**TAI LIEU 1: CDC Travel Health Notices**

CDC uses Travel Health Notices (THNs) to alert travelers and other audiences to health threats around the world and advise on how to protect themselves.

* Level 4: Very high level of COVID-19.
* Level 3: High level of COVID-19.
* Level 2: Moderate level of COVID-19.
* Level 1: Low level of COVID-19

CDC’s Criteria to determine Health threat include:

1.Primary criteria: Incidence rate (cumulative new cases over the past 28 days per 100,000 population)

Level 1: LOW ( < 50 cases per 100,000 people over 28 days)

Level 2: MODERATE (50 -99 cases per 100,000 people over 28 days)

Level 3: HIGH (100 - 500 cases per 100,000 people over 28 days)

Level 4: VERY HIGH (> 500 cases per 100,000 people over 28 days)

**2. Secondary criteria:**

Reported case counts and incidence rates depend on testing capacity. CDC assesses testing capacity using two secondary criteria metrics: population testing rate and test-to-case ratio.

The **population testing rate**is the number of tests conducted per 100,000 population over the past 28 days

The **test-to-case ratio** is the number of tests conducted for each confirmed case per 100,000 population over the past 28 days

Population testing rates of more than 1,500 tests per 100,000 people over 28 days are considered sufficient to provide an accurate representation of COVID-19 in the destination. Rates less than or equal to 1,500 tests per 100,000 people over 28 days may signify concerns that testing is insufficient and may not provide an accurate representation of the incidence rate in the destination..

Countries that do very few tests per confirmed case are unlikely to be testing widely enough to find all cases. The WHO has suggested around 10 – 30 tests per confirmed case as a general benchmark of adequate testing. A test-to-case ratio of less than 10 tests per case might indicate restrictive testing, or that only symptomatic people are being tested.

**Health Threat Levels are based on combined 1) incidence rate and 2) testing data**

| **Testing Data (Secondary Criteria)** | | **Incidence Rate (Primary Criteria)** | | | |
| --- | --- | --- | --- | --- | --- |
| **Testing Rate** | **Test-to-Case Ratio** | **Fewer than 50 cases per 100,000 people over 28 days** | **50 to 99 cases per 100,000 people over 28 days** | **100 to 500 cases per 100,000 people over 28 days** | **More than 500 cases per 100,000 people over 28 days** |
| **> 100 tests per 100,000 people over 28 days** | **<10** | **4** | **4** | **4** | **4** |
| **10 to 30** | **4** | **4** | **4** | **4** |
| **>30** | **1** | **4** | **4** | **4** |
| **100 to 1,500 tests per 100,000 people over 28 days** | **< 10** | **3** | **3** | **3** | **4** |
| **10 to 30** | **2** | **2** | **3** | **4** |
| **> 30** | **1** | **2** | **3** | **4** |
| **> 1,500 tests per 100,000 people over 28 days** | **< 10** | **1** | **2** | **3** | **4** |
| **10 to 30** | **1** | **2** | **3** | **4** |
| **> 30** | **1** | **2** | **3** | **4** |

. The resulting health notice levels from level 1 to level 4 are shown in rows 3–11 of columns 3–6.

When both the population testing rates and test-to-case ratios are high, CDC has confidence in a destination’s reported incidence. If either the population testing rate or test-to-case ratio is low, CDC has less confidence that the reported incidence accurately depicts the COVID-19 situation in the destination. In this situation, CDC adjusts a destination’s THN level as shown in the tables above.

