

COVID-19 Pandemic

Public health considerations for resuming in-land transport in the context of COVID-19

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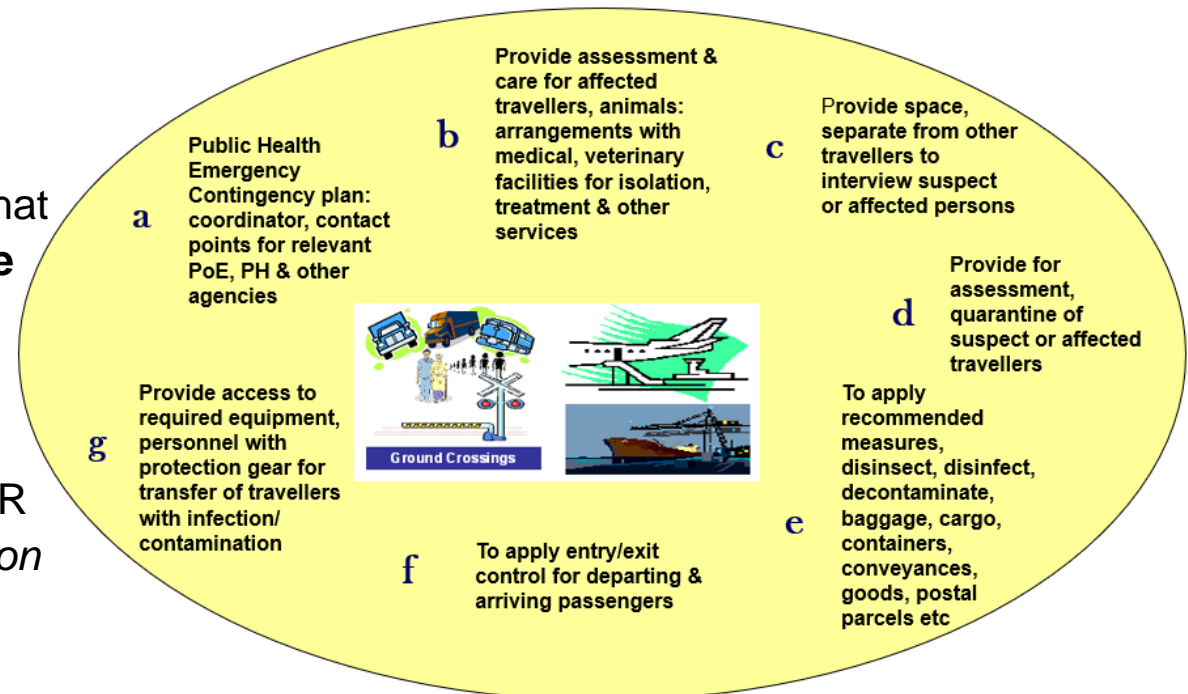
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International Health Regulations (IHR 2005)

- The IHR (2005) are the **global governance mechanism** for public health preparedness and response.
- They entered into force on 15 June 2007 and are **legally binding** for all **196 States Parties**.
- The IHR (2005) enable countries to work together to **prevent, prepare for, respond, and recover from** the international spread of diseases, while **avoiding unnecessary interference with international traffic**.

- **Core capacities** at Points of Entry for at all times and for responding to events that may **constitute a public health emergency of international concern**
- Article 43 of the IHR (2005):
 - ✓ States Parties implementing additional health measures that significantly interfere with international traffic shall **provide to WHO the public health rationale and relevant scientific information for it**.
 - ✓ **WHO shall share this information with other States Parties** – weekly updated reports shared with National IHR Focal points via WHO restricted platform (*Event Information Site*).

Capacity requirements for responding to potential PHEIC (emergency)



WHO COVID-19 Travel Advice

30 July 2020

<https://www.who.int/news-room/articles-detail/public-health-considerations-while-resuming-international-travel>

General principle

National decisions on the gradual return to international travel should be based on a thorough risk assessment, taking into account:

- the local epidemiology and transmission pattern;
- the need to prioritize essential travel;
- the impact of national public health and social measures on controlling the outbreaks at points of departure and in destination countries;
- the capacities of the health systems at national and subnational levels, and at points of entry to manage the risk of importation or exportation of the disease at points of departure and destination.

