

WHO update on contact tracing in aviation

CAPSCA EUR-MID/12 meeting
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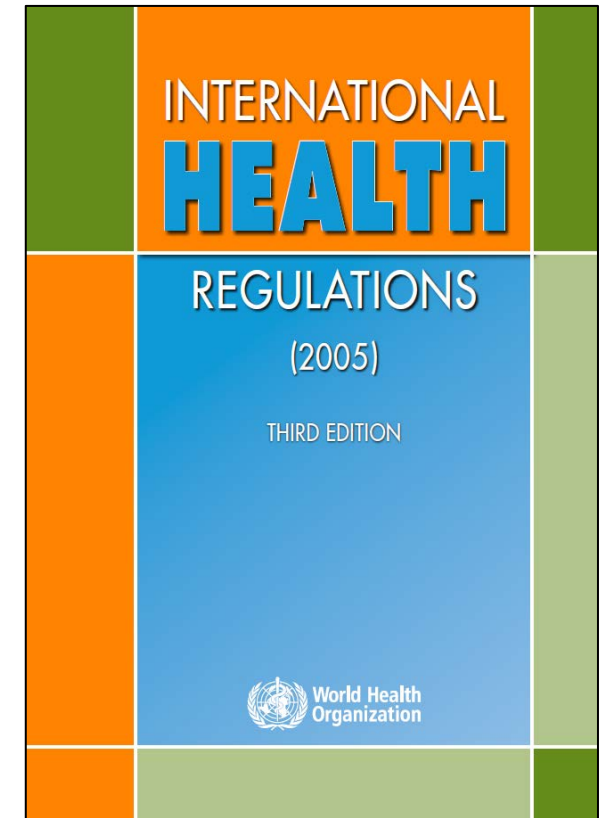
Outline

- Global legal framework – IHR (2005) relevant provisions
- Passenger Locator Form
- WHO guideline on contact tracing, and upcoming implementation guidance
- Information sharing for international contact tracing – experience from the COVID-19 pandemic
- Disease-specific guidance

Global legal framework – IHR (2005) relevant provisions

Article 28: *Ships and aircraft at points of entry:*

- 4. Officers in command of ships or pilots in command of aircraft, or their agents, shall **make known to the port or airport control** as early as possible before arrival at the port or airport of destination **any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board** as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be **immediately relayed to the competent authority for the port or airport**. In urgent circumstances, such information should be communicated directly by the officers or pilots or the relevant port or airport authority.



<https://iris.who.int/handle/10665/246107>

Global legal framework – IHR (2005) relevant provisions



health control area at Suvarnabhumi International Airport, Bangkok, Thailand, 2020 © WHO / Ploy Phutpheng

Article 35: *General rule (under Part VI – health documents):*

- No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of good or cargo in international trade pursuant to applicable international agreement. **The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers,** provided that they meet the requirements set out in Article 23.

Global legal framework – IHR (2005) relevant provisions

ANNEX 9

THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION,
PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION¹

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

Signature, if required, with time and date

Crew member concerned

¹ This version of the Aircraft General Declaration entered into force on 15 July 2007. The full document may be obtained from the website of the International Civil Aviation Organization at <http://www.icao.int>

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<https://iris.who.int/handle/10665/246107>

Article 38: *Health Part of the Aircraft General Declaration:*

- 1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, **complete and deliver** to the competent authority for that airport the **Health Part of the Aircraft General Declaration** which shall conform to the model specified in Annex 9.

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

Global legal framework – IHR (2005) relevant provisions

Article 44: *Collaboration and Assistance:*

- 1. **State Parties shall undertake to collaborate with each other, to the extent possible, in: (a) the detection and assessment of, and response to, events** as provided under these Regulations.
- 3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.



