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PREPAREDNESS AND ACTION AT POINTS OF ENTRY
(PORTS, AIRPORTS, GROUND CROSSINGS)



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Preliminary advice for preparedness and response to cases of COVID-19 at ground crossings (buses and bus stations) in the European Union (EU)/ European Economic Area (EEA) Member States (MS)¹

Version 1

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Introduction

This interim advice was prepared after a request from the European Commission's Directorate-General for Health and Food Safety (DG SANTE). An ad-hoc working group was established with members from the EU HEALTHY GATEWAYS joint action consortium. Names and affiliations of the working group members who prepared this document are listed at the end of the document.

The following advice was produced considering current evidence, the temporary recommendations from the World Health Organization (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>) and the technical reports of the European Centre for Disease Prevention and Control (ECDC) (<https://www.ecdc.europa.eu/en/coronavirus/guidance-and-technical-reports>) about COVID-19 (as of 3 March 2020).

1. Strengthening measures for detection of acute respiratory infection due to COVID-19

EU MS are advised to establish communication links with international bus operators (including intra-EU) at national, regional and local level. EU MS are further advised to inform bus operators with international travel itineraries (particularly itineraries arriving, departing or passing through areas with presumed community transmission)² of the competent authority to contact and inform when identifying a traveller on board the bus who fulfils the criteria of a suspect case of novel Coronavirus 2019 (COVID-19).

According to ECDC, the [definition](#) of a suspect case requiring diagnostic testing is as follows: Patients with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) requiring hospitalisation or not, AND who in the 14 days prior to onset of symptoms have met at least one of the following epidemiological criteria: close contact with a confirmed or probable case of COVID-19 infection OR having stayed in areas with presumed community transmission.

According to ECDC, close contacts are⁽¹⁾:

- A person living in the same household as a COVID-19 case
- A person having had direct physical contact with a COVID-19 case (e.g. shaking hands)
- A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)
- A person having had face-to-face contact with a COVID-19 case within 2 metres and > 15 minutes
- A person who was in a closed environment (e.g. classroom, meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 metres
- A healthcare worker (HCW) or other person providing direct care for a COVID-19 case, or laboratory workers handling specimens from a COVID-19 case without recommended personal protective equipment (PPE) or with a possible breach of PPE
- A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts)

One crew member on board the bus should be trained to recognise the symptoms of COVID-19 and to inform the competent authority at the terminal station or at the disembarkation station of the ill traveller, about the presence of a suspect case on board the bus, as described in paragraph 3.

² Affected areas are defined by WHO in the latest statement of the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19 published in: <https://www.who.int/>.

Other strategies could be applied at international bus stations to avoid crowding of travellers (e.g. encouraging internet booking by travellers).

2. Information strategies for prevention of acute respiratory infections at the point of entry

2.1 Health information to travellers arriving from or departing to affected areas

Information campaigns to raise awareness among passengers regarding symptoms and hygiene practices should include travellers in international bus stations (including intra-EU). Informative materials (leaflets, banners, posters, electronic slides, public announcements etc.) can be prepared and distributed to travellers arriving from or departing to affected areas.

The materials should include information about symptoms, personal protective measures (hand hygiene, respiratory etiquette, disposal of dirty tissues, use of medical masks etc.) and social distancing measures.

Also included in the informative material should be advice for:

- promptly seeking medical advice if relevant symptoms develop within 14 days after visiting affected area and inform the health care provider about their history of travel to affected areas;
- who to contact for medical advice (e.g. which telephone number to call);
- avoid close contact with live or dead farm or wild animals when visiting affected areas;
- special considerations for persons vulnerable to ARI complications³.

WHO advises the following for the general public:

- frequently clean hands by using soap and water or an alcohol-based hand rub;
- when coughing and sneezing cover mouth and nose with a tissue or a flexed elbow – throw tissue away immediately and wash hands;
- avoid close contact with anyone who has fever and cough;
- seek medical care if persons develop fever, cough and difficulty breathing and share previous travel history with the health care provider⁽¹⁾.

WHO infographics are available at the following link: <https://www.who.int/health-topics/Coronavirus>

The ECDC brochure providing advice for travellers is available at the following link: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

³ Preliminary information suggests that older adults and people with underlying health conditions may be at increased risk for severe disease from COVID-19: <https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>

3. Education and raising awareness of personnel on board buses and at the stations

3.1 Raising awareness for detection of cases on board of buses

International bus operators should be informed and updated about the outbreak of COVID-19. Moreover, bus operators should provide training and guidance to their personnel for recognition of the signs and symptoms of acute respiratory infection (ARI): fever and sudden onset of respiratory infection with one or more of the following symptoms: shortness of breath or cough.

