

GUIDELINES FOR ENTRY POINT SCREENING OF TRAVELLERS FROM / EXITING CHINA (SCREENING FOR 2019 NOVEL CORONAVIRUS, 2019 - nCoV)

WHO advises against the application of any travel or trade restrictions on China based on the information currently available on the novel coronavirus 2019 (2019-nCoV) epidemic. The organisation also does not recommend any specific health measure for travellers, entry or exit point screening for travellers exiting or coming from China.

It is generally considered that entry screening offers little benefit, while requiring considerable resources. In case of symptoms suggestive to respiratory illness before, during or after travel, the travellers are encouraged to seek medical attention and share their travel history with health care provider.

As provided by the International Health Regulations (2005) (IHR), countries should ensure that:

- routine measures, trained staff, appropriate space and stockpile of adequate equipment in place at points of entry (PoE) for assessing and managing ill travellers detected before travel, on board conveyances (such as planes and ships) and on arrival at PoE;
- procedures and means are in place for communicating information on ill travellers between conveyances and PoE as well as between PoE and national health authorities;
- safe transportation of symptomatic travellers to hospitals or designated facilities for clinical assessment and treatment is organized;
- a functional public health emergency contingency plan at PoE in place to respond to public health events.

Important for International travellers: health precautionary measures

Human-to-human transmission is occurring but the extent is still not clear. The source is still unknown (most likely an animal reservoir). Therefore, it would be prudent to reduce the general risk of acute respiratory infections while travelling in or from China by:

- avoiding close contact with people suffering from acute respiratory infections;
- frequent hand-washing, especially after direct contact with ill people or their environment;
- avoiding close contact with live or dead animals (domestic or wild) or pen/farm;

- travellers with symptoms of acute respiratory infection should practice good cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).

Health facilities, travel agencies and conveyance operators at international PoE, Malaysia should provide to travellers with adequate information to reduce the general risk of acute respiratory infections.

If a traveller on board an aircraft / a ship has signs and symptoms indicative of acute respiratory infections, the model of Maritime Declaration Of Health (IHR) or the health part of the Aircraft General Declaration (IHR) should be used to register the health information on board and submit it to POE health authorities.

A passenger locator form (Appendix 1) should be used in the event of a sick or suspected traveller detected on board an aircraft. This form is useful for collecting information of suspected passengers. Travelers should be encouraged to self-report if they are ill. Cabin crew should follow the standard operational procedures recommended by International Air Transport Association (IATA) with regard to managing suspected communicable disease on board an aircraft.

A. Screening On-Board of Aircraft Passengers and Cabin Crews From China For Suspected 2019 - Novel Coronavirus (2019 - nCoV) Infection

1. MEASURES ON BOARD THE FLIGHT (for all flights from China)

1.1. Announcements

- i. The flight commander of the aircraft shall make in flight announcements. These announcements shall be made, during the flight and just before landing.
- ii. These announcements shall include the following messages:

(A) During flights

The needs for cabin crew to make an announcement of the requirement for passengers with symptoms to identify themselves to the crew, e.g. 'Any passenger with symptoms of 2019 - NOVEL CORONAVIRUS INFECTION i.e. fever, cough and/or breathlessness to identify themselves to the crew'.

(B) Upon Landing

Passengers should also be informed that they will be subjected to undergo thermal scanner upon arrival.

1.2. Visual Assessment

Crew members must be vigilance on passengers who have symptoms (e.g. cough, breathlessness) but they do not identify themselves.

1.3. Management of passengers with symptoms of 2019 - nCoV Infection

- i. The commander of the aircraft is to inform the authorities of the destination airport with regards to the number of passengers with 2019 - nCoV Infection symptoms as soon as possible.
- ii. The passengers identified are to be given appropriate protective masks (three-ply mask) and if possible, these passengers are to be shifted to an empty area of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iii. A separate toilet is to be identified for use of such passengers only.
- iv. The crew must wear protective masks and disposable gloves if they have to handle the suspected passengers or their utensils. These utensils are to be packed separately.
- v. The commander of the aircraft is to identify the contacts of the passengers. These contacts are passengers sitting in the same row or within two rows in front or behind the ill passenger, all flight attendants

- on board, anyone having contact with respiratory secretions of the ill passenger, anyone on the flight living in the same household as the ill passenger and if it is a flight attendant who is a suspect of 2019 - nCoV Infection case, all the passengers are considered as contacts.
- vi. Contacts should provide their contact number and address for the next 14 days to the health authorities.
 - vii. If the passenger with symptoms becomes classified as a PUI case of 2019 - nCoV Infection, the health authority where the case is being cared for should inform other health authorities in those areas in which the contacts reside that active surveillance of each contact (daily temperature check and interview by health care worker) should be undertaken until 14 days after the flight.
 - viii. Flight attendants have to fill up Passenger Locator Form (Appendix 1).
 - ix. All measures taken on board to be written and recorded in Report of Measures Taken Onboard Form (Appendix 2).
 - x. Both Appendix 1 and Appendix 2 are to be submitted to health officials upon arriving.

