

INTERIM GUIDANCE

# WHO Interim Guidance for Ebola Virus Disease: Exit Screening at Airports, Ports and Land Crossings

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## Acknowledgements

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## I. Introduction

This guidance is intended for use in countries with Ebola transmission. It may also be used as a reference and as a planning tool for all countries.

In August 2014, the WHO Director-General declared the Ebola virus disease (EVD) outbreak in West Africa a Public Health Emergency of International Concern, under the provisions of the International Health Regulations (IHR) 2005. The response included the following temporary recommendations for countries with Ebola transmission:

*“States should conduct exit screening of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential EVD infection. The exit screening should consist of, at a minimum, a questionnaire, a temperature measurement and, if there is a fever, an assessment of the risk that the fever is caused by EVD. Any person with an illness consistent with EVD should not be allowed to travel unless the travel is part of an appropriate medical evacuation. There should be no international travel of EVD contacts or cases, unless the travel is part of an appropriate medical evacuation.*

*To minimize the risk of international spread of EVD:*

- *Confirmed cases should immediately be isolated and treated in an EVD Treatment Centre with no national or international travel until 2 EVD-specific diagnostic tests conducted at least 48 hours apart are negative;*
- *Contacts (which do not include properly protected health workers and laboratory staff who have had no unprotected exposure) should be monitored daily, with restricted national travel and no international travel until 21 days after exposure;*
- *Probable and suspect cases should immediately be isolated and their travel should be restricted in accordance with their classification as either a confirmed case or contact.”*

This document provides information to assist countries in developing exit screening plans and Standard Operating Procedures (SOP). This includes the method, tools, and sequence of screening; determining resource needs; communication messages; and the legal considerations of screening.

This guidance is based on the IHR (2005) framework, scientific evidence, existing international technical recommendations and standards, and lessons learned from exit screening practices in countries with EVD transmission.

It was developed in collaboration with the US Centers for Disease Control and Prevention, the International Civil Aviation Organization and the International Air Transport Association.

### **Purpose and Scope of Exit Screening**

Exit screening is a public health intervention to identify persons with possible symptoms of, or risk of exposure to, EVD, and to prevent them from further travel. Screening measures are based upon symptom assessment and risk and can be adapted for airports, ports and ground crossings. Exit screening should be paired with travel restrictions to prevent the exportation of EVD to other countries, protect travellers and crew, and comply with public health recommendations for exposed or symptomatic persons. Effective exit screening helps prevent the introduction and spread of disease to other areas.

During exit screening, travellers will be assessed for signs and symptoms of an illness consistent with EVD, or identified as contacts potentially exposed to EVD. Testing laboratory samples to determine if a traveller is a confirmed case is not feasible during exit screening.

## II. Planning for Exit Screening

Prior to the implementation of exit screening, a SOP should be developed in consultation with stakeholders and responsible parties. Suggested parties include, but are not limited to: government entities with jurisdiction such as customs and immigration, public health authorities, civil aviation and maritime authorities, airport or port authorities and managers, conveyance operators, and security personnel. These entities will lead the implementation of the exit screening process and manage available resources. Separate SOPs may be required for airport and port facilities.

### Identifying Points of Entry Terminals and Locations for Exit Screening

As part of the development of the SOP, an assessment should be conducted to determine which departure terminals (particularly for international departures) at Points of Entry (PoE) warrant exit screening, the best location to conduct primary and secondary screening, staffing and training needs, and necessary supplies including non-contact thermometers, Personal Protective Equipment (PPE), and communication materials.

As a general principle, travellers should be subject to exit screening control as early as possible upon arrival at the airport or port facility, in conjunction with existing security procedures.

- If feasible, airport and port authorities may restrict entry to the facility to travellers only and conduct exit screening close to the entry points, prior to check-in and baggage drop-off.
- In facilities without security at entry, exit screening should be conducted in front of or near the security systems at departure.

The legal mechanisms for exit screening, including the necessary authority to issue travel restrictions, should be considered while developing the SOP. Plans should be developed with regard to local, national, and international public health, customs and border protection, and travel entities. This should be done in conjunction with the completion of IHR core capacity assessments at PoE.

