control, and risk communication. WHO has issued interim guidance for countries, which are updated regularly.
- WHO has prepared a [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](#).
- WHO has activated the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- OpenWHO is an interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. [COVID-19 courses can be found here](#). Specifically, WHO has developed online courses on the following topics: A general introduction to emerging respiratory viruses, including novel coronaviruses (available in Arabic, Chinese, English, French, Russian, Spanish, Portuguese, Persian, Serbian, and Turkish); Clinical Care for Severe Acute Respiratory Infections (available in English, French, Russian, and Vietnamese); Health and safety briefing for respiratory diseases - ePROTECT (available in English, French, Russian, Indonesian, and Portuguese); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English, French, Russian, Spanish, Indonesian, Italian, Japanese, Portuguese, and Serbian); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response (available in English and coming soon in additional languages).
- WHO is providing guidance on early investigations, which are critical in an outbreak of a new virus. The data collected from the protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of COVID-19, 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. Several protocols are available [here](#). One such protocol is for the investigation of early COVID-19 cases and contacts (the "[First Few X \(FFX\) Cases and contact investigation protocol for 2019-novel coronavirus \(2019-nCoV\) infection](#)"). The protocol is designed to gain an early understanding of the key clinical, epidemiological and virological characteristics of the first cases of COVID-19 infection detected in any individual country, to inform the development and updating of public health guidance to manage cases and reduce the potential spread and impact of infection.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

If you are not in an area where COVID-19 is spreading or have not travelled from an area where COVID-19 is spreading or have not been in contact with an infected patient, your risk of infection is low. It is understandable that you may feel anxious about the outbreak. Get the facts from reliable sources to help you accurately determine your

risks so that you can take reasonable precautions (see [Frequently Asked Questions](#)). Seek guidance from WHO, your healthcare provider, your national public health authority or your employer for accurate information on COVID-19 and whether COVID-19 is circulating where you live. It is important to be informed of the situation and take appropriate measures to protect yourself and your family (see [Protection measures for everyone](#)).

If you are in an area where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice of WHO and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease (See [Protection measures for persons who are in or have recently visited \(past 14 days\) areas where COVID-19 is spreading](#)).

CASE DEFINITIONS

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes case definitions.

For easy reference, case definitions are included below.

Suspect case

- A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See [situation report](#)) of COVID-19 disease during the 14 days prior to symptom onset.
- OR
- B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;
- OR
- C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- Information regarding laboratory guidance can be found [here](#).



WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020

11 March 2020

Good afternoon.

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.

There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals.

In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher.

WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterized as a **pandemic**.

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.

We have never before seen a **pandemic** sparked by a coronavirus. This is the first **pandemic** caused by a coronavirus.

And we have never before seen a **pandemic** that can be controlled, at the same time.

WHO has been in full response mode since we were notified of the first cases.

And we have called every day for countries to take urgent and aggressive action.

We have rung the alarm bell loud and clear.

===

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story.

Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those – China and the Republic of Korea - have significantly declining epidemics.

81 countries have not reported any cases, and 57 countries have reported 10 cases or less.

We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this **pandemic**.

If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.

Even those countries with community transmission or large clusters can turn the tide on this virus.

Several countries have demonstrated that this virus can be suppressed and controlled.

The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same – it's whether they will.

Some countries are struggling with a lack of capacity.

Some countries are struggling with a lack of resources.

Some countries are struggling with a lack of resolve.

We are grateful for the measures being taken in Iran, Italy and the Republic of Korea to slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China.

All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this **pandemic**.

This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.

I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Let me summarize it in four key areas.

First, prepare and be ready.

Second, detect, protect and treat.

Third, reduce transmission.

Fourth, innovate and learn.

I remind all countries that we are calling on you to activate and scale up your emergency response mechanisms;

Communicate with your people about the risks and how they can protect themselves – this is everybody's business;

Find, isolate, test and treat every case and trace every contact;

Ready your hospitals;

Protect and train your health workers.

And let's all look out for each other, because we need each other.

===

There's been so much attention on one word.

Let me give you some other words that matter much more, and that are much more actionable.

Prevention.

Preparedness.

Public health.

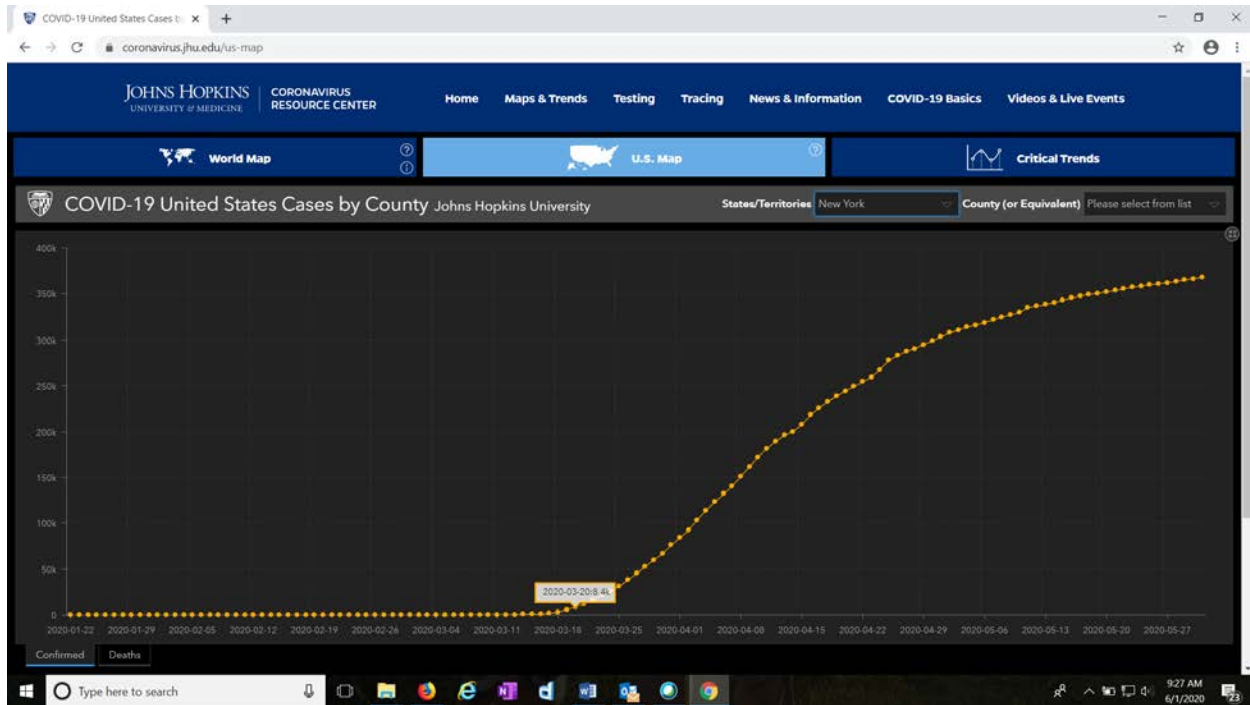
Political leadership.

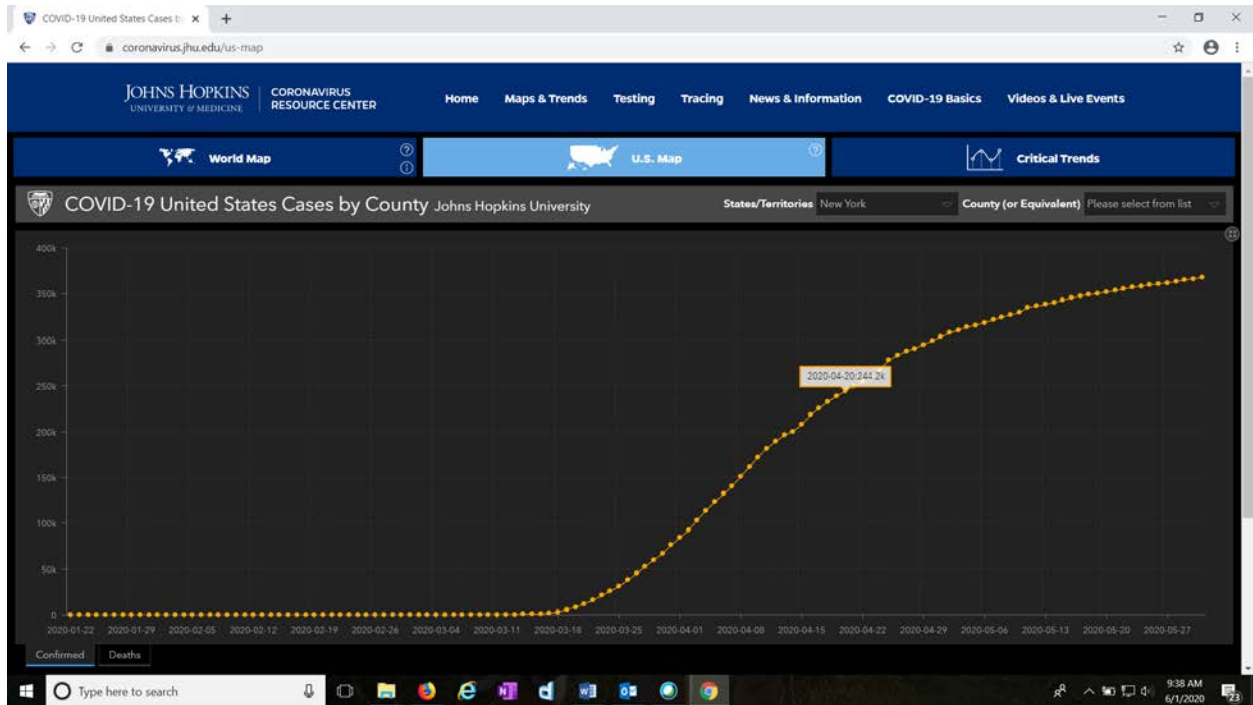
And most of all, people.

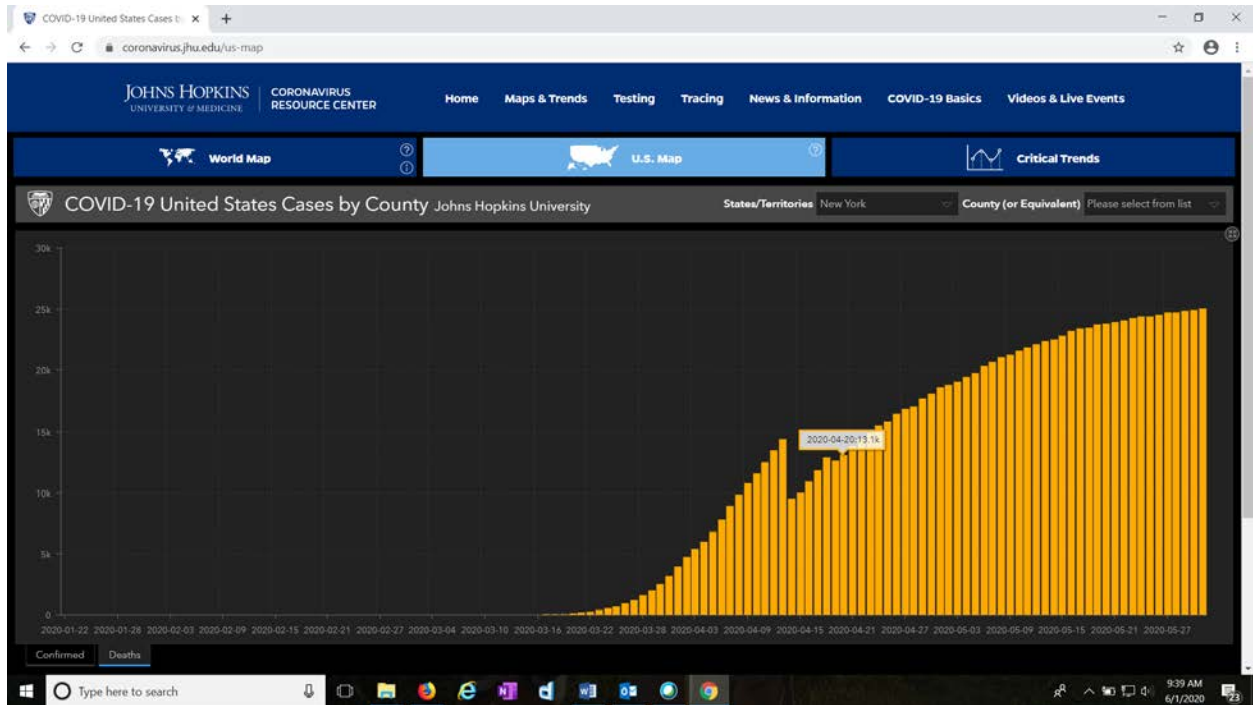
We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.