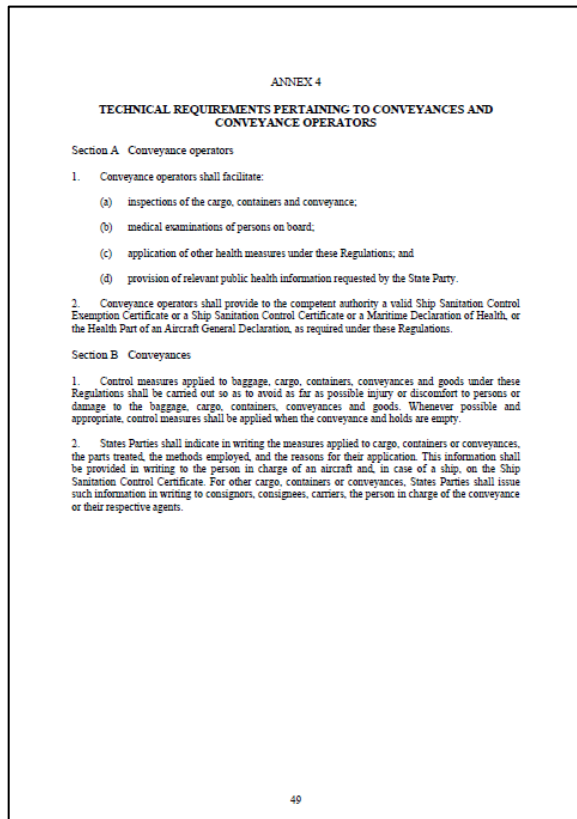
© WHO / Antoine Tardy

Global legal framework – IHR (2005) relevant provisions

Article 45: *Treatment of personal data*

- 1. Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept **confidential** and **processed anonymously** as required by national law.
- Notwithstanding paragraph 1, States Parties **may disclose and process personal data where essential for the purposes of assessing and managing a public health risk**, but States Parties, in accordance with national law, and WHO must ensure that the personal data are:
 - a) **processed fairly and lawfully**, and not further processed in a way incompatible with that purpose;
 - b) **adequate, relevant** and not excessive in relation to that purpose;
 - c) **accurate** and, where necessary kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
 - d) **not kept longer** than necessary.

Global legal framework – IHR (2005) relevant provisions



<https://iris.who.int/handle/10665/246107>

Annex 4: *Technical requirements pertaining to conveyances and conveyance operators*

Section A Conveyance operators

1. Conveyance operators shall facilitate:
 - a) Inspections of the cargo, containers and conveyance;
 - b) medical examinations of persons on board;
 - c) application of other health measures under these Regulations; and
 - d) provision of relevant public health information requested by a State Party**
2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the **Health Part of an Aircraft General Declaration**, as requested under these Regulations

Passenger Locator Form

- Developed in 2017 to assist in passenger contact tracing
- Work of an informal working group composed of national public health authorities and international transportation organizations
- Provides an appropriate method for rapidly collecting passenger contact information
- Recommended use when public health authorities suspect the potential for disease transmission on board an aircraft
- Information is to be held by public health authorities in accordance with applicable national law and is to be used only for authorized public health purposes

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. "Thank you for helping us to protect your health."

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex
Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile 10. Business
11. Home 12. Other
13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number
16. City 17. State/Province
18. Country 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.
20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number
23. City 24. State/Province
25. Country 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
27. Last (Family) Name 28. First (Given) Name 29. City
30. Country 31. Email
32. Mobile phone 33. Other phone

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years
Last (Family) Name First (Given) Name Seat number Age <18
(1) (2) (3) (4)

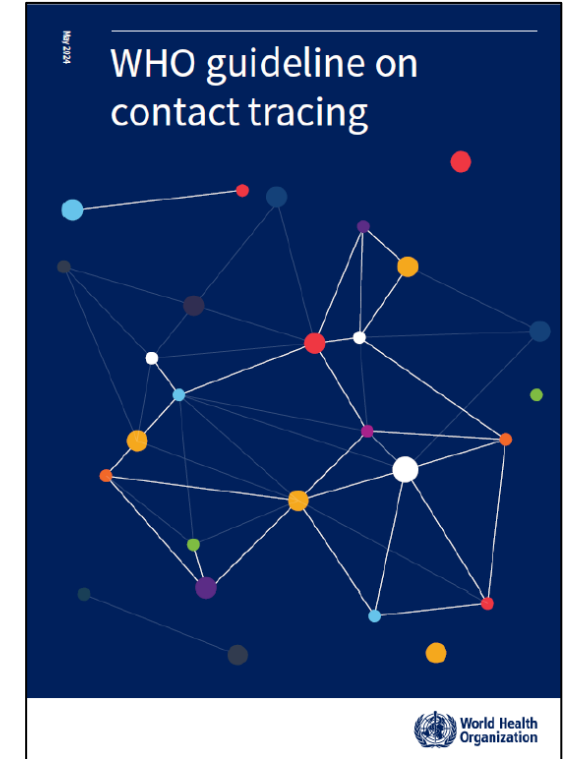
35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)
Last (Family) Name First (Given) Name Group (four, team, business, other)
(1) (2)

