

Considerations for implementing a risk-based approach to international travel in the context of COVID-19

Interim guidance

16 December 2020



Key points

- During the COVID-19 pandemic, international travel should always be prioritized for emergencies and humanitarian actions, travel of essential personnel, repatriations, and cargo transport for essential supplies such as food, medicines, and fuel.
- As countries gradually resume international travel, introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2, should not unnecessarily interfere with international traffic and should be based on a thorough risk assessment that is conducted systematically and routinely.
- Decision makers in Member States can conduct risk assessments through a mixed-methods approach (explained in this document and an accompanying risk assessment tool) to calculate the additional burden presented by possible importation of COVID-19 cases and decide policies on that basis of whether they have the capacity to cope with this burden.
- International travellers should not be considered by nature as suspected COVID-19 cases or contacts. Therefore, WHO does not recommend travellers as a priority group for testing.
- The use of “immunity certificates” for international travel in the context of COVID-19 is not currently supported by scientific evidence and is therefore not recommended by WHO.
- The overall health and well-being of communities should be at the forefront of considerations when deciding on and implementing international travel-related measures.

Background

As the COVID-19 pandemic continues, Member States should take appropriate measures to reduce transmission of SARS-CoV-2, the virus that causes COVID-19, during international travel, recognizing that comprehensive public health measures adapted to the local epidemiologic context and capacities can mitigate the risk substantially but cannot achieve “zero risk”. Therefore, a risk-based approach to international travel is needed.

The World Health Organization (WHO) advises that international travel should always prioritize emergencies and humanitarian actions (such as emergency medical flights and medical evacuations); travel of essential personnel (such as emergency responders, providers of public health technical support, and critical personnel in the transport and security sectors such as seafarers); repatriations; and cargo transport for essential supplies such as food, medicines, and fuel.

This interim guidance document provides national authorities with a step-by-step approach to decision-making for calibrating risk mitigation measures and establishing policies for international travel. It is divided into three main sections: risk assessment, risk mitigation and risk communication. The risk-based approach and related considerations apply to international travel via air, sea¹ or land between countries, territories or sub-national areas². The document aims to support countries in the gradual resumption of international travel with the main objective of reducing travel-associated exportation, importation and onward transmission of SARS-CoV-2 while avoiding unnecessary interference with international traffic.

The document builds on earlier WHO interim guidance documents on surveillance, public health and social measures, infection prevention and control and risk communications and community engagement, adapting their recommendations to the specific context of international travel and within a risk management framework. It is the result of extensive consultations across all relevant departments and Regional Offices of WHO, as well as with the members of the Strategic and Technical Advisory Group for

¹ For the purpose of this document, sea travel relates to international voyage via sea or an inland body of water. Nonetheless, cruise ships are out of the scope of this guidance given the many specificities of this type of conveyance.

² To facilitate the reading of this guidance document, the formula “countries, territories or sub-national areas” will hereinafter be referred to as “countries” or “country”.

Infectious Hazards (STAG-IH) (1) and of an ad-hoc Technical Advisory Group for the development of a risk-based approach to the resumption of international travel in the context of COVID-19.

It should be read in conjunction with Annex 1 to this document, “Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19” and the WHO interim guidance “Considerations for implementing and adjusting public health and social measures in the context of COVID-19” (2).

Risk-assessment approach to the implementation of risk mitigation measures for international travel

Introduction, adjustment and discontinuation of risk mitigation measures should be based on a thorough risk assessment that is conducted systematically and regularly (ideally every two weeks). Detailed information on departure countries’ local transmission indicators, health services capacities, and public health and social measures may not always be available. Therefore, an approach focusing on available data in the destination countries is recommended. The following factors should be considered for all countries:

- the local epidemiology (3) in departure and destination countries
- travel volumes between countries
- the public health and health services capacity and performance (2) to detect and care for cases and their contacts, including among travellers, in the destination country
- public health and social measures implemented to control the spread of COVID-19 in departure and destination countries and available evidence on adherence and effectiveness of such measures in reducing transmission
- contextual factors, including economic impact, human rights and feasibility of applying measures, among others.

The “Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19” [see Annex 1] provides detailed guidance on how to use a mixed-methods approach, including both quantitative and qualitative data, to conduct this risk assessment. An algorithm and examples are provided in Annex 1 to illustrate different scenarios. This risk assessment methodology is most useful for destination countries experiencing community transmission, for which the primary concern is to not overwhelm health system capacity. In countries with no cases, imported or sporadic cases or a small number of clusters, implementation of supplementary travel-related measures may be contemplated in line with the considerations outlined in section 3 of Annex 1 with the goal of maintaining their status.

