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Interim guidance on public health measures for the returnee Hajj Pilgrims

Hajj is a unique annual mass gathering where more than two million Muslims congregate in Mekka and Madina in Saudi Arabia from more than 150 countries around the world. The continuing spread of pandemic influenza A(H1N1) 2009 virus may potentially pose a risk to the countries from their returnee Hajj pilgrims owing to the special religious rituals that the Hajjees go through in very crowded conditions during the pilgrimage. Respiratory infections are the commonest illnesses encountered at the Hajj among others; increases in the incidence of influenza may therefore be expected in these countries when the Hajjees return after the pilgrimage.

The objective of this interim guidance is to assist Member States of the WHO Eastern Mediterranean Region to design their own surveillance measures for monitoring the health of their returnee Hajjees. The following guidance statements are not exhaustive. Member States can undertake additional public health measures to minimize risk and reduce further spread of the disease in accordance with the International Health Regulations (IHR 2005).

1. Arrangements at the entry points

In consultation with immigration and other competent authorities, appropriate social distancing measures may be considered, where possible, to reduce close contact among the returnee Hajj pilgrims. Such measures may include the followings amongst others:

- Minimize over crowding the arrival of the returnee Hajj pilgrims; (This may include disembarking of the Hajjees from the aircrafts in successive time intervals, setting up more than usual number of immigration desk and diverting the returnee Hajjees to the immigration desks in a manner that minimizes, as much as possible, congregation of more people at the same time at the same place);
- Minimizing the lag time between the arrival and completion of all immigration and customs formalities and luggage deliveries in order to minimize close contact between the returnee Hajjees and other staff involved in airport duties;
- Providing adequate number of hand-washing facilities at the entry points with round-the clock availability of water and soap (liquid or bar soap) as well as alcohol-based hand-rub (wherever possible);
- Limiting the number of family members to receive the returnee Hajj pilgrims and discouraging social greeting (hugging, kissing and shaking hands) to the extent possible; if possible, adequately ventilate the halls during the rush periods;
- Setting a health post at each of the entry points for the returnee Hajj pilgrims with appropriate number of doctors and nurses for managing the post round the clock; an ambulance be kept on stand-by as well as sufficient quantities of surgical mask and PPEs. A hand washing facility and sufficient quantities of alcohol based rub or soap be made available as well;
- Ensuring presence of appropriate holding facilities for the examination and screening of the sick returnee Hajj pilgrims;
- Distributing health information pamphlets to all returnee Hajj pilgrims on the signs and symptoms of influenza-like illness and when to seek medical attention;
- Regularly cleaning of the boarding bridges, floors and other surfaces of arrival terminals and bathrooms with regular disinfectants.

2. Health screening at the entry points

The national health authorities may consider screening the health of all returnee Hajj pilgrims at the entry points. These may include the followings:

- Screening out of all returnee Hajj pilgrims with fever of $>38^{\circ}\text{C}$ and at-least one of the following two respiratory symptoms-(i) dry cough and/or (ii) sore throat in the absence of other known causes for further clinical assessment by the attending doctors/nurses;
- Advising all returnee Hajj pilgrims to monitor their own health status upon their return to home and report to appropriate health center designated by the national authority for any sign of unexplained or acute febrile respiratory illness within 7 days of their arrival;
- Advising returnee Hajj pilgrims with suspected influenza-like illness in accordance with national clinical management guidelines for pandemic (H1N1) 2009 influenza virus infection¹.

3. Disease surveillance

- Strengthening surveillance for influenza-like illness and other forms of severe unexplained febrile respiratory illness through out the country for at-least 3 to 4 weeks following the return of the Hajj pilgrims; (Surveillance using either conventional sentinel health facility based system or any other innovative methods like regular telephone calls or home visit of returnee Hajjees by health care workers may be considered as part of strengthening surveillance for influenza-like illness);
- Investigating clusters of cases of influenza-like illness involving returnee Hajj pilgrims and their immediate family members as rapidly as possible;
- Launching special awareness drive through public media to encourage all returnee Hajj pilgrims to monitor their health and report to designated health centers for any sign of unexplained or acute febrile respiratory illness;

Sharing viruses:

- Sharing with WHO Collaborating Centers as expediently as possible all influenza virus isolates collected from influenza patients during the post Hajj period; especially from those related to Hajjees if there were indicating change in the severity of symptoms of the disease, increased case-fatality rate, increase rate of the spread, clustering or predilection of the disease to certain at risk populations and resistance to antiviral drugs among others.

4. Other public health measures for consideration

In addition to the above, the following public health measures may also be considered by the national authorities, where feasible and appropriate:

- Establishing a dedicated call center or a telephone hot-line for the returnee Hajj pilgrims;

¹ Treatment with antiviral drug should not be deferred for returnee Hajjes who are pregnant or who are in the high risk group for complications or severe infection from influenza. Those returnee Hajj pilgrims with suspected influenza-like symptoms (without any signs of complication) who are selected for home care management should be given appropriate proper advice on home care, particularly when to seek immediate medical attention. Where feasible and appropriate, their contact information can be collected for further follow-up. The returnee Hajj pilgrims undergoing treatment for influenza-like illness at home should limit contact with other family members until 7 days from the onset of illness or 24 hours after resolution of symptoms whichever is longer;

- Ensuring close follow-up of the returnee Hajj pilgrims being treated at home for influenza-like illness either over telephone call from the call center or through home visits of family health care workers where possible;
- Limiting, suspension or cancelling (where possible) social gatherings involving the returnee Hajj pilgrims in order to minimize close contact as much as possible;
- Utilizing all available news and broadcasting media (like Radio, TV, Newspapers, etc) to convey risk communication messages to the returnee Hajj pilgrims and their close relatives, particularly on behavioural measures (cough etiquette and hand hygiene) that can reduce the risk of transmission of influenza;

In the event of taking specific health regulations by any country to avoid the spread of infection in their country from the infected returnee Hajj pilgrims, the Member States may consult with WHO for taking any additional preventive precautions (not included in the measures mentioned above) that is permissible under the scope and purpose of International Health Regulations (IHR, 2005).