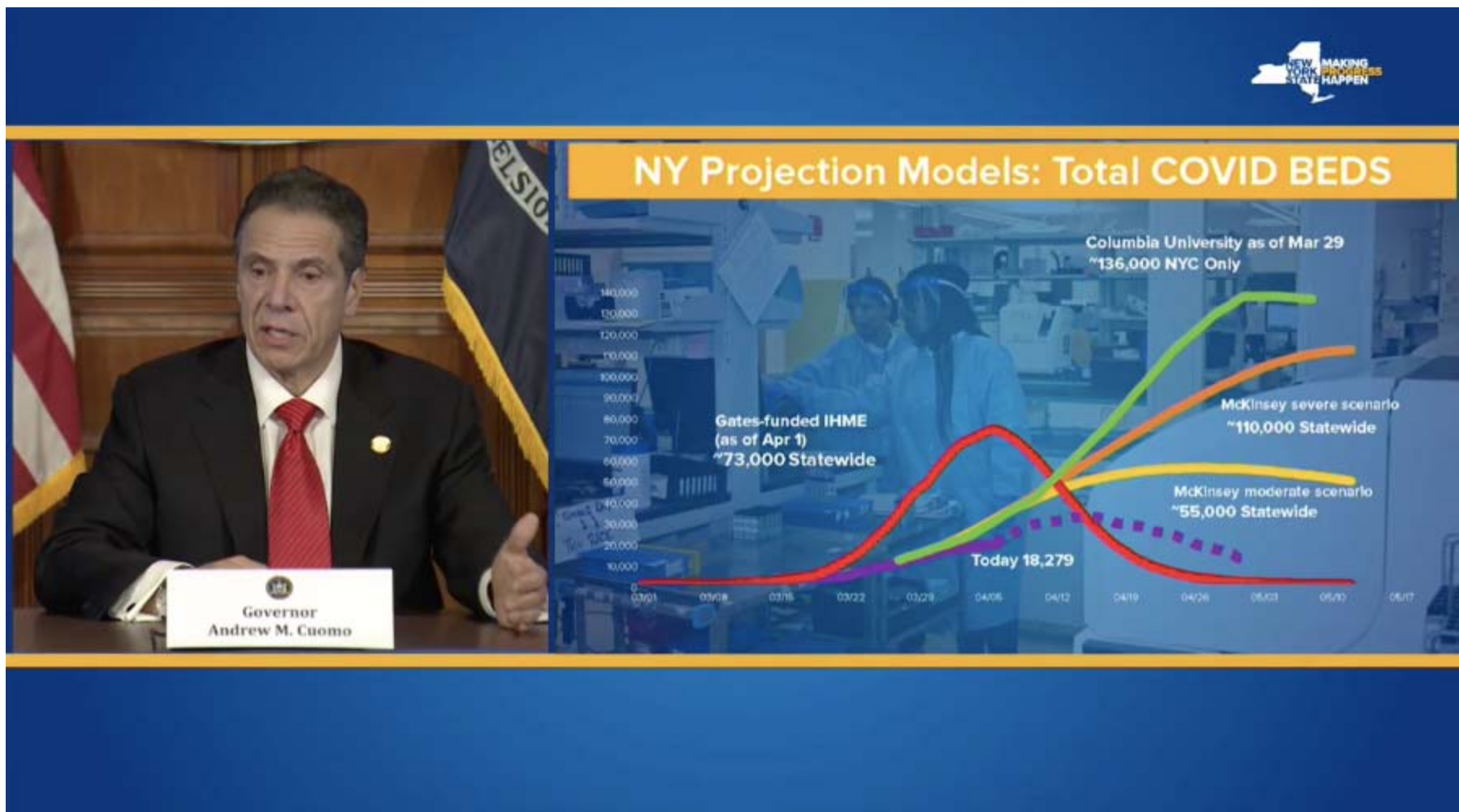
I thank you.

Subscribe to the WHO newsletter →











COVID-19 Update

Learn about our [expanded patient care options](#)

(<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/coronavirus/for-johns-hopkins-patients.html>), for your health care needs.

[General Information](#) (<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/coronavirus/index.html>) | [Self-Checker](#) (<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/coronavirus/covid-19-self-checker.html>) | [Donate and Lend Support](#) (<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/coronavirus/giving.html>) | [Staff Appreciation](#) (<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/coronavirus/extraordinary-people/index.html>).

Health

(<https://www.hopkinsmedicine.org/health>).

What Is Coronavirus?

Reviewed By:

Lauren M. Sauer, M.S. (<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/profiles/results/directory/profile/10002278/lauren-sauer>).

! WHAT YOU NEED TO KNOW

COVID-19

COVID-19 is the disease caused by the new coronavirus that emerged in China in December 2019.

COVID-19 symptoms include cough, fever, shortness of breath, muscle aches, sore throat, unexplained loss of taste or smell, diarrhea and headache. COVID-19 can be severe, and some cases have caused death.

The new coronavirus can be spread from person to person. It is diagnosed with a laboratory test.

There is no coronavirus vaccine yet. [Prevention](#)

(<https://www.hopkinsmedicine.org><https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/how-can-i-protect-myself-from-coronavirus>) involves frequent hand-washing, coughing into the bend of your elbow, staying home when you are sick and wearing a cloth face covering if you can't practice social distancing.

Coronaviruses are a type of virus. There are many different kinds, and some cause disease. A newly identified type has caused a recent outbreak of respiratory illness now called COVID-19.

Lauren Sauer, M.S. (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>), the director of operations with the Johns Hopkins Office of Critical Event Preparedness and Response and director of research with the Johns Hopkins Biocontainment Unit, shares information about COVID-19 and what you need to know.

How does the new coronavirus spread?

As of now, researchers know that the new coronavirus is spread through droplets released into the air when an infected person coughs or sneezes. The droplets generally do not travel more than a few feet, and they fall to the ground (or onto surfaces) in a few seconds — this is why social and physical distancing is effective in preventing the spread.

How did this new coronavirus spread to humans?

COVID-19 appeared in Wuhan, a city in China, in December 2019. Although health officials are still tracing the exact source of this new coronavirus, early hypotheses thought it may be linked to a seafood market in Wuhan, China. Some people who visited the market developed viral pneumonia caused by the new coronavirus. A study that came out on Jan. 25, 2020, notes that the individual with the first reported case became ill on Dec. 1, 2019, and had no link to the seafood market. Investigations are ongoing as to how this virus originated and spread.

What is the incubation period for COVID-19?

It appears that symptoms are showing up in people within 14 days of exposure to the virus.

What are symptoms of COVID-19?

COVID-19 symptoms include:

- Cough
- Fever
- Shortness of breath
- Muscle aches
- Sore throat
- Unexplained loss of taste or smell
- Diarrhea
- Headache

In rare cases, COVID-19 can lead to severe respiratory problems, kidney failure or death.

If you have a fever or any kind of respiratory difficulty such as coughing or shortness of breath, call your doctor or a health care provider and explain your symptoms over the phone before going to the doctor's office, urgent care facility or emergency room. Here are suggestions if you feel sick and are concerned you might have COVID-19 (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-what-if-i-feel-sick>).

If you have a medical emergency such as severe shortness of breath, call 911 and let them know about your symptoms.

Learn more about COVID-19 symptoms (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-symptoms-frequently-asked-questions>).

What Is Coronavirus?

How is COVID-19 diagnosed?

Diagnosis may be difficult with only a physical exam because mild cases of COVID-19 may appear similar to the flu or a bad cold. A laboratory test can confirm the diagnosis. Learn more about COVID-19 testing (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-test-what-you-need-to-know>).

How is COVID-19 treated?

As of now, there is not a specific treatment for the virus. People who become sick from COVID-19 should be treated with supportive measures: those that relieve symptoms. For severe cases, there may be additional options for treatment, including research drugs and therapeutics.

Does COVID-19 cause death?

As of May 28, 2020, 356,131 deaths have been attributed to COVID-19. However, 2,367,292 people have recovered from the illness. This information comes from the Coronavirus COVID-19 Global Cases map developed by the Johns Hopkins Center for Systems Science and Engineering (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-test-what-you-need-to-know>).

Is this coronavirus different from SARS?

SARS (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/severe-acute-respiratory-syndrome-sars>), stands for severe acute respiratory syndrome. In 2003, an outbreak of SARS started in China and spread to other countries before ending in 2004. The virus that causes COVID-19 is similar to the one that caused the 2003 SARS outbreak: both are types of coronaviruses. Much is still unknown, but COVID-19 seems to spread faster than the 2003 SARS and also may cause less severe illness.

How do you protect yourself from this coronavirus?

It's crucial to practice good hygiene, respiratory etiquette and social and physical distancing. Read more about [ways to protect yourself](https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/how-can-i-protect-myself-from-coronavirus) (<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/how-can-i-protect-myself-from-coronavirus>).

Coronavirus (COVID-19) Self-Checker

Check symptoms. Protect yourself. Get information.

Coronavirus: What do I do if I Feel Sick?

If you are concerned that you may have COVID-19, follow these steps to help protect your health and the health of others.

About Coronaviruses

- Coronaviruses are common in different animals. Rarely, an animal coronavirus can infect humans.
- There are many different kinds of coronaviruses. Some of them can cause colds or other mild respiratory (nose, throat, lung) illnesses.
- Other coronaviruses can cause more serious diseases, including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).
- Coronaviruses are named for their appearance: Under the microscope, the viruses look like they are covered with pointed structures that surround them like a corona, or crown.

Coronavirus (COVID-19)

What you need to know from Johns Hopkins Medicine.

Updated May 28, 2020

Related

[Coronavirus and COVID-19: Caregiving for the Elderly](https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-caregiving-for-the-elderly)

(<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-caregiving-for-the-elderly>).

[Coronavirus Face Masks & Protection FAQs](https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-face-masks-what-you-need-to-know)

(<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-face-masks-what-you-need-to-know>).

[Coronavirus: Frequently Asked Questions](https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus)

(<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>)

Ex. 3-48

[diseases/coronavirus/coronavirus-frequently-asked-questions](https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-frequently-asked-questions)).

Related Topics

[Infectious Diseases \(https://www.hopkinsmedicine.org/health/infectious-diseases\)](https://www.hopkinsmedicine.org/health/infectious-diseases).

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Coronavirus Disease 2019 (COVID-19)

Cleaning and Disinfection for Households

Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)

Summary of Recent Changes

Revisions were made on 3/26/2020 to reflect the following:

- Updated links to EPA-registered disinfectant list
- Added guidance for disinfection of electronics
- Updated core disinfection/cleaning guidance

Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about COVID-19, spread from person-to-person of this virus happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Transmission of coronavirus occurs much more commonly through respiratory droplets than through objects and surfaces, like doorknobs, countertops, keyboards, toys, etc. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

Purpose

This guidance provides recommendations on the cleaning and disinfection of households where [persons under investigation \(PUI\)](#) or those with confirmed COVID-19 reside or may be in self-isolation. It is aimed at limiting the survival of the virus in the environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on household settings and are meant for the general public.

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

General recommendations for routine cleaning and disinfection of households

- Community members can practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics (see below for special electronics cleaning and

Ex. 3-50

disinfection instructions)) with household cleaners and [EPA-registered disinfectants](#) that are appropriate for the surface, following label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

- For electronics follow the manufacturer’s instructions for all cleaning and disinfection products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

General recommendations for cleaning and disinfection of households with people isolated in home care (e.g. suspected/confirmed to have COVID-19)

- Household members should educate themselves about COVID-19 symptoms and preventing the spread of COVID-19 in homes.
- Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)**
 - In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to **as-needed** (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
- As much as possible, an ill person should stay in a specific room and away from other people in their home, following [home care guidance](#).
- The caregiver can provide personal cleaning supplies for an ill person’s room and bathroom, unless the room is occupied by child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants ([see examples](#)).
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- Household members should follow [home care guidance](#) when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

How to clean and disinfect

Hard (Non-porous) Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer’s instructions for cleaning and disinfection products used. [Clean hands](#) immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#) . Follow manufacturer’s instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.)

Always read and follow the directions on the label to ensure safe and effective use.

- Wear skin protection and consider eye protection for potential splash hazards
- Ensure adequate ventilation
- Use no more than the amount recommended on the label
- Use water at room temperature for dilution (unless stated otherwise on the label)
- Avoid mixing chemical products
- Label diluted cleaning solutions


- Store and use chemicals out of the reach of children and pets

You should never eat, drink, breathe or inject these products into your body or apply directly to your skin as they can cause serious harm. Do not wipe or bathe pets with these products or any other products that are not approved for animal use.

See [EPA's 6 steps for Safe and Effective Disinfectant Use](#) 

- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite, or concentration of 5%–6%) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water or
 - 4 teaspoons bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours.

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#)  and that are suitable for porous surfaces.

Electronics

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. [Clean hands](#) immediately after gloves are removed.
 - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
 - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Hand hygiene and other preventive measures

- Household members should [clean hands](#) often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Always read and follow the directions on the label to ensure safe and effective use.

- Keep hand sanitizers away from fire or flame
- For children under six years of age, hand sanitizer should be used with adult supervision
- Always store hand sanitizer out of reach of children and pets

See [FDA’s Tips for Safe Sanitizer Use](#) and [CDC’s Hand Sanitizer Use Considerations](#)

- Household members should follow normal preventive actions while at work and home including recommended [hand hygiene](#) and avoiding touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one’s nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)

Other considerations

- The ill person should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. [Clean hands](#) after handling used food service items.
- If possible, dedicate a lined trash can for the ill person. Use gloves when removing garbage bags, handling, and disposing of trash. [Wash hands](#) after handling or disposing of trash.
- Consider consulting with your local health department about trash disposal guidance if available.

More Information

[OSHA COVID-19 Website](#)

[CDC Home Care Guidance for People with Pets](#)

[CDC Home Care Guidance](#)

Page last reviewed: May 27, 2020



Coronavirus Disease 2019 (COVID-19)

Social Distancing

Keep Your Distance to Slow the Spread

Limiting face-to-face contact with others is the best way to reduce the spread of coronavirus disease 2019 (COVID-19).

What is social distancing?