Required capacities for the mitigation of imported cases

- Coordination and planning
- Surveillance and case management capacity
 - *Use of existing surveillance systems and laboratory capacity*
 - *Digital tools*
 - *International contact tracing*
- Risk communication and community engagement
- Capacity at Points of Entry (PoE)
 - **General advice for travelers**
 - *Exit and entry screening*
 - *Laboratory PCR testing*
 - *The use of “Immunity” certificates*
 - *Travellers should self-monitor*

Controlling the spread of COVID-19 at ground crossings

Controlling the Spreading of COVID-19 at Ground Crossings

- identifying priority ground crossings and communities;
- scaling up preparedness and control measures at priority areas, sites and communities most at risk.

https://apps.who.int/iris/bitstream/handle/10665/332165/WHO-2019-nCoV-Ground_crossings-2020.1-eng.pdf?sequence=1&isAllowed=y



Health Security Learning Platform
in the context of the IHR

  English (en) >



Controlling the Spread of COVID-19 at Ground Crossings

(ADVANCED VERSION 1.01 - 30th June 2020)

Since the International Health Regulations (IHR 2005) entered into force in 2007, there has been increasing recognition that, unlike airports and ports, ground crossings often constitute informal passages between two countries without a physical structure, barriers, or borders. Moreover, ground crossings play an important role in the international spread of disease. Travellers and people living and working on and around borders are particularly vulnerable to this threat.

Target audience:

- National IHR Focal Points (NFPs);
- Authorities responsible for implementing the IHR at ground crossings;
- Representatives of government and non-government organizations and their partners at ground crossings;

COVID-19 PoE specific training courses

- easy to navigate and read through in about 1 hour.
- a few scenarios dispersed throughout the course challenging the learners to respond to realistic situations.
- In the end, a few questions to assess the learners comprehension and to provide a review of key points

A. Identification of priority ground crossings and communities

Information on population movement needs to be collected from local key informants through participatory group mapping exercises using the topographic maps and a standard discussion guide:

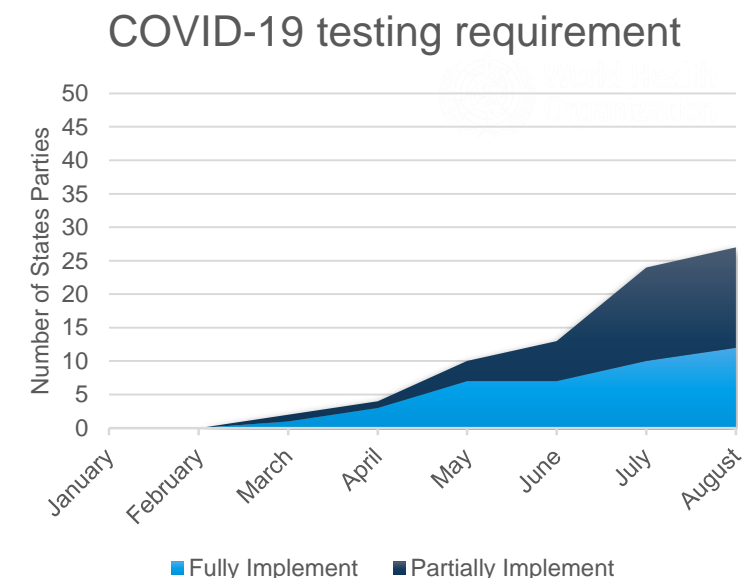
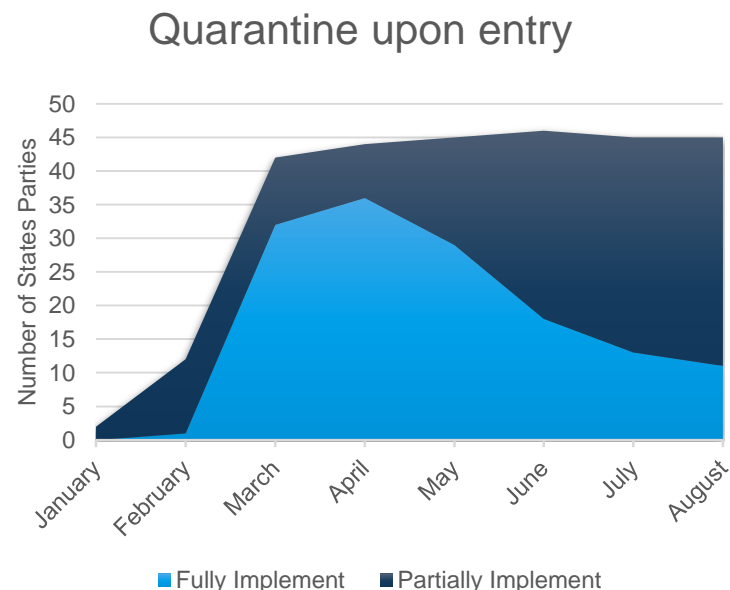
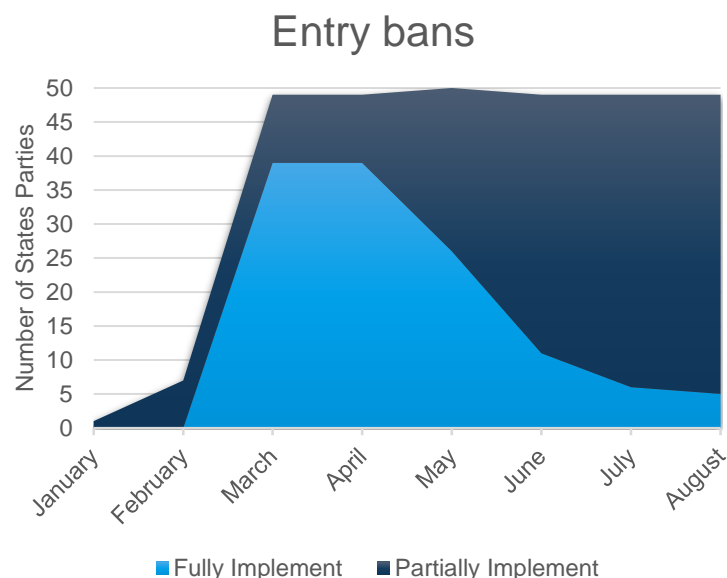
1. High risk ground crossings based on connectivity with neighbouring (COVID-19 affected) countries
2. Cross-border population movement dynamics (transportation modes and routes, travel directions, trade destinations, volume of travellers and its variations/seasonality, other movement push and pull factors),
3. The profiles of cross-border travelers (their demographic characteristics, origins, destinations, travel motives), and
4. The important points of congregations where travelers interact with each other and with local communities, where health measures need to be strengthened (health facilities, local markets, transportation hubs, places of worship, schools, etc).