## III. Communication Strategies for Exit Screening

The exit screening process should include an extensive public health communications campaign to educate travellers and the travel industry. These messages should provide important health information about the outbreak, as well as the intent to screen travellers for signs of disease and risk of exposure to EVD. Messages should include the following:

- Travellers who are sick should consider postponing travel. Any person with an illness consistent with EVD will not be allowed to travel unless the travel is part of an appropriate medical evacuation;
- Travellers should plan to arrive early at the travel facility and expect delays related to public health screening;
- Travellers will be required to complete a Traveller Public Health Declaration, and these questionnaires will be reviewed prior to clearance to board;
- Temperature measurement will be required, in addition to normal security provisions;
- Boarding may be denied based on public health criteria.

WHO has published the following template for communication to travellers<sup>1</sup>:

- Infection occurs through contact with blood, body fluids or tissues of an infected symptomatic person, or the body of a person who has died from Ebola, or by contact with contaminated objects.
- Persons who come into direct contact with an infected symptomatic person or infected animal or with the body of a person who has died from Ebola are at risk.
- Avoid all contact with blood, body fluids, and tissues of sick people, even after their death.
- Do not handle items that may have been in contact with an infected person.
- Symptoms include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, and, in some cases, bleeding.
- Simply being in proximity to a healthy-looking person (for example, in a public transport conveyance) does not constitute a risk.
- There is no approved vaccine.
- Practise careful hygiene, especially hand hygiene with an alcohol-based hand rub solution (hand sanitizer), if available, and with soap and water when hands are visibly soiled. Practise hand hygiene especially before touching eyes, nose or mouth, and after using the toilet or touching objects at high risk of being contaminated.
- If you stayed in the areas where Ebola cases have been recently reported seek immediate medical attention if you feel ill (fever, headache, achiness, sore throat, diarrhoea, vomiting, stomach pain, rash, or red eyes). Early treatment improves the chance of recovery.

