



International  
Civil Aviation  
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Международная  
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Ref.: AN 5/28-22/42

6 April 2022

**Subject:** Maintaining flights during the COVID-19 pandemic transition period

**Action required:** a) adhere to ICAO health-related Standards contained in Annexes 1, 6, 9, 17, 18 and 19; b) maintain and expedite the approval process of repatriation flights as requested in paragraph 9; and c) continue collaboration in applying a risk and evidence-based approach during the COVID-19 pandemic transition period

Sir/Madam,

1. I have the honour to bring to your attention updated COVID-19 information on *Omicron Variant Knowns, Unknowns and Recommendations* published by the International Civil Aviation Organization (ICAO) Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) Programme, following review of the recent scientific evidence in relation to the SARS-CoV-2 Omicron variant (Attachment A refers).

2. The ongoing COVID-19 pandemic continues to be a fast-paced dynamic situation. The epidemiological data informing mitigation measures might be inaccurate due to limitations in reporting. Applicable measures are published on different platforms, complicating the ease of access to reliable and up-to-date information. These factors can result in inconsistent mitigation measures being applied at short notice with minimal global harmonisation.

3. It is important to recognize that States are in different stages of the pandemic, with some areas managing their first outbreaks and others dealing with an acute wave of high caseloads due to the highly contagious Omicron variant. In recognition that elimination of this variant is not achievable, some States are reducing mitigation measures and have started transitioning from the acute pandemic management phase to a new phase of "living with COVID". In some of these areas, community level case numbers have increased after the lifting of restrictions.

4. Low levels of vaccination and/or natural immunity, as well as crowded situations, increase the risk of infection and the evolution of new viral mutations. There is still a likelihood that future Variants of Concern will evolve which could be associated with a greater immune escape rate and/or more serious illness, before we reach a more stable situation where COVID-19 can be considered as a more predictable or manageable disease.

5. Given the high complexity of the situation, there is no single measure that can provide a definitive solution. Every mitigation measure affects the system in a different way. States should therefore identify and compare levels of risk cognisant that risk cannot be eliminated at this stage.

6. In the aviation sector, some States have transitioned from government regulations to individual responsibility, while others have modified or removed one or more layers of the multi-layer risk mitigation measures, such as removing the requirement of wearing masks and phasing out of COVID-19 testing for some categories of individuals or adjusting the requirements for quarantine or self-isolation.

7. All Member States are encouraged to continue to mitigate the spread of COVID-19 using the existing recommendations in the ICAO guidance material contained in the Council Aviation Recovery Task Force (CART) reports, the fourth edition of *Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis* (TOGD)<sup>1</sup> and the third edition of the *ICAO Manual on COVID-19 Cross-Border Risk Management* (Doc 10152)<sup>2</sup>, in accordance with a risk and evidence-based approach, specifically with regard to the measures highlighted in Attachment B.

8. States considering lifting or alleviating travel-related restrictions and public health risk mitigation measures should ensure that it is risk-based and appropriate by continuing to apply the principles recommended in Attachment C.

9. Recently it has been more difficult to maintain a reliable and consistent global supply chain in order to support global health and safety, food security and economic recovery from the COVID-19 pandemic. It is essential to maintain repatriation, medical evacuation and cargo flights to achieve this objective. As per Amendment 29 of Annex 9, effective on 18 July 2022, repatriation flights are special flights organized, facilitated, or supported by a State for the exclusive purpose of transporting that State's nationals, and other eligible persons, from foreign countries to that State, or a safe third country, through operations by State aircraft, humanitarian flights or chartered/non-scheduled commercial flights.

10. In line with the relevant provisions of Annex 9 – *Facilitation*, States are urged to facilitate the entry into, departure from and transit through their territories of aircraft engaged in repatriation flights and should take all possible measures to ensure their safe operation. Such flights should be commenced as quickly as possible after obtaining agreement with the States involved.

11. States are urged to adhere to the relevant ICAO Standards and Recommended Practices (SARPs) in Annex 1 — *Personnel Licensing*, Annex 6 — *Operation of Aircraft*, Part I — *International Commercial Air Transport — Aeroplanes*, Annex 9 — *Facilitation*, Annex 17 — *Security — Safeguarding International Civil Aviation against Acts of Unlawful Interference*, Annex 18 — *The Safe Transport of Dangerous Goods by Air* and Annex 19 – *Safety Management* when conducting these flights, as well as the relevant State letters (SLs) and Electronic Bulletins (EBs) regarding these flights during the COVID-19 pandemic (Ref.: SL EC 2/76-21/64, SL AN 5/28-20/97, EB 2021/43 and EB 2020/36)<sup>3</sup>.