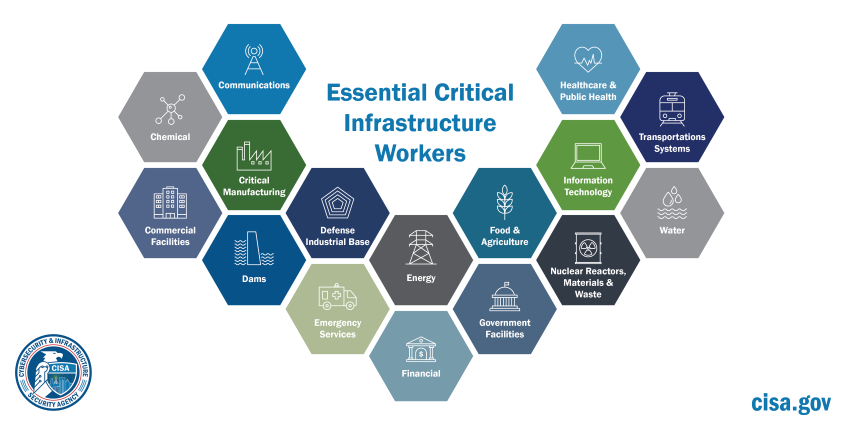
TAI LIEU 2: CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Goals

The goal of community mitigation in areas with local COVID-19 transmission is to slow its spread and to protect all individuals, especially those at [increased risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html), while minimizing the negative impacts of these strategies. These strategies are used to minimize morbidity and mortality of COVID-19 in societal sectors such as schools, workplaces, and healthcare organizations.

Implementation is based on:

* Emphasizing individual responsibility for implementing recommended personal-level actions
* Empowering [businesses](https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html), [schools](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html), and [other settings](https://www.cdc.gov/coronavirus/2019-ncov/community/index.html) to implement appropriate actions
* Prioritizing settings that provide [critical infrastructure services](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-infrastructure-sectors.html)
* Minimizing disruptions to daily life to the extent possible and ensuring access to health care and other essential services.



Guiding principles

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* Each community is unique. Appropriate mitigation strategies should be based on the best available data. Decision making will vary based on the level of community transmission and local circumstances.
* should ensure that the healthcare system capacity will not be exceeded.
* .Precautions should be taken to protect health care professionals and other critical infrastructure workers
* Assuring healthcare systems have adequate staffing, a surplus of inpatient and ICU beds, and critical medical equipment and supplies such as PPE.
* . Ensuring public health capacity will not be exceeded. Public health system capacity relies on detecting, testing, contact tracing, and isolating those who are or might be sick, or have been exposed to known or suspected COVID-19 cases; it is important to stop broader community transmission and prevent communities from having to implement or strengthen further community mitigation efforts
* Attention should be given to people who are at higher risk for severe illness when determining and adjusting community mitigation strategies
* .Certain settings and vulnerable populations in a community are at particularly high risk for transmission. This includes but is not limited to congregate settings such as nursing homes and other long-term care facilities, correctional facilities, and the homeless population
* Mitigation strategies can be scaled up or down, depending on the evolving local situation, and what is feasible, practical, and legal in a jurisdiction. Any signs of a cluster of new cases or a reemergence of broader community transmission should result in a re-evaluation of community mitigation strategies and a decision on whether and how mitigation might need to change

**CDC ‘s Factors to Consider for Determining Mitigation Strategies**

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| --- |
| **Epidemiology**   * Number and type of outbreaks in specific settings or with vulnerable populations, including, but not limited to nursing homes and other long-term care facilities, correctional facilities, meat and poultry processing plants, and the homeless population * Severity of the disease * Impact of the level of community transmission and any outbreaks on delivery of healthcare or other critical infrastructure or services * Epidemiology in surrounding jurisdictions |

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| --- |
| **Healthcare Capacity**  Healthcare workforce: have adequate staffing  Number of healthcare facilities  Testing activity  Intensive care capacity: a surplus of inpatient bed and ICU bed  A surplus of personal protective equipment (PPE) |
| **Public Health Capacity**  Public health workforce and availability of resources to implement strategies (e.g., resources to detect, test, track, and isolate cases) |

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| TAI LIEU 3: Considerations for implementing and adjusting public health and social measures in the context of COVID-19 |
| WHO Interim guidance  14 June 2021 |

**Transmission scenarios**

Knowing the level of transmission is key to assessing the overall COVID-19 situation in a given area and guiding decisions on response activities and tailoring epidemic control measures.

