Considerations for strengthening international information sharing for tracing and managing infectious disease cases and contact persons: Interim Guidance

9 February 2026

World Health Organization
South-East Asia Region

Summary

- This document aims to provide key considerations for countries when sharing information for tracing and managing infectious disease cases and contact persons who have travelled across international borders.
- Appropriate management of cases and contact persons is a critical public health measure for certain infectious diseases, especially for high-threat pathogens, and emerging diseases. When a case or contact person travels from one country to another, rapid sharing of information is needed for effective case management and contract tracing.
- The needs for contact tracing may depend on risk assessment, informed by the characteristics of the pathogen, nature of exposure, evolving epidemiological situation, country context and priority, and resource availability.
- Information sharing on cases and contact persons who travel internationally is usually conducted between the national International Health Regulations (IHR)(2005) Focal Points (IHR NFPs) of respective countries.
- Confidentiality and privacy of health information and/or personal details of an identifiable individual must be protected throughout the process of information sharing of cases and contact persons. Political, social and ethical implication of sharing individual information should also be considered.
- Procedures of information sharing should be adapted to different scenarios whether a case or a contact person had travelled internationally, and whether the country of departure or destination had detected the case or contact person.

Background

When an individual who is infected with an infectious pathogen (a case), or an individual who was exposed to an infectious pathogen (a contact person) travel internationally from one country to another country when they are still infectious or on treatment (case) or during their incubation period (contact person), their timely and effective tracing and management may help prevent or control further international spread of diseases.

To implement public health measures, including contact tracing, timely provision of information to the responsible authority or institution is critical. However, international information sharing often delays, due to various reasons. Even if the information on a case or a contact person are being shared, the information provided may not be sufficient to conduct investigation or trigger response measures. In sharing the information of cases or contact persons, confidentiality and privacy of personal information must be protected.

Article 44 of the International Health Regulations (IHR) (2005) (*1*) encourages countries to collaborate with each other in the detection, assessment of, preparedness for, and response to, public health events to the extent possible.

This Article provides the legal foundation to facilitate timely sharing of information to inform public health measures including tracing and management of cases and contact persons.

During the COVID-19 pandemic, countries in the WHO South-East Asia Region expressed willingness to strengthen timely information exchange for international contact tracing and requested WHO to provide further guidance. In response, WHO SEARO, in coordination with WHO headquarters, developed and published *Considerations for sharing information for international contact tracing in the context of COVID-19* (*2*), which elaborated the principles and key considerations for countries in sharing personal information for international contact tracing of people who travel across borders through air, water and land.

At the same time, growing needs have been recognized to expand the scope of the guidance beyond COVID-19 to cover other pathogens that may require sharing of information across countries to prevent and control international spread of diseases and management of cases who travel internationally. This document is developed aiming to improve effectiveness of international information sharing to manage infectious disease cases and contact persons who travel across the borders.

The purpose and target audience of this document

This document aims to provide considerations for countries when sharing information for tracing and managing infectious disease cases and contact persons who have travelled across international borders.

This document is intended for the national IHR Focal point (IHR NFP), as well as health authorities in charge of public health surveillance and response for infectious diseases, particularly those responsible for case investigation and contact tracing among travellers who travel internationally. Operators of conveyances, such as aircraft or ships, may also contribute to information sharing for tracing and managing infectious disease cases and contact persons, and may find this document useful.

Relevant provisions in the International Health Regulations (2005)

Article 44 of the IHR (2005) calls for collaboration among States Parties to support detection and assessment of, preparedness for, and response to, public health events *(2)*. The Article also requires WHO to facilitate technical cooperation to the extent possible.

In line with Article 45 of the IHR (2005), health information collected or received from another country or from WHO which refers to an identified or identifiable person **shall be kept confidential** and processed anonymously as required by national law *(2)*.