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms’ length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to [everyday steps to prevent COVID-19](#), keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you—or they—have no symptoms. Social distancing is especially important for [people who are at higher risk](#) for severe illness from COVID-19.

Many people have personal circumstances or situations that present challenges with practicing social distancing to prevent the spread of COVID-19. Please see the following guidance for additional recommendations and considerations for:

- [Households Living in Close Quarters: How to Protect Those Who Are Most Vulnerable](#)
- [Living in Shared Housing](#)
- [People with Disabilities](#)
- [People Experiencing Homelessness](#)



If you have been exposed or are sick

- [Separate from others to limit the spread of COVID-19](#)
- [Take care of yourself while you’re sick](#)

Why practice social distancing?

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. COVID-19 can live for hours or days on a surface, depending on factors such as sunlight, humidity, and the type of surface. Social distancing helps limit opportunities to come in contact with contaminated surfaces and infected people outside the home.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community.

Tips for social distancing

- Follow guidance from authorities where you live.
- If you need to shop for food or medicine at the grocery store or pharmacy, stay at least 6 feet away from others. Also consider other options:
 - Use mail-order for medications, if possible.
 - Consider a grocery delivery service.
- Cover your mouth and nose with a [cloth face covering](#) when around others, including when you have to go out in public, for example to the grocery store.
 - Cloth face coverings should NOT be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - Keep at least 6 feet between yourself and others, even when you wear a face covering.
- Avoid gatherings of any size outside your household, such as a friend’s house, parks, restaurants, shops, or any other place. This advice applies to people of any age, including teens and younger adults. Children should not have in-person playdates while school is out. To help maintain social connections while social distancing, learn [tips to keep children healthy while school’s out](#).
- Work from home when possible. See additional information for [critical infrastructure workforce](#) [↗](#) from Cybersecurity and Infrastructure Security Agency (CISA).
- Limit using any kind of public transportation, ridesharing, or taxis, if possible. If you must use public transportation, [follow these tips to protect yourself](#).
- If you are a student or parent, talk to your school about options for digital/distance learning.

Stay connected while staying away. It is very important to stay in touch with friends and family that don’t live in your home. Call, video chat, or stay connected using social media. Everyone reacts differently to stressful situations and having to socially distance yourself from someone you love can be difficult. [Read tips for stress and coping](#).



Need help? Know someone who does?

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others

- Call 911
- Visit the [Disaster Distress Helpline](#) [↗](#) , call 1-800-985-5990, or text TalkWithUs to 66746
- Visit the [National Domestic Violence Hotline](#) [↗](#) or call 1-800-799-7233 and TTY 1-800-787-3224

More Information

[How to Protect Yourself](#)

[Cleaning and Disinfecting Your Home](#)

[Gatherings and Community Events](#)

Page last reviewed: May 6, 2020



No. 202.1

EXECUTIVE ORDER

Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue; and

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the laws of the State of New York, do hereby continue Executive Order 202, dated March 7, 2020, and I hereby continue any suspension or modification of law made by Executive Order 202 for thirty days until April 11, 2020, except that such Executive Order is amended to read as follows:

FURTHER, pursuant to the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 11, 2020 the following:

Suspension of laws and regulations to allow for expansion of services and temporary facilities for health and human service providers:

- Subdivisions (a) and (e) of section 401.3 and section 710.1 of Title 10 of the NYCRR, to the extent necessary to allow hospitals to make temporary changes to physical plant, bed capacities, and services provided, upon approval of the Commissioner of Health, in response to a surge in patient census;
- Parts 709 and 710 of Title 10 of the NYCRR, to the extent necessary to allow construction applications for temporary hospital locations and extensions to be approved by the Commissioner of Health without considering the recommendation of the health systems agency or the Public Health and Health Planning Council, and to take such further measures as may be necessary to expedite departmental reviews for such approval;
- Sections 34-2.6 and 58-1.7 of Title 10 of the NYCRR, to the extent necessary to permit clinical laboratories to operate temporary collecting stations to collect specimen from individuals suspected of suffering from a COVID-19 infection;
- Section 41.34 of the Mental Hygiene law and Part 620 and section 686.3 of Title 14 of the NYCRR, to the extent necessary to allow facilities certified pursuant to Article 16 of the Mental Hygiene law to increase and/or exceed certified capacity limits without following site selection procedures and/or without providing notification to the appropriate local governmental unit upon approval of the commissioner of OPWDD;

- Section 33.17 of the Mental Hygiene Law and associated regulations to the extent necessary to permit providers to utilize staff members in the most effective means possible to transport individuals receiving services from the Office of Mental Health or a program or provider under the jurisdiction of the Office of Mental Health during the emergency, provided such facilities take all reasonable measures to protect the health and safety of such individuals;
- Sections 29.11 and 29.15 Mental Hygiene Law and section 517 of Title 14 of the NYCRR to the extent necessary to permit mental health facilities licensed pursuant to Article 31 of the Mental Hygiene Law that are treating patients during the emergency to rapidly discharge, including conditionally discharge, transfer, or receive such patients, as authorized by the Commissioner of the Office of Mental Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices;
- Section 29.13 of the Mental Hygiene Law and associated regulations to the extent individuals in areas affected by the emergency are temporarily receiving services from different providers, whose immediate priority is to stabilize the individual, address acute symptoms, and provide supports including medication and stress relief, such that it is impossible to comply with development, assessment, scope and frequency, and documentation requirements for treatment plans;
- Sections 131, 132 and 349-a of the Social Services Law to the extent necessary to allow screenings to be conducted by telephone;
- Sections 2510 and 2511 of the Public Health Law, to the extent necessary to waive or revise eligibility criteria, documentation requirements, or premium contributions; modify covered health care services or the scope and level of such services set forth in contracts; increase subsidy payments to approved organizations, including the maximum dollar amount set forth in contracts; or provide extensions for required reports due by approved organizations in accordance with contracts;
- Subdivision 4 of section 6909 of the Education Law, subdivision 6 of section 6527 of the Education Law, and section 64.7 of Title 8 of the NYCRR, to the extent necessary to permit physicians and certified nurse practitioners to issue a non-patient specific regimen to nurses or any such other persons authorized by law or by this executive order to collect throat or nasopharyngeal swab specimens from individuals suspected of suffering from a COVID-19 infection, for purposes of testing, or to perform such other tasks as may be necessary to provide care for individuals diagnosed or suspected of suffering from a COVID-19 infection;
- Section 400.9 and paragraph 7 of subdivision h of section 405.9 of Title 10 of the NYCRR, to the extent necessary to permit general hospitals and nursing homes licensed pursuant to Article 28 of the Public Health Law ("Article 28 facilities") that are treating patients during the disaster emergency to rapidly discharge, transfer, or receive such patients, as authorized by the Commissioner of Health, provided such facilities take all reasonable measures to protect the health and safety of such patients and residents, including safe transfer and discharge practices, and to comply with the Emergency Medical Treatment and Active Labor Act (42 U.S.C. section 1395dd) and any associated regulations;
- Subdivision 3 of section 2801-a of the Public Health Law and section 600.1 of Title 10 of the NYCRR, to the extent necessary to permit the Commissioner of Health to approve the establishment of temporary hospital locations and extensions without following the standard approval processes and to take such further measures as may be necessary to expedite departmental reviews for such approval;
- Section 2999-cc of the Public Health Law and any regulatory provisions promulgated thereunder by the Department of Health, the Office of Mental Health, the Office of Addiction Services and Supports, and the Office for People with Developmental Disabilities, to the extent necessary to allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scopes of practice and to authorize the use of certain technologies for the delivery of health care services to established patients, pursuant to such limitations as the commissioners of such agencies may determine appropriate;

Suspension of laws and regulations relating to child care to allow flexibility for providers while continuing to protect the health and safety of children:

- Sections 414.7, 416.7, 417.7, 418-1.7, 418-2.7, 414.8, 416.8, 417.8, 418-1.8, and 418-2.8 of Title 18 of the NYCRR insofar as that regulation sets the ages of children who can be served and the standards for care; Sections 414.13, 416.13, 417.13, 418-1.13, 418-2.13 of Title 18 of the NYCRR suspending requirements for staff qualifications; Section 390 of the Social Services law suspending provisions setting capacity limits for family and group family day care programs and standards for staff/child ratios in all child care modalities; Sections 390(3) and 390-a of the Social Services Law and regulations at 18 NYCRR Sections 413(g), 414.14, 415.13, 416.14, 417.14, 418-1.14, 418-2.14, allowing for the waiver of certain provisions establishing training and inspection requirements for

child day care; and Section 424-a of the Social Services Law insofar as allowing for the waiver of fees paid for statewide central register of child abuse and maltreatment database check;

- Section 410-w of the Social Services Law and sections 404.1, 404.7, 415.2, 415.3, 415.6 of Title 18 of the NYCRR insofar as that statute and those regulations establish financial eligibility standards, the reimbursement requirements, and set timeliness requirements for the provision of services including payment for absences due to COVID-19 abatement processes;

Suspension of regulations to prevent delays in providing home delivered meals and in providing services under the Expanded In-Home Services for the Elderly Program (EISEP) to older adults:

- Clause (d) of subparagraph (ii) of paragraph (3) of subdivision (a) of section 6654.10 of Title 9 of the NYCRR, insofar as it requires an assessment be conducted prior to or within 10 days of the initiation of home delivered meals;
- Subdivision (h) of section 6654.16 of Title 9 of the NYCRR, insofar as it requires an assessment be conducted within 10 working days after the completion of the screening intake and prior to the initiation of services under the Expanded In-Home Services for the Elderly Program (EISEP);
- Subdivision (n) of section 6654.16 of Title 9 of the NYCRR, to allow for a care plan to remain in effect for a period exceeding 12 months under the Expanded In-Home Services for the Elderly Program (EISEP) when such care plan would otherwise expire during the period in which a disaster emergency is declared;
- Subdivision (x) of section 6654.16 of Title 9 of the NYCRR, modifying requirements for reassessments to be conducted every 12 months or within 5 days of becoming aware of a change in circumstance under the Expanded In-Home Services for the Elderly Program (EISEP);

Suspension of law to allow waiver of requirements necessary for apportionment of school aid:

- Section 3604(7) of the Education Law, to the extent consistent and necessary to allow the commissioner to disregard such reduction in the apportionment of public money due to a failure by a school to meet the instructional requirements proscribed within this section due to the properly executed declaration of a local state of emergency as defined within sub-section (i), a school is directed to close by a state or local health official or following a properly executed declaration of a state of emergency as defined within sub-section (i), limited to the extent that those specified schools are unable to make up missed instructional days;

Suspension of laws and regulations relating to emergency procurement:

- Sections 553(22), 559, 1209, and 1265-a of the Public Authorities Law, and 21 NYCRR Part 1002, to the extent necessary to purchase necessary equipment, materials, supplies, or services, without following the standard procurement processes, including the standard prompt payment policy;

Suspensions of law relating to appearances by defendants:

- Notwithstanding any other provision of law and except as provided in section 182.30 of Article 182 of the Criminal Procedure Law, the court, in its discretion, may dispense with the personal appearance of the defendant, except an appearance at a hearing or trial, and conduct an electronic appearance in connection with a criminal action pending in any county in New York State, provided that the chief administrator of the courts has authorized the use of electronic appearance due to the outbreak of COVID-19, and the defendant, after consultation with counsel, consents on the record. Such consent shall be required at the commencement of each electronic appearance to such electronic appearance.

Suspension of law relating to waiting periods for unemployment insurance claimants whose claims arise directly out of COVID-19 outbreak:

- Subdivision 7 of Section 590 of the Labor Law, so far as it relates to the waiting period for unemployment insurance claimants whose claims for unemployment insurance arise directly out of closings of schools or other workplaces in which claimants were employed, or out of claimants' isolation or quarantine in connection with COVID-19; and

Suspension of law allowing the attendance of meetings telephonically or other similar service:

- Article 7 of the Public Officers Law, to the extent necessary to permit any public body to meet and take such actions authorized by the law without permitting in public in-person access to meetings and authorizing such meetings to be held remotely by conference call or similar service, provided that the public has the ability to view or listen to such proceeding and that such meetings are recorded and later transcribed;

Suspension of law allowing residents of nursing homes to vote with modified visitor policies in place:

- Subdivision 8 of section 8-407 of the Election Law to allow individuals not employed by the Board of Elections to assist residents of nursing homes or adult care facilities in the completion of absentee ballot applications and voting;

IN ADDITION, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 11, 2020:

- Any guidance issued by the New York State Department of Health related to prevention and infection control of COVID-19 at nursing homes and adult care facilities, including but not limited to guidance on visitation, shall be effective immediately and shall supersede any prior conflicting guidance issued by the New York State Department of Health and any guidance issued by any local board of health, any local department of health, or any other political subdivision of the State related to the same subject.
- Any large gathering or event for which attendance is anticipated to be in excess of five hundred people shall be cancelled or postponed for a minimum of thirty days.
- Any place of business or public accommodation, and any gathering or event for which attendance is anticipated to be fewer than five hundred people, shall operate at no greater than fifty percent occupancy, and no greater than fifty percent of seating capacity, for thirty days effective on Friday, March 13, 2020, except that any theater seating five hundred or more attendees for a live performance located in a city of one million or more shall not hold any further performances after 5pm on March 12, 2020.
- The two preceding directives shall not apply to a school, hospital, nursing home, other medical office or facility as determined by the Commissioner of Health, mass transit or mass transit facility, governmental facility, law enforcement facility, or retail establishments including grocery stores. The Commissioner of Health may allow for businesses that are not public gathering spaces to exceed five hundred persons if the occupancy is less than fifty percent capacity subject to public health review.