12. States are encouraged to continue to implement the Public Health Corridors (PHCs) concept during the transition period. States should continue to explore bilateral or multilateral PHC Arrangements as a preferable and more suitable alternative to border closure. Note that PHCs function as temporary solutions and additional arrangements between two or more States outside of existing Air Services Agreements between States. PHCs have proven to be useful for 'closed loop' cargo flights and for aircrew requiring medical certification or flight training.

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<sup>1</sup> [Documents and Forms \(icao.int\)](https://www.icao.int/Document%20Library/Doc%209850/9850.pdf)

<sup>2</sup> [ICAO Manuals](https://www.icao.int/Document%20Library/Doc%2010152/10152.pdf)

<sup>3</sup> [Electronic Bulletins and State Letters \(icao.int\)](https://www.icao.int/Document%20Library/Doc%2010152/10152.pdf)

13. In view of crew requirements, States should endeavour, as far as possible, to agree to implement a coordinated approach in implementing risk mitigation measures. The crew-related guidance referring to alleviations of testing and quarantine for vaccinated crew as well as layover requirements contained in the CART reports, the crew module of TOGD and Doc 10152 should be considered. Harmonisation of crew requirements is essential as unilateral or uncoordinated implementation of risk mitigation measures could have an adverse effect on flight safety and the continuance of essential air service including:

- a) fatigue due to layover conditions not being conducive to obtain uninterrupted rest prior to the next flight or requiring additional time due to transportation or testing arrangements;
- b) increased risk of COVID-19 infection due to transport challenges and not having access to crew-specific testing, customs and immigration facilities resulting in unnecessary exposure at airports;
- c) increased stress due to restrictive layover conditions – including access to exercise, food services, etc., and excessive or repeated mitigation measures that could affect the health and mental wellbeing of crew, sometimes resulting in crew being unavailable for flight; and
- d) flight scheduling disruptions due to challenges with rigid testing schedules or repeated testing, isolation and/or quarantine requirements.

14. States are encouraged to specifically review requirements for crew performing international flights crossing several borders within a short timeframe and cargo crew performing round trips or closed loop flights.

15. Cargo flights present lower risks to national public health situations as there are no commercial passengers on-board and the crew is generally less numerous. In addition, cargo flights are essential for maintaining vital humanitarian aid, supply chains and other air cargo operations, which in turn have significant impacts on dependent industries and economies. For these reasons, particular considerations should be given to cargo flights when defining multilayer risk management strategies.

16. States are urged to follow and implement this guidance in coordination with ICAO Regional Offices according to their specific needs and circumstances, noting the importance of a global coordinated approach to mitigate the transmission of the disease and facilitate the recovery of international travel, trade, tourism and the global economy.

Accept, Sir/Madam, the assurances of my highest consideration.

Juan Carlos Salazar  
Secretary General

**Enclosures:**

- A — COVID-19 Aviation Scientific Assessment Group (CASAG) – Omicron Variant Knowns, Unknowns and Recommendations
- B — Recommendations to mitigate the spread of COVID-19
- C — Principles and example of factors to consider when considering alleviating mitigation measures in aviation during the COVID-19 transition period

ICAO CAPSCA

**COVID-19 AVIATION SCIENTIFIC ASSESSMENT GROUP (CASAG)**

**OMICRON VARIANT KNOWN, UNKNOWN AND RECOMMENDATIONS**

**12 February 2022**

The CASAG met on four separate occasions during December, January and February to consider if the emergence of the Omicron Variant of the COVID-19 Virus would necessitate any modifications to the existing Cross Border Risk Management guidance developed by CAPSCA. In particular, the group focussed on whether any changes might be needed to the multilayered risk management process. This document summarizes what the CASAG group knows and does not know about the Omicron Variant. In addition, based upon what the group knows about the Omicron Variant, several recommendations are made to adjust testing strategies in the Conclusions and Recommendations section.

Given the dynamic nature of the COVID-19 Pandemic, the CASAG will continuously monitor the situation and provide updates when evidence and peer reviewed literature becomes available. Please note that there **is a high likelihood that future Variants of Concern may arise before we reach a situation where the disease has less impact and becomes more manageable.**

**What we know:**

1. It is unlikely that undetected translocation of the Omicron Variant by travellers would significantly increase the overall risk within a State that already has widespread circulation of the variant (2, 7, 16).
2. Transmission of the Omicron Variant is occurring much more rapidly than earlier variants even in those individuals that are vaccinated (14, 21, 25). Based upon the limited evidence to date, it appears that the incubation period for the Omicron Variant is shorter on average than for earlier variants (4, 11, 23).
3. While the effectiveness of vaccines against infection and transmission of Omicron is reduced compared to other variants, they provide strong protection against severe disease, hospitalization and death. Protection is enhanced with a booster dose (10, 17, 18).
4. At the time of publication, most States are presumed to have widespread circulation of the Omicron Variant (19, 24).
5. PCR tests continue to detect Omicron.
6. The public health and social measures such as proper use of face masks, enhanced respiratory and general hygiene, and physical distancing reduce the risk of transmission of all SARS-CoV-2 variants, together with good ventilation of indoors settings (8, 9).

