

## National Taskforce for COVID-19

### Medical Advisory Panel (MAP)

#### International and Local Travelling Guidelines

August 2020

##### 1. Introduction:

The World Health Organization (WHO) recommends a comprehensive approach to supporting and managing travellers before departure and on arrival, which includes a combination of measures for consideration before departure as well as on arrival destination.

This guideline is customized from the “*WHO guideline on public Health Considerations while resuming international travel*” which was published on July 30<sup>th</sup> 2020.

It outlines key considerations for South Sudan’s national health authorities when implementing the gradual return of local and international travel operations.

##### 2. Factors to be considered when resuming travel:


The priority for gradual resumption of travel is given to:

- a. Emergencies.
- b. Humanitarian actions.
- c. Travel of essential personnel such as health providers and diplomatic officers.
- d. Repatriation.
- e. Persons at risk including the elderly and the people with chronic underlying health conditions should avoid travelling to areas with community transmission.
- f. Cargo transport should also be prioritized for essential medical, food and energy supplies.

##### 3. Epidemiological situation and transmission patterns at origin and destination countries:

COVID-19 epidemiological situation varies among countries, hence; international travel carries different levels of risk of exportation/importation of SARS-CoV-2 virus, depending on the passenger’s country of departure and country of arrival.



  
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The epidemiological situation of COVID-19 in each country is available through WHO Situation Reports, which follow the transmission scenarios defined in the Interim Guidance of WHO Global surveillance for COVID-19 caused by human infection with COVID-19 virus published on March 20<sup>th</sup> 2020 in which the following four scenarios are considered:

- No cases: Countries/ territories/ areas with no reported cases
- Sporadic cases: Countries/territories/areas with one or more cases, imported or locally detected
- Clusters: Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
- Community transmission: Countries/territories/areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:
  - Large numbers of cases not linkable to transmission chains
  - Large numbers of cases from sentinel laboratory surveillance
  - Multiple unrelated clusters in several areas of the country/territory/area.

#### **4. Coordination and planning:**

The transport sector is central to travel operations, but the involvement of other sectors such as trade, agriculture, tourism and security are essential to capture all the operational aspects associated with the gradual resumption of international travels.

#### **5. Surveillance and case management capacity:**

Active epidemiological surveillance for case detection, case isolation, contact identification and contact follow-up are central to the effective management of the COVID-19 pandemic.

Persons who are suspect or confirmed to have COVID-19 and contacts of confirmed cases should not be allowed to travel.

#### **6. International contact tracing:**

When a cluster or chain of transmission involves several countries, international contact tracing can be done in a coordinated and collaborative manner through rapid information sharing via the international network of National “WHO International Health Regulations (IHR)” IHR Focal Points (NFPs).

The NFPs should be accessible at all times and can receive direct support from the regional WHO International Health Regulations (IHR) Contact Points.

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## 7. Risk communication and community engagement:

It is essential to proactively communicate to the public through traditional media, social media and other channels about the rationale for gradually resuming international travels, the potential risk of travel and the measures required to ensure safe travel for all, including regular updates on changes in international travel to disseminate information and provide advice tailored to sub-national level situations.

This is essential to build trust in travel advice, increase compliance with health advice and prevent the spread of rumors and false information.

## 8. Required Capacity at Points of Entry:

We should strengthen our capacity at Juba International Airport and other Points of Entry (PoE) for the COVID-19 response, especially:

- a. Entry/exit screening
- b. Early detection through active case finding
- c. Isolation and testing of ill passengers
- d. Supply of personal protective equipment (PPEs) at PoE
- e. Cleaning and disinfection
- f. Case management
- g. Identification of contacts for contact-tracing;
- h. Physical distancing and wearing of masks;
- i. Sharing of emergency phone numbers; and
- j. Risk communication and education on responsible travel behavior.
- k. Adapted procedures for handling baggage, cargo, containers, conveyances, goods and postal parcels should be available and clearly communicated.

## 9. General advice for travellers:

- a. Adequate personal and hand hygiene,
- b. Proper respiratory etiquette,
- c. Maintaining physical distance of at least one meter from others
- d. Use of a mask as appropriate.

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- e. Sick travellers and persons at risk, including elderly travellers and people with serious chronic diseases or underlying health conditions, should postpone travelling to and from areas with community transmission.

#### **10. Laboratory testing at Points of Entry:**

- a. Molecular testing for SARS-CoV-2 within a short period prior to departure or on arrival provides good information about the status of travellers.
- b. Testing should be accompanied by a comprehensive COVID-19 follow up by advising departing travellers who have been tested to report any symptoms to local public health authorities.
- c. Local and international travellers should self-monitor for the potential onset of symptoms on arrival for 14 days, report symptoms and travel history to local health facilities and follow our national protocols.
- d. Since the current situation of our public health laboratory (PHL) may not meet the increasing demand of the international travellers, competent private hospitals and clinics may be encouraged to run molecular testing using recommended RT –PCR provided that these private laboratories are working in tandem with the PHL and they have a clear chain of communicating secured data.
- e. International passengers who test negative with a recommended RT-PCR upon their arrival can be discharged immediately from their self- isolation and allowed to continue their local journey.

#### **11. Guidelines for Local Travellers:**

- a. MAP recommends that an appropriate rapid diagnostics tests (RDTs) that uses antigens such as the one approved by the American FDA (Sofia 2 SARS Antigen FIA) will be used to screen all local travellers whether using air or land routes.
- b. Since the sensitivity and specificity of most of RDTs is around 90%; those who screen positive on RDTs will be considered as suspects and hence referred to do RT- PCR confirmatory testing at the public health laboratory (PHL).

#### **12. Monitoring and Evaluation:**

These guidelines are subject to regular risk assessment process and review for adoption of new ones or omission of any of these guidelines on local and international travellers.

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