GIVEN under my hand and the Privy Seal of the
State in the City of Albany the twelfth
day of March in the year two
thousand twenty.

BY THE GOVERNOR

A handwritten signature in black ink, appearing to be "M. C.", written over a horizontal line.

Secretary to the Governor

A handwritten signature in black ink, appearing to be "Andrew Cuomo", written over a horizontal line.



State of New York

Executive Chamber

No. 202.3

EXECUTIVE ORDER

CONTINUING TEMPORARY SUSPENSION AND MODIFICATION OF LAWS RELATING TO THE DISASTER EMERGENCY

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue;

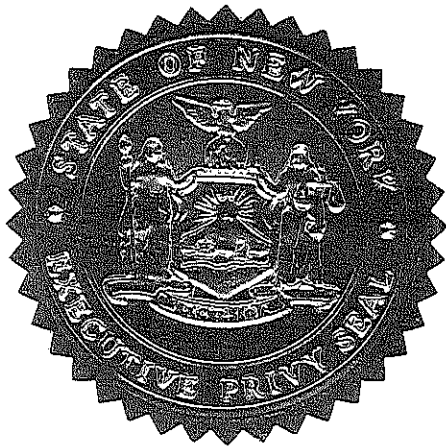
WHEREAS, one state acting alone cannot control the continued spread of this disease and it requires coordination and cooperation amongst the states; and

NOW, THEREFORE, I, Governor Andrew M. Cuomo, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, or to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives and suspensions and modifications for the period from the date of this Executive Order 202.3 through April 15, 2020:

- The directive requiring large gatherings and events to be cancelled or postponed if they had anticipated attendance in excess of 500 people by virtue of Executive Order 202.1 dated March 12, 2020, is hereby amended and modified to require that any large gathering or event (concert, conference, worship service, performance before a large audience, etc.) shall be cancelled or postponed if more than fifty persons are expected in attendance, at any location in New York State until further notice.
- Any restaurant or bar in the state of New York shall cease serving patrons food or beverage on-premises effective at 8 pm on March 16, 2020, and until further notice shall only serve food or beverage for off-premises consumption. Notwithstanding any provision of the alcohol and beverage control law, a retail on-premises licensee shall be authorized for the duration of this Executive Order to sell alcohol for off-premises consumption, which shall include either take-out or delivery, subject to reasonable limitations set by the State Liquor Authority.
- Any facility authorized to conduct video lottery gaming, or casino gaming shall cease operation effective at 8 pm on March 16, 2020, and until further notice. For a Class III

Tribal Gaming enterprise or Class II Tribal Gaming enterprise, any facility should also close to the public until further notice.

- Any gym, fitness centers or classes, and movie theaters shall also cease operation effective at 8 pm on March 16, 2020 until further notice.
- No local government or political subdivision shall issue any local emergency order or declaration of emergency or disaster inconsistent with, conflicting with or superseding the foregoing directives, or any other executive order issued under Section 24 of the Executive Law and any local emergency order or any local administrative codes, charters, laws, rules or regulations, are hereby suspended with respect to any such order issued under such authority different or in conflict with Executive directives.



GIVEN under my hand and the Privy Seal of the
State in the City of Albany this
sixteenth day of March in the year
two thousand twenty.

BY THE GOVERNOR

Mr. C
Secretary to the Governor

A handwritten signature in black ink, appearing to be "Andrew Cuomo", written over a horizontal line.



State of New York

Executive Chamber

No. 202.4

EXECUTIVE ORDER

Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency

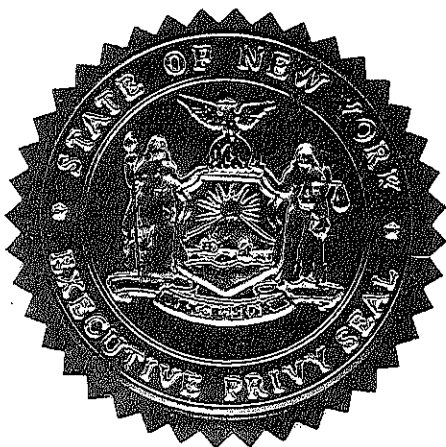
WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue; and

NOW, THEREFORE, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 15, 2020:

- Any local government or political subdivision shall, effective March 17, 2020, allow non-essential personnel as determined by the local government, to be able to work from home or take leave without charging accruals, except for those personnel essential to the locality's response to the COVID-19 emergency. Such non-essential personnel shall total no less than fifty-percent (50%) of the total number of employees across the entire workforce of such local government or political subdivision.
- Restrictions on reporting to work for any state worker whose service is non-essential, or not required to support the COVID-19 response, are expanded to all counties in the State of New York.
- Notwithstanding any prior directives, every school in the state of New York is hereby directed to close no later than Wednesday, March 18, 2020, for a period of two weeks, ending April 1, 2020. The state shall reassess at that time whether to extend such closure beyond this date and may continue to suspend the 180 day instructional requirement. The 180 day suspension will be adjusted to the state's allowed closure directive. Schools that exceed the period will not be exempted from the 180-day rule. School districts shall develop a plan for alternative instructional options, distribution and availability of meals, and child care, with an emphasis on serving children of parents in the health care profession or first responders who are critical to the response effort. Such plans shall be submitted to the State Education Department and may be amended or modified by the State Education Department, in consultation with the Department of Health and Office of Children and Family Services at any time. School districts in Nassau County, Suffolk County and Westchester County and the City of New York must submit such plans for approval no later than midnight, March 17, 2020 to the State.

- Any village election to be held March 17, 2020 shall be postponed and any elected official holding such position shall remain in office until such time as a new election is held.



G I V E N under my hand and the Privy Seal of the
State in the City of Albany the
sixteenth day of March in the year
two thousand twenty.

A handwritten signature in black ink, appearing to read "Andrew Cuomo", written over a horizontal line.

BY THE GOVERNOR

A handwritten signature in black ink, appearing to read "M. C.", written over a horizontal line.

Secretary to the Governor



State of New York

Executive Chamber

No. 202.5

EXECUTIVE ORDER

Continuing Temporary Suspension and Modification of Laws Relating to the Disaster Emergency

WHEREAS, on March 7, 2020, I issued Executive Order Number 202, declaring a State disaster emergency for the entire State of New York;

WHEREAS, both travel-related cases and community contact transmission of COVID-19 have been documented in New York State and are expected to be continue;

WHEREAS, in order to facilitate the most timely and effective response to the COVID 19 emergency disaster, it is critical for New York State to be able to act quickly to gather, coordinate, and deploy goods, services, professionals, and volunteers of all kinds; and

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to temporarily suspend or modify any statute, local law, ordinance, order, rule, or regulation, or parts thereof, of any agency during a State disaster emergency, if compliance with such statute, local law, ordinance, order, rule, or regulation would prevent, hinder, or delay action necessary to cope with the disaster emergency or if necessary to assist or aid in coping with such disaster, I hereby temporarily suspend or modify, for the period from the date of this Executive Order through April 17, 2020 the following:

- Sections 6512 through 6516, and 6524 of the Education Law and Part 60 of Title 8 of the NYCRR, to the extent necessary to allow physicians licensed and in current good standing in any state in the United States to practice medicine in New York State without civil or criminal penalty related to lack of licensure;
- Section 6502 of the Education Law and Part 59.8 of Title 8 of the NYCRR, to the extent necessary to allow physicians licensed and in current good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration;
- Sections 6512 through 6516, and 6905, 6906 and 6910 of the Education Law and Part 64 of Title 8 of the NYCRR, to the extent necessary to allow registered nurses, licensed practical nurses, and nurse practitioners licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure;
- Sections 6512 through 6516, and 6541 of the Education Law and Part 60.8 of Title 8 of the NYCRR 8 NYCRR, to the extent necessary to allow physician assistants licensed and in current good standing in any state in the United States to practice in New York State without civil or criminal penalty related to lack of licensure;
- Section 400.12 of Title 10 of the NYCRR, to the extent necessary to allow patients affected by the disaster emergency to be transferred to receiving Article 28 facilities as authorized by the Commissioner of Health;
- Section 415.11 of Title 10 of the NYCRR, to the extent necessary to permit nursing homes receiving individuals affected by the disaster emergency to perform comprehensive assessments of those residents temporarily evacuated to such nursing homes as soon as practicable following admission or to forego such assessments for individuals returned to facilities from which they were evacuated;
- Subdivision b of section 415.15 of Title 10 of the NYCRR, to the extent necessary to permit nursing homes receiving individuals affected by the disaster emergency to obtain physician approvals for admission as soon as practicable following admission or to forego such approval for individuals returned to facilities from which they were evacuated;

- Subdivision i of section 415.26 of Title 10 of the NYCRR, to the extent necessary to permit nursing homes receiving individuals affected by the disaster emergency to comply with admission procedures as soon as practicable following admission or to forego such procedures for individuals returned to facilities from which they were evacuated;
- Paragraph 2 of subdivision g of section 763.4; paragraphs 7 and 8 of subdivision h of section 763.4; paragraph 2 of subdivision a of section 766.5; and paragraph 1 of subdivision d of section 766.5 of Title 10 of the NYCRR, to the extent necessary to permit certified home health agencies, long term home health care programs, AIDS home care programs, and licensed home care services agencies serving individuals affected by the disaster emergency to conduct in-home supervision of home health aides and personal care aides as soon as practicable after the initial service visit, or to permit in-person and in-home supervision to be conducted through indirect means, including by telephone or video communication;
- Subdivision a of section 763.5 of Title 10 of the NYCRR, to the extent necessary to permit initial patient visits for certified home health agencies, long term home health care programs and AIDS home care programs serving individuals affected by the disaster emergency to be made within 48 hours of receipt and acceptance of a community referral or return home from institutional placement;
- Sections 403.3 and 403.5 of Title 10 of the NYCRR, to extend the time in which home care services entities must submit information to the Home Care Worker Registry;
- Sections 358-4.3, 358-5.12 and 358-5.13 of Title 18 of the NYCRR, to the extent necessary to allow or require appearance by any parties to a fair hearing by written, telephonic, video or other electronic means;
- Sections 2999-h and 2999-j of the Public Health Law, to the extent necessary to provide reimbursement to Medical Indemnity Fund enrollees, in primary residences where a resident has had COVID-19 or was exposed to COVID-19, for costs related to cleaning and disinfection of such primary residences, at the discretion of the Commissioner of Health;
- Section 2805-k of the Public Health Law and sections 405.4, 405.5, 405.9, 405.14, 405.19, and 405.22 of Title 10 of the NYCRR, to the extent necessary to allow staff with the necessary professional competency and who are privileged and credentialed to work in a facility in compliance with such section of the Public Health Law and such sections of the NYCRR, or who are privileged and credentialed to work in a facility in another state in compliance with the applicable laws and regulations of that other state, to practice in a facility in New York State;
- Part 405 of Title 10 of the NYCRR, to the extent necessary to adopt existing policies and procedures in a general hospital at a new, temporary facility created for the purpose of treating patients during the COVID-19 outbreak;
- Any code related to construction, energy conservation, or other building code, and all state and local laws, ordinances, and regulations relating to administration and enforcement of the foregoing, to the extent necessary to allow, upon approval by the Commissioner of Health or the Commissioner of OPWDD, as applicable, the temporary changes to physical plant, bed capacities, and services provided; the construction of temporary hospital locations and extensions; the increase in and/or exceeding of certified capacity limits; and the establishment of temporary hospital locations and extensions;
- Part 425 of Title 10 of the NYCRR and section 461-k of the Social Services Law, to the extent necessary to prevent transportation to and attendance at adult day care programs, until authorized by the Commissioner of Health;
- Section 16.17 of the Mental Hygiene Law to the extent necessary to permit the Office of People with Developmental Disabilities to take emergency action to suspend or limit a provider's operating certificate;
- Sections 633.12 and 636-1 of Title 14 of the NYCRR, to the extent necessary to temporarily deviate from an individual's service plan, which would otherwise outline participation in day programming and other community based served, and to the extent necessary to temporarily relocate individuals, in order to maintain the health and safety of that individual during this emergency period and to the extent necessary;
- Sections 33.02 and 33.05 of the Mental Hygiene law and sections 633.4, 636-1.4 and 633.16 of Title 14 of the NYCRR, to the extent necessary to restrict visitors to facilities certified pursuant Article 16 of the Mental Hygiene law and to permit restrictions on community outings for residents of such facilities to reduce the spread of COVID-19;
- Sections 633.8 and 633.14 of Title 14 of the NYCRR to the extent necessary to permit abbreviated training of direct support professionals employed in programs and facilities certified pursuant to Article 16 of the Mental Hygiene Law that are experiencing staff shortages;
- Section 633.17 of Title 14 of the NYCRR, to the extent necessary to permit abbreviated medication administration training of direct support professionals employed in programs or facilities certified pursuant to Article 16 of the Mental Hygiene Law;
- Section 390-b of the Social Services Law and regulations at sections 413.4 and 415.15 of Title 18 of the NYCRR insofar as that statute and those regulations establish background check requirements for child day care;

- Section 390 of the Social Services Law insofar as that section of law exempts school age child care programs operated by a school or entity with experience providing child care and located in a school providing elementary or secondary education from having to comply with the regulations of the office of children and family services;
- Subdivision 7 of section 590 and subdivision 2 of section 607 of the Labor Law, so far as they relate to waiting periods for unemployment insurance claimants whose claims for unemployment insurance arise due to closure of an employer for a reason related to COVID-19 or due to a mandatory order of a government entity duly authorized to issue such order to close such employer, as of March 12, 2020;
- Subdivision b of section 708 of the Business Corporation Law to the extent necessary to permit business corporations to take any action otherwise permitted under that section with the electronic consent of the members of the board or committee, when such consent is submitted via electronic mail along with information from which it can reasonably be determined that the transmission was authorized by such member;
- Sections 65(13)(b) and 66(12)(f) of the Public Service Law to the extent of having in-person public hearings, provided that such hearings are held by conference call or similar electronic means, which are recorded and later transcribed;
- Section 165(1) of the Public Service Law ("PSL") to the extent of holding public statement hearings, provided that the public may file written comments in any case subject to PSL Article 10 until issuance of a final order; and
- Section 123(1) of the Public Service Law ("PSL") to the extent of holding a public hearing, provided that the public may file written comments in any case subject to PSL Article VII until issuance of a final order.

