

COVID-19



# Rapid Assessment of Point of Entry Capacity (RAPC)

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#### Purpose

To provide a qualitative assessment tool for determining public health needs and capabilities at a point of entry (POE) to address Coronavirus Disease 2019 (COVID-19) preparedness and response. This qualitative assessment tool is meant to complement other more quantitative tools for POE assessment.

#### Audience

The primary audience for this assessment tool is ministry of health and port health leaders, as well as national and local stakeholders associated with all POE types.

### Background

There are many considerations for determining whether public health capacities are sufficient at a POE, particularly regarding COVID-19. The increasingly globalized economy, and ease and speed of worldwide travel have increased the international spread of communicable diseases like COVID-19. Communicable diseases can spread rapidly via air, sea, or ground transportation, making interventions at POE essential in limiting the spread of communicable diseases across borders. Public health screening for COVID-19 at POE can be resource intensive and, if done, should be flexible allowing measures to be scaled up or down according to the needs of POE, surrounding region and country, and status of the pandemic. Additionally, surveillance at POE is most useful in detecting

overtly ill travelers; it will miss a majority of travelers with asymptomatic (no symptoms) or pre-symptomatic (before symptoms develop) COVID-19 if they do not report a recent exposure on a health declaration form. Screening may also miss symptomatic travelers if they have taken steps to hide their symptoms (e.g. medication to reduce fever or suppress cough). If detection of ill travellers is occurring at the POE, there should be procedures in place for management at the POE and referral to a designated healthcare facility if medical care is needed. Interventions at POE should ideally include risk communication, infection prevention and control, and other mitigation efforts to the extent possible.

Routinely assessing the needs and capabilities is critical for identifying and implementing the most appropriate actions at each POE to reduce the spread of COVID-19. Leadership can use the Rapid Assessment of POE Capacity (RAPC) tool for COVID-19 to assess current capacities and accessibility of public health screening, testing, surveillance, and mitigation strategies at the POE level.

## Methodology

Leadership at the POE can serve as an evaluator and use the RAPC tool to facilitate a discussion with key stakeholders to assess capabilities with regards to surveillance, screening (if being done), testing (if being done), and mitigation efforts for COVID-19 at a POE and in the surrounding border regions. The information collected, by phone or during a site visit, can inform the design or modification of intervention strategies such as screening, testing, or activation level of POEs.

This document also includes suggested approaches for interpreting results and developing responsive action plans after completing the RAPC.

#### **Impact**

RAPC evaluators and POE stakeholders can develop tailored POE-level action plans to strengthen COVID-19 preparedness and response capacities. Assessment results are not meant to be used as a justification or checklist for opening or closing a POE. The tool is meant to provide a qualitative assessment about the current capabilities and capacities at the POE. Public health leadership can use these qualitative results in conjunction with other, relevant data sources including the epidemiologic context of the pandemic globally, regionally, nationally, and locally to adjust mitigation efforts at POE.

POE stakeholders can contact the U.S. Centers for Disease Control and Prevention (CDC) Global Border Health Team (GBHT) at gbht@cdc.gov for technical assistance with developing standard operating procedures (SOPs) or addressing any gaps noted during the assessment.

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