Passenger Locator Form

<https://www.who.int/publications/m/item/public-health-passenger-locator-card>

WHO guideline on contact tracing

- 2020 GOARN consultation identified a clear gap in **established definitions and guidelines** to understand concepts of contact tracing
- “Disease agnostic” scope guideline
- Developed as per the WHO Handbook for guideline development
- Available in Arabic, English, French, Spanish, Russian (Chinese coming soon).
- *“Contact tracing is defined as: the systematic process of identifying, assessing, managing, and supporting contact persons of infectious individuals”*



<https://www.who.int/publications/i/item/9789240102965>

WHO guideline on contact tracing

Recommendations

WHO suggests in favour of intensified contact person identification over non-intensified contact person identification in populations at risk of infectious diseases.

(conditional recommendation; very low certainty of evidence)

WHO suggests in favour of active follow-up of contact persons over passive follow-up of contact persons in populations at risk of infectious diseases.

(conditional recommendation; very low certainty of evidence)

WHO suggests that testing be added to contact tracing in comparison to contact tracing alone for contact tracing in populations at risk of infectious diseases.

(conditional recommendation; very low certainty of evidence)

WHO implementation guidance for contact tracing

Purpose

- Support to member states to adapt new guidelines to context
- Facilitate the guideline's practical application of contact tracing strategies in real-world settings for measurable impact

Key sections for future implementation guidance

1. Criteria to start, stop, scale-up and scale down contact tracing
 2. Methods used to identify contact persons
 3. Methods used to monitor contact persons
 4. Methods used to measure contact tracing strategy performance
 5. Minimum set of variables to be used in contact tracing
- WHO Border Health Unit is part of the TWG developing the guidance to incorporate border health and PoE considerations
 - ICAO/CAPSCA EUR Contact Tracing working group is invited to participate and mainstream aviation aspects

Information sharing considerations for international contact tracing – SEARO COVID-19 example

Considerations for sharing information for international contact tracing in the context of COVID-19

14 June 2021


World Health Organization
South-East Asia

Summary

- International contact tracing should be done through rapid information sharing between National IHR Focal Points (NFP) when cases are identified on conveyances, at points of entry or with a history of international travel while infectious. International contact tracing is particularly important for countries with no cases, imported/sporadic cases or limited cluster transmission.
- Data must be protected throughout the process of international contact tracing. Health information and/or personal details of an identifiable individual should be exchanged between countries in a confidential manner by using encrypted and password-protected communication.
- A two-step procedure is suggested for sharing information. Initially, the basic information items can be communicated, followed by sharing of additional information upon request from the counterpart NFP for the purpose of case investigation.

Background

When systematically applied, contact tracing, in combination with effective testing, isolation, care for cases and quarantine of contacts, will break the chains of transmission of an infectious disease and is an essential public health tool for controlling COVID-19 outbreaks (1). Contact tracing involving source investigation may also help to identify an undetected chain of transmission and may trigger early interventions to prevent larger outbreaks. In some instances, cases or contacts may be identified among those who travel across international borders and tracing of cases and contacts may require sharing of information between countries, territories and/or subnational areas.¹ International contact tracing refers to efforts to identify cases and trace contacts when the cases travelled internationally while infectious, or when contacts (who were exposed to a confirmed and probable case before departure or during travel) travelled internationally during the incubation period.

Article 44 of the International Health Regulations (IHR) (2005) calls for collaboration among States Parties to support detection and assessment of, and response to, public events (2). The Article also requires WHO to facilitate technical cooperation to the extent possible. The temporary recommendations to States Parties issued as a result of the 5th meeting of the IHR (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic on 29 October 2020 included the facilitation of international contact tracing to manage potential risks of cross-border transmission (3). WHO's interim guidance on "Considerations for implementing a risk-based approach to international travel in the context of COVID-19"(4) also recommends international contact tracing as one of the basic risk mitigation measures that should be conducted in a coordinated and collaborative manner through rapid information sharing via the National IHR Focal Points (IHR NFPs).