IN ADDITION, by virtue of the authority vested in me by Section 29-a of Article 2-B of the Executive Law to issue any directive during a disaster emergency necessary to cope with the disaster, I hereby issue the following directives for the period from the date of Executive Order through April 17, 2020:

- Any village election set to be held March 18, 2020 shall be postponed and any elected official holding such position shall remain in office until such time as a new election is held.
- Effective at 8 p.m. March 19, 2020, all indoor common portions of retail shopping malls with in excess of 100,000 square feet of retail space available for lease shall close and cease access to the public. Any stores located within shopping malls, which have their own external entrances open to the public, separate from the general mall entrance, may remain open, subject to the requirements of Executive Order 202.3 that any restaurant shall limit itself to take out or delivery food services, and that any interior entrances to common areas of the mall remain closed and locked.
- Additionally, all places of public amusement, whether indoors or outdoors, including but not limited to, locations with amusement rides, carnivals, amusement parks, water parks, aquariums, zoos, arcades, fairs, children's play centers, funplexes, theme parks, bowling alleys, family and children's attractions shall likewise be closed to the public at 8 p.m. on March 19. This directive shall not apply to public parks and open recreation areas.
- Notwithstanding section 24 of the Executive Law, no locality or political subdivision shall issue any local emergency order or executive order with respect to response of COVID-19 without the approval of the State Department of Health.



BY THE GOVERNOR

Mr. C
Secretary to the Governor

GIVEN under my hand and the Privy Seal of the State
in the City of Albany the eighteenth day of
March in the year two thousand twenty.

Adriano

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New York State on PAUSE**SECTIONS****Coronavirus (/)****10 Point****Plan (#10-point-plan)**Hotline: [1-888-364-3065 \(tel:18883643065\)](tel:18883643065) or [Ask a Question \(/form/ask-us-a-question\)](/form/ask-us-a-question)**[We're Stronger If We All Work Together. Get Involved: How You Can Help](https://coronavirus.health.ny.gov/get-involved-how-you-can-help-0)**[\(https://coronavirus.health.ny.gov/get-involved-how-you-can-help-0\)](https://coronavirus.health.ny.gov/get-involved-how-you-can-help-0)**File a****Complaint (#file-a-complaint)****[Home | Coronavirus \(COVID-19\) \(/home\)](/home)****New York State on PAUSE**

10 Point Plan

Essential**Businesses****Guidance****(#essential-businesses-guidance)**

Governor Cuomo announced the "New York State on PAUSE" executive order, a 10-point policy to assure uniform safety for everyone.

The 10-point NYS on PAUSE plan is as follows:

1. Effective at 8PM on Sunday, March 22, all non-essential businesses statewide will be closed;
2. Non-essential gatherings of individuals of any size for any reason (e.g. parties, celebrations or other social events) are canceled or postponed at this time;
3. Any concentration of individuals outside their home must be limited to workers providing essential services and social distancing should be practiced;
4. When in public individuals must practice social distancing of at least six feet from others;
5. Businesses and entities that provide other essential services must implement rules that

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New York State on PAUSE

SECTIONS

**10 Point
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**File a
Complaint
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complaint)**

**Essential
Businesses
Guidance
(#essential-
businesses-
guidance)**

6. Individuals should limit outdoor recreational activities to non-contact and avoid activities where they come in close contact with other people;
7. Individuals should limit use of public transportation to when absolutely necessary and should limit potential exposure by spacing out at least six feet from other riders;
8. Sick individuals should not leave their home unless to receive medical care and only after a telehealth visit to determine if leaving the home is in the best interest of their health;
9. Young people should also practice social distancing and avoid contact with vulnerable populations; and
10. Use precautionary sanitizer practices such as using isopropyl alcohol wipes.

[EN ESPAÑOL \(/EL-PLAN-NYS-PAUSE\)](#)

The maximum fine for violations of the state's social distancing protocol is \$1,000.

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File a Complaint

File a Complaint

If you are aware of any non-essential gatherings or any non-essential businesses or entities

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New York State on PAUSE

SECTIONS

**10 Point
Plan (#10-
point-plan)**

**File a
Complaint
(#file-a-
complaint)**

**Essential
Businesses
Guidance
(#essential-
businesses-
guidance)**

Governor Cuomo also announced the state is increasing the maximum fine for violations of the state's social distancing protocol from \$500 to \$1,000 to help address the lack of adherence to social distancing protocols. The Governor reminded localities that they have the authority to enforce the protocols.

[File a complaint against your employer or place of work](#)

(<https://labor.ny.gov/workerprotection/laborstandards/cc/complaints.shtm>).

[File a complaint about a business, location or incident in your community](#)

(<https://mylicense.custhelp.com/app/ask>).

You may also call 1-833-789-0470.

NEXT SECTION

Continue ↓

Essential Businesses Guidance

Essential Businesses Guidance

Empire State Development has released [guidance for determining whether a business enterprise is subject to a workforce reduction under recent executive orders](#)

(<https://esd.ny.gov/guidance-executive-order-2026>).

It applies to each business location individually

Ex. 3-69

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New York State on PAUSE

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STAY INFORMED

Department of Health

County-by-County Confirmed Cases

County Health Departments

Centers for Disease Control and Prevention

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New York State on PAUSE

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한국어 (Korean)

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CONNECT WITH US



FACEBOOK



PINTEREST



TWITTER



YOUTUBE

Essential

Businesses

Guidance

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guidance)



Department of
Health

New York State Department of Health COVID-19 Tracker

Testing data as of: 7/19/2020 Midnight
Testing data last updated on: 7/20/2020
(Updated daily before 2 PM)

Statewide

Total Persons Tested
5,164,812

Total Tested 7/19
49,342

Total Tested Positive
407,326

Sex Distribution of Positive Cases

Female 48.7% Male 50.6% Unknown 0.6%

New Positives 7/19
519

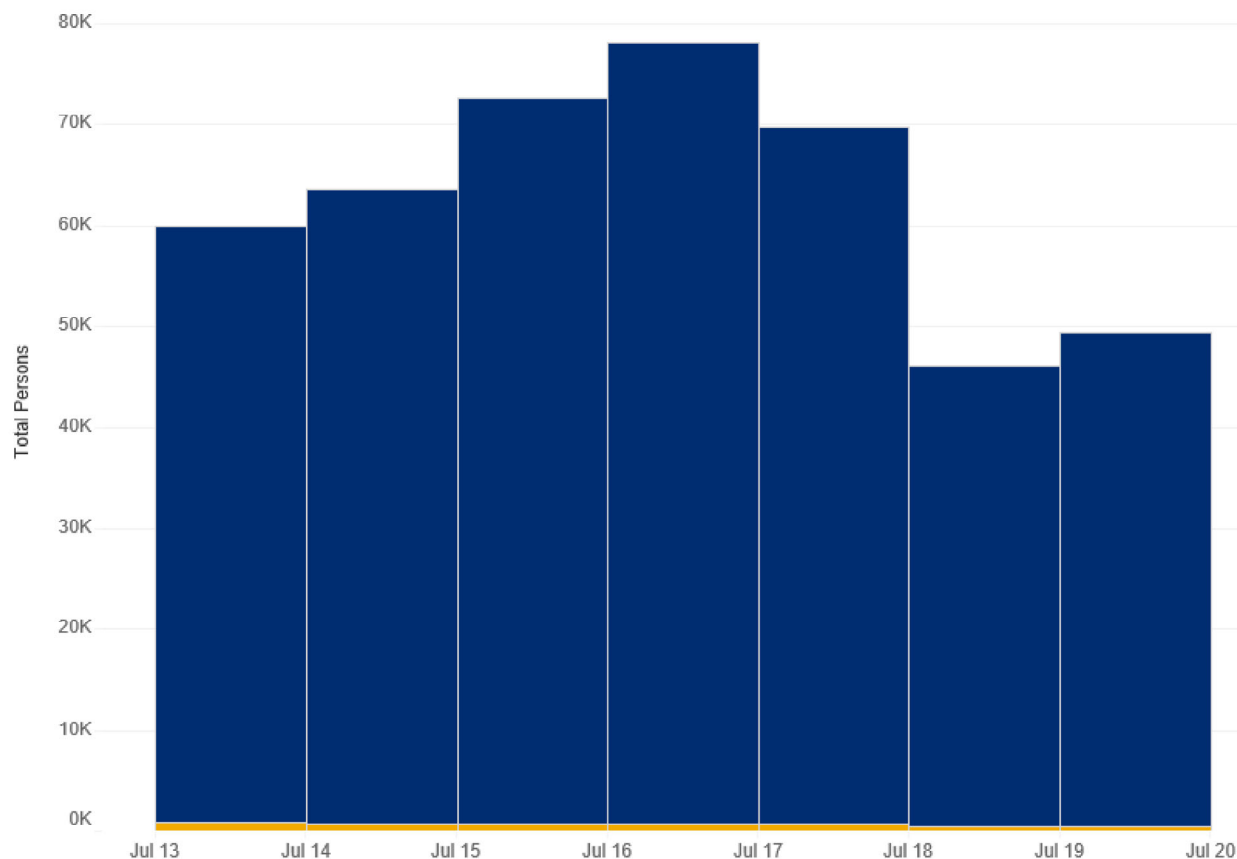
Daily Totals: Persons Tested and Persons Tested Positive

■ Total Persons Tested ■ Total Tested Positive

Hover over a bar to see details

Time Period

Last 7 Days



Click County to See Details
Click Again for Statewide

Albany	2,322
Allegany	71
Bronx	48,837
Broome	902
Cattaraugus	140
Cayuga	133
Chautauqua	191
Chemung	155
Chenango	180
Clinton	113
Columbia	492
Cortland	69
Delaware	93
Dutchess	4,375
Erie	8,046
Essex	51
Franklin	40
Fulton	261
Genesee	258
Greene	272
Hamilton	6

[Click for Map View](#)

[Click for Table View](#)

[Click for Fatality Data](#)

New York ▾

[Tweet](#) [Share](#)

Current R_t

1.04

Cases

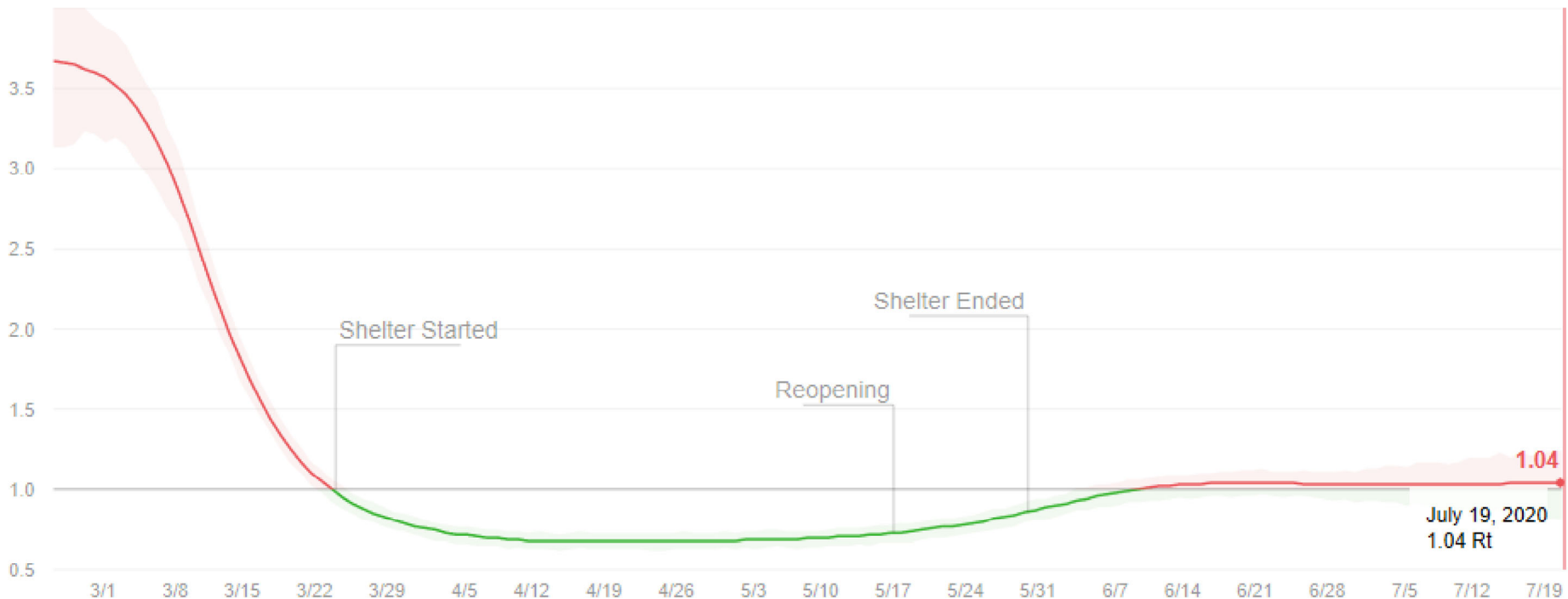
406,801

Tests

5,115,416

Effective Reproduction Rate · R_t

R_t is the average number of people who become infected by an infectious person. If it's above 1.0, COVID-19 will spread quickly. If it's below 1.0, infections will slow. [Learn More](#).