B. Scaling up preparedness and control measures at these locations

Following the identification of priority ground crossings and communities a range of surveillance and preparedness activities need to be implemented at each setting:

- Legal enforcement and planning
- Surveillance
- Ability to interview and manage ill travelers suspected of COVID-19
- Acute emergency response plans to address mass movement across border
- Supplies for infection and control
- Risk communication and community engagement
- Cross-border collaboration
- Monitoring and adaptation of measures based on changing trends

Travel restrictions and entry requirements implemented in the European Region in the context of COVID-19



- All 55 States Parties to the IHR (2005) have put in place some type of travel restriction or entry requirement throughout the pandemic.
- As entry bans are being partly or fully lifted, quarantine and testing requirements for specific groups of incoming travelers are being implemented.
- An increasing use of testing as a requirement for entry has been recorded across the European Region during the summer months.

Measures implemented to resume in-land transport across the European Region in the context of COVID-19 (1/5)

Prioritization of essential travel

- Health emergency and humanitarian response.
- Essential cargo (medical, food and energy supplies).
- Seafarers and diplomatic officers.
- Repatriations.

“First, do not harm”



Measures implemented to safely resume in-land transport across the European Region in the context of COVID-19 (2/5)

Risk-based decision-making

- Travel measures are being continuously updated, based on multiple criteria:
 - Epidemiological situation and transmission patterns
 - Public health capacities
 - Others
- Challenges
 - Decisions based on national risk assessments, widely heterogeneous – national “traffic-light systems”.
 - Lack of data on public health capacities hampers interpretation of epidemiological situation



Measures implemented to safely resume in-land transport across the European Region in the context of COVID-19 (2/5)

Enhanced risk communication

- Hand hygiene and respiratory etiquette
- Safe use of masks
- Physical distancing
- Advice to seek medical assistance



Measures implemented to resume in-land transport across the European Region in the context of COVID-19 (2/5)

Quarantining for incoming travelers from areas with community transmission

- May delay the introduction or re-introduction of SARS-CoV-2, and/or delay the peak of transmission.
- BUT, if not properly implemented, it may create additional sources of contamination and dissemination of the disease.
- Quarantine for incoming travelers should be guided by a **risk assessment**.
- Should always be conducted in respect of **human rights**.

