

SUPPLEMENT E: PREVENTION OF INTERNATIONAL TRAVEL-RELATED RISK

North Carolina Department of Health and Human Services, Division of Public Health

I. Rationale

In the absence of control measures SARS can spread rapidly on a global scale through international travel. Were domestic transmission of SARS to become apparent, control measures for domestic travel would also need to be developed. Screening and evaluating passengers for SARS-like symptoms, educating them about SARS, and reporting illness in travelers can decrease the risk of travel-associated infections.

Because of the significant impact of travel on spread of communicable diseases such as SARS, legal authority exists at local, state, and federal levels to control movement of persons with certain communicable diseases within and between jurisdictions. The types of measures that might be used to modify the risk of travel-related SARS range from distribution of health alert notices and arrival screening to quarantine of new arrivals and restrictions or prohibitions of non-essential travel. Although the states have authority for movement restrictions within states, federal laws govern movement between states or across international borders. Thus airports and other ports of entry are sites of multiple overlapping jurisdictions where the interplay between various authorities must be clearly understood.

II. Goals

- Prevent the introduction and spread of SARS into North Carolina from SARS-affected areas.
- Prevent exportation of SARS from North Carolina if domestic transmission presents an increased risk of exportation.
- Prevent the transmission of SARS-CoV to passengers on a conveyance with a SARS patient, and evaluate and monitor other passengers to detect SARS-like illness and prevent further spread.

III. Concepts of the NC SARS International Travel-Related Plan

- North Carolina has a number of major ports that pose a risk of international travel-related disease transmission.
- Patients with SARS can transmit infection to other passengers on conveyances and should postpone travel until they are no longer infectious.
- Active follow-up of passengers on conveyances with SARS cases can help promptly identify infected passengers and prevent further spread.
- Transmission of SARS-CoV on conveyances can occur only if an undetected case boards. Therefore, the primary preventive strategy is to prevent symptomatic persons from traveling.

IV. Priority Activities

- Screen incoming travelers from SARS-affected areas, and provide guidance about monitoring their health and reporting illness.
- Provide guidance to outbound travelers about active SARS-affected areas and measures to reduce risk of acquiring SARS-CoV infection during travel.
- If SARS-CoV transmission in North Carolina presents an increased risk for exportation of SARS, then screen outbound travelers to prevent such exportation.
- Ensure the appropriate evaluation and management of SARS cases and potentially exposed passengers and crew members on conveyance.

V. Stakeholders

- United States Public Health Service/Atlanta Quarantine Station, Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine (DGMQ) has authority related to international travel in North Carolina.
- North Carolina Division of Public Health has the responsibility to protect health of North Carolina residents
- Local public health authorities have the duty to protect the health of their communities. Counties with international ports must anticipate and plan for control measures to protect the health of residents if SARS is suspected in an international traveler. Local public health authorities should be involved in developing protocols for the medical evaluation of international travelers, including EMS transport and clinical services at a medical center. This necessitates working with CDC DGMQ to provide accommodation for “home” isolation of patients who do not require hospitalization. The protocols should include memoranda of understanding (MOUs) between medical centers and CDC to establish guarantees of evaluation and treatment by the medical center, and reimbursement of all requested services by CDC.
- Medical Centers
- Emergency Medical Services
- Airports and Seaports
- Airlines and shipping companies with international journeys originating or ending in NC.

VI. NC Relationship with USPHS Atlanta Quarantine Station CDC Division of Global Migration and Quarantine

The major ports in North Carolina are:

- Charlotte-Douglas International Airport (Mecklenburg County)
 - Raleigh-Durham International Airport (Wake County)
 - Piedmont-Triad International Airport (Guilford County)
- and the seaports of :
- Port of Wilmington (New Hanover County)
 - Port of Morehead City (Carteret County)

Memoranda of Understandings between the following medical centers and CDC are on file in the Division of Public Health describing the relationship between nearby ports and the medical center:

- Wake Medical Center (Wake County)
- New Hanover Regional Medical Center (New Hanover County)
- Charlotte-Mecklenburg Hospital Authority (Mecklenburg County)
- J.A.Dosher Memorial Hospital (Brunswick County)
- North Carolina Baptist Hospital (Forsyth County)

These facilities are prepared to isolate, evaluate, and manage possible SARS patients.

Each of these ports is under the federal jurisdiction of the Atlanta Quarantine Station
Officer in Charge: (404) 639-1224 (v) (404) 639-1220 (f)

VII. SARS on Conveyances

Objective: Protect co-passengers and crew members from SARS-CoV infected passengers, and from transmission associated with passengers exposed to the index case.

Activities:

1. Management of a potential SARS patient on a conveyance
 - a. Isolate the potential SARS patient as completely as possible from other passengers and crew. The ill passenger should wear a surgical mask.

- b. Ensure that persons caring for the ill passenger follow infection control measures recommended for cases of SARS (see Supplement C).
 - c. If possible designate a separate toilet for the exclusive use of the ill passenger.
 - d. In the event of an ill passenger or crew with a potentially communicable disease, the captain radios the airport or land port at the destination so that health authorities are prepared to manage the patient. The tower or land port notifies airport emergency services which notifies local EMS.
2. Management on arrival
- a. Separate the ill passenger/crew from exposed, well co-passengers at the earliest moment both in transit and after arrival.
 - b. On arrival, the ill passenger/crew should be placed in isolation and assessed by local EMS.
 - c. EMS will transport to designated facility per memorandum of understanding.
 - d. Airport authority will notify local public health authority.
 - e. Other passengers should be assessed for illness and types of exposures to the ill passenger/crew and other potential SARS exposures.
 - f. Traveling companions of ill passenger/crew
 - i. Local public health authority should immediately inquire about the health status of traveling companions
 - ii. If traveling companions are symptomatic, they should be medically evaluated and not be allowed to continue travel on commercial craft
3. Management of passengers and crew on the same conveyance
- a. Locating Information - Collect locating information for all passengers and crew. This information should be obtained directly from the passengers, if possible. If a potential SARS case on a conveyance is not detected until after arrival, this information can be obtained from:
 - i. Passenger manifests
 - ii. Staff lists
 - iii. Customs forms

Local public health authorities should work with port authorities and commercial carriers to obtain this information.
 - b. Monitoring - All passengers on board should be informed about SARS and advised to seek medical attention if symptoms develop within 10 days of the flight. Close contacts of the case need particular attention.
 - c. Quarantine - In some circumstances (e.g., if the ill passenger/crew had contact with a laboratory-confirmed SARS case and had significant respiratory symptoms during a prolonged flight), temporary detention of the plane or ship and arrangement for monitoring and quarantine of all passengers and crew may be warranted. Home quarantine may be used for persons who live in the port of arrival, whereas quarantine in a designated facility should be arranged for the others. Local public health authorities should work with the county emergency management team to identify a facility for travelers who cannot be quarantined at home.