

CONSIDERATIONS ON SOCIAL DISTANCING AND TRAVEL-RELATED MEASURES IN THE CONTEXT OF THE RESPONSE TO COVID-19 PANDEMIC

3 April 2020

Note redacted on 27 April 2020: This document was shared with the PAHO/WHO Country Offices in the Region of the Americas on 3 April 2020. Due to the editing and formatting process, omissions were detected and have now been amended (see text in red on pages 3, 4 and 14).

1 | CONTEXT

Non-pharmaceutical measures include personal protective measures, environmental measures, social distancing measures, and travel-related measures. These considerations elaborate upon the implementation of social distancing measures and travel related measures (hereafter referred to as “measures”) outlined in the WHO interim guidance documents *Critical preparedness, readiness and response actions for COVID-19*,¹ *Responding to community spread of COVID-19*,² and takes in to account the WHO document *Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza*.³ At the time of this writing, countries and territories in the Region of the Americas are broadly experiencing the same transmission scenario.⁴

The considerations offered are subject to revision as the pandemic evolves and more information becomes available.

2 | DEFINITIONS

<i>Public health measures</i> ⁵	Actions or measures taken by individuals, institutions, communities, local or national governments, or international bodies to reduce the spread of COVID-19
<i>Social distancing</i> ⁶	Measures applied specific to social settings, or to the society in its entirety, to reduce the risk of acquiring or spreading COVID-19

¹ Critical preparedness, readiness and response actions for COVID-19, WHO, 22 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272587/retrieve> [Accessed on 30 March 2020]

² Responding to community spread of COVID-19, WHO, 7 March 2020, <https://apps.who.int/iris/rest/bitstreams/1271989/retrieve> [Accessed on 30 March 2020]

³ Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 2019, <https://apps.who.int/iris/bitstream/handle/10665/329438/9789241516839-eng.pdf?ua=1> [Accessed on 30 March 2020]

⁴ **Transmission scenarios** as described in ¹: <https://apps.who.int/iris/rest/bitstreams/1271993/retrieve> [Accessed on 30 March 2020]: **1.** Countries with no cases (**No Cases**); **2.** Countries with 1 or more cases, imported or locally detected (**Sporadic Cases**); **3.** Countries experiencing cases clusters in time, geographic location, or common exposure (**Clusters of cases**); **4.** Countries experiencing larger outbreaks of local transmission (**Community transmission**)

⁵ Internal WHO working definition

⁶ Internal WHO working definition

<i>Isolation of persons</i> ⁷	Separation of ill or contaminated persons from others in such a manner as to prevent the spread of infection or contamination
<i>Quarantine of persons</i> ⁷	Restriction of activities and/or separation from others of persons who are not ill in such a manner as to prevent the possible spread of infection or contamination

3 | PRINCIPLES

WHY should social distancing and travel related measures be taken? To slow transmission and flatten the epidemic curve, thus:

- Easing the stress on health services, possibly allowing them to operate without exceeding their maximum surge capacity, avoiding their collapse, and ultimately saving lives;
- Allowing to buy time for specific pharmaceutical measures, currently the object of research and development, to become available.

WHAT social distancing and travel related measures should be considered? Some of the measures described concern a small proportion of individuals, while others the population as whole. These two sets of measures are not mutually exclusive. Different combinations of measures are possible, each with its inherent societal trade-offs and collateral implications. Hence, no combination is expected to lead to win-win outcomes. The degrees of feasibility and acceptability of any given measure, or different combinations of them, will vary across countries, also depending on the stage of spread of COVID-19.