1

Food, water, protection, hygiene and communication

2

Infection prevention and control (IPC) measures

3

Continuous monitoring of health status.

Considerations for quarantine of contacts of COVID-19 cases

Interim guidance
19 August 2020



This document is an update of interim guidance entitled Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), published on 19 March 2020. This version is restricted to the use of quarantine for contacts of confirmed or probable cases of COVID-19. It provides updated guidance for the implementation of quarantine, as well as additional guidance on ventilation and on the care of children in quarantine. The update is based on evidence on controlling the spread of SARS-CoV-2, the virus that causes COVID-19, and scientific knowledge of the virus.

Background

As the COVID-19 pandemic continues to evolve, Member States need to implement a comprehensive set of public health measures that are adapted to the local context and epidemiology of the disease. The overarching goal is to control COVID-19 by slowing down transmission of the virus and preventing associated illness and death.¹

Several core public health measures that break the chains of transmission are central to this comprehensive strategy, including (1) identification, isolation, testing, and clinical care for all cases, (2) tracing and quarantine of contacts, and (3) encouraging physical distancing of at least 1 metre combined with frequent hand hygiene and respiratory etiquette. These three components should be central to every national COVID-19 response.²

Quarantine means "the restriction of activities and/or separation from others of suspect persons (...) who are not ill in such a manner as to prevent the possible spread of infection or contamination."³ The use of quarantine to control infectious diseases has a long history that goes back centuries. Today, many countries have the legal authority to impose quarantine which, in accordance with Article 3 of the International Health Regulations (2005), must be fully respectful of the dignity, human rights and fundamental freedoms of persons.⁴

There are two scenarios in which quarantine may be implemented: (1) for travellers from areas with community transmission and (2) for contacts of known cases. This document offers interim guidance to Member States on implementing quarantine, in the latter scenario, for the contacts of people with probable or confirmed COVID-19. Thus, this guidance is intended for national authorities responsible for their local or national policy on the quarantine of contacts of confirmed or probable COVID-19 cases⁵ and for ensuring adherence to infection prevention and control (IPC) measures.

As mentioned, quarantine may also be used in the context of travel and is included within the legal framework of the International Health Regulations (2005),⁶ specifically:

- Article 30 – Travellers under public health observation;
- Article 31 – Health measures relating to entry of travellers;
- Article 32 – Treatment of travellers.⁷

Member States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation, in pursuit of their health policies, even when such legislation that restricts the movement of individuals.

The use of quarantine in the context of travel measures may delay the introduction or re-introduction of SARS-CoV-2 to a country or area, or may delay the peak of transmission, or both.^{8,9} However, if not properly implemented, quarantine of travellers may create additional sources of contamination and dissemination of the disease. Recent research shows that, when implemented in conjunction with other public health interventions, quarantine can be effective in preventing new COVID-19 cases or deaths.⁷ If Member States choose to implement quarantine measures for travellers on arrival at their destination, they should do so based on a risk assessment and consideration of local circumstances.⁶

The scope of this interim guidance document, therefore, is restricted to the use of quarantine for contacts of confirmed or probable cases of COVID-19.

Policy considerations for the quarantine of contacts of COVID-19 cases

In the context of COVID-19, the quarantine of contacts is the restriction of activities and/or the separation of persons who are not ill, but who may have been exposed to an infected person.³ The objective is to monitor their symptoms and ensure the early detection of cases. Quarantine is different from isolation, which is the separation of infected persons from others to prevent the spread of the virus.