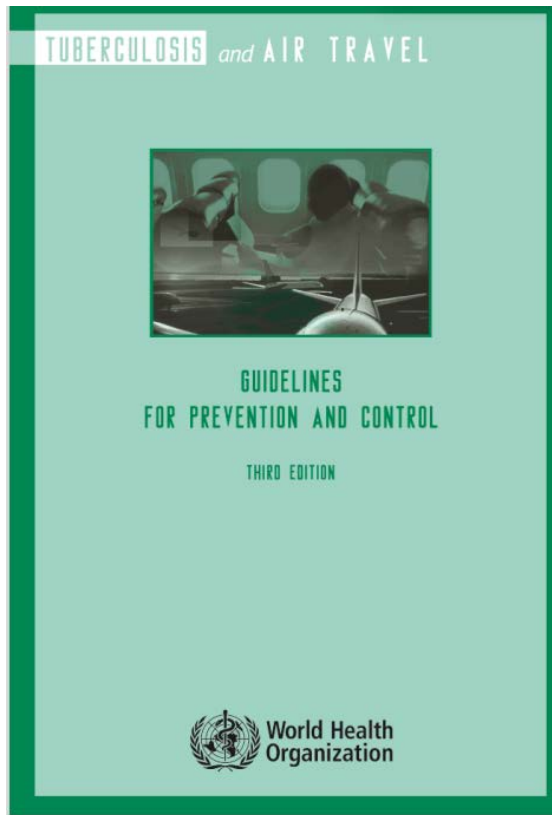
¹ For ease of reading this guidance document, the term "countries, territories and/or subnational areas" will hereinafter be referred to as "countries" or "country".

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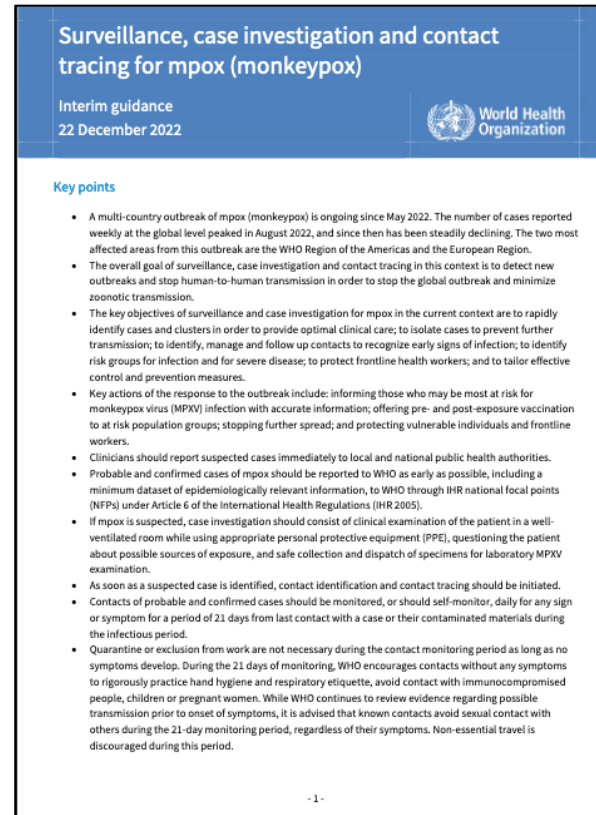
- **Four different scenarios for international contact tracing** depending on whether a *case* or *contact* is identified in the *country of departure, transit or destination*
- Particularly relevant for countries with no cases, imported/sporadic cases or limited cluster transmission
- Data protection
- Description of **information sharing needs** among countries (IHR NFPs) for the purposes of:
 - isolation of cases;
 - contact tracing;
 - quarantine of contacts; and
 - case investigation purposes.

<https://apps.who.int/iris/handle/10665/341809>

Disease-specific guidance



<https://www.who.int/publications/i/item/9789241547505>



<https://apps.who.int/iris/handle/10665/365398>



Risk assessments
guidelines for
infectious diseases
transmitted on
aircrafts (RAGIDA)
[Infectious diseases on
aircraft \(europa.eu\)](https://ecdc.europa.eu/en/ragida)

THANK YOU

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