#### IV. Primary Screening

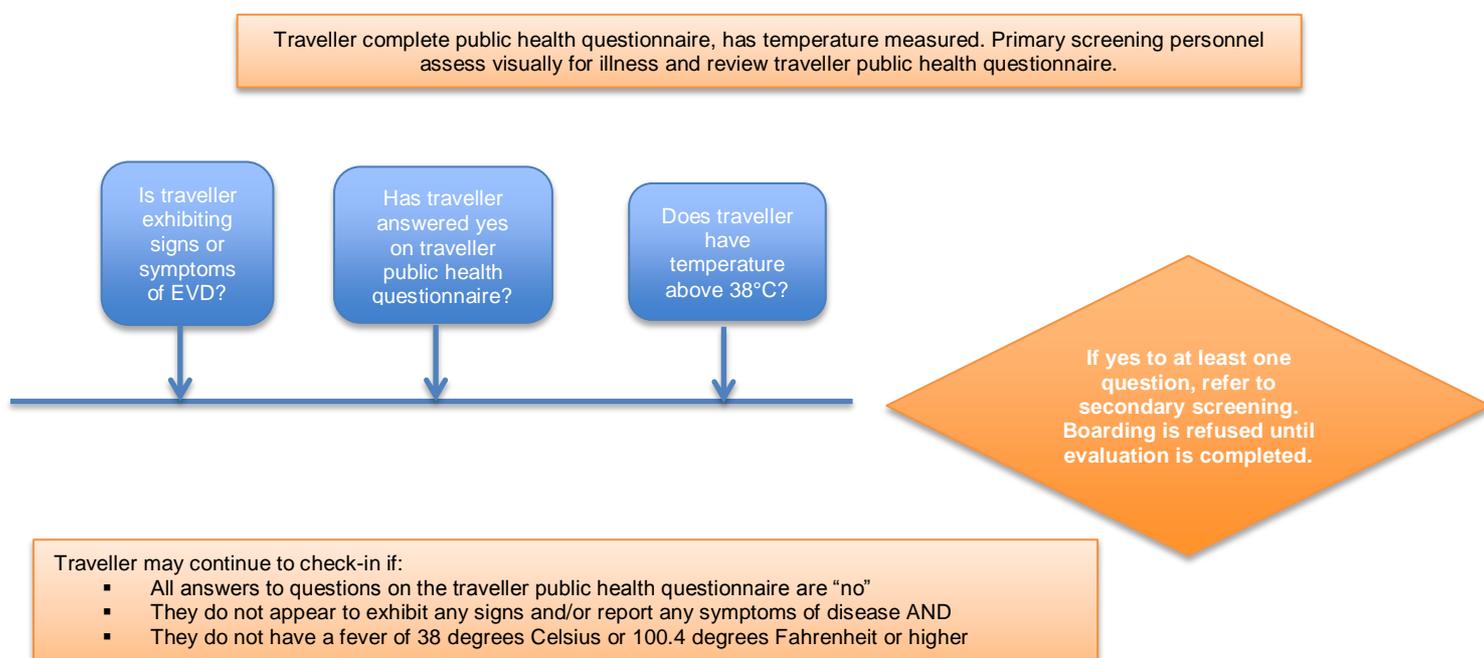


Figure 1. Primary Screening Algorithm

<sup>1</sup> WHO Ebola Travel and Transport Risk Assessment <http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/>

**Primary screening** is a process that identifies travellers who may be symptomatic with, or were possibly exposed to, EVD. Personnel without public health or medical training can conduct this initial screening. Activities (Figure 1) include observing travellers for signs of the disease, temperature measurement, and the distribution<sup>2</sup>, collection, and review of a public health questionnaire to determine risk.

The following travellers should be referred to **secondary screening** for further evaluation. Boarding should be refused until further assessment and recommendations are made during the secondary screening process.

**A. Travellers who exhibit at least one of the signs or symptoms of illness consistent with EVD:**

- fever greater than 38° C<sup>3</sup> or 100.4° F, or feeling feverish
- severe headache
- muscle pain
- vomiting
- diarrhoea
- stomach or abdominal pain
- unexplained bleeding or bruising

**B. Travellers who have been identified through primary screening to be at risk of EVD exposure:**

Activities that put travellers at risk of EVD exposure include:

- Direct physical contact or caring for an individual with Ebola in the household or in a health-care setting without the appropriate use of PPE, or accidental exposure to body fluids of an Ebola patient despite the use of PPE (e.g. needle stick injuries);
- Engaging in the preparation of bodies or burial rites for those who have died from EVD, without the appropriate use of PPE;
- Working in a laboratory where EVD samples are processed without using appropriate PPE or following biosafety precautions.

Information on the potential risk of EVD exposure will be captured on the Traveller Public Health Declaration Form and will be reviewed by primary screening personnel. These travellers should also be refused boarding until a further assessment of risk is conducted during secondary screening, even if they are not exhibiting any symptoms or signs of disease.

A sample template of a Traveller Public Health Declaration Form is provided in Appendix 2.

**Implementation of Primary Screening**

All travellers will be required to complete a Traveller Public Health Declaration Form for each member of the travel party, at entry to the facility. The Traveller Public Health Declaration Form will be used to assess risk of exposure, and for travellers to self-report any symptoms they have experienced within the past 48 hours, or exposures during the past 21 days. Adults may complete the Traveller Public Health Declaration Form for children or assist adults in their party who are unable to complete the questionnaire for a range of

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<sup>2</sup> Travellers may be directed to pick up and complete the public health questionnaire at entry to the point of departure to facilitate screening.

<sup>3</sup> Temperature inclusion criteria may need to be adjusted based on the temperature device used for screening. Calibration recommended. We suggest for primary screening 38° C or 100.4° F, which is lower than the temperature used for secondary screening for high fever (38.6° C or 101.5° F).

reasons.

Primary screening personnel should review the answers to this questionnaire, while observing travellers for symptoms and signs consistent with EVD, and conducting a non-contact temperature measurement (see footnote on page 6). Travellers who answer “yes” to any part of the questionnaire should be referred to secondary screening for further evaluation.

Travellers who exhibit signs of disease or report symptoms consistent with EVD should also be referred to secondary screening. Travellers with a fever of 38° C (100.4° F ) or higher, as measured during primary temperature screening, or those who report feeling feverish, should also be referred to secondary screening.

Temperature measurement is intended for suspected ill travellers and is only one element of the screening process. The temperature of 38° C has been adopted to provide for the sensitivity of temperature measurement devices.