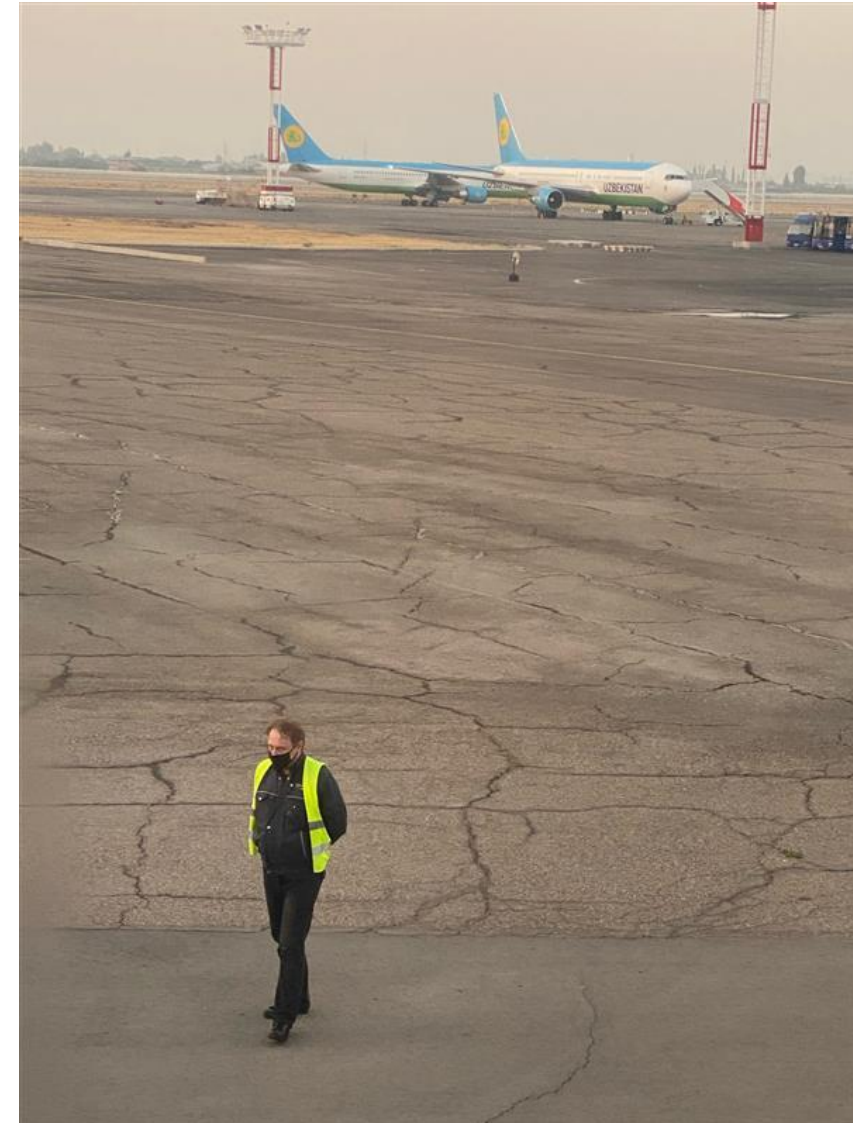
Before implementing quarantine, countries should communicate why this measure is needed, and provide appropriate support to enable individuals to quarantine safely.

- Authorities should provide people with clear, up-to-date, transparent and consistent guidance, and with reliable information about quarantine measures.
- Constructive engagement with communities is essential if quarantine measures are to be accepted.

Measures implemented to safely resume in-land transport across the European Region in the context of COVID-19 (3/5)

