

Management of ill travellers at points of entry – international airports, ports and ground crossings – in the context of the COVID-19 outbreak

Interim guidance
16 February 2020



1. Overview

Under the International Health Regulations (IHR) 2005, public health authorities at international ports, airports and ground crossings are required to establish effective contingency plans and arrangements for responding to events that may constitute a public health emergency of international concern and to communicate with their National IHR Focal Point about relevant public health measures. The current outbreak of novel coronavirus (COVID-19) disease has spread across several borders, which has prompted demands for the detection and management of suspected cases at points of entry (POE), including ports, airports and ground crossings.

This document aims to provide advice on detecting and managing ill travellers with suspected COVID-19 infection who arrive at international airports, ports and ground crossings, including those arriving in conveyances.

The management of ill travellers at international ports, airports and ground crossings in the context of the current COVID-19 disease outbreak should include the following measures, to be implemented based on the priorities and capacities of each country:

1. detection of ill travellers;
2. interview of ill travellers to determine the possibility of symptoms of and exposure to the virus responsible for COVID-19 disease;
3. reporting cases with suspected COVID-19 infection;
4. isolation, initial case management and referral of those with suspected COVID-19 infection.

WHO will update these recommendations as new information becomes available.

This interim guidance is intended for National IHR Focal Points, POE public health authorities, POE operators, conveyance operators, and other stakeholders involved in managing public health events at POEs.

2. Detecting ill travellers at international points of entry

2.1 Planning

2.1.1 Staff

An appropriate number of trained personnel should be assigned to these duties, depending on the volume of travellers and the complexity of the POE in terms of terminal facilities.

Staff should be trained to protect themselves by maintaining more than 1 m between themselves and travellers at all times, which is also known as social distancing. Staff should be instructed to encourage travellers to maintain more than 1 m distance between themselves while waiting to cross the POE, including when completing entry forms.

POEs with large volumes of travellers or significant infrastructure (for example, airports) should have at least one healthcare worker on site who is designated to support staff in case they encounter ill travellers or cases of suspected COVID-19 disease that require urgent clinical care. These healthcare workers should have a supply of the recommended personal protective equipment (PPE) (that is, to allow them to use contact and droplet precautions, including goggles or other eye protection) and follow the guidance in [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#) in case there is an urgent or emergent need to provide direct care for an ill traveller or a suspected case.

2.1.2 Equipment

If travellers will be screened for fever, handheld no-touch thermometers or thermal imaging cameras should be used to ascertain a traveller's temperature. Manual thermometers that require contact with skin or mucous membranes should not be used.

2.2 Implementation

Ill travellers may be detected through self-reporting, visual observation or via temperature measurement, all of which can be adapted to the context of the country.

- Self-reporting: With increased knowledge among travellers of COVID-19 disease, including information communicated through active and targeted risk communications at POEs, individual travellers experiencing signs and symptoms of illness may approach POE authorities for assistance. Travellers who self-report their illness should be managed following the same procedures as used for those who are screened at the POE.
- Visual observation: Ill travellers exhibiting signs suggestive of COVID-19 disease may be identified by POE personnel as they pass through the entry point.
- For information about detection via temperature measurement for countries that choose to perform screening, please follow the [Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-CoV](#).

When travellers displaying signs of illness are detected by POE health personnel or through temperature measurement, or when travellers experiencing symptoms come forward to seek help from POE health personnel, they and their travel companions need to be advised to move away from other people, and they should be escorted to a dedicated physical structure at the POE for further assessment (see Section 5). POE personnel accompanying the ill traveller must keep a distance of at least 1 m from the traveller. A dedicated physical structure should be identified that can be used for further assessment and interview (see Section 3).

3. Interviewing ill travellers suspected of having COVID-19 disease

3.1 Planning

3.1.1 Facilities

- Set up or identify a structure near the POE where ill travellers can be referred to wait for an interview. Ensure that at least 1 m of spatial separation can be maintained among the ill travellers who are waiting.
- Ideally, this structure should also have the capacity to isolate ill travellers who, after interview, are suspected of having COVID-19 disease, while they wait for transport to a healthcare facility. See Section 5 for specifications for isolation facilities.
- Make arrangements with local healthcare facilities so travellers who are suspected of having COVID-19 infection can be promptly referred.

