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BY EMAIL ONLY

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Deputy Róisín Shortall

Dáil Éireann

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PQ Number: 19030/21

PQ: To ask the Minister for Health the number of flights arriving here between March 2020 and to date that had a passenger on board who tested positive for Covid-19; the number of close contacts identified in each case; the number of passengers on board who were not considered close contacts in each case; and if he will make a statement on the matter”.

Dear Deputy Shortall,

Thank you for your question.

At the outset it is important to state that the risk of transmission of COVID 19 on flights, particularly short haul flights, where appropriate precautions are taken, such as mask wearing, is low.

Key measures in place to minimise the risk of cases coming into the country via international travel include:

- Testing for COVID 19 before travel- a negative PCR test carried out no more than 72 hours before a traveller arrives into Ireland
- Restricting movements for 14 days after arrival into the country,
- Getting a COVID 19 test on DAY 5 post arrival,
- All passengers arriving from (or having travelled through) a category 2 country, and those who have arrived from a category 1 country but are unable to produce a “not detected” result, are required to stay in a Mandatory Quarantine Hotel for 14 days or until a negative test result is obtained on a day 10 test.

While you have requested flight data from March 2020 the HSE’s Contact Management Programme (CMP), we can only provide the data concerned from September 2020, as that is when the Public Health Data Processing Team received access to this information centrally, following appropriate ICT developments etc. This ICT development concerned allowed for the bulk upload of patients into Settings within the CovidCare Tracker. Prior to this, patients had to be manually uploaded by the Departments of Public Health one by one. They were also not uploaded into specific flight Settings. This data is available in-flight settings from September 2020 onwards.

The table below sets out the flight data including the information requested regarding the numbers of close contacts, that is available to the CMP, through its Public Health Data Processing Team. The time period covered is September 1st 2020 – May 7th 2021, and it covers 700 flights that have been contact traced during this time period.

In reviewing the data provided please note the following caveats: When the Public Health Data Processing started tracing flights in September 2020 they would receive only the ‘Close Contacts’ from the airlines / regional Departments of Public Health, rather than data re all the passengers on board the flights. As such, the information that is available is not an accurate depiction of the ‘*number of passengers on board who were not considered close contacts*’ further to your question re the same. From January 2021, process changes and the emergence of Variants of Concern made it possible to request entire flight manifests. There are a number of airlines who still only provide an abridged version of the passenger manifests due to GDPR concerns.

Row Labels	Total of passengers uploaded to the CovidCare Tracker	Total of passengers uploaded – non Close Contacts	Total of Close Contacts
2020			
Qtr3			
Sep	7912	5866	2046
Qtr4			
Oct	5038	4113	925
Nov	5538	4566	972
Dec	14130	11721	2409
2021			
Qtr1			
Jan	5436	3480	1956
Feb	3577	2120	1457
Mar	6267	4149	2118
Qtr2			
Apr	8612	3593	5019
May	2198	1066	1132
Grand Total	58708	40674	18034

The CMP works to identify cases who have a history of international travel. People who test positive for COVID-19 receive a text message notifying them of their result which is followed by a phone call from one of the CMP’s contact tracing centres (CTCs). During that call all recent travel history is noted and the details of flights taken are identified.

Contact Tracing Teams undertake enhanced contact tracing of relevant travel-related cases and their close contacts for Category 2 countries, and where required the contact tracing of probable Variants of Concern cases and contacts on request from Public Health Departments.

Exposure investigations are created for any eligible flights relating to countries of concern. Enhanced contact tracing has been completed for all passengers who could be contacted. The success rate of calls to passengers on eligible flights coming from Category 2 countries from 25th of January to the 25th of April was 84% and within the past week ranges from 55% to 100%.

Total calls for all Eligible Flights for which an Exposure Investigation was created to date, and within a 7 day period (19th April – 25^h April 2021)

Date Range	Eligible Flights	Total Passengers	Successfully contacted (Call 3S complete)
Total: 25th January – 25th April 2021	61	5,418	4,550 (84%)
Last 7 Days: 19th April – 25th April 2021	12	574	438 (76%)

Information available on the EPLF and the Flight Manifest are used to follow up contacts once a confirmed case is identified.

If a close contact is uncontactable for any flight a deeper search of the EPLFs is done, using name variations, different flight dates and combing through the data.

For those who have travelled from a Category 1 country, if the case is deemed to have been infectious (able to transmit the virus) at the time of the flight then the flight manifests are requested and close contacts identified as necessary and their details are entered into a call queue dedicated for flights.

If the index case is identified as having travelled from a category 2 country during the infectious period, they are prioritised to be immediately dealt with. Cases from category 2 countries are treated as a person under investigation and enhanced contact tracing and management of their contacts is put in place immediately, whilst whole Genome Sequencing result is awaited. If WGS does not identify a variant of concern then the case and contacts are re-contacted to stand down the enhanced processes and revert to normal restricted movements and testing protocol.

If the case is from a category 2 country or a suspected Variant of Concern (VOCs are as per national policy agreement and currently are that of the P1 'Brazilian' variant and the B.1.351 South African variant then for this case, all passengers on the flight are treated as close contacts and will have to self-isolate rather than restrict movements.

The public health management of persons with a probable or confirmed Variant of Concern associated with travel comprises:

- o Epidemiological investigation of the case, identification of exposures in the 14 days prior to diagnosis and careful consideration of onward transmission risks.
- o International notification to other countries by the HPSC National IHR Focal Point and EWRS Contact Point, and further local or flight contact tracing if required
- o Cases who, within the 14 days prior to onset of COVID-19, have had exposure to someone in their household, workplace or with another close contact who has travelled from or through any high risk designated states (or former category two countries) in the last month are managed in the same way as travel associated cases.

In instances where no contact phone number is provided by the airline for passengers and EPLF also is deficient, but an email address is available and functioning, an email is sent to the passenger to notify them of their close contact status, providing easy contact details to arrange testing. Where there is a postal address, a letter will be mailed or even hand delivered by An Garda Siochona at the request of the MOH, should this be deemed necessary.

Close contacts on flights are requested to restrict movements and referred for testing as per national guidelines at that time - currently Test 1 on day 0 and Test 2 on day 10. Testing of close contacts on flights is impacted by the time it takes to establish contact names and details of each person

It is important to note that there is often a time delay between a person who has travelled becoming symptomatic and then getting tested, getting the results and appearing on the CMP system. While the turn-around-times of the HSE testing and resulting system is extremely fast and efficient, there can be many days between the flight and the detected result phone call establishing that the person had been on a plane.

There is a variable time delay from requesting to receiving the flight manifest to enable this work to start, and this has been raised nationally by the HSE. Further, passenger locator forms and details from the manifests have contact details which may be incorrect or incomplete. Onward travel by passengers is not uncommon, and we alert through established international pathways in these instances —the results of Whole Genome Sequencing, confirming if the case is a variant takes significant time and for this reason all travellers from category 2 countries are suspected VoC and must adhere to the specific public health measures.

All people with international travel and a positive test are referred for Whole Genome Sequencing.

Yours sincerely

PP 

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