For a limited number of key travel routes, it may be possible for countries to make bilateral arrangements to identify additional information on the aforementioned epidemiological factors. This can help to inform risk assessments such as those associated with specific groups of travellers.

WHO encourages national authorities to proactively and transparently share up-to-date data on COVID-19 incidence, public health and health services capacity and implemented public health and social measures. Timely reporting allows national and sub-national authorities and travellers to make informed decisions. It is important to have sub-national epidemiological information, because this enables the application of travel-related measures at the lowest possible administrative level.

National authorities should publish their risk assessment methodology and the list of departure countries to which restrictions apply; and these should be updated regularly.

Key questions to guide risk assessment

The following overarching questions may guide national and sub-national decision-making processes for implementing travel-related risk mitigation measures and providing advice to travellers.

- For inbound travel:
 - Will the number of cases to be imported from the country of departure likely have a significant impact on the current transmission level in the country of destination?
 - What is the probability of individuals from the country of departure being infected?
 - What is the travel volume across all routes (air, land and sea)?
 - Are the current response capacities in the country of destination sufficient to cope with the potential rise of imported cases from the country of departure including risk communication capacities to inform incoming travellers, in appropriate languages, about mechanisms for seeking care and public health and social distancing measures in place?
 - Can the current public health and social measures implemented in the country of destination support the introduction of international travellers?
- For advising individuals on outbound travel:
 - How likely are travellers to be infected in the country of destination compared to their likelihood of getting infected in the country of departure?
 - Does the country of destination have sufficient response capacity to treat travellers who may need medical care while traveling?
 - Does the country of departure have sufficient capacity to enforce mandatory public health and social measures on return of travellers, if necessary?

Other considerations

Decisions on risk mitigation must be weighed against the impacts these measures have on societies, including on mental health and psychosocial well-being, human rights, food security, the economy and socioeconomic disparities, the continuity of health and public health programmes and public sentiment and adherence. Relevant guidance can be found in the WHO interim guidance “Considerations for implementing and adjusting public health and social measures in the context of COVID-19” (2) and through the United Nations Development Programme (UNDP) (4), the World Tourism Organization (UNWTO) (5), the International Civil Aviation Organization (ICAO) (6), the International Labour Organization (ILO) (7), the International Maritime Organization (IMO) (8) and the World Bank (9). The overall health and well-being of communities should be at the forefront of considerations when deciding on and implementing international travel-related measures.

In accordance with their national legislation, and as per relevant provisions of the International Health Regulations (IHR) (2005), national authorities may implement risk mitigation measures that restrict international traffic, as long as such measures are risk-based, evidence-based, coherent, proportionate to the public health risk, and, therefore, do not constitute an unnecessary interference with international traffic and trade. Risk mitigation measures for international travel should be regularly reviewed and adapted as the situation evolves, and their effectiveness in controlling SARS-CoV-2 transmission evaluated, to ensure they are proportionate to the public health risk and adjusted based on a regular and systematic risk assessment.

Risk mitigation measures for the gradual resumption of international travel

This section describes the key considerations to be taken into account for the implementation of basic and supplementary risk mitigation measures, such as their effectiveness, availability and any potential unintended consequences. While basic risk mitigation measures should always be in place; the use of supplementary risk mitigation measures during the COVID-19 pandemic should be guided by a risk assessment. Please refer to the “Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19” (Annex 1) for further guidance on how to conduct this risk assessment.

Basic risk mitigation measures

Travel advice

- Confirmed, probable and suspected cases, and contacts of confirmed or probable cases should not travel; confirmed, probable and suspected cases should be in isolation; and contacts of confirmed or probable cases should be in quarantine.
- Persons with any sign or symptom compatible with COVID-19 should not be travelling, unless a COVID-19 diagnosis has been conducted and SARS-CoV-2 infection has been ruled out as the cause for illness.
- Persons who are unwell should be advised to postpone travel
- Persons at risk of developing severe disease and dying, including people 60 years of age or older or those with comorbidities that present increased risk of severe COVID-19 (e.g. heart disease, cancer and diabetes) should be advised to postpone travel.
- Depending on local restrictions, persons residing in areas where community-wide movement restrictions are in place should not be allowed to travel for non-essential purposes.

