

**Government of India**  
**Ministry of Health and Family Welfare**

**Dated 05 June 2026**

**SoPs for transportation of Category 2 and 3 passengers from Airport to Quarantine/ Isolation hospital – Ebola Disease**

**1. Introduction**

The World Health Organization (WHO), on 17 May 2026, has declared outbreaks of Ebola Disease (ED) in Democratic Republic of Congo and Uganda as a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (IHR, 2005).

This SOP provides guidance for coordinated management and transfer of travellers with history of contact as well as symptomatic travellers arriving/ transiting from affected countries in last 21 days, particularly the Democratic Republic of Congo (DRC), Uganda and South Sudan, to designated Ebola Quarantine Centers or isolation facilities while ensuring strict adherence to Infection Prevention and Control (IPC) measures.

**2. Categorization of International Travellers**

All arriving travellers from DRC, Uganda and South Sudan shall be screened and categorized as follows:

- **Category 1:** Passengers who are coming from affected countries with no symptoms and with no contact history.
- **Category 2:** Passengers who are coming from affected countries with no symptoms but have contact history with Ebola disease patient or person died due to Ebola disease.

**Note:** Category 2 passengers shall be required to be transferred from the airport to designated Quarantine Centre (QC)

- **Category 3:** Passengers who are coming from affected countries **AND** are exhibiting Ebola disease symptoms, like Fever, Headache, Myalgia, Sore throat, Vomiting, Diarrhoea, Abdominal pain etc.

**Note:** All Category 3 travellers shall be managed as suspect Ebola disease cases until proven otherwise.

**3. Coordination Among Stakeholders**

**3.1 Role of Airlines**

**Prior Information**

Where a traveller is identified on-board with symptoms suggestive of Ebola disease or reports a relevant exposure history:

- The Pilot-in-Command shall notify Air Traffic Control (ATC), which will relay the information to APHO.
- Information shall include:
  - Flight Number
  - Arrival time
  - Passenger name and seat number;
  - Nationality;
  - Symptoms observed;
  - Travel history to Ebola affected countries in last 21 days

### **Controlled De-boarding**

- The suspect traveller shall be managed as per the protocol and shall remain seated, while all other passengers shall disembark first.
- APHO personnel (only one person) shall board the aircraft wearing appropriate PPE after routine de-boarding is completed.

### **Identification of Contacts**

The airline shall provide passenger manifest and seating details to APHO, including:

- Persons seated in the same row;
- Persons seated up to three rows ahead;
- Persons seated up to three rows behind;
- Travel companions;
- Crew members having direct interaction with the suspect traveller.

### **3.2 Role of Immigration and Airport Authorities**

- As soon as the immigration official confirms the Category (2 or 3), passenger along with SDF to be handed over to APHO team.
- Establish a dedicated "Green Channel" for movement of the suspect traveller from aircraft to the designated assessment/isolation area.

### **3.3 Role of Airport Health Organization (APHO)**

- Lead risk assessment and public health management at the airport.
- Coordinate with airlines, immigration authorities, ambulance providers and referral hospitals.
- Ensure implementation of infection prevention and control measures.

## **4. Examination and Risk Assessment by APHO Team**

### **4.1 Infection Prevention and Control Measures**

Before assessment:

- APHO personnel shall don appropriate PPE as per prevailing guidelines.
- Hand hygiene shall be performed before and after all patient interactions.

## **4.2 Clinical Assessment**

- APHO team to shift the passenger in temporary isolation room.
- Provide passenger mask and gloves to wear.
- Only one person to interact with passenger wearing appropriate PPE as per risk.
- The APHO team shall undertake quick symptom assessment; temperature check-up (using non-invasive, thermometer); etc. before referral and transportation.
- Physical distancing (1 meters) from other travellers shall be maintained.

## **4.3 Exposure Risk Assessment**

APHO team to examine the SDF and confirm the category as 2 or 3. The APHO team shall obtain information regarding:

- Travel history during previous 21 days;
- Direct or indirect contact with confirmed, probable or suspect Ebola disease cases (including healthcare associated exposure) or in context of participation in funeral or burial practices;

## **4.4 Categorization**

Following assessment:

- Category 2 travellers shall be managed in a designated Quarantine Center for a period of 21 days after arrival in the country.
- Category 3 travellers shall be treated as suspect Ebola disease cases and transferred to a designated isolation facility.

### **Important Note:**

- Explain the reasons for transportation to passenger and their family.
- APHO staff shall ensure collection of stamped passport and passenger luggage and to be handed over to the ambulance staff for transfer to Quarantine/ isolation facility after showing and informing the passenger.

## **5. Prior Notification to Referral Hospital**

Before transfer of a suspect case:

- APHO shall immediately notify the designated referral hospital.
  - APHO shall be communicate patient details, including clinical condition; vital signs; any pre-existing chronic or acute ailment; exposure history; estimated time of arrival etc.

The referral hospital shall:

- Activate its Ebola response protocols, including alert sent to all healthcare workers identified for the purpose
- Ensure that the designated isolation facility is ready to receive the patient;

- Ensure readiness of PPE and support services.