New York Forward (/)



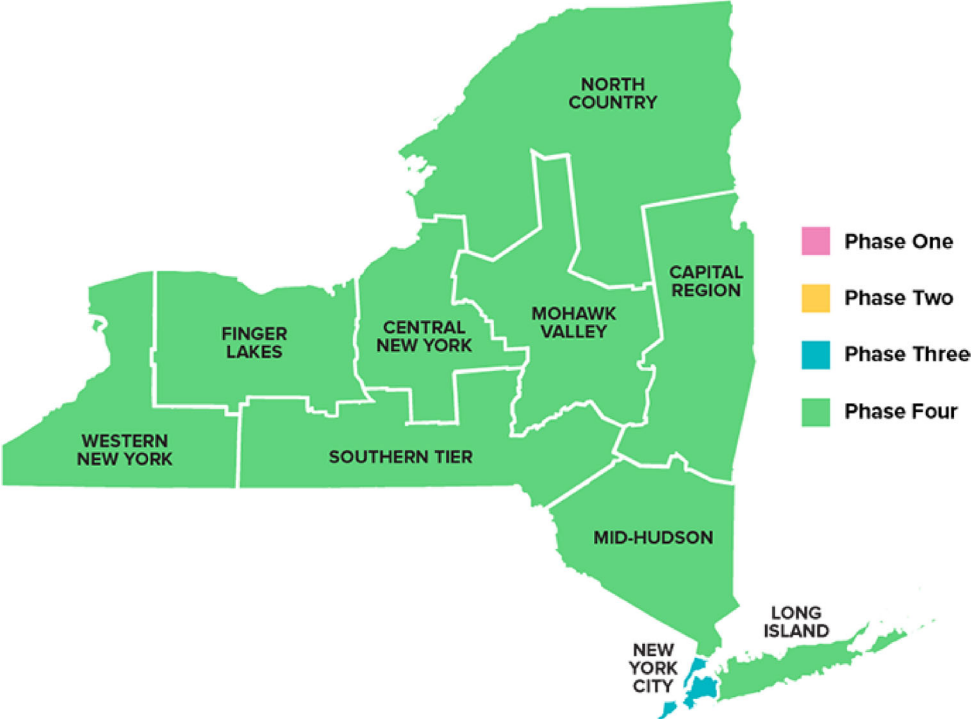
Reopening New York

New York City is in Phase 3 of reopening. Other regions are in Phase 4.

PHASE 4 GUIDANCE (/PHASE-FOUR-INDUSTRIES)

NEW YORK CITY (/REOPENING-NEW-YORK-CITY)

REGIONAL REOPENING



MOVING NEW YORK FORWARD

Industry Guidance and Reopening

Phase One
(/phase-one-industries)

Phase Two
(/phase-two-industries)

Phase Three
(/phase-three-industries)

Phase Four
(/phase-four-industries)

Statewide
Guidelines
(/statewide-guidelines)

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(/reopening-new-york-city)

Essential
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(/essential-business-guidance)

REGION BY REGION STATUS

PERCENTAGE POSITIVE RESULTS
DASHBOARD (/PERCENTAGE-POSITIVE-
RESULTS-REGION-DASHBOARD).

EARLY WARNING MONITORING DASHBOARD
(/EARLY-WARNING-MONITORING-DASHBOARD).

DAILY HOSPITALIZATION SUMMARY BY
REGION (HTTPS://FORWARD.NY.GOV/DAILY-
HOSPITALIZATION-SUMMARY-REGION).

([/new-york-forward-loan-fund](#))

New York Forward Loan Fund ([/new-york-forward-loan-fund](#))

Apply for the New York Forward Loan Fund, targeted toward small businesses, nonprofits and small landlords, and for U.S. Small Business Administration (SBA) loans.

► **LEARN MORE & APPLY** ([HTTPS://ESD.NY.GOV/ECONOMIC-RECOVERY-COVID-19-LOANS-SMALL-BUSINESSES](https://esd.ny.gov/economic-recovery-covid-19-loans-small-businesses))

([/covid-19-testing](#))

COVID-19 Testing ([/covid-19-testing](#))

Learn more about testing protocol and where you can get tested.

OVERVIEW[\(/covid-19-testing#overview\)](/covid-19-testing#overview)**CAN I BE TESTED?**[\(/covid-19-testing#can-i-be-tested-\)](/covid-19-testing#can-i-be-tested-)**DRIVE-THROUGH TESTING**[\(/covid-19-testing#drive-through-testing\)](/covid-19-testing#drive-through-testing)**► FIND A LOCATION (/COVID-19-TESTING)**[\(/metrics-guide-reopening-new-york\)](/metrics-guide-reopening-new-york)**Metrics to Guide Reopening New York** [\(/metrics-guide-reopening-new-york\)](/metrics-guide-reopening-new-york)

Learn more about the core factors New York State is monitoring to determine if a region can reopen.

OVERVIEW[\(/metrics-guide-reopening-new-york#overview\)](/metrics-guide-reopening-new-york#overview)**REGIONAL CONTROL ROOMS**[\(/metrics-guide-reopening-new-york#regional-control-rooms\)](/metrics-guide-reopening-new-york#regional-control-rooms)**MONITORING NEW INFECTIONS**[\(/metrics-guide-reopening-new-york#monitoring-new-infections\)](/metrics-guide-reopening-new-york#monitoring-new-infections)**► READ THE METRICS TO GUIDE REOPENING (/METRICS-GUIDE-REOPENING-NEW-YORK)**

STAY INFORMED

Stay up-to-date on everything related to the state's response to COVID-19, including testing, unemployment, face masks, and much more.

COVID-19 UPDATES

([HTTPS://CORONAVIRUS.HEALTH.NY.GOV/HOME](https://coronavirus.health.ny.gov/home)).

REOPENING: WHAT YOU NEED TO KNOW

([/REOPENING-WHAT-YOU-NEED-KNOW](/reopening-what-you-need-know)).

SIGN UP FOR EMAIL UPDATES

([HTTPS://CORONAVIRUS.HEALTH.NY.GOV/SIGN-EMAIL-UPDATES](https://coronavirus.health.ny.gov/sign-email-updates)).

New York Forward

Accessibility

Contact Us

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Empire State Development

Freedom of Information Law Ex. 3-79

Freedom of Information Law
(FOIL) Requests

Novel Coronavirus

Privacy Policy



Search by Country, Territory, or Area

Covid-19 Response Fund

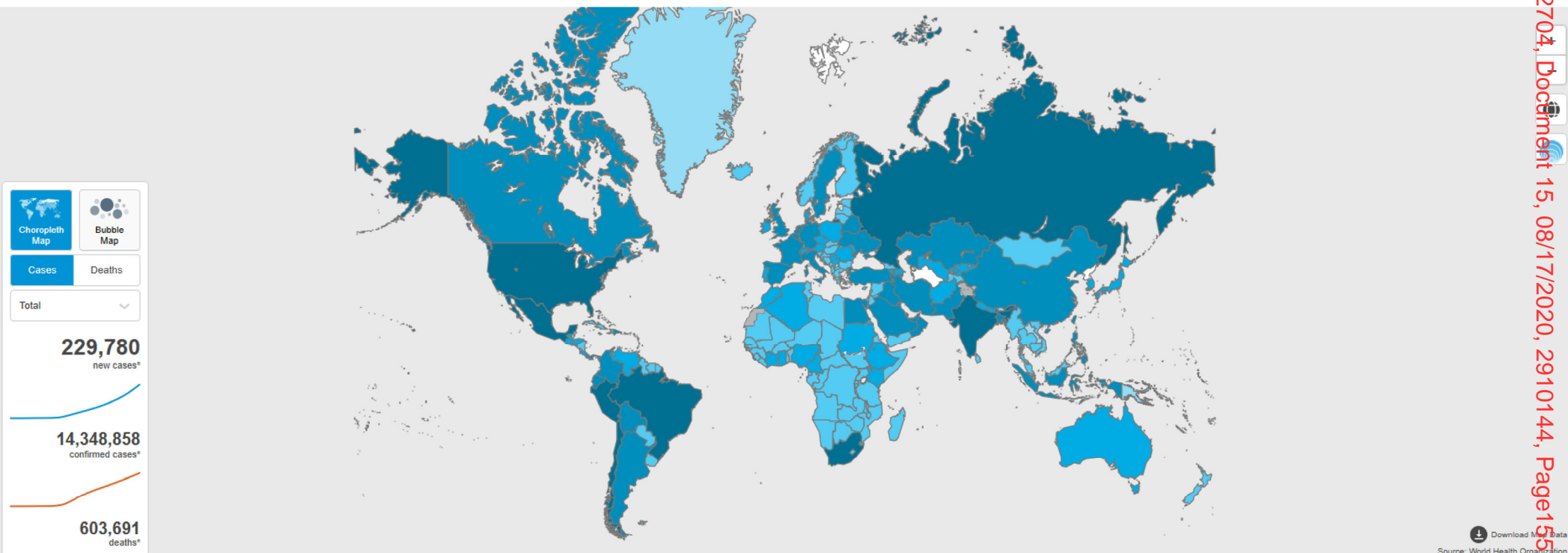
Donate

WHO Coronavirus Disease (COVID-19) Dashboard

Data last updated: 2020/7/20, 3:37pm CEST

[Overview](#)

[Explorer](#)



Globally, as of 3:37pm CEST, 20 July 2020, there have been 14,348,858 confirmed cases of COVID-19, including 603,691 deaths, reported to WHO.

United States COVID-19 Cases and Deaths by State

Reported to the CDC since January 21, 2020

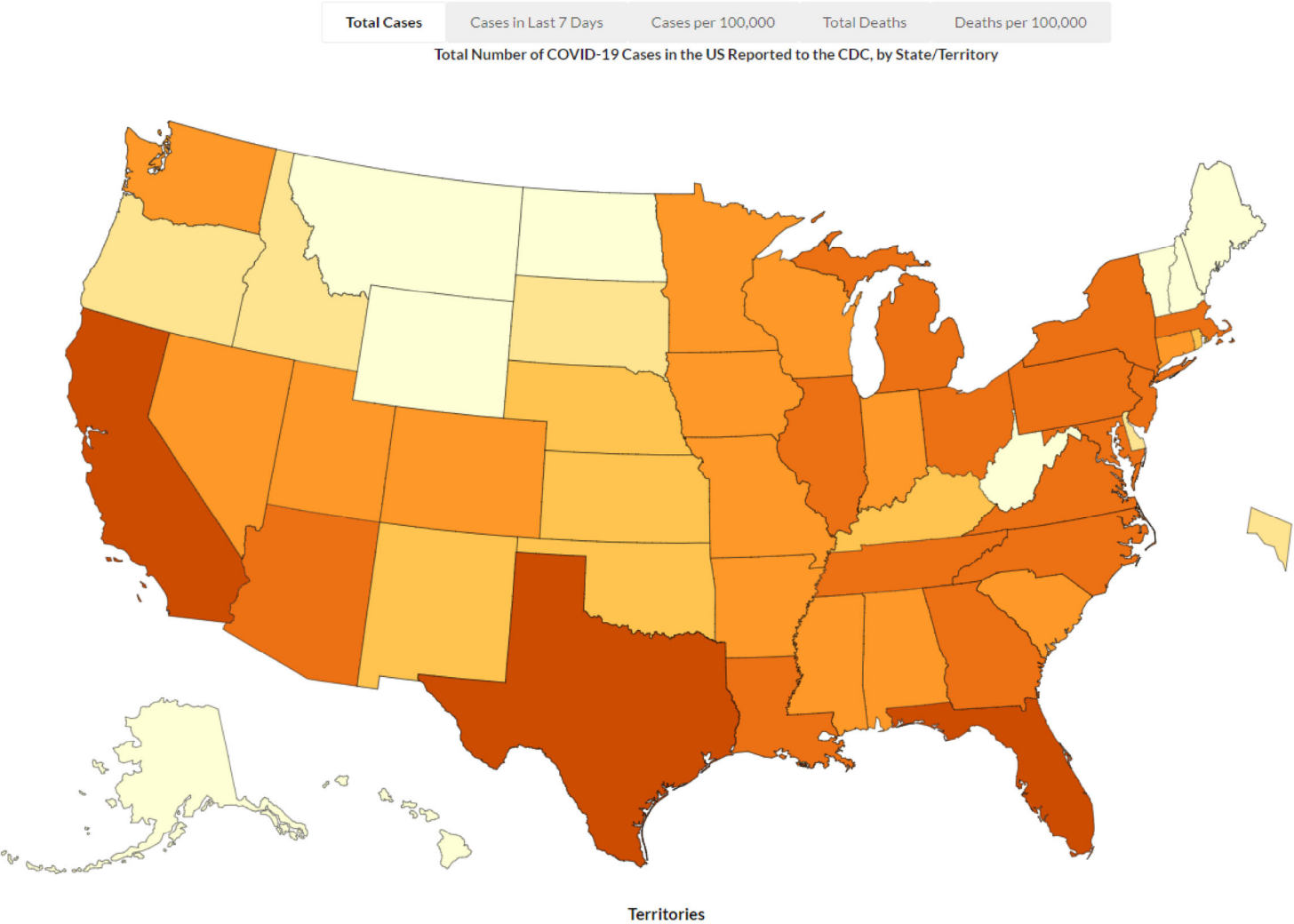
USA
3,761,362
TOTAL CASES
CDC | Updated: Jul 20 2020 12:15PM