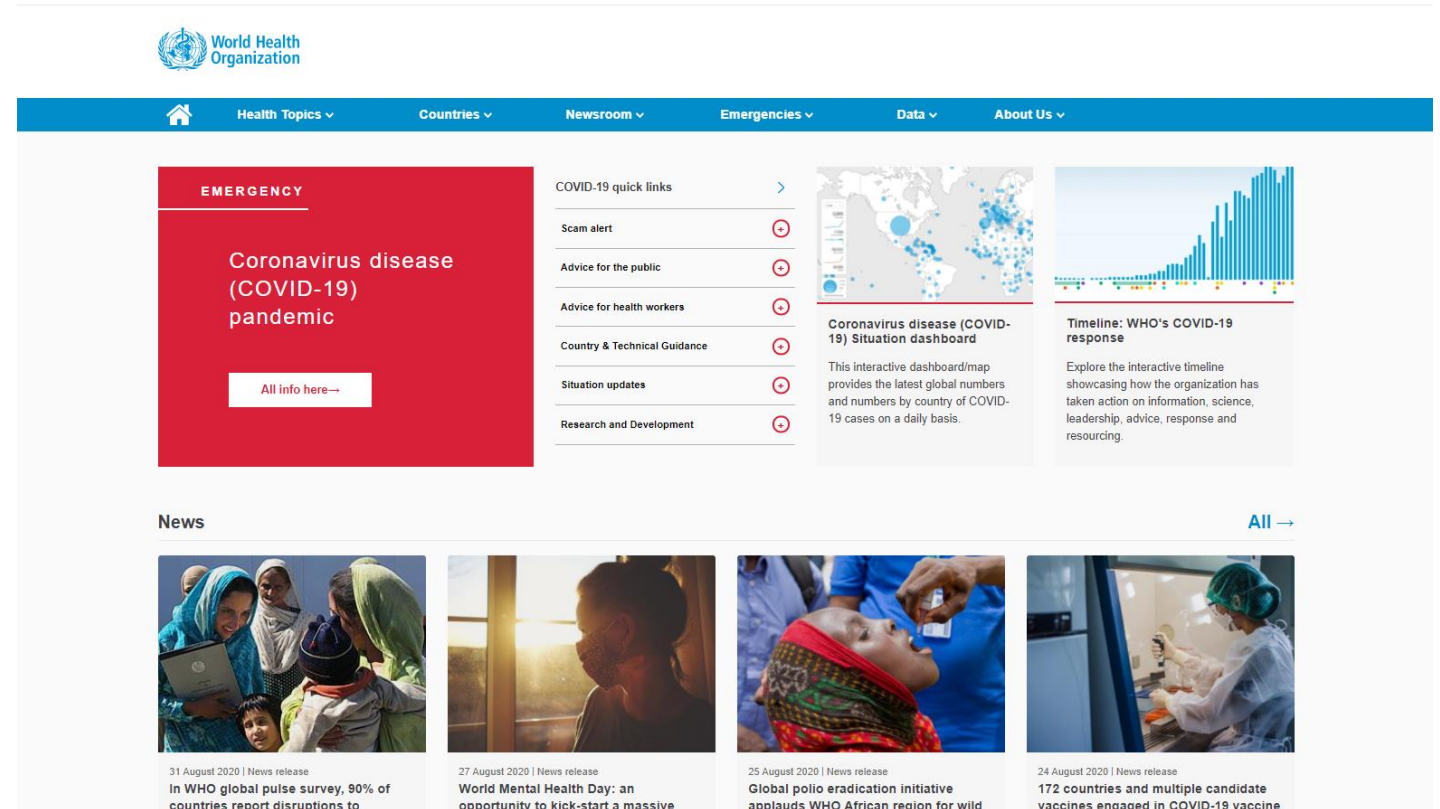
Case finding strategies at POE

- **Entry and exit screening**
 - Checking for symptoms and interviewing
 - Temperature screening – not effective as a stand-alone measure
 - Follow up – medical examination and testing for symptomatic travelers and contacts
- **Testing**
 - Symptomatic travelers and identified contacts
 - Travelers from 'high risk areas'
- **Contact tracing**
 - Use of passenger locator forms (PLF) and health declarations
 - Use of digital tools



Conclusions

- Essential travel should always be prioritized.
- Travel measures should be contextualized and continuously updated based on regular risk assessments – there is no *'one size fits all'*.
- Medium-longer term: countries should designate their most relevant points of entry (POE) under the International Health Regulations (IHR) to report annually on their core capacities to prevent, detect, respond to the health emergencies.



The screenshot shows the WHO website's emergency page for COVID-19. At the top, there is a blue navigation bar with the WHO logo and menu items: Home, Health Topics, Countries, Newsroom, Emergencies, Data, and About Us. Below the navigation bar, a large red banner reads "EMERGENCY" and "Coronavirus disease (COVID-19) pandemic" with a button "All info here". To the right of the banner is a "COVID-19 quick links" section with a list of links: Scam alert, Advice for the public, Advice for health workers, Country & Technical Guidance, Situation updates, and Research and Development. Further right are two panels: "Coronavirus disease (COVID-19) Situation dashboard" featuring a world map and a bar chart, and "Timeline: WHO's COVID-19 response" with a vertical timeline. Below these sections is a "News" section with four news items, each with a thumbnail image and a brief headline: "In WHO global pulse survey, 90% of countries report disruptions to", "World Mental Health Day: an opportunity to kick-start a massive", "Global polio eradication initiative applauds WHO African region for wild", and "172 countries and multiple candidate vaccines engaged in COVID-19 vaccine".

References

- WHO COVID-19 technical guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- WHO COVID-19 Updated Travel Advice (30 July 2020): <https://www.who.int/travel-advice>
- International Health Regulations (2005): <https://www.who.int/ihr/publications/9789241580496/en/>
- Electronic State Parties Self-Assessment Annual Reporting Tool (e-SPAR) for IHR (2005) capacities: <https://extranet.who.int/e-spar>



Press conference on the IHR Emergency Committee on the new coronavirus (2019-nCoV)



THANK YOU