All travellers referred to secondary screening should be refused boarding until further evaluation and assessment of risk exposure can be conducted.

Travellers may continue travelling after primary screening if:

- All answers to questions on the Traveller Public Health Declaration Form are “no”;
- They do not appear to exhibit any of the signs and/or report any symptoms of disease; AND
- They do not have a fever of 38° C (100.4° F) or higher.

### **Operational Considerations for Primary Screening**

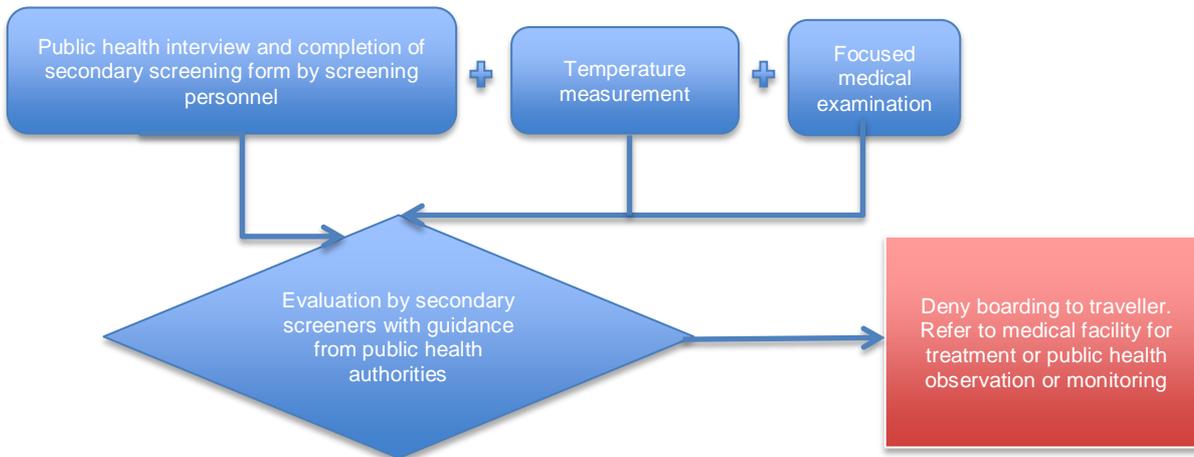
- Establish a system to provide Traveller Public Health Declaration Forms to all travellers as soon as they arrive at the airport, port or ground crossing point of departure;
- Select and train primary screening staff to conduct visual screening of travellers. Primary screening staff do not need medical or public health training;
- Use appropriate PPE and other infection prevention and control precautions (e.g. hand hygiene) when assessing ill travellers (see table 1 below). PPE guidance should be provided by a public health agency. Ensure sufficient PPE is available, and that staff are trained to use it correctly;
- Choose security personnel to provide crowd control;
- Select PoE workers to limit access to primary screening areas;
- Ensure that non-contact thermometers are calibrated and tested periodically for accuracy (in accordance with manufacturers’ instructions). Confirm the allowable range of temperatures as described by manufacturers;
- Select escorts for ill travellers or potentially exposed travellers to take them to secondary screening;
- Arrange baggage assistance and security for travellers referred to secondary screening;
- Disinfect temperature screening equipment;
- Ensure routine sanitation in all PoE facilities, including use of hand sanitizers for travellers;
- Take into consideration the sensitivity of temperature measurement equipment. The temperature cut-off point for further evaluation needs to be lower than 38.6° C to correct sensitivity variations. For instance, 38° C is applied in the Traveller Public Health Declaration Form.

### Table 1. Infection Prevention and Control (IPC) for primary screening personnel

- Wear gloves;
- Keep at least a 1 metre away from travellers to be screened as much as possible;
- Avoid touching travellers as much as possible;
- If a traveller is found to have fever or becomes unwell during screening, avoid touching the sick person and immediately call secondary screening personnel for further evaluation and clinical management;
- Perform hand hygiene with an alcohol-based handrub solution or soap and water after glove removal.

## V. Secondary Screening

Traveller referred for further evaluation. Secondary screening includes public health interview, completion of secondary screening form, additional temperature measurement. This may also include focused medical examination



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