USA
140,157
TOTAL DEATHS
CDC | Updated: Jul 20 2020 12:15PM

USA
1,147.5
Cases per 100,000
People
CDC | Updated: Jul 20 2020 12:15PM

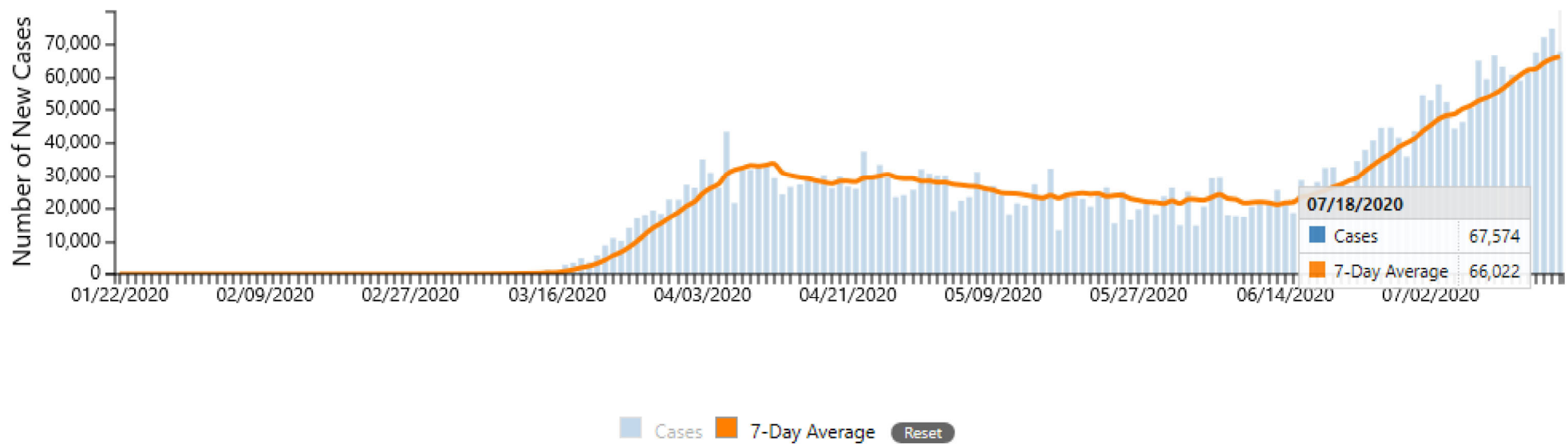
Total Cases by State/Territory

State/Territory	Total Cases	Confirmed	Probable
California	384,692	N/A	N/A
Florida	345,612	N/A	N/A
Texas	325,030	N/A	N/A
New York City*	223,107	218,478	4,629
New York*	185,388	N/A	N/A
New Jersey	176,783	N/A	N/A
Illinois	162,750	161,575	1,175
Arizona	143,624	143,624	0



New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.



The 7-Day moving average of new cases (current day + 6 preceding days / 7) was calculated to smooth expected variations in daily counts.



COVID -19 Travel Advisory

Novel Coronavirus (/)

Overview

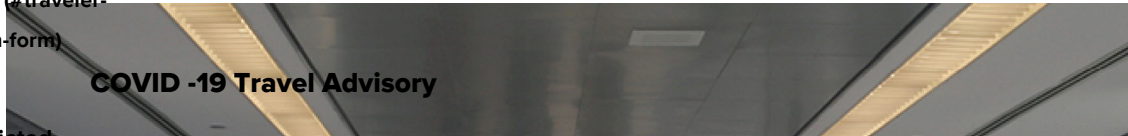
(#overview)

Call the Hotline: [1-888-364-3065](tel:1888-364-3065) (tel:18883643065) or [Ask a Question \(/form/ask-us-a-question\)](/form/ask-us-a-question) | [Travel Advisory in Place for](#)

[Individuals Traveling From States with Significant Community Spread of COVID-19.](#) (<https://coronavirus.health.ny.gov/covid-19-traveler-health-form>)

Form (#traveler-

health-form)



Restricted

States

(#restricted-states)

Overview

Guidance for Travel

(#guidance-for-travel)

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has joined with New Jersey and Connecticut in jointly issuing a travel advisory for anyone returning from travel to states that have a significant degree of community-wide spread of COVID-19.

Protect Yourself and Others

(#protect-yourself-and-others)

[READ THE GUIDANCE](#)

([HTTPS://CORONAVIRUS.HEALTH.NY.GOV/SYSTEM/FILES/DOCUMENTS/2020](https://coronavirus.health.ny.gov/system/files/documents/2020))

Precautionary Quarantine Requirements

(#precautionary-quarantine-requirements)

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Traveler Health Form

Exemptions for Essential Workers

(#exemptions-for-essential-workers)

Traveler Health Form

Ineligible for Paid Sick Leave

Ex. 3-84

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COVID-19 Travel Advisory

A travel enforcement operation will commence at airports across the state to help ensure travelers are following the state's quarantine restrictions. As part of the enforcement operation, enforcement teams will be stationed at airports statewide to meet arriving aircrafts at gates and greet disembarking passengers to request proof of completion of the State Department of Health traveler form, which is being distributed to passengers by airlines prior to, and upon boarding or disembarking flights to New York State.

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All out-of-state travelers from designated states must complete the form upon entering New York. Travelers who leave the airport without completing the form will be subject to a \$2,000 fine and may be brought to a hearing and ordered to complete mandatory quarantine. Travelers coming to New York from designated states through other means of transport, including trains and cars, must fill out the form online.

[COMPLETE THE ONLINE TRAVELER HEALTH FORM
\(HTTPS://FORMS.NY.GOV/S3/WELCOME-TO-NEW-YORK-STATE-TRAVELER-HEALTH-FORM\)](https://forms.ny.gov/s3/welcome-to-new-york-state-traveler-health-form)

Protect Yourself and Others (#protect-yourself-and-others)

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Ineligible for Paid Sick Leave

Based upon Governor Cuomo's Executive Order 205, issued June 25, 2020, the following states meet the criteria for required quarantine:

- Alabama
- Arkansas
- Arizona
- California
- Florida
- Georgia

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COVID -19 Travel Advisory

- Iowa
- Idaho
- Kansas
- Louisiana
- Minnesota
- Mississippi
- New Mexico
- North Carolina
- Nevada
- Ohio
- Oklahoma
- South Carolina
- Tennessee
- Texas
- Utah
- Wisconsin

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Ineligible for Paid Sick Leave

This is based upon a seven day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

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Guidance for Travel

Guidance for Travel

The travel advisory is effective at 12:01 am on Thursday, June 25, 2020. If you have traveled from within one of the designated states with significant community spread, you must quarantine when you enter New York for 14 days from the last travel within such designated state, provided on the date you enter into New York State that such state met the criteria for requiring such quarantine.

The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel.

Examples of such brief passage include but are not limited to: stopping at rest stops for

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COVID -19 Travel Advisory

vehicles, buses, and/or trains; or lay-overs for air travel, bus travel, or train travel.

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The travel advisory requires all New Yorkers, as well as those visiting from out of state, to take personal responsibility for complying with the advisory in the best interest of public health and safety.

For questions about the travel advisory please refer to the guidance linked [here](#)

(<https://coronavirus.health.ny.gov/system/files/documents/2020/06/interimguidanc>

Traveler Health

Form (#traveler-health-form)

For general inquiries contact the call the Hotline: 1-888-364-3065 (tel:18883643065)

or [Ask a Question](#)

(<https://coronavirus.health.ny.gov/form/ask-us-a-question>).

Restricted

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(#restricted-states)

To file a report of an individual failing to adhere to the quarantine pursuant to the travel advisory [click here](#)

(<https://protect2.fireeye.com/v1/url?k=47b7c419-1b36f67a-47b53d2c-000babd9069e-f26123a2d967000f&q=1&e=0f158a10-fd57-469f-ae6f-f1b1910ccf47&u=https%3A%2F%2Fmylicense.custhelp.com%2Fapp%2Fask>) or call 1-833-789-0470.

Guidance for

Travel

(#guidance-for-travel)

Individuals may also contact their local department of health.

Protect Yourself

and Others

(#protect-yourself-and-others)

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Quarantine

Requirements

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Guidance Documents

[Guidance for](#)

[Professional Sports](#)



[Teams](#)

(</system/files/documents/2020/07/professional-sports-travel-advisory-guidance.pdf>)

(</system/files/documents/2020/07/professional-sports-travel-advisory-guidance.pdf>)

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[Guidance for](#)

[Individuals Traveling](#)

[for Medical Treatment](#)

[\(/system/files/documents/2020/07/medical-](#)

[and-travel-advisory-20-](#)

[final.pdf\)](#)

[\(/system/files/documents/2020/07/medical-and-](#)

[travel-advisory-20-final.pdf\)](#)

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Protect Yourself and Others

Protect Yourself and Others

Help Stop the Spread: Protect Yourself and Others

- Avoid public places including while traveling, if possible.
- Wear a mask if
 - You are within six feet of distance from other individuals
 - In a situation or setting where they are unable to maintain six feet of distance from other individuals
 - In a public or private transportation carrier or for-hire vehicle.
- Wash your hands often with soap and water for at least 20 seconds, especially before you eat.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your cough and sneezes with a tissue and discard it in a closed container.
- Clean frequently touched surfaces and objects.

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COVID-19 Travel Advisory

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Ineligible for

Paid Sick Leave

Precautionary Quarantine Requirements

Precautionary Quarantine Requirements

Shelter Requirements Precautionary Quarantine

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable.
- Separate quarters with separate bathroom facilities for each individual or family group. Access to a sink with soap and water, and paper towels is needed.
- The contact must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room. There must be a door that separates it from the rest of the living area and has its own bathroom. Given that an exposed individual might become ill while sleeping, the exposed individual must sleep in a separate bedroom from household members.
- Cleaning supplies, e.g. household cleaning wipes, must be provided in any shared bathroom.
- If an individual sharing a bathroom becomes symptomatic, all others sharing the bathroom will be considered exposed persons until the symptomatic individual is appropriately evaluated and cleared.
- Food must be delivered to the individual's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside by the door of each of the quarters for

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COVID -19 Travel Advisory

routine pick up. Special handling is not required.

- Individuals should self-monitor for fever and other symptoms of COVID-19 daily throughout the duration of the quarantine period.

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Ineligible for

Paid Sick Leave

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Exemptions for Essential Workers

Exemptions for Essential Workers

Exceptions to the travel advisory are permitted for essential workers and are limited based on the duration of time in designated states, as well as the intended duration of time in New York. The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health.

Short Term – for essential workers traveling to New York State for a period of less than 12 hours.

- This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
- Essential workers should stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.

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- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

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Medium Term – for essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.

- This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term – for essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.

- This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities.
- Essential workers should seek diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours) to ensure they are not positive.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
- Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 14 days.

Essential workers and their employers are expected to comply with previously issued DOH guidance regarding return to work after a suspected or confirmed case of COVID-19 or after the employee had close or proximate contact with a person with COVID-19.

Additionally, this guidance may be superseded by more specific industry guidance for a particular industry (e.g., for a nursing home worker, a negative test PCR test will be required before return to work). Consult with your employer regarding whether there is

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industry-specific guidance that may apply to you.

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Please consult the DOH website and resources for additional details and information regarding isolation procedures for when a person under quarantine is diagnosed with COVID-19 or develops symptoms.

For reference, an “essential worker” is (1) any individual employed by an entity included on the Empire State Development (ESD) Essential Business list; or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to DOH Protocol for COVID-19 Testing, issued May 31, 2020, or (3) any other worker deemed such by the Commissioner of Health.

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New York employees will forgo their paid sick leave benefits from New York's COVID-19 paid sick leave law if they engage in non-essential travel to high risk states (listed above). High risk states are any state that has a positive test rate higher than 10 per 100,000 residents, or higher than a 10 percent test positivity rate over a seven-day rolling average.

Ineligible for

Paid Sick Leave

This provision does not apply if the employee travels for work or at the employer's request.

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The provision included in Executive Order 202.45 (<https://www.governor.ny.gov/news/no-20245-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>) mirrors the law's existing provision that makes New Yorkers ineligible for paid sick leave if they travel to any country designated as having a level two or three travel health notice from the Centers for Disease Control and Prevention.