## **6. Transportation**

### **6.1 Dedicated ambulance**

Passenger to be transferred to ambulance in a dedicated path, segregated from routine people movement to avoid intermixing. Busy areas such as custom clearance, duty free shops and food outlets to be avoided while identifying such route. Assistance of CISF to be taken to avoid absconding of passenger.

Transfer shall be undertaken only through:

- A dedicated ambulance designated for high-risk infectious diseases;
  - For transportation of Category 2 passengers: Standard ambulance equipment, shielded with impervious barrier drapes.
  - For transportation of Category 3 passengers: Stripped out ambulance shielded with impervious barrier drapes or taped up cupboards with minimal equipment, to facilitate cleaning and reduce the amount of equipment that may need decontamination/ disinfection or destruction if not possible to decontaminate/ disinfect.
- Trained ambulance personnel familiar with Ebola IPC procedures.
- Staff to wear appropriate PPE as per the risk and keep a safe distance of 1 meters from the passenger.
- Ensure passenger is also wearing minimum PPE such as mask to prevent spread of saliva while sneezing or coughing, and gloves to prevent contamination.
- The patient to enter the ambulance without touching the outside of ambulance.
- A checklist that may be used for ensuring readiness of ambulances is placed at **Annexure**.

### **6.2 Ambulance staffing**

The ambulance team shall consist of trained driver and trained paramedic(s). Paramedics handling the patient would be in proper PPE kits

### **6.3 Infection Prevention and Control During Transport**

The following measures shall be ensured:

- Appropriate PPE for ambulance personnel;
  - For transportation of Category 2 passengers: Health care staff assisting transportation should at least wear gloves to protect hands, a spill proof gown or coverall to protect clothing, and a mask/face shield to protect mucous membranes.
  - For transportation of Category 3 passengers: Health care staff should wear proper PPE with spill proof coverall, boots, double gloves, face mask, head and eye protection.
- Ensure passenger is also wearing minimum PPE such as mask to prevent spread of saliva while sneezing or coughing, and gloves to prevent contamination.;

- Minimal number of personnel involved;
- No attendants unless medically necessary;
- Availability of spill management and disinfection supplies.

#### **6.4 Post-Transport Decontamination**

After transfer, any biomedical waste shall be disposed of; PPE shall be removed and disposed as per BMW 2016 guidelines and the ambulance shall undergo cleaning and disinfection, with logistic assistance from Quarantine center or Isolation facility.

#### **7. Transfer to Designated Isolation Facility**

The receiving team shall be in appropriate PPE before patient arrival. Upon arrival at the referral hospital:

- The passenger will come out of ambulance, without touching outside of ambulance.
- Hand over the document folder to staff on duty at quarantine/isolation hospital.
- A pre-identified dedicated pathway shall be utilized for movement of the patient.
- Movement through common patient-care areas shall be avoided.
- Access shall be restricted to authorized personnel only.
- The patient shall be directly admitted to the designated Ebola isolation facility.

#### **8. Public Health Action and Surveillance**

##### **8.1 Notification**

All Category 3 travellers identified as suspect Ebola disease cases shall be reported immediately to:

- Central Surveillance Unit, Integrated Disease Surveillance Programme (IDSP), NCDC
- State Surveillance Unit (SSU);
- District Surveillance Unit (DSU);

##### **8.2 Contact Information**

The following details shall be shared with IDSP by the APHO:

- Passenger details;
- Flight details;
- Seating plan;
- List of close contacts, including:
  - Persons seated up to three rows ahead;
  - Persons seated up to three rows behind;
  - Travel companions;
  - Any crew members with direct exposure;

##### **8.3 Management of attendants**

- Category 2 passengers: Assess the travel history of attendants, as being in same travel group, possibility of them to also be in Category 2 must be ruled out.

- Transfer them to institutional quarantine facility in case they have a contact history with EBOD Patient. However, separate rooms to be provided in QC.
- Advise self-monitoring for 21 days, in case they have no contact history with EBOD patient
- Category 3 passengers: Assess the travel history & symptomatology. If no symptoms, categorize & manage as probable contact under strict observation & quarantine. If in the isolation facility, Category 3 passenger tests negative for EBOD and released from Isolation – Attendant to be released from quarantine and advised to complete 21 days self-monitoring period.

### **Contact Tracing and Monitoring**

IDSP shall initiate:

- Risk assessment of identified contacts;
- Categorization of contacts;
- Monitoring and follow-up for 21 days as per national guidelines;
- Coordination with States/UTs for inter-jurisdictional follow-up.

### **Annexure**

#### **Ambulance checklist for ensuring readiness for transfer of passengers to quarantine center/ isolation facilities**

- Personal Protective Equipment
- Adequate fuel
- Stretcher
- Separate drinking water bottles for passenger.
- Separate bucket for collection of vomitus.
- ORS,
- Disposable Garbage bags,
- Soap and Hand sanitizer
- Any other supplies that seems essential for transportation as per situation & risk assessment.

Ambulance attendant to carry essential equipment & documents such as filled Self Declaration Form, referral slip, passport etc. in a separate pl