The Tenth Protocol: Guidelines for International and Local Travellers"9":

Introduction:
The World Health Organization (WHO) recommends a comprehensive approach to supporting and managing travelers before departure and on arrival, which includes a combination of measures for consideration before departure as well as on arrival destination.

This guideline is customized from the *"WHO guideline on public Health Considerations while resuming international travel"* which was published on July 30th, 2020.
It outlines key considerations for South Sudan's national health authorities when implementing the gradual return of local and international travel operations.

Factors to be considered when resuming travel:

The priority for gradual resumption of travel is given to:
a. Emergencies.
b. Humanitarian actions.
c. Travel of essential personnel such as health providers and diplomatic officers.
d. Repatriation.
e. Persons at risk including the elderly and the people with chronic underlying health conditions should avoid travelling to areas with community transmission.
f. Cargo transport should also be prioritized for essential medical, food and energy supplies.

Epidemiological situation and transmission patterns at origin and destination countries:

COVID-19 epidemiological situation varies among countries, hence; international travel carries different levels of risk of exportation/importation of SARS-CoV-2 virus, depending on the passenger's country of departure and country of arrival.
The epidemiological situation of COVID-19 in each country is available through WHO Situation Reports, which follow the transmission scenarios defined in the Interim Guidance of WHO Global surveillance for COVID-19 caused by human infection with COVID-19 virus published on March 20, 2020 in which the following four scenarios are considered:

• No cases: Countries / territories / areas with any reported cases.
• Sporadic cases: Countries/territories/areas with one or more cases, imported or locally detected.
• Clusters: Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures
• Community transmission: Countries/territories/areas experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to:
o Large numbers of cases not linkable to transmission chains
o Large numbers of cases from sentinel laboratory surveillance
o Multiple unrelated clusters in several areas of the country/territory/area.

Coordination and planning:

The transport sector is central to travel operations, but the involvement of other sectors such as trade, agriculture, tourism and security are essential to capture all the operational aspects associated with the gradual resumption of international travels.

Surveillance and case management capacity:

Active epidemiological surveillance for case detection, case isolation, contact identification and contact follow-up are central to the effective management of the COVID-19 pandemic. Persons who are suspect or confirmed to have COVID-19 and contacts of confirmed cases should not be allowed to travel.

International contact tracing:

When a cluster or chain of transmission involves several countries, international contact tracing can be done in a coordinated and collaborative manner through rapid information sharing via the international network of National "WHO International Health Regulations (IHR)" IHR Focal Points (NFPs).

The NFPs should be accessible at all times and can receive direct support from the regional WHO International Health Regulations (IHR) Contact Points.

Risk communication and community engagement:

It is essential to proactively communicate to the public through traditional media, social media and other channels about the rationale for gradually resuming international travels, the potential risk of travel and the measures required to ensure safe travel for all, including regular updates on changes in international travel to disseminate information and provide advice tailored to subnational level situations.
This is essential to build trust in travel advice, increase compliance with health advice and prevent the spread of rumors and false information.

Required Capacity at Points of Entry:

We should strengthen our capacity at Juba International Airport and other Points of Entry (PoE) for the COVID-19 response, especially:
a. Entry/exit screening
b. Early detection through active case finding
c. Isolation and testing of ill passengers
d. Supply of personal protective equipment (PPEs) at PoE
e. Cleaning and disinfection
f. Case management
g. Identification of contacts for contact-tracing;
h. Physical distancing and mandatory wearing of masks;

i. Sharing of emergency phone numbers; and

j. Risk communication and education on responsible travel behavior.

k. Adapted procedures for handling baggage, cargo, containers, conveyances, goods and postal parcels should be available and clearly communicated.

General advice for travelers:

a. Adequate personal and hand hygiene,

b. Proper respiratory etiquette,

c. Maintaining physical distance of at least one meter from others

d. Use of a mask as appropriate.

e. Sick travelers and persons at risk, including elderly travelers and people with serious chronic diseases or underlying health conditions, should, where possible, postpone travellingto and from areas with community transmission.

Laboratory testing and Certification at Points of Entry and Quarantine requirements:

a. Molecular testing for SARS-CoV-2 within 96 hours of sampling prior to arrival is the current requirement for entry into South Sudan. A hard copy of the PCR result is required from a recognized laboratory.

b. International passengers can either quarantine for 10 days OR be tested on the 7th full day of quarantine from arrival at their cost. Those who test negative with a recommended RT-PCR after day 7 can be discharged from their self- isolation and allowed to continue their local journey within the country without any further restriction. Those choosing not to be tested on or after day 7 may exit quarantine on day 10. Any person exhibiting symptoms at any point in the quarantine period will need to be tested and may not leave before day 10. (N.B. the day of arrival in South Sudan is day zero)

c. International travelers should self-monitor for the potential onset of symptoms on arrival, report symptoms and travel history to local health facilities and follow the national protocols.

Public – Private Partnership on COVID-19:

a. The current capacity of our public health laboratory (PHL) may not meet the increasing demand of the international travelers.

b. Competent private hospitals and clinics have been encouraged to run molecular testing using recommended RT –PCR provided that these private laboratories are working in tandem with the PHL and they have a clear chain ofcommunicating secured data. These private laboratories provide a paid service for travelers requiring PCR certificates to travel. Please see Ministry of Health announcements for the latest list of authorized laboratories.

## Guidelines and Surveillance for Local Travelers:

20 MAR 2021

Antigen-detection rapid diagnostic tests (Ag-RDTs) should be used to screen symptomatic local travelerswhether using air, river, or land routes as part of community-based surveillance.

The sensitivity (ability to accurately detect those with disease) and specificity (ability to accurately detect those without disease)of WHO-approved Ag-RDTs are >80% and >97%, respectively. Guidance on interpretation of results and recommendations on confirmatory testing is outlined in the Ag-RDT algorithm in the Ag-RDT SOP.

Ag-RDTs that have received WHO Emergency Use Listing (EUL) for detection of SARS-CoV-2 viral antigens will be used when available.
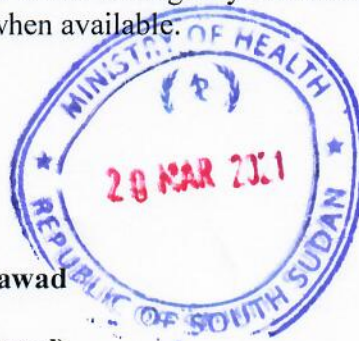
Prof. Frederick Khamis Tawad
Chairman,
MAP (Medical Advisory Panel)
National COVID-19 Response – South Sudan