**What we do not know:**

1. The risk of transmission of the Omicron Variant compared to other variants during each stage of the travel journey.
2. The optimum testing strategies for vaccinated and unvaccinated travellers, and what criteria could be used to remove testing requirements.

3. Whether the performance of any test is significantly different when testing for the Omicron Variant. The sensitivity of the Ag-RDT in detecting Omicron is still under investigation.
4. The risk of infected vaccinated people passing the Omicron Virus to others. There is limited information on this risk but there is some evidence that a vaccinated person will be less likely pass the virus on to others.
5. The duration of protection from vaccines or prior infection.

### Conclusions and Recommendations:

Considering the lessons learned from the COVID-19 Delta Variant and the emergence of the Omicron Variant, **CASAG reiterates the importance of implementing an effective multi-layered risk management strategy as outlined in the ICAO Cross Border Risk Management Manual (Doc 10152)**. Emphasis should be placed on vaccinations, masking, and testing.

Based upon the evidence available as of the publication of this document concerning the emergence of the Omicron Variant, CASAG recommends that States consider the following in adjusting their existing COVID-19 testing strategies:

- ✓ Pre-departure testing has limited capability to reduce the risk of translocation given that travel may be during the incubation period.
- ✓ Depending on the epidemiological situation at the origin and destination, States may consider post-arrival testing in conjunction with self-isolation or quarantine, pending the results of the tests, as a strategy to mitigate the risk of translocation.
- ✓ Pre-departure testing may still be considered an effective layer of a risk mitigation strategy for flight associated transmission of COVID-19. Tests should be done as close to departure time as possible. Antigen testing may be more appropriate as it can identify currently infectious travelers, provides results quickly and is less expensive.

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**RECOMMENDATIONS TO MITIGATE THE SPREAD OF COVID-19**

- a) using the multilayer risk-based approach to mitigate the transmission of the disease;
- b) continuing to apply general public health risk mitigation measures during air transport, including hygiene and sanitation practices, recommending the wearing of masks, applying physical distancing where feasible and ensuring adequate ventilation;
- c) implementing evidence-based testing and quarantine practices;
- d) recording and sharing data on testing, recovery and vaccination; and ensuring that the data required for verification of this evidence is made available internationally in a global, interoperable format;
- e) considering exemptions from testing and/or quarantine based on vaccination or recovery from infection;
- f) recognizing aircrew, front-line aviation workers and aviation workers in critical safety and security positions as essential workers to ensure the availability of air transportation during the COVID-19 pandemic; and
- g) encouraging COVID-19 vaccination and supporting States' access to vaccines.

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**PRINCIPLES AND EXAMPLE OF FACTORS TO CONSIDER WHEN CONSIDERING ALLEVIATING MITIGATION MEASURES IN AVIATION DURING THE COVID-19 TRANSITION PERIOD**

**1. Principles that States could consider when considering alleviations of mitigation measures**

- a) coordinate and communicate with the appropriate national authorities through national facilitation committees and/or other existing national frameworks;
- b) assess risk based on evidence regarding the local epidemiology, considering comparable indicators such as case rate, hospitalization rate, death rate or levels of vaccination and natural immunity in both departure and destination States;
- c) assess health resources including public health capacity and treatment capability in both departure and destination States;
- d) consider States' risk tolerance levels and other relevant national factors;
- e) take into account priorities for international travel where traffic capacity is limited;
- f) regularly review and update information on the relevant ICAO and World Health Organization (WHO) platforms;
- g) communicate risk mitigation measures and travel restrictions to all relevant stakeholders;
- h) be prepared to regularly and rapidly adjust mitigation measures or strategies in response to the epidemiological situation, health system capacity and other relevant factors; and
- i) take care to balance the public health risk with the continuation of services by considering the objectives, feasibility and effectiveness of each measure before alleviating restrictions during the COVID-19 transition period, noting that objectives could be different for individual States and that they could change over time.