WHEN should social distancing and travel related measures be implemented, modified (including re-instating), discontinued? Measures, adopted individually or in combination depending on the context, should be implemented as soon as possible after the determination of the transmission scenario. From the experience in countries, in WHO Regions other than the Americas, having experienced different transmission scenarios since the beginning of the pandemic, it seems prudent to plan for the implementation of measures for, at least, two to three months. The discontinuation of the measures should follow a graded approach and be commensurate with the local risk situation. The modification of the measures should be informed by the monitoring of the evolution of the pandemic, the access to safe and effective treatment/s – in case this/these become/s available in the meantime –, and, in particular, by the level of saturation of health services. Cautiously interpreted country-

⁷ International Health Regulations (2005), Third Edition, WHO, 2016, <http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf?ua=1> [Accessed on 30 March 2020]

specific *ad hoc* modelling could assist in the decision-making process related to the implementation and discontinuation of measures.

WHERE social distancing and travel related measures be implemented?

Recognizing that, especially in large countries, different transmission scenarios might be simultaneously present in noncontiguous geographical areas; and that the communication to the public may pose challenges, at this junction, the implementation of measures across the whole country’s territory should be driven by the scenario corresponding to the highest intensity of transmission. A differentiated, or staggered approach applying to the sub-national level could be considered in large and/or federated countries.⁸

Well circumscribed areas experiencing transmission scenarios presenting significant challenges for the overall response efforts might require the establishment of a cordon sanitaire, involving the deployment of security forces.

HOW to facilitate community acceptance of, and compliance with social distancing and travel related measures?

- Adoption of a whole-government approach;
 - Consensus across administrative levels about the approach. This is particularly critical in decentralized or federal countries;
 - Adequacy of legal framework;
 - Provision of financial protection;
 - Provision of fiscal protection;
 - Existence of logistics to ensure the delivery of essential and humanitarian services, supplies, and aid (e.g., food supplies and their distribution, public services, security, access to health services when needed, and existence of national and international transportation arrangements to cater for the above);
 - Continuous communication to the population emphasizing the reasons for implementing and/or modifying the measures, their expected outcome, their estimated impact on transmission as the epidemic evolves, practical and administrative instructions related to the implementation of the measures, sanctioning regime in place for non-compliance, if applicable.
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⁸ The same package of measures should be implemented also to facilitate communication with the community. Argentina, Brazil, **Canada**, Chile, Colombia, Mexico, Peru, **United States** are considered large countries for the purpose of this document

4 | ACTIONS

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
Early detection of cases¹⁰	Substantial human resources and laboratory resources (e.g., supplies for both sample collection [swabs] and processing [PCR enzymes]) are required. ¹¹ Action may become unsustainable with large number of cases and change of sampling strategy might be warranted.	X	X	X	(X)
Case isolation¹²	Individuals with mild symptoms to self-isolate at home; their contact with health care facilities and health care providers discouraged; ad hoc telephone lines established;		X	X	X

⁹ Considerations in the investigation of cases and clusters of COVID-19, WHO, 13 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272160/retrieve> [Accessed on 30 March 2020]

¹⁰ Global Surveillance for human infection with coronavirus disease (COVID-19), WHO, 20 March 2020, <https://apps.who.int/iris/bitstream/handle/10665/331506/WHO-2019-nCoV-SurveillanceGuidance-2020.6-eng.pdf> [Accessed on 30 March 2020]

- Suspect case:** A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; OR
- B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset; OR
- C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.
- Probable case:** A. A suspect case for whom testing for the COVID-19 virus is inconclusive. OR
- B. A suspect case for whom testing could not be performed for any reason.
- Confirmed case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

¹¹ Laboratory testing strategy recommendations for COVID-19, WHO, 22 March 2020, https://apps.who.int/iris/bitstream/handle/10665/331509/WHO-COVID-19-lab_testing-2020.1-eng.pdf [Accessed on 30 March 2020]

¹² Operational considerations for case management of COVID-19 in health facility and community, WHO, 19 March 2020, https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf?sequence=1&isAllowed=y [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p>and instructions about when and how seeking hospitalization provided.¹³</p> <p>Individual with severe symptoms to be isolated in dedicated units, dedicated existing health care facilities, surge health care facilities; cohorting patients, including in Intensive Care Units, to be considered when large number of cases need treatment.^{14, 15}</p> <p>The movement of individuals subject to isolation should be restricted, including travel within and outside the country where they are isolated.</p>				