B. Suspected 2019 - nCoV Infection case on-board flight

- i. Public Health Team, consisting of a medical doctor, Nurse/Medical Assistant and Assistant Environmental Health Officer (AEHO) will be stationed at the arrival gates.
- ii. The Public Health Teams will go onboard to make announcement on health inspection to be carried out. The team must also request for the passenger locator form (Appendix 1), report of measures taken onboard (Appendix 2), general declaration of health and flight manifest. The flight attendants will inform the team on suspected passengers. The suspected passengers will be tagging with red tags. The passengers identified are to be given appropriate protective masks (N95) and if possible, these passengers are to be shifted to the rear of the aircraft. Otherwise vacate two rows in front and two rows at the back of the passenger with symptoms.
- iii. All passengers except cases suspected of 2019 - nCoV Infection will be allowed to disembark the aircraft to proceed for fever screening. Passengers and crew without symptoms will be provided a Health Alert Card (HAC - Annex 6). The details of passengers and crews will be recorded for follow up actions as required.
- iv. The suspected case which has been identified by the crew will be interviewed and history taking and physical examination will be conducted. Cases that do not fulfil the case definition of a suspected case of PUI for 2019 - nCoV Infection (Annex 1) will be provided with health advice and issued with a HAC.

- v. Cases suspected of PUI for 2019 - nCoV Infection will be referred to the nearest hospital for further management. Doctor in charge should call Infectious Disease Physician for opinion before referred to nearest hospital.
- vi. All international flights arriving Malaysian international PoE with PUI of 2019 - nCoV Infection are required to disinfect the aircraft.
- vii. All cases of PUI for 2019 - nCoV Infection are to be notified to the National and State CPRC and the nearest District Health Office.

C. Screening for Passengers and Cabin Crews from China at Arrival of Point of Entry (Flow Chart - Annex 6)

- i. For direct flights, health officials will be stationed at the arrival gate to perform health screening.
- ii. All other passengers need to go to temperature screening either by :
 - Thermal scanner at screening area,
 - Referred by Immigration Department, or
 - Passenger's self-declaration.
- iii. Passenger and crew who do not have fever will be given Health Alert Card and allowed to proceed to Immigration.
- iv. Passenger who having temperature $\geq 38^{\circ}\text{C}$ will be screened for 2019 - nCoV Infection through history taking and examination as detailed in Appendix 3.
- v. Officer in charge will contact nearest screening centre to consult whether the passenger / crew is fit of criteria PUI or not PUI.
- vi. If the passenger / crew fit the criteria of PUI, officer in charge need to refer to nearest admitting hospital, initiate Infection Prevention and Control, and notify PKD for staff surveillance and progress.
- vii. If the passenger / crew do not fit criteria of PUI, officer in charge will discharge the passenger with home assessment tool and home surveillance. Officer in charge has to fax Home Surveillance Letter (Annex 8) to the nearest / responsible District Health Office for monitoring of the passenger / crew. The passenger / crew will be monitored for approximately 14 days (incubation period) or up until recovered fully from symptoms.
- viii. If the passenger / crew status is uncertain, officer in charge will refer to nearest screening hospital for further management.

D. Screening of Passenger / Cruise Ships / Conventional Ships from Wuhan, China or with Suspected PUI of 2019 - nCoV Pneumonia

- i. Assistant Environmental Health Officer (AEHO) receives information from Ship Captain or Shipping Agent on ship from China.
- ii. If the ship is from China or there is a suspected case, ship will be given quarantine status and to be anchored at the wharf.
- iii. Medical Officer / AEHO will go on board and verify the health status of passengers or crew from China from the Captain / Medical Officer on board. The team must also request for report of measures taken onboard, maritime declaration of health and other relevant documents.
- iv. Temperature screening of passengers and crew who disembark is carried out by the Medical Team. Passengers and crew with PUI of 2019 - nCoV Infection will be referred to the nearest health facility for management and investigations.
- v. All passengers and crew free of symptoms who disembarks will be given Health Alert Card (Annex 6).
- vi. AEHO will carry out inspection on sanitation on the ship.
- vii. Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the ship has good sanitary condition and as Ship Sanitation Control Certificate (SSCC) and Ship Sanitation Control Exemption Certificate (SSCEC) still valid.
- iv. Order of Ship Sanitation (OSS) will be issued to the Captain or Shipping Agent should there be unsatisfactory sanitary condition. Reinspection will be done by AEHO and Free Pratique and Port Health Clearance will be issued to the Captain or Shipping Agent if the Order of Ship Sanitation is complied.
- v. All cases of PUI 2019 - nCoV Infection are to be notified to the National and State CPRC and the nearest District Health Office.

E. Awareness to public, passengers, crew and health staff on 2019 - nCoV Infection

Increase awareness on 2019 - nCoV Infection prevention and control measures such as:

- i. Distribution of education materials such as pamphlets and posters to passengers, crew, airport workers.
- ii. Update information on social media – Website, Facebook (FB)

- iii. Distribution of Health Alert Card (HAC) to passengers and crews with history of visiting to China.
- iv. Providing talks and briefings about the disease, mode of transmission and prevention and control measures.
- v. To make health announcements and messages focused at public and tourist area, especially at international airports and seaports.
- vi. Continuous updating information and training including environmental cleaning and disinfection at PoE for all health staffs and ground handlers.

F. Collaboration with other Agencies/Ministries

- i. Ministry of Health (MoH) Malaysia collaborate with other relevant agencies such as The Immigration Department of Malaysia, Airport/Port/Ground crossing authorities and agencies, Airlines, Shipping companies, Ground handlers etc.
- ii. Dissemination of information regarding 2019 - nCoV Infection to personnel and clients going to / coming from the affected countries thus increasing their awareness and to prevent the spread of disease into Malaysia.
- iii. Immigration Department of Malaysia to assist in referring travellers from Wuhan at the international PoE to Health Personnel, Health screening area/Health Quarantine Centre for assessment.
- iv. All aircrafts / ships / vehicles are required to inform the health authorities at the points of entry if there are passengers from Wuhan showing signs and symptoms of 2019 - nCoV Infection.
- v. To obtain assistance and cooperation as and when needed from all agencies/stake holders in disease prevention and control activities.