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Frequently Asked Questions Regarding Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

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JUNE 24, 2020 Albany, NY

No. 205: Quarantine Restrictions on Travelers Arriving in New York

No. 205

E X E C U T I V E O R D E R

QUARANTINE RESTRICTIONS ON TRAVELERS ARRIVING IN NEW YORK

WHEREAS, the State of New York has successfully slowed the transmission of COVID-19;

WHEREAS, the State of New York has gone from having the highest infection rate to one of the lowest in the country and is one of only a few states reported to be on track to contain COVID-19;

WHEREAS, the Governor has undertaken a cautious, incremental and evidence-based approach to reopening the State of New York;

WHEREAS, other states that may have taken a less cautious approach are experiencing an increased prevalence of COVID-19;

WHEREAS, New York must work in conjunction with its neighboring states of New Jersey and Connecticut, in light of the significant risk posed to the health and welfare of all residents by the further spread of COVID-19 to the tristate area, to protect the progress made;

NOW, THEREFORE, I, Andrew M. Cuomo, Governor of the State of New York, by virtue of the authority vested in me by the Constitution and the Laws of the State of New York, in particular Article IV, section one, I do hereby order and direct as follows:

The commissioner of the Department of Health to issue a travel advisory to be communicated widely at all major points of entry into New York, including on highway message boards and in all New York airports, that:

All travelers entering New York from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven day rolling average, will be required to quarantine for a period of 14 days consistent with Department of Health regulations for quarantine.

The Commissioner may issue additional protocols for essential workers, or for other extraordinary circumstances, when a quarantine is not possible, provided such measures continue to safeguard the public health.

The criteria and the protocols will be coordinated with New Jersey and Connecticut Commissioners of Health, in order to ensure that the tristate area is protected from community transmission of COVID-19, while permitting free travel between and among the states.

The Commissioner of Health in New York shall make public the impacted jurisdictions on its website and such travel advisory will be effective at 12:01 a.m. on June 25, 2020, until rescinded by the Commissioner.

Any violation of a quarantine or isolation order issued to an individual pursuant to the Commissioner of the Department of Health's travel advisory by a local department of health or state department of health may be enforced pursuant to article 21 of the public health law, and non-compliance may additionally be deemed a violation pursuant to section 12 of the public health law subject to a civil penalty of up to \$10,000.

G I V E N under my hand and the Privy Seal of the State in the City of Albany this twenty-fourth day of June in the year two thousand twenty.

BY THE GOVERNOR

Secretary to the Governor



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: June 24, 2020

FROM: Office of the Commissioner

Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel

Purpose

In response to increased rates of COVID-19 transmission in certain states within the United States, and to protect New York's successful containment of COVID-19, the State has joined with New Jersey and Connecticut in jointly issuing a travel advisory for anyone returning from travel to states that have a significant degree of community-wide spread of COVID-19.

Background

Under Governor Andrew M. Cuomo's leadership, New York State has successfully slowed the transmission of COVID-19 to a rate that is unprecedented within the country. New York contracted COVID-19 from Europe, with over 2.2 million travelers coming in between the end of January and March 16, 2020, when the federal government finally implemented a full European travel ban. During that period of time, 2.2 million travelers landed in the New York metropolitan area and entered our communities. This, combined with the density and crowding of our population, caused New York to have the highest infection rate in the country.

After 116 days of strict adherence to data-driven, evidence-based protocols, including required social distancing and mandatory face coverings, and after the closure of our economy, New Yorkers have successfully reduced the spread of COVID-19 to one of the lowest rates in the nation. While New York has continued on this positive trajectory, other states have taken a more haphazard, less data-driven, less cautious approach, and are now experiencing a rapidly increasing rate of transmission of this deadly virus.

In response to this ongoing public health emergency and the risk posed by a resurgence of COVID-19, Governor Cuomo has issued Executive Order 205, requiring the New York State Commissioner of Health Dr. Howard Zucker to issue a travel advisory requiring all travelers coming from states with significant rates of transmission of COVID-19 (hereinafter "designated states") to quarantine for a 14-day period from the time of their last contact within such designated state(s). This action is taken in conjunction with neighboring states of New Jersey and Connecticut, considering the significant risk posed to the health and welfare of all residents by the further spread of COVID-19 throughout the tri-state area, and to protect the progress made in New York, this action is being taken in conjunction with neighboring states of New Jersey and Connecticut. This guidance sets forth the policies to be followed in New York State to effectuate the Department of Health travel advisory.

Criteria for Designating States with Significant Community Spread

All travelers entering New York who have recently traveled within a state with either:

- a positive test rate higher than 10 per 100,000 residents over a seven-day rolling average; or
- a testing positivity rate of higher than a 10% over a seven-day rolling average,

will be required to quarantine for a period of 14 days consistent with the Department of Health (DOH) regulations for quarantine. Data used to construct the metrics that determine the designated states from which individuals must quarantine is detailed in the tables [posted publicly](#) by all 50 states. Analysis of the metrics will be conducted weekly to determine if travelers from other states qualify.

The designated states with significant community spread will be conspicuously posted on the DOH [website](#) and will be updated weekly. Please check the site frequently as the information will change as often as daily, as rates of COVID-19 transmission increase or decrease.

Guidance for Travel

The travel advisory is effective at 12:01 am on Thursday, June 25, 2020. If you have traveled from within one of the designated states with significant community spread as defined by the metrics above, you must quarantine when you enter New York for 14 days from the last travel within such designated state, provided on the date you enter into New York State that such state met the criteria for requiring such quarantine.

The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel. Examples of such brief passage include but are not limited to: stopping at rest stops for vehicles, buses, and/or trains; or lay-overs for air travel, bus travel, or train travel.

The travel advisory requires all New Yorkers, as well as those visiting from out of state, to take personal responsibility for complying with the advisory in the best interest of public health and safety. To file a report of an individual failing to adhere to the quarantine pursuant to the travel advisory, please call 1-833-789-0470 or visit this website:

<https://mylicense.custhelp.com/app/ask>. Individuals may also [contact](#) their local department of health.

Quarantine Requirements

If you are returning from travel to a designated state, and if such travel was for longer than the limited duration outlined above, you are required to quarantine for 14 days, unless you are an essential worker identified below. The [requirements to safely quarantine](#) include:

- The individual must not be in public or otherwise leave the quarters that they have identified as suitable for their quarantine.

- The individual must be situated in separate quarters with a separate bathroom facility for each individual or family group. Access to a sink with soap, water, and paper towels is necessary. Cleaning supplies (e.g. household cleaning wipes, bleach) must be provided in any shared bathroom.
- The individual must have a way to self-quarantine from household members as soon as fever or other symptoms develop, in a separate room(s) with a separate door. Given that an exposed person might become ill while sleeping, the exposed person must sleep in a separate bedroom from household members.
- Food must be delivered to the person's quarters.
- Quarters must have a supply of face masks for individuals to put on if they become symptomatic.
- Garbage must be bagged and left outside for routine pick up. Special handling is not required.
- A system for temperature and symptom monitoring must be implemented to provide assessment in-place for the quarantined persons in their separate quarters.
- Nearby medical facilities must be notified, if the individual begins to experience more than mild symptoms and may require medical assistance.
- The quarters must be secure against unauthorized access.

Travel Advisory Exemptions for First Responders and Essential Workers

Exceptions to the travel advisory are permitted for essential workers and are limited based on the duration of time in designated states, as well as the intended duration of time in New York. The Commissioner of Health may additionally grant an exemption to the travel advisory based upon extraordinary circumstances, which do not warrant quarantine, but may be subject to the terms and conditions applied to essential workers or terms and conditions otherwise imposed by the Commissioner in the interest of public health.

Short Term – for essential workers traveling to New York State for a period of less than 12 hours.

- This includes instances such as an essential worker passing through New York, delivering goods, awaiting flight layovers, and other short duration activities.
- Essential workers should stay in their vehicle and/or limit personal exposure by avoiding public spaces as much as possible.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Medium Term – for essential workers traveling to New York State for a period of less than 36 hours, requiring them to stay overnight.

- This includes instances such as an essential worker delivering multiple goods in New York, awaiting longer flight layover, and other medium duration activities.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distance, and clean and disinfect workspaces.
- Essential workers are required, to the extent possible, to avoid extended periods in public, contact with strangers, and large congregate settings.

Long Term – for essential workers traveling to New York State for a period of greater than 36 hours, requiring them to stay several days.

- This includes instances such as an essential worker working on longer projects, fulfilling extended employment obligations, and other longer duration activities.
- Essential workers should seek diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours) to ensure they are not positive.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
- Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 7 days.

Essential workers and their employers are expected to comply with previously issued DOH [guidance](#) regarding return to work after a suspected or confirmed case of COVID-19 or after the employee had close or proximate contact with a person with COVID-19. Additionally, this guidance may be superseded by more specific industry guidance for a particular industry (e.g., for a nursing home worker, a negative test PCR test will be required before return to work). Consult with your employer regarding whether there is industry-specific guidance that may apply to you.

Please consult the DOH [website](#) and resources for additional details and information regarding isolation procedures for when a person under quarantine is diagnosed with COVID-19 or develops symptoms.

For reference, an “essential worker” is (1) any individual employed by an entity included on the Empire State Development (ESD) [Essential Business list](#); or (2) any individual who meets the COVID-19 testing criteria, pursuant to their status as either an individual who is employed as a health care worker, first responder, or in any position within a nursing home, long-term care facility, or other congregate care setting, or an individual who is employed as an essential employee who directly interacts with the public while working, pursuant to DOH [Protocol for COVID-19 Testing, issued May 31, 2020](#), or (3) [any other worker deemed such by the Commissioner of Health](#).

Resources

Travel restrictions will help to contain the rates of COVID-19 transmission in New York State and will work to protect others from serious illness. All New Yorkers must take these travel directives seriously. Your cooperation is greatly appreciated. For further information, please visit:

- [DOH COVID-19 Website](#)
- [NYS Local Health Department Directory](#)
- [Centers for Disease Control and Prevention \(CDC\) COVID-19 Website](#)

[World Health Organization \(WHO\) COVID-19 Website](#)

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER

OF

COVID-19 NEW YORK STATE
TRAVELER HEALTH FORM

**ORDER FOR
SUMMARY
ACTION**

WHEREAS, 2019-Novel Coronavirus (2019-nCoV) (hereinafter referred to as “COVID-19”) is an infection associated with fever and signs and symptoms of pneumonia or other respiratory illness, that is easily transmitted from person to person predominantly through droplet transmission, and has significant public health consequences; and

WHEREAS, on January 30, 2020, the World Health Organization designated the novel coronavirus, COVID-19, outbreak as a Public Health Emergency of International Concern; and

WHEREAS, on March 7, 2020, Governor Andrew M. Cuomo (“Governor Cuomo”) issued Executive Order No. 202 declaring a State disaster emergency related to the impact and effect of COVID-19 transmission in New York; and

WHEREAS, since March 2020, Governor Cuomo and the Department of Health have issued numerous evidence-based Orders, Regulations and Guidelines aimed at minimizing the transmission of COVID-19 by placing restrictions and requirements on businesses and individuals in the State of New York; and

WHEREAS, these Orders, Regulations and Guidelines and the efforts of New York residents to comply therewith has led to a reduction in transmission of COVID-19 in New York, such that New York has gone from having the highest COVID-19 infection rate to one of the lowest in the County and is one of only a few states reported to be on track to contain COVID-19; and

WHEREAS, other states that have taken a less cautious approach to addressing the COVID-19 pandemic are currently experiencing an exponential increase in the prevalence of COVID-19; and

WHEREAS, on June 24, 2020, Governor Cuomo issued Executive Order No. 205 entitled Quarantine Restrictions on Travelers Arriving in New York, which required that the Department of Health issue a travel advisory requiring that all travelers entering New York from a state with a positive rate higher than 10 per 100,000 residents, or higher than a 10% positivity rate, over a seven day rolling average, will be required to quarantine or a period of 14 days consistent with Department of Health regulations for quarantine; and

WHEREAS, individuals entering New York are subject to Executive Order No. 205 and the Department of Health guidelines issued in accordance therewith, and will be liable for and subject to penalties for their failure to comply with said Order and guidelines; and

WHEREAS, in order to achieve the public health goal of such Executive Order, those individuals traveling into New York from impacted states, must be identified to local departments of health to ensure their compliance with said Order and guidelines, as well as information relating to the individuals' recent travel history and their intended lodging and travel within the State of New York; and

WHEREAS, the New York State Health Commissioner ("Health Commissioner") finds that the inability of New York Department of Health officials to identify those individuals traveling into New York who are subject to Executive Order No. 205 and the Department of Health guidelines issued in accordance therewith, and to ensure their compliance with said Order and guidelines, constitutes a threat to public health and safety; and

WHEREAS, it therefore is prejudicial to the interest of the people to delay action for fifteen (15) days until an opportunity for a hearing can be provided in accordance with the provisions of New York Public Health Law ("PHL") § 12-a.

NOW, THEREFORE, THE HEALTH COMMISSIONER HEREBY ORDERS THAT: Pursuant to PHL § 16, all travelers subject to Executive Order No. 205 shall complete the New York State Traveler Health Form attached hereto and submit the complete form to the New York officials stationed at the airport, or in a receptacle designated for such forms.

FURTHER, I DO HEREBY give notice that all travelers subject to this instant Summary Order may request a hearing, to be held within fifteen (15) days, at an office of the New York State Department of Health to be determined or via videoconference, to present any proof that failure to complete such form does not constitute a danger to the health of the people of the State of New York. If travelers subject to this instant Summary Order desire such a hearing, a request for a hearing must be made in writing to Mark Fleischer, Director of the Bureau of Administrative Hearings, within ten (10) days of their receipt of this Order.

DATED: Albany, New York
July 13, 2020

NEW YORK STATE DEPARTMENT OF HEALTH

Howard Zucker M.D.

BY: _____

HOWARD A. ZUCKER, M.D., J.D.
Commissioner of Health