The community transmission (CT) classification is divided into four levels, as shown below:

• No (active) cases

• Imported / Sporadic cases

• Clusters of cases

• CT1: Low incidence of locally acquired widely dispersed cases detected in the past 14 days

• CT2: Moderate incidence of locally acquired widely dispersed cases detected in the past 14 days

• CT3: High incidence of locally acquired widely dispersed cases in the past 14 days

• CT4: Very high incidence of locally acquired widely dispersed cases in the past 14 days.

**WHO’s INDICATORS FOR COMMUNITY TRANSMISSION**

1. **Epidemiology Indicators**



**2.Health system response capacity**

In addition to assessing the level of transmission, it is also necessary to understand the health system response capacity. Depending on whether there is adequate, moderate or limited capacity, the same level of transmission can result in a drastically different situations and require a different degree of Public Health and Social Measures(PHSMs). For the purpose of this document, ‘response capacity’ encompasses both health and public health services, including COVID-19 vaccination, and is measured in terms of both the actual ability to deliver services and the performance of those services.

ADEQUATE health system response capacity:

limited health service impact given adequate vaccination coverage in at-risk and older age groups

MODERATE response capacity:

limited additional capacity to respond and a risk of health services becoming overwhelmed

LIMITED response cpacity

limited or no additional health system response capacity available,

**3.Situational assessment using transmission level and response capacity**



\*Please refer to the Annex for transmission level definitions.

• Situational Level 0 corresponds to a situation with no known transmission of SARS-CoV-2 in the preceding 28 days. The health system and public health authorities are ready to respond, but there are no significant domestic measures in place and thus no significant restrictions on daily activities.

• Situational Level 1 is a situation where basic measures are in place to prevent transmission; or if cases are already present, the epidemic is being controlled through effective measures around the cases, with limited and transient localized disruption of social and economic life.

• Situational Level 2 represents a situation with low community incidence or risk of community transmission beyond clusters. Additional measures may be required to control transmission; however, disruptions to social and economic activities can still be limited. In the context of vaccination, Situational Level 2 may also include areas with moderate levels of community transmission, but limited health service impact given adequate vaccination coverage in at-risk and older age groups.

• Situational Level 3 is a situation of community transmission with limited additional capacity to respond and a risk of health services becoming overwhelmed. A larger combination of measures may need to be put in place to limit transmission, manage cases, and ensure epidemic control.

• Situational Level 4 corresponds to an uncontrolled epidemic with limited or no additional health system response capacity available, thus requiring extensive measures to avoid overwhelming of health services and substantial excess morbidity and mortality.

**Adjustment of Public health and social measures(PHSMs) based on situational assessment**

Table 2 provides more detail on the types of domestic measures that may be implemented for each situational level. The measures at each level are only indicative, because some measures may be more or less feasible or appropriate in specific contexts and locations. Note that overall recommendations on international travel can be found in the interim guidance Considerations for implementing a risk-based approach to international travel in the context of COVID-19.15,16

Measures should be time-bound and regularly re-assessed, at least every two weeks, along with the situational level. The adherence to PHSMs should also be monitored, using sources such as mobility data, and this should be used to further inform future adjustment of PHSMs and the risk communications and community engagement strategy.

At all Situational Levels, individuals should apply personal protective measures such as hand hygiene, physical distancing, respiratory etiquette, staying home if unwell and wearing a mask where appropriate, and environmental measures (e.g. cleaning, disinfection, ventilation). Clear information should be provided to the public about what to do if unwell and whom to contact for advice, testing and/or treatment**.**