- A long-term quarantine facility should be located in a place that is separate from the POE in case there is a need to accommodate a large number of contacts, as well as suspected and confirmed cases.

3.1.2 Staff

- Identify and train staff
 - to conduct interviews,
 - maintain security, and
 - provide transportation to medical facilities for travellers who are being referred for further evaluation or treatment.
- Provide staff with training on
 - using adequate hand hygiene techniques,
 - maintaining 1 m of distance from travellers at all times during the interview process, and
 - educating patients, their family and travel companions and addressing their concerns.
- Train staff about the importance of source control (that is, providing medical masks to travellers with respiratory symptoms before and during the interview process).
- Train staff on how to instruct ill travellers about the use of respiratory hygiene (that is, coughing or sneezing into tissues or a bent elbow) and the need for ill travellers to wear a mask and perform frequent hand hygiene, especially after coughing or sneezing, or touching or disposing of their mask.

3.1.3 Equipment

- Identify needs for and procure and ensure a sustained supply of the following equipment and materials needed to conduct interviews.
- For hand hygiene, ensure there are adequate supplies of an alcohol-based hand rub or soap and water.
- For respiratory hygiene, ensure there are adequate supplies of medical masks that can be used by ill travellers with respiratory symptoms and paper tissues.
- Ensure that waste bins with liners and lids are available for disposing of medical masks and tissues; and ensure there is a plan for disposal of this waste in accordance with infectious waste regulations.¹
- Ensure that cleaning supplies are available, including household cleaner and disinfectant (see Section 3.1.4 for specifications).
- Ensure that there are chairs or beds, or both, in the isolation areas.

3.1.4 Plans and standard operating procedures

- Develop a process to refer exposed travellers, including travel companions of symptomatic travellers with suspected COVID-19 infection, to healthcare facilities for further assessment and treatment.
- Guidelines should be available in the interview area about how to clean and disinfect frequently touched surfaces and bathrooms. Cleaning should be done three times a day (morning, afternoon, night) with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm

¹ The local sanitary authority should adopt measures to ensure that the waste is disposed of at a sanitary landfill and not at an unmonitored open dump.

or 1 part to 9 parts water) should be applied.^{2,3} Personnel who do the cleaning must wear appropriate PPE.

- Establish and maintain a POE public health emergency contingency plan, including nominating a coordinator and contact points for relevant POE, public health and other agencies (for example, authorities for aviation, the maritime sector, refugees) and services.

3.1.5 Other services

- Identify transport that can be used to take suspected cases to the identified healthcare facilities.
- Identify a service provider that can apply the recommended measures to clean and disinfect areas at the POE and on board other conveyances and ensure that the provider manages infected waste properly.
- Develop a process to refer exposed travellers, including travel companions of symptomatic travellers with suspected COVID-19 infection, to healthcare facilities for further assessment and treatment.

3.2 Conducting interviews

3.2.1 Interviewing travellers about COVID-19 disease

Interviews with travellers should include the following:

- taking the traveller's temperature using no-touch thermometer technology;
- assessing the traveller for signs and symptoms suggestive of COVID-19 disease only by interviewing and observing – that is, POE personnel should not conduct a physical examination;
- taking a travel and contact history through the traveller's completion of the Public Health Declaration Form, and evaluating the answers provided on the form; and
- making any additional observations noted by the interviewer.

3.2.2 Assessing travellers for COVID-19 disease

The following signs, symptoms and history should be assessed.

- Signs or symptoms of illness suggesting respiratory infection should be evaluated, including
 - fever >38° C or the traveller mentioning feeling feverish;
 - cough;
 - breathing difficulties.
- A history of possible exposure to the COVID-19 virus should be evaluated, including
 - travel to a country with ongoing transmission of the COVID-19 virus 14 days prior to the onset of symptoms;
 - a visit to any healthcare facility in a country with ongoing transmission in the 14 days prior to symptom onset;
 - close physical contact⁴ during the past 14 days with a traveller suspected or confirmed to have COVID-19 infection;

² Most household bleach solutions contain 5% sodium hypochlorite. Recommendations on how to calculate the dilution from a given concentration of bleach can be found at <https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-508.pdf>.