Self-monitoring for international travellers

WHO recommends that travellers self-monitor for the potential onset of symptoms for 14 days on arrival and report symptoms and travel history to local health authorities, as per instructions received by authorities in the host country, prior to departure and/or on arrival. Travellers should be provided with necessary information and instructions on how and when to contact local health authorities. Arrangements for supervision of self-monitoring should be planned and organized by national or sub-national authorities, for instance, through the use of phone messaging or digital tools. Apps for location tracking and daily reporting of health status should be in line with WHO guidance on the use of digital tools for this purpose (10).

Any traveller identified as a contact of a COVID-19 case should be supported and quarantined – as part of national response strategies (11) and in accordance with WHO guidance for quarantine (12) – and tested if symptoms develop at any point during the quarantine period. All travellers should comply with the public health and social measures implemented in countries of destination, including movement restrictions as per national or sub-national legislation.

Multisectoral coordination and planning for disease prevention and control, surveillance and case management

National and, where needed and applicable, sub-national authorities involved in the risk assessment process should 1) inform all public and private entities responsible for the implementation of international travel measures about the requirements in place, so that they can bring their operations in compliance with them; 2) make operational arrangements to facilitate the compliance with such requirements, including the timely exchange of information with health authorities, for example through passenger manifests for contact tracing purposes and completion and collection of passenger locator forms; and 3) coordinate with conveyance operators to comply with countries’ requirements for the submission of the Maritime Declaration of Health, Annex 8 of the IHR (2005) (13), and the Health Part of the Aircraft General Declaration, Annex 9 of the IHR (2005) (13). The digitalization of passenger locator forms may facilitate the exchange of information but should be conducted in line with privacy and personal data protection as per

WHO guidance (10). In addition, preventing cases and contacts from travelling will require establishing mechanisms to exchange information between health and immigration authorities.

Countries should have a clear surveillance strategy and sufficient public health capacity to reliably identify cases and trace contacts, including among incoming travellers, in alignment with national and sub-national COVID-19 surveillance and response efforts.

International contact tracing

When a cluster or chain of SARS-CoV-2 transmission involves more than one country – including, for example, when cases are identified on conveyances, at points of entry or with a history of travel while infectious – international contact tracing should be conducted in a coordinated and collaborative manner through rapid information sharing via the National IHR Focal Points (NFPs). Contacts from two days before to 14 days after symptom onset of the identified case should be identified in line with WHO guidance for contact tracing (11). In addition, bilateral exchanges between countries may also serve the purpose of case investigation requiring retrospective tracing of people who were contacts of COVID-19 cases two weeks before they experienced symptom onset, in line with WHO guidance for case investigation (14). Data protection must be considered throughout the contact tracing process. Whenever health information and/or personal details of an identifiable individual are exchanged between countries, these should be kept confidential in line with Article 45 of the IHR (2005) and national legislation. The use of encrypted and password-protected communication is encouraged in these circumstances.

International contact tracing is particularly important for countries with no cases, imported/sporadic cases or a small number of cluster cases. In countries where community transmission is ongoing and surveillance capacities are overwhelmed, international contact tracing may be challenging in the context of an already stretched surveillance capacity.

The NFPs are accessible at all times and can receive direct support from the WHO IHR Contact Points, hosted by the six WHO Regional Offices. The contact details of all NFPs and WHO IHR Contact Points are available on the secure WHO Event Information System (EIS), which is accessible to NFPs. When contact tracing involves contiguous areas in two or more bordering countries, existing bilateral and/or multi-country agreements may facilitate cross-border contact tracing.

Digital tools, such as mobile phones and apps for location tracking or proximity tracing, can support and complement surveillance and contact tracing efforts, both for national and international travellers. However, such technology cannot replace the public health contact tracing workforce required to carry out the critical function of finding, communicating with and supporting people throughout the process of contact tracing. Furthermore, the effectiveness of digital tools, such as apps, depends on whether a large proportion of the general population downloads and allows their use. For international travellers, issues of compatibility of information management systems and data sharing between countries need to be considered, should international contact tracing be warranted. Legal and ethical aspects related to individual privacy and personal data protection should be considered in line with WHO guidance (10).

Environmental controls and public health and social measures at points of entry

Crowd control, physical distancing, mask use and hand hygiene measures should be put in place to minimize the risk of transmission at points of entry, such as, but not limited to, during check-in, passport control, in rest rooms, security areas, areas for interviews of COVID-19 suspected cases, waiting areas, boarding, disembarking, customs and baggage pick-up. Appropriate cleaning and disinfection procedures should be followed as per WHO guidance (15), with particular emphasis on surfaces that are frequently touched. Table 1 provides specific recommendations to adapt premises at points of entry.