**Table 2: Guidance on the implementation of domestic PHSMs for each Situational Level**

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| --- | --- |
| **Situational level** | **Considerations for implementation of PHSMs by situational level** |
| **Situational level 0:**  No known transmission of SARS-CoV-2 in the preceding 28 days.  The health system and public health authorities are ready to respond  there are no significant restrictions on daily activities. | * no restrictions on daily activities.   • Continue strengthening emergency preparedness, readiness and response actions, ensuring adequate stockpiles of medicines and medical equipment and that sufficient staff have been recruited and trained to handle anticipated surges in cases.  • Implement or maintain robust surveillance to rapidly detect and investigate suspected SARS-CoV-2 cases and clusters |
| **Situational level 1:**  Basic measures are in place to prevent transmission;  , the epidemic is being controlled through effective measures around the cases  limited and transient localized disruption to social and economic life. | Specific measures should be taken around cases and/or clusters, and individual measures should be strengthened, with limited impact on social and economic activities.  • Emphasis should be placed on case and cluster detection, investigation, and tracing of contacts.  • Promote avoidance of the ‘3 Cs’ – Closed spaces, crowded places and close-contact settings.  • Put in place measures to protect the most vulnerable, particularly ensuring that there are appropriate measures in place in long-term care and other residential facilities. |
| **Situational level 2:**  Low community incidence or a risk of community transmission beyond clusters.  disruptions to social and economic activities can still be limited | Measures should be applied to limit the number of physical encounters with others outside of the household,  • Education settings remain open with precautionary measures in place.  • Businesses remain open, with precautionary measures in place, with teleworking encouraged as much as possible.  • Improve local transport infrastructure to comply with PHSMs (improve availability, frequency, extension of schedules, etc.).  • place further emphasis on protecting the most clinically vulnerable, through strict application of infection prevention and control measures, heightened surveillance and managing visits in long-term care and other residential facilities.  .Apply a risk-based approach based on the three steps of risk evaluation, risk mitigation and risk communication to inform the decision to restrict, modify, postpone, cancel or proceed with holding any mass gatherings, including medium and small events  • If contact tracing is overwhelmed, consider prioritization of contact tracing (apply digital proximity tracing technology, digital tools for contact tracing) Contact tracin |
| **Situational level 3:**  limited additional capacity to respond and a risk of health services becoming overwhelmed. | Apply a risk-based approach based on the three steps of risk evaluation, risk mitigation and risk communication to inform the decision to restrict, modify, postpone, cancel or proceed with holding any mass gatherings, including medium and small events.  • Adapt the functioning of businesses to minimize COVID-19 risk, including through remote working, modified service provision, or closure where necessary.  • Improve local transport infrastructure to comply with PHSMs (improve availability, frequency, extension of schedules, etc.).  • Consider limiting in-person university teaching, and institute e-learning.  • Childcare services and primary and secondary schools should remain open with adequate safety and surveillance measures in place as long as the local context allow  • Quantify the needs in advance and provide the necessary socio-economic support for low-income individuals and households and those at risk of falling into poverty, |
| **Situational level 4:**  An uncontrolled epidemic with limited  No additional health system response capacity available. | Apply a risk-based approach based on the three steps of risk evaluation, risk mitigation and risk communication to inform the decision to restrict, modify, postpone, cancel or proceed with holding any mass gatherings, including medium and small events  • All individuals, including fully vaccinated, partially vaccinated and recovered individuals, should stay at home and limit physical contact with people outside the household.  • Essential workers will need to continue activities, with maximum support and safety measures in place  Improve local transport infrastructure to comply with PHSMs (improve availability, frequency, extension of schedules, add private transport to public transport infrastructure, etc.).  • Close non-essential businesses, and institute remote working.  • Consider all options for continuity of in-person learning. If not possible, limit in-person contact. Options may include in-person or blended learning strategies that strictly limit the number of people physically on site (exceptions would include children of essential workers and their teachers) and remote learning. The closure of educational facilities should only be considered when there are no other alternatives.  • All long-term care and other residential facilities should consider strict measures to limit the risk of infection, up to and including temporary suspension of in-person visits.  • Cancel or postpone any mass gatherings.  • Quantify needs (in advance) and provide necessary socio-economic support for low-income individuals and households and those at risk of falling into poverty. |

For more information:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/how-level-is-determined.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html>

<https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>