

Monitoring travelers' health during the COVID-19 pandemic in Rhode Island

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Field

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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

CATEGORY: **Partnership and Innovation**

Without systems in place to monitor travelers during the pandemic, Rhode Island Department of Health (RIDOH) utilized funds to create travel campaigns and to automate routine reporting and outreach to travelers. They also initiated a traveler health team to work closely with the quarantine station and ensure resources were devoted to this critical monitoring.

The “What”

Under the direction of the Centers for Disease Control and Prevention (CDC), each jurisdiction is responsible for enforcing isolation and quarantine within their borders, reporting infectious travelers to the local quarantine station, and conducting public health follow-up and outreach upon receipt of reports of sick travelers from the quarantine station. Prior to the COVID-19 pandemic, Rhode Island Department of Health (RIDOH) did not have systems in place to surveil and respond to large volumes of travelers at risk of spreading an infectious disease. Epidemiology and Laboratory Capacity (ELC) funds were utilized to stand up holiday travel campaigns, dedicate human resources to respond to routine and urgent travel matters, and customize Rhode Island's COVID-19 system to support the automation of routine reporting and outreach.



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From June 2020 to October 2022, RIDOH reported **130 infectious individuals** who were at risk of traveling while infectious. Of the reported individuals, **74 were placed on the Do Not Board and Look Out lists** to prevent commercial air travel.

and support travel-related communication campaigns and testing operations. From November 2021 to October 2022, RIDOH conducted outreach through RI's COVID-19 system and provided CDC guidance to 50,689 returning international travelers who had visited a high-risk country in the previous 14 days. Additionally, RI's COVID-19 system was enhanced to increase the efficiency of reporting infectious air and cruise travel to BOS PHS for contact investigations, which allowed RIDOH's Traveler Health Team to report 1,479 infectious travelers to the BOS PHS.

RIDOH also collaborated with BOS PHS while federal isolation and quarantine were authorized for COVID-19 to prevent individuals from traveling on commercial airlines while infectious. From June 2020 to October 2022, RIDOH reported 130 infectious individuals to BOS PHS who were at risk of traveling while infectious. Of the reported individuals, 74 were placed on the Do Not Board and Look Out lists to prevent commercial air travel. RIDOH was also able to stand up communication campaigns, and the 2022 holiday travel campaign garnered a total of 5.9 million impressions across assets. It is likely that the implementation of a dedicated traveler health team reduced the number of travel-associated cases related to RI travel.

The “So What”

In Spring 2021, RIDOH implemented a dedicated traveler health team to work with the Boston Quarantine Station, now Boston Port Health Station (BOS PHS), and maintain a timely response to urgent matters, meet reporting and outreach requirements,

The “Now What”

Domestic and international travel increase the risk of epidemics and pandemics, demonstrated by the COVID-19 pandemic, but also previously known. Prior to COVID-19, in Rhode Island, “traveler health” was limited to ad hoc consults with Division of Global Migration Health stations for the rare travel check for an infectious disease like tuberculosis. The recent Ebola epidemic led to a more sustained effort to engage with travelers. And during COVID-19, RIDOH officially dedicated staff as travel experts, improved surveillance systems, and created protocols.

These capacities should be sustained through

dedicated funding and relevant cooperative agreement activities focusing on traveler health. Jurisdictions have unique challenges including border crossings, maritime ports of entry, air, and rail. Jurisdictions should receive support to focus on these ports of entry and the public health activities that should be provided to travelers through these ports. Support should not be limited only to ensuring jurisdictions have emergency response plans, but also include a playbook or toolkit for how to build lasting partnerships with the travel industry to ensure future public health threats like Ebola, severe acute respiratory syndrome (SARS), and COVID-19 can be responded to promptly.

Key contributors to this project include Morgan Wieck, MPH, Center for COVID-19 Epidemiology; Center for Public Health Communications; BOS Port Health Station.