**2. An example of factors that States could consider in terms of objectives, feasibility and effectiveness when considering alleviations of mitigation measures**

**1. Objectives**

- 1.1 The choice of an objective for travel measures should depend on local and global prevalence of SARS-CoV-2 variants; and
- 1.2 States should review objectives regularly as it might change over time due to progress on national strategies e.g. increase in population immunity due to natural infection and/or vaccination.

## 2. Testing

- 2.1 Pre-departure testing primarily mitigates on-board transmission;
- 2.2 Post-arrival testing can play a role in contact tracing or monitoring for national surveillance activities;
- 2.3 Post-arrival testing can provide more information on identification of a potential new VOC into an arrival State;
- 2.4 Post-arrival testing can delay the introduction and reduce the risk of outbreaks resulting from imported cases;
- 2.5 Post-arrival testing might not add value where there is already widespread community transmission or where there is limited health capacity or resources;
- 2.6 Testing in general may be of greater value for symptomatic passengers, non-vaccinated passengers or passengers with no history of COVID-19 infection due to their higher risk of contracting or transmitting the disease;
- 2.7 Rapid antigen testing could be more appropriate or feasible in comparison to PCR testing in aviation due to time, cost and practical considerations; and
- 2.8 Testing can be used to estimate SARS-CoV-2 prevalence in States to inform risk assessments, if there is sufficient health capacity and resources.

## 3. Wearing of masks<sup>4</sup>

- 3.1 Their primary purpose is source control and to provide a degree of particulate filtration to reduce the amount of inhaled particulate matter.
- 3.2 For any type of mask, appropriate use, storage, cleaning or disposal are essential to ensure that they are as effective as possible and to avoid any increased risk of transmission. States should follow WHO guidance on the correct use of masks.
- 3.3 In settings where there is community or cluster transmission of SARS-CoV-2, irrespective of vaccination status or history of prior infection, wearing a well-fitting mask that covers the nose and mouth is recommended for the general public when interacting with individuals who are not members of their household:
  - in indoor settings where ventilation is known to be poor or cannot be assessed, or the ventilation system is not properly maintained, regardless of whether physical distancing of at least 1 metre can be maintained; and
  - in indoor settings that have adequate ventilation if physical distancing of at least 1 metre cannot be maintained.

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<sup>4</sup> Source: [Infection prevention and control in the context of coronavirus disease \(COVID-19\): a living guideline, 7 March 2022 \(who.int\)](https://www.who.int/publications/m/item/infection-prevention-and-control-in-the-context-of-coronavirus-disease-(covid-19)-a-living-guideline)

Note: The general population in public settings includes enclosed settings such as transportation

3.4 The potential advantages of mask use by healthy people in the general public include:

- reduced spread of potentially infectious aerosols or droplets from exhaled breath, including from infected people before they develop symptoms;
- encouraging concurrent transmission prevention behaviours such as washing hands and not touching the eyes, nose and mouth; and
- preventing transmission of other respiratory illnesses such as tuberculosis and influenza and reducing the burden of these diseases during the pandemic.

3.5 The potential disadvantages of mask use by healthy people in the general public include:

- difficulty with communicating clearly, especially for persons who are deaf or have poor hearing or use lip reading;
- poor compliance with mask-wearing, in particular by young children;
- waste management issues; improper mask disposal leading to increased litter in public places and environmental hazards; and
- further disadvantages for, or difficulty wearing masks by, certain members of the population, especially: children; developmentally challenged people; those with mental illness or cognitive impairment; those with asthma, chronic respiratory or breathing problems; those who have had facial trauma or recent oral maxillofacial surgery; and those living in hot and humid environments.

3.6 The utilization of masks in community settings is likely associated with a decreased risk of SARS-CoV-2 infections compared with no mask-wearing; especially in variants with reported increased transmissibility where the benefits of mask-wearing would outweigh potential harms, with the exception of some individuals for such as young children or people unable to tolerate masks due to medical conditions, etc.

3.7 In areas with known or suspected sporadic transmission, or no documented transmission, WHO advise that decision-makers should apply a risk-based approach focusing on the following criteria when considering the use of masks for the general public:

- purpose of mask use;
- risk of exposure to SARS-CoV-2;
- vulnerability of the mask wearer/population;
- setting in which the population lives;
- feasibility;
- type of mask;
- vaccination coverage; and
- circulating variants of concern.

4. Physical distancing

- 4.1 States and aircraft operators could consider on-board factors such as airflow, HEPA-filters, physical barriers and ventilation procedures when reviewing physical distancing requirements as part of the multi-layer risk mitigation framework.
- 4.2 States and aircraft operators could, in conjunction with airport management, consider providing separate facilities for air crew and scaling down the recommendations on the physical distancing due to bottlenecks and the effects on flight time limitations for operations which could have an adverse effect on flight safety

— END —