³ Disinfectants other than chlorine can be used, provided they have demonstrated efficacy against an enveloped virus in the time required for surface disinfection.

⁴ Close contact is defined as travelling with someone suspected or confirmed to have COVID-19 disease in any kind of transportation, which applies to all people within two seats in every direction from the probable or confirmed case, as well as to the cabin crew in an airline; healthcare-associated exposure includes providing direct care to a suspected or confirmed case of COVID-19 infection, working with healthcare workers suspected or confirmed to have COVID-19 infection without taking appropriate specific droplet and contact precautions; visiting patients or staying in the same environment as a suspected or confirmed COVID-19 patient; and working in close proximity to or sharing the same classroom environment with a suspected or confirmed COVID-19 patient.

- a visit to any live animal markets in a country with ongoing COVID-19 virus transmission in the 14 days prior to symptom onset.

Travellers suspected of COVID-19 infection after interview and who exhibit clinical symptoms consistent with respiratory infection or who have a history of possible exposure to the COVID-19 virus, or both, should be immediately isolated at the POE and referred to a previously identified healthcare facility for additional medical evaluation and treatment. Relevant public health authorities should also be notified.

4. Reporting ill travellers with suspected COVID-19 infection

4.1 Planning

Establish a mechanism for communicating about suspected COVID-19 cases between POE health authorities and transport sector officials (for example, representatives of the national civil aviation and maritime authorities, conveyance operators and POE operators) and between POE health authorities and national health surveillance systems.

4.1.1 *Procedures and means of communication*

The following procedures and means of communication should be established.

- POE health authorities should receive health information, documents, and reports from conveyance operators regarding ill travellers on board, conduct preliminary assessments of the health risk and provide advice on measures to contain and control the risk accordingly.
- POE health authorities must inform the next POE of ill travellers on board.
- POE health authorities must inform the community, provincial or national health surveillance system about any ill travellers who have been identified.

4.1.2. *Reporting ill travellers detected on board a conveyance*

The following forms should be submitted to the POE health authority unless the State Party does not require their submission. These documents will assist in the collection of information about potential public health risks, such as ill travellers on board with clinical signs or symptoms suggestive of respiratory illness and possible exposure to the COVID-19 virus.

4.1.2.1 *Air travel: health section of the aircraft General Declaration form*

If the health section of the aircraft General Declaration form is not required for all passengers arriving by airplane, the country may consider making its submission mandatory for aircraft arriving from areas affected by the COVID-19 outbreak, as defined by the health authority. The State Party shall inform aircraft operators or their agents of these requirements.

4.1.2.2 *Sea travel: Maritime Declaration of Health*

If the Maritime Declaration of Health is not required for all ships arriving from an international destination, the country may consider making its submission mandatory for international ships arriving from or passing through areas affected by the COVID-19 outbreak, as defined by the health authority.

5. Isolation, initial case management and referral of ill travellers with suspected COVID-19 infection

5.1 Isolation and initial case management

Ill travellers with signs and symptoms indicative of fever or respiratory infection, or both, who have a history of exposure to the COVID-19 virus should be isolated at the POE until they are able to be

safely transferred to a healthcare facility for further assessment, diagnosis and treatment. Take the following steps during the isolation period.