Personnel should be trained on the procedures to be followed when a traveller on board a bus displays signs and symptoms indicative of ARI, for providing assistance and on the proper selection and use of PPE^(1, 2).

One personnel member on each bus should be responsible to recognise symptoms, to provide assistance according to the procedures described in paragraph 4 and to inform the competent authority at the disembarkation station of the ill passenger.

Information about symptoms, prevention measures and what to do when symptomatic should be displayed at major station hubs receiving international (including intra-EU) buses.

3.2 Personal hygiene measures

Bus operators should provide training and guidance to their personnel to reduce the general risk of ARI⁽²⁾:

- Avoidance of close contact (see paragraph 1) with people suffering from ARI
- Hand washing technique (use of soap and water, rubbing hands for at least 20 seconds etc.)
- When hand washing is essential (e.g. after assisting an ill traveller or after contact with their environment)
- When hand rubbing can be applied instead of hand washing and how this can be done
- Respiratory etiquette during coughing and sneezing with disposable tissues or clothing
- Appropriate waste disposal
- Use of respirators and medical masks (FFP2/FFP3 respirators, if available, for staff taking care of the suspect case and medical masks to be used – if tolerated – by the suspect case). If respirators are not available, the use of medical masks is recommended. When this type of PPE is used, the limitations and risks connected to its use should be assessed on a case-by-case basis.

4. Management of a suspect case on board

4.1. Supplies and equipment

Adequate supplies of PPE should be carried on board the bus including:

- Medical masks and respirators (FFP2/FFP3)
- Gloves

- Supplies for hand hygiene (e.g. soap and alcohol-based solution for hand rub with at least 60% ethanol)
- Tissues
- Biohazard bag or securable plastic bags for safe disposal of infectious waste

4.2. Separation

The standard procedures of the bus operator should be followed for travellers presenting respiratory symptoms.

Based on current evidence about COVID-19 and advice for the management of a suspect case on other means of transport (e.g. aircraft)⁽³⁾, it is advised if a traveller develops symptoms of ARI, efforts should be made to minimize contact between passengers and personnel with the ill person. If possible, the ill traveller should be separated from others (2 meters or 6 feet is ideal).

Use of a medical mask is recommended, if available and can be tolerated by the ill traveller. If a medical mask is not available or cannot be tolerated, the ill traveller should be asked to cover their mouth and nose with tissues when coughing or sneezing. Ill travellers should also be provided biohazard bags/secured plastic bags for safe disposal of infectious waste (e.g. used medical masks and tissues).

4.3. Reporting of a suspect case and disembarkation

The bus operator should inform the competent authority at the station of arrival about any suspect case of COVID-19 identified on board the bus.

Disembarkation and transport to a health care facility of an ill traveller will be decided on a case-by-case basis. It is advised that the ill traveller should wear a medical mask and wait at the station at a temporary isolation space until being transferred to a health care facility. If such a place is not available, then the ill traveller should wait at a place in the station separated from others (2 meters). This will be decided by the competent authority based on a risk assessment and available capacities.

5. Cleaning, disinfection and waste management

Environmental persistence of SARS-CoV-2 is currently unknown. SARS-CoV may survive in the environment for several days. MERS-CoV may survive >48 hours at 20°C, 40% relative humidity comparable to an indoor environment, on plastic and metal surfaces^(4, 5).

If a confirmed case of COVID-19 has travelled on board the bus, the bus should be cleaned and disinfected in accordance with the interim guidance for environmental cleaning in non-healthcare facilities exposed to SARS-CoV-2, that can be found at: <https://www.ecdc.europa.eu/en/publications-data/interim-guidance-environmental-cleaning-non-healthcare-facilities-exposed-2019>

Infectious waste (e.g. used medical masks and tissues) should be placed in biohazard bags and be disposed of safely as infectious waste according to the countries' rules for infectious waste management.



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Working group members

Barbara Mouchtouri¹, Janusz Janiec², Brigita Kairiene³, Martin Dirksen-Fischer⁴, Savina Stoitsova² Pasi Penttinen⁵, Orlando Cenciarelli⁵ and Christos Hadjichristodoulou¹

1. Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly, Larissa, Greece
2. National Institute of Public Health – National Institute of Hygiene, Warsaw, Poland
3. National Public Health Centre, Klaipeda, Vilnius, Lithuania
4. Institute for Hygiene and Environment of the Hamburg State Department for Health and Consumer Protection, Hamburg, Germany
5. European Centre for Disease Prevention and Control, Stockholm, Sweden

For any questions or support related to the points of entry, please email info@healthygateways.eu

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