## ESTIMATED EFFECTIVENESS OF INDIVIDUAL RISK MITIGATION MEASURES

| Mitigation strategy   | Estimated effectiveness*  | Implementation cost** |
|---|---|-----------------------|
| Universal travel bans   | Very high (100%)  | Low                   |
| Selected travel bans  | Varies depending on the State selection and the timing of the measure | Varies                |
| Travel restrictions, do not board lists, for persons ill with COVID-19 or high-risk contacts who defy public health recommendations | High  | Varies                |
| Pre-departure strategies:   |   |                       |
| Isolation of potential COVID-19 infected cases and quarantine of contacts   | High  | Varies                |
| Single pre-departure testing  | Low for preventing translocation*                                     | Medium to low         |
| Health declaration forms (symptom and contact checks)   | Very Low  | Low                   |
| Temperature screening   | Very Low  | Low                   |
| High ventilation  | Medium  | Low to medium         |
| In-travel strategies:   |   |                       |
| Traveller health education  | Medium  | Low                   |
| Using appropriate public health countermeasures   | Medium  | Low                   |
| Managing and positioning of sick passengers   | Medium  | Low                   |
| Reduce plane capacity   | Low   | Medium to high        |
| Airflow and HEPA filters  | Medium  | Low                   |

By comparison, pre-departure tests have a higher effectiveness mitigating transmission during the journey. With regards to preventing translocation, effectiveness increases the closer to the time of departure the test of carried out.

| Post-arrival strategies                               |  |  |
|---|--|--|
| Quarantine for 14 days upon arrival                   | High to very high (78-99% for State supervised quarantine) | Varies (State supervised quarantine can be high) |
| Data collection/sharing for proper contact tracing    | Medium   | Low  |
| Single PCR testing                                    | Medium (40%)   | Medium   |
| Health declaration forms (symptom and contact checks) | Low  | Low  |
| Temperature screening                                 | Low  | Low  |

| Combined testing/quarantine strategies                                   |   |        |
|--|---|--------|
| 7-day quarantine followed by testing                                     | Very high (94%)   | High   |
| 5-day quarantine followed by testing                                     | High (88%)  | Medium |
| Post-arrival testing and 4-day quarantine followed by the second testing | Medium (69%)  | Medium |
| 4-day quarantine followed by testing                                     | Medium (64%)  | Medium |
| Pre-departure testing with post-arrival quarantine and testing           | Currently being explored.<br>Early models show similar rates<br>to quarantine | Medium |

- \* The effectiveness estimates are based on:
  - a) strategies to reduce the risk of SARS-CoV-2 re-introduction from international travellers", Samuel Clifford et al., Centre for Mathematical Modelling of Infectious Diseases, Department of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, UK;
  - b) she risk of introducing SARS-CoV-2 to the UK via international travel in August 2020", Rachel A. Taylor et al., Department of Epidemiological Sciences, Animal and Plant Health Agency (APHA), UK; and
  - c) public health authorities and expert consensus.
- \*\* Cost reflects the relative administrative expense of implementing a measure and is not meant to reflect societal or industry cost. States should consider the value of implementing a strategy with respect to potential gains of increased traffic. Note that these costs do not consider the impact of the measures on States' economies.