- Place the traveller in a well-ventilated room (for example, with doors and windows open, weather permitting) that has been designated for patients suspected to have COVID-19 disease.
 - If more than one traveller with suspected COVID-19 disease must wait in the same room, ensure there is at least 1 m of space between individual travellers.
 - Ideally, there should be a dedicated bathroom for use only by people with suspected COVID-19 infection.
 - Provide information to patients and their family about the need for isolation, and address patients' and families' concerns.
- POE personnel should instruct suspected cases:
 - to wear a medical mask while they are waiting for transport to the healthcare facility;
 - not to touch the front of their mask. If they do touch the front of the mask, they must perform hand hygiene with an alcohol-based hand rub or soap and water. If the mask gets wet or dirty with secretions, it must be changed immediately;
 - practice respiratory hygiene at all times. This includes covering the mouth and nose during coughing or sneezing with tissues or a bent elbow if not wearing a mask, followed by performing hand hygiene with an alcohol-based hand rub or soap and water;
 - not to share spaces with people who are not suspected to have COVID-19 infection (for example, travellers with other illnesses waiting for interview).
- POE personnel should avoid entering the isolation area where suspected cases are waiting for transport. If they must enter, they should adhere to the following guidance.
 - Wear a tightly fitted medical mask that covers the nose and mouth when entering the room. The front of the mask should not be touched during use. If the mask gets wet or dirty with secretions, it must be changed immediately. After use, discard the mask in a waste bin, close the lid, and then perform hand hygiene with an alcohol-based hand rub or soap and water.
 - POE personnel should clean their hands with an alcohol-based hand rub or soap and water before entering and after exiting the isolation room.
- Tissues, masks and other waste generated in the isolation area and by travellers with suspected COVID-19 infection should be placed in a container with a lid in the isolation room and disposed of according to national regulations for infectious waste.
- Frequently touched surfaces in the isolation area, such as furniture, light switches, sinks and bathrooms used by travellers with suspected COVID-19 infection need to be cleaned three times a day (morning, afternoon, night) by personnel wearing appropriate PPE.
 - Cleaning should be done with regular household soap or detergent first and then, after rinsing with water, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent to 5000 ppm or 1 part to 9 parts water) should be used.
- Travellers suspected to have COVID-19 infection should remain in an area that has a comfortable temperature and good ventilation, that has chairs or other places to sit, and they should be given blankets, as needed. They should also be given food and water as needed and according to their ability to eat and drink; they must be kept in the most comfortable conditions possible.

5.2 Preparations for transporting ill travellers with suspected COVID-19 infection

Transportation of ill travellers suspected of having COVID-19 infection to healthcare facilities for evaluation, diagnosis and medical care should be carried out rapidly to ensure early clinical care is provided and to avoid crowding suspected cases at the POE. Preparations should include:

- identifying healthcare facilities that can provide evaluation for, diagnosis of and medical care for people with COVID-19 infection;
- ensuring that safe transport by ambulance is available, if needed;
- ensuring that infection prevention and control precautions are in place, hand hygiene resources and PPE are available, and staff at the healthcare facility and those providing transport are trained in the correct use of PPE;
- establishing a process to inform the receiving healthcare facility about suspected cases prior to their transfer;
- addressing security issues that may arise during the transfer, if applicable;
- ensuring systematic recording of all personnel involved in screening and transporting travellers with suspected COVID-19 infection.

5.3 Infection prevention and control considerations for ambulances and transport staff

- Transport staff should routinely perform hand hygiene and wear a medical mask and gloves when loading patients into the ambulance.
 - If the traveller with suspected COVID-19 infection requires direct care (for example, physical assistance to get into ambulance) then transport staff should add eye protection (for example, goggles) and a long-sleeved gown to their PPE.
 - PPE should be changed after loading each patient and disposed of appropriately in containers with a lid and in accordance with national regulations for disposal of infectious waste.
- The driver of the ambulance must remain separate from the cases (keeping more than 1 m distance). No PPE is required for the driver if distance can be maintained. If drivers must also help load cases into the ambulance, they should follow the PPE recommendations in the previous point.
- Transport staff should frequently clean their hands with an alcohol-based hand rub or soap and water and should ensure that they clean their hands before putting on PPE and after removing it.
- Ambulances and transport vehicles should be cleaned and disinfected, with particular attention paid to the areas in contact with the suspected case. Cleaning should be done with regular household soap or detergent first and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (that is, equivalent 5000 ppm or 1 part to 9 parts water) should be applied.⁵

© World Health Organization 2020. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](#) licence.

WHO reference number: [WHO/2019-nCoV/POEmgmt/2020.1](#)

⁵ Disinfectants other than 0.5% sodium hypochlorite can be used, provided they have demonstrated efficacy against an enveloped virus in the time required for surface disinfection.