Table 1. Considerations for adapting point of entry premises to limit the spread of COVID-19

Crowd control	Engineering modification	Enhanced compliance
<p>Limit numbers of people and maintain physical distance of at least 1 metre between persons throughout premises at points of entry, and in particular for closed and poorly-ventilated areas such as shops, restaurants, lounges, rest rooms and offices.</p> <p>Reduce crowding by staggering arrival and departure times of conveyances, managing flow of travellers with separate pathways, increasing the number of security and passport control booths to shorten queues, ideally taking into consideration the disease transmission in countries of departure and destination.</p>	<p>Introduce physical barriers (cones, ropes, poles, etc.) or floor markers to ensure distance between people or limit access while in higher volume areas such as baggage or immigration.</p> <p>Establish areas of spacious waiting antechambers to complement the crowd control strategy.</p> <p>Implement separating screens, shields and transparent barriers to be utilized at counters or windows where close contact is expected.</p> <p>Ensure proper ventilation throughout the premises at points of entry.</p>	<p>Place signs reinforcing individual protection measures and behaviour (i.e. hand hygiene, safe mask wearing where appropriate and respiratory etiquette).</p> <p>Use loudspeaker announcements or video loops providing instructions and information in appropriate languages.</p> <p>Strategically place staff throughout the points of entry to enforce compliance with public health measures and appropriate distancing/spacing.</p>

<p>Consider fostering cross-border collaboration for managing crowding at ground crossings.</p> <p>Establish a dedicated and accelerated route for transiting passengers, with special considerations for space for long transits or lay-overs.</p>	<p>Provide hand sanitizer stations strategically placed throughout the points of entry.</p>	
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Environmental controls and public health and social measures on conveyances

Environmental control measures and public health and social measures such as physical distancing, mask use and hand hygiene, should be promoted and complied with on board conveyances. These are outlined in detail in the ICAO Council Aviation Recovery Task Force (CART) Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis (16), IMO COVID-19 guidance (8), and WHO guidance documents on the management of ill travellers at points of entry (17); and controlling the spread of COVID-19 at ground crossings (18), on board ships (19) and in aviation (20).

Supplementary risk mitigation measures

If the country of departure (or sum of multiple countries assessed) has a case incidence higher than the country of destination, and the country of destination does not have adequate capacities to cope with an increased burden, supplementary risk mitigation measures are recommended. Some countries with low risk tolerance or those with no (active) cases, imported/sporadic cases or a small number of cluster cases may also consider implementing these supplementary measures.

Point of entry authorities should have the capacities necessary to implement tailored supplementary risk mitigation measures, depending on travellers’ countries of origin and in line with the risk assessment and related recommendations of national health authorities.

Exit and entry screening for signs and symptoms of COVID-19

Screening is defined as “the presumptive identification of unrecognized disease or defect by the application of tests, examinations, or other procedures which can be applied rapidly” (21).

While historically, temperature screening at points of entry has been implemented for a variety of diseases, current available evidence does not support entry screening based on temperature measurement as an effective measure for COVID-19 because people may be travelling during the incubation period (between exposure and symptom onset), may not exhibit fever early in the course of the disease or may reduce fever through the use of antipyretic medications. WHO encourages countries that are implementing temperature measurement at exit and/or entry to share their evaluations of the use of this measure, since they are critical to foster the understanding of its effectiveness and impact in the context of COVID-19.

WHO recommends visual screening of departing and arriving travellers be conducted for symptoms (e.g. checking for signs and symptoms, such as cough and difficulty breathing), and interviewing passengers when necessary about respiratory infection signs and symptoms and any exposure to confirmed or probable cases in the 14 days prior to departure. If digital health declaration forms are used, this should be done in line with privacy and personal data protection as per WHO guidance (10). Travellers who have symptoms or are identified contacts of COVID-19 cases should not be allowed to travel and should be referred for further medical assessment, according to protocols in place at the point of entry and national guidance, to pre-identified and designated facilities.

In addition, national authorities may ask incoming travellers to report their health status at the time of travel and possible exposures to COVID-19 cases within the previous two weeks and provide their contact details, so that they can be located for health monitoring purposes during the first 14 days after arrival at destination or for international contact tracing purposes. WHO recommends that such a form be filled out online before travelling or during the flight to avoid crowding at arrival. Authorities may also require arriving passengers to download and utilize a national COVID-19-control app if they have been established in the destination country, to facilitate health monitoring and contact tracing on arrival.