Article 45 of the IHR (2005) *(2)* also requires that States Parties may process and disclose personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:

a) processed fairly and lawfully, and **not further processed in a way incompatible with that purpose**;
b) adequate, relevant and not excessive in relation to that purpose;
c) **accurate** and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
d) **not kept longer than necessary**.

Contact tracing and investigation of the source of infection

Contact tracing is defined as "the systematic process of identifying, assessing, managing and supporting contact persons of infectious individuals" (*3*). Contact tracing aims to prevent new infections by breaking chains of transmission, enable the early identification and management of cases, and guide the implementation of public health and social measures to reduce the spread of infection (*3*).

When systematically applied, contact tracing, in combination with effective public health and social measures, such as testing, isolation of infectious cases, care for cases and sometimes quarantine of contact persons, has been proven to be an essential public health measure for preventing transmission of infectious diseases, such as certain viral haemorrhagic fevers (VHFs) (*4*), Mpox (*5*), COVID-19 (*6*), tuberculosis (*7*), leprosy (*8*) and certain influenza viruses (*9*). For this end, contact tracing requires the identification of persons who were exposed to the pathogen and may be infected, and provision of adequate public health measures during the incubation period.

In addition, countries may also conduct investigations into the sources of infection. To identify potential sources of infection, a detailed investigation of the case or the case's caregiver is needed. Through investigating sources of infection, public health authorities may identify more people exposed at specific events, gatherings or settings, and implement appropriate public health measures for identified exposed persons. It may also help identify settings or environments associated with high risk of transmission, and inform broader public health and social measures to reduce the risks of exposures among the public. Such efforts were called backward or retrospective contact tracing in some countries.

In some instances, cases or contact persons may be identified among those who travel across countries. In such situations, tracing of cases and contact persons may require sharing of information between countries, territories and/or subnational areas. International contact tracing refers to efforts to identify cases and trace contact persons when the cases or contact persons travelled internationally.

When should information be shared internationally for contact person and case management?

International information sharing of cases or contact persons is not required for all types of infectious diseases. Information sharing of cases and contact persons are often required or recommended for infectious diseases of the following nature:

- High-threat pathogen with high case-fatality rate
- Emerging diseases for which the population has no or little immunity
- New clade or new variant of known pathogen with unknown characteristics or those which may pose greater public health risks than those clades or variants currently circulating
- Disease declared as public health emergency of international concern under IHR (2005) (*1*)
- Drug-resistant organisms that pose high threat to public
- Pathogen with very high transmissibility.

Depending on pathogens, different countries may have different policy on whether and how cases and contact persons may be traced. Country may determine the policy, based on their risk assessment, taking into consideration characteristics of the disease such as severity, transmissibility, infectious and incubation period, as well as other factors such as number of cases in the country and level of immunity of the population. The policy may also be affected by availability of resources and country priorities.

Efforts to trace and manage cases and contact persons will also be adapted to the evolving epidemiological situation and country context. International contact tracing is an important component of the public health measures to respond to high-threat pathogens, particularly newly emerging or re-emerging infectious diseases. Utility of international contact tracing will likely be dependent on the characteristics of the pathogen, as well as the epidemiological situation in countries.

For example, information of multidrug-resistant tuberculosis cases is commonly shared across the countries, when such a situation is identified by the authorities.

In case of newly emerging respiratory diseases, contact tracing is usually important for countries with no cases, only imported/sporadic cases or limited scale of cluster transmission. However, when community transmission is ongoing and surveillance capacities are overwhelmed, contact tracing of imported cases may have limited additional benefits and may be challenged by competing priorities to manage a large number of cases and contact persons.

In addition, international contact tracing may be prioritized by countries in the context of the emergence of a new variant or clade, for which transmissibility, virulence and impact are not fully characterized, as a precautionary measure.

When the policy of the counterpart country is uncertain whether the country implements contact tracing or not for the disease, it is recommended to communicate with the National IHR Focal Points of the concerned country concerned providing basic information as soon as possible, and to suggest additional information can be provided for contact tracing if required. Based on the response from the counterpart country, further comprehensive information of the case or contact can be provided to enable contact tracing.