¹³ Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts, WHO, 17 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272288/retrieve> [Accessed on 30 March 2020]

¹⁴ Clinical management of severe acute respiratory infection when COVID-19 is suspected, WHO, 13 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272156/retrieve> [Accessed on 30 March 2020]

¹⁵ Severe Acute Respiratory Infections Treatment Centre, WHO, March 2020, <https://apps.who.int/iris/rest/bitstreams/1273270/retrieve> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
Contact identification^{16, 17} and quarantine¹⁸	<p>Substantial human resources and laboratory resources are required.</p> <p>Action may become unsustainable with large number of cases.* (See also Action: Home confinement)</p> <p>The quarantine period is 14 days.</p> <p>Contacts to be instructed on conduct to be adopted while self-quarantined at home.</p> <p>When self-quarantine at home is not possible (e.g., non-residents, social reasons), quarantine in ad hoc, pre-identified facilities, to be considered.</p>		X	X	(X)*

¹⁶ Global Surveillance for human infection with coronavirus disease (COVID-19), WHO, 20 March 2020, <https://apps.who.int/iris/bitstream/handle/10665/331506/WHO-2019-nCoV-SurveillanceGuidance-2020.6-eng.pdf> [Accessed on 30 March 2020].

A **contact** is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
4. Other situations as indicated by local risk assessments.

¹⁷ Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts, WHO, 17 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272288/retrieve> [Accessed on 30 March 2020]

¹⁸ Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), WHO, 19 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272428/retrieve> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	The movement of individuals subject to quarantine should be restricted, including travel within and outside the country where they are quarantined.				
Limitation of crowding	<p>Suspension of recurrent (e.g., daily, weekly) planned local events of religious, sport, entertainment, cultural, judicial, or political nature.</p> <p>Discouraging/prohibiting social gathering in restaurants, bars, weddings, funerals,¹⁹ private properties (e.g., family celebrations).</p> <p>Depending on the local context, the absolute number of persons defining a social gathering may vary. Therefore, it is critical to communicate that the venue where a social gathering takes place should allow for maintaining a distance of at least one meter between the participants.</p>			X	X
Cancellation of mass gathering²⁰	Cancellation of planned major gathering of religious, sport, entertainment, cultural, scientific, administrative (e.g., public administration tests), or political nature involving both, national and international participants. The cancellation of planned gatherings may entail substantial financial implication for both, organizers and participants.			X	X

¹⁹ Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, WHO, 24 March 2020, https://apps.who.int/iris/bitstream/handle/10665/331538/WHO-COVID-19-IPC_DBMgmt-2020.1-eng.pdf [Accessed on 30 March 2020]

²⁰ Q&A on Mass Gatherings and COVID-19, WHO, 11 March 2020 <https://www.who.int/news-room/q-a-detail/q-a-on-mass-gatherings-and-covid-19> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	Avoidance or dispersion of spontaneous public gathering that may occur in reaction to specific events of different nature (e.g., cancellation of elections, lack of access to food supplies, lack of access to financial aid, death of prominent member of a community). Controlling spontaneous gatherings may require the mobilization of security forces.				
Educational facilities closure²¹	<p>Measures related to the suspension of face-to-face educational activities and closure of workplaces need to be considered hand in hand.</p> <p>The suspension of face-to-face educational activities, especially for younger children (e.g., kindergarten, primary schools), if not coupled with a carefully thought out policy to allow caregivers to look after the children, may cause a depletion of the workforce, including the health workforce.</p> <p>The suspension of face-to-face academic activities may trigger students to travel to their hometowns. Therefore, arrangements should be considered to prevent students from travelling and/or for travelling to take place in an orderly manner to minimize opportunities for exposure.</p>			X	X