SARS-CoV-2 testing for travellers

International travellers should not be categorized as suspected COVID-19 cases. Therefore, WHO does not recommend healthy travellers as a priority group for SARS-CoV-2 testing testing, in particular when resources are limited, to avoid diverting resources from settings and patients where testing can have a higher public health impact and drive action. In principle, high-risk settings and high-risk groups should be prioritized for testing, including people at risk of developing severe disease and vulnerable populations and health workers, in line with WHO’s guidance (22).

The use of antigen-detecting rapid diagnostic tests (Ag-RDTs) is not recommended in healthy traveller populations with low expected prevalence of disease where confirmatory Nucleic Acid Amplification Testing (NAAT) is not readily available because they may lead to a high proportion of false positive results.

If a country has the capacity to conduct testing in all high-risk settings and high-risk groups, and decides to additionally implement testing for travellers from certain countries where there is a high incidence of COVID-19 (as a risk reduction method based on a prior risk assessment), decisions on the type of assay to be used should take into account the key considerations outlined in the WHO scientific brief “COVID-19 diagnostic testing in the context of international travel” (23).

Quarantine for international travellers

International travellers are not considered contacts of COVID-19 in principle unless a traveller meets the definition of a contact (11).

Countries with no (active) cases, imported/sporadic cases, a small number of clusters of cases, or that have controlled transmission and are striving to maintain this status, or those lacking adequate capacities to cope with an increased burden, may decide to implement restricted movement and quarantine measures for travellers arriving from countries with higher incidence. In those circumstances, they should require quarantine only following a thorough risk assessment and with respect for travellers’ dignity, human rights and fundamental freedoms; and minimize any discomfort or distress associated with the health measures applied to them, as outlined in the IHR (2005).

WHO is conducting modelling studies and regular systematic reviews of the effectiveness and feasibility of implementing risk mitigation measures, including testing and quarantine, in the context of international travel. WHO interim guidance will be updated and adapted if necessary and as more evidence becomes available.

Use of “immunity certificates” for COVID-19 in the context of international travel

The use of “immunity certificates” for international travel in the context of COVID-19 is not currently supported by scientific evidence and is therefore not recommended by WHO. For more information, please refer to the WHO scientific brief “Immunity passports” in the context of COVID-19 (24), which provides an overview of available evidence about the immune response following infection with SARS-CoV-2. Beyond the scientific uncertainties around immunity passports, there are ethical, legal and human rights aspects related to privacy of personal data and medical confidentiality; the potential for falsification or engagement in risky behaviour based on a false sense of security; stigma; and discrimination.

Other key considerations applicable to all risk mitigation measures

Costs associated with public health measures for international travel

Countries shall not charge travellers for measures required for the protection of health, including (a) examinations to ascertain their health status; (b) vaccination or prophylaxis on arrival unless this is a published requirement or is a requirement published less than 10 days earlier; (c) appropriate isolation or quarantine; (d) certificates specifying the measures applied; or (e) applied to baggage accompanying them, in accordance with the provisions in the IHR (2005) (13).

Risk communication

One of the most important and effective interventions in a public health response to any event is to proactively communicate to the population what is known, what is unknown and what is being done by responsible authorities to get more information. The objectives are saving lives, minimizing adverse consequences, and maintaining trust and compliance of the population with public health measures. Disseminating messages targeting specific groups is an essential part of risk communications, and travellers are one such group. Clear and consistent messages should be agreed on by all entities needing to convey messages to the travelling public and those managing the travel process.

It is essential to proactively communicate to travellers in advance of their trip to help them with personal planning. Overarching changes to travel guidance that affect the general public and operators should be shared through traditional media, social media and other travel process websites (such as airline, airport and hotel booking sites) and COVID-19 helplines. Communication on travel guidance should include:

- travel information and advice, such as travel-related measures or temporary restrictions, and their rationales; recommendations on who should travel; information on public health and social measures at countries of destination for national and international travellers
- information on where to find accurate and timely information on the latest COVID-19 situation at the destination
- personal protection measures, such as information on how to seek medical care if needed at the countries of destination; and the potential risk of travel and the measures required to reduce it, including personal and hand hygiene, respiratory etiquette, maintaining physical distance of at least one metre from others and use of a mask as appropriate.

Messages should be consistent, in appropriate languages and accompanied by easy-to-understand images to provide tailored advice, build trust in travel advice, increase compliance with health advice and prevent the spread of false information or rumours (see WHO's guidance on risk communication and community engagement readiness and response to COVID-19 (25)).

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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