Where demands for international sharing for case and contact person management is overwhelming, countries may choose to give priority to contact persons at high risk, as defined for that specific disease. Contact tracing may also be prioritized by setting, group and situation in which the exposure took place, or type of exposure; e.g. prioritizing contact persons who had exposure onboard conveyances that are considered high-risk settings for transmission of certain diseases, particularly those where people at high risk stay in close proximity during long periods of time and are at increased risk of exposure to the disease.

Scenarios

The purpose and information flow for international information sharing will differ by scenarios. Here, four scenarios are presented depending on whether the traveller was a case or contact person, and whether the traveler was detected in departure country or destination country.

The scenarios are based on the following assumptions:

- In the scenarios where the case travels internationally (scenarios 1 and 3), exposure occurred before arrival in the destination country.
- In the scenarios where the contact person travels internationally (scenarios 2 and 4), exposure occurred before arrival in the destination country.

The scenario includes the following (also summarized in the Table 1).

- Scenario 1: The departure country identifies a case who recently departed the country. The departure country shares information with the destination country and the transit country for case management and contact tracing.
- Scenario 2: The destination country identifies a case who recently arrived in the country. The destination country shares information with the departure country and the transit country for contact tracing or source investigation.
- Scenario 3: The departure country identifies a contact person who recently departed the country who was potentially exposed to infectious pathogen prior to departure. The departure country shares information with the destination country and the transit country for contact monitoring and management.
- Scenario 4: The destination country identifies a contact person who recently arrived in the country, who was potentially exposed to infectious pathogen prior to or during the travel. The destination country shares information with the departure country or transit country for possible source investigation.

Table 1. Scenarios that may prompt international information sharing to trace and manage a case or a contact person

Traveller	Country identifying a case or a contact person	
	Departure country	Destination country
Case	Scenario 1	Scenario 2
Contact person	Scenario 3	Scenario 4

Notes:

a) Once an international traveller is identified as a case or a contract person, the itinerary of the international travel including departure, transit and destination countries should be clarified from the traveller or from the conveyance operator.

b) Exposure may happen on board conveyances, such as cruise ships or aircraft. If exposure or infection is identified or suspected on-board conveyances by conveyance operators, they are expected to inform the authorities of the port or airport of the destination country, and provide them with the necessary information regarding the suspect case and contact persons using standardized data collection forms such as the Passenger Locator Form (PLF) (*10*), the Aircraft General Declaration (annex 9 of the IHR(2005)), or the Maritime/Ship Declaration of Health (annex 8 of the IHR(2005)). Then, the destination country should consider information sharing to departure and transit countries following the above Scenarios 2 and 4. In case conveyance operators share information with the departure countries, then the departure country should share the information to transit and destination countries following the above scenarios 1 and 3.

c) If a transit country diagnoses an infectious disease case that may trigger contact tracing or case investigation, the transit country may share the information with the departure country following the scenario 2. Once diagnosed, and when international travel of the case is considered to pose public health risks, the case may be requested not to proceed on subsequent travel. However, if the case continues his or her travel, information should be shared with the destination country based on the above scenario 1.

Considerations for international information sharing for tracing and managing cases and contact persons

Countries are encouraged to consider the following points in strengthening international information sharing for tracing and managing cases and contact persons. It would be useful to have **standard operating procedures** in place in respective country contexts to enable effective international information sharing, taking into consideration the following points.

Detection and assessment of cases and contact persons

- Once a case or contact person who has travelled internationally is identified, the responsible health authority should carefully **interview the traveller to obtain information** to identify the departure, transit and destination countries, and to enable the contact tracing if indicated. Information from conveyance operators can be used to verify the itinerary.
- For assessment of risks, the **health authority is expected to coordinate** relevant authorities and stakeholders including those at subnational levels, and obtain information from various sources, such as case investigation teams, hospital, conveyance operators, civil aviation or maritime authority, or authority in charge of