²¹ Key Messages and Actions for COVID-19 Prevention and Control in Schools; IFRC, UNICEF, WHO; 2020, https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4 [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p>Teleteaching should be encouraged or arrangements to institute teleteaching explored.</p>				
Workplace closures²²	<p>Maintaining the operations of domestic food production and distribution industry, as well as of other essential products and services to support response interventions and for the sustenance of communities represent a priority.</p> <p>The availability of Personal Protective Equipment for essential workers may represent a challenge.</p> <p>The deployment of security forces may be required to ensure operations of essential manufacturers and essential transportation.</p> <p>Financial protection for workers and fiscal protection for enterprises needed to assure compliance with measures and mitigate financial duress.</p> <p>Teleworking should be encouraged or arrangements to institute teleworking explored.</p>			X	X

²² Getting your workplace ready for COVID-19, WHO, 19 March 2020, <https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
Business closures²³	<p>Food retailers (e.g., supermarkets) should continue operating with crowd control measures implemented (e.g., limited number of customers admitted to the premises at any given time, maintaining distance among customers waiting to access the premises and checking out).</p> <p>Constant food supplies need to be guaranteed, through secure transportation corridors, and rationing when needed.</p> <p>Instructions should be given to task one individual per household (the youngest adult) with purchasing food, and to establish dedicated hours for the elderly to do their shopping be considered.</p> <p>Markets' operations should be limited to food retailers, with crowd control measures implemented and hours of operations limited.</p> <p>Pharmacies should continue operating with crowd control measures implemented. Consideration should be given to establishing more agile mechanisms for the delivery of prescription drugs.</p>			X	X

²³ Getting your workplace ready for COVID-19, WHO, 19 March 2020, <https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p>Banking and postal services should be maintained with limited hours of operations and crowd control measures in place.</p> <p>The partial (e.g., limited hours of operations) or complete closure of retailers, restaurants, bars, etc., demands the provision of financial protection to workers and the fiscal protection to business owners. Authorizing restaurants to operate on a home-delivery basis should be considered and instructions provided to maintain one-meter distance at delivery. Should limited hours of operations be considered an option, the above described crowd control measures should be implemented in order to maintain at least one-meter distance among customers.</p> <p>Where and when possible, online shopping should be encouraged.</p> <p>Complete closure of gymnasiums, clubs, hairdresser and beauty salon salons. This demands the provision of financial protection to workers and the fiscal protection to business owners.</p> <p>Based on evidence currently available, pets do not appear to constitute a driver of transmission. Therefore, besides</p>				

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	measures applied to businesses, the application of specific measures to veterinary clinics as such is not warranted.				
Home confinement	<p>Home confinement may apply to selected segments of the population (e.g. elderly) or to the population in its entirety.</p> <p>In certain contexts, the application of legal, administrative, and sanctioning tools may be required to enforce home confinement, and the deployment of security forces may be needed.</p> <p>Individuals at highest risks for a fatal outcome in case of infection (e.g., elderly, individuals with chronic diseases, etc.) to be instructed to stay home. Arrangements for home delivery of essential supplies may be necessary for individuals at highest risk.</p> <p>Movements of individuals only allowed within a limited radius/pre-determined administrative boundary and limited to health care seeking purposes and subsistence-related tasks (e.g., purchasing food, going to work).</p> <p>The establishment of a curfew could be considered.</p>			X	X
Public transport restrictions	Reduction of the hours of operations and frequency of service of local, medium-/long-distance domestic transportation.			X	X

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p>On a risk assessment driven manner (e.g., countries experiencing different transmission scenarios in their territory), the suppression of connections within the country, and the institution of checks at bus stations, train stations, ferry stations, airports, as well as of roadblocks, should be considered. Such interventions may require the mobilization of security forces.</p> <p>Crowd control measures to be considered, at stations/stops and within means of transport (e.g., buses, train carriages, ferries).</p> <p>Increased frequency of cleaning and disinfection of conveyances to be ensured.</p>				
Specific closed settings	<p>The interface between the community and closed settings hosting vulnerable individuals, such as nursing homes, long-term care facilities,²⁴ shelters for homeless, prisons,²⁵ warrants the adoption of dedicated and strict measures, including driven by tailored sampling strategies, aiming at protecting guests and the workforce.</p>	X	X	X	X

²⁴ IPC guidance for long-term care facilities in the context of COVID-19, WHO, 21 March 2020, https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf [Accessed on 30 March 2020]

²⁵ Preparedness, prevention and control of COVID-19 in prisons and other places of detention, WHO/EURO, March 2020, http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1 [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
International traffic restrictions	<p>Individuals subject to any form of isolation and quarantine should be prevented from undertaking any international travel.</p> <p>Increased cleaning and disinfection of conveyances to be ensured.</p> <p>While fulfilling “home porting” obligations, given the role of cruise in amplifying and disseminating COVID-19 observed since the beginning of the pandemic, as well as the challenges in assisting affected vessels, closure of ports to cruise ships should be considered.²⁶</p> <p><u>If home confinement measures are in place</u>, entry to be allowed if strictly necessary (e.g., repatriation to/from the country, humanitarian aid, traffic of essential supplies, including response related, national security) and, for the same reasons, airports, ports, and ground crossings should remain operational. Travelers and crew arriving in the country for the above-mentioned reasons should be subject to ad hoc arrangements.</p>	X	X	X	X

²⁶ Operational considerations for managing COVID-19 cases/outbreak on board ships, WHO, 25 March 2020, <https://apps.who.int/iris/rest/bitstreams/1273113/retrieve> [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p><u>If no home confinement measures are in place,</u> individuals at highest risks for a fatal outcome in case of infection (e.g., elderly, individuals with chronic diseases, etc.), as well as individuals with symptoms compatible with COVID-19 to be discouraged from undertaking any travel.</p> <p>For incoming travelers, disembarking, immigration, and customs procedures, as well as any entry health screening,²⁷ should be carried out with the implementation of crowd control measures (e.g., maintaining persons in line at one-meter distance).</p> <p>Regardless of whether, after arrival, a 14 days quarantine is implemented – either on a voluntary or enforced basis – , travelers should be provided with instructions on what to do and whom to contact in case symptoms compatible with COVID-19 present.</p> <p>On a risk assessment driven manner, based on transmission scenarios experienced by the country itself, as well as by countries across the globe, adapted measures for travelers proceeding from different countries should be considered – from denying entry, to enforced quarantine, to voluntary quarantine.</p>				

²⁷ Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak, WHO, 19 March 2020, <https://apps.who.int/iris/bitstream/handle/10665/331512/WHO-2019-nCoV-POEmgmt-2020.2-eng.pdf>, [Accessed on 30 March 2020]

Action	Specific implications/issues to be anticipated	Transmission scenarios			
		No cases	Sporadic cases	Cluster of cases ⁹	Community transmission
	<p>The application of quarantine measures to incoming travelers may pose financial and/or logistic challenges to the country of destination, and arrangements should be defined and communicate in the public domain in order to inform travelers’ decision, prior to departure, about whether undertaking the travel.</p> <p>For departing travelers, at airports,²⁸ check in, migration, and boarding procedures, as well as any exit health screening – aiming at detecting sick individuals and at preventing them from travelling – should be carried out with the implementation of crowd control measures (e.g., avoiding the forming of crowded lines).</p> <p>At ground crossings, any exit screening aiming at detecting sick travelers requires a coordinated approach among bordering countries concerned.</p>				

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²⁸ Operational considerations for managing COVID-19 cases/ outbreak in aviation, WHO, 18 March 2020 <https://apps.who.int/iris/bitstream/handle/10665/331488/WHO-2019-nCoV-Aviation-2020.1-eng.pdf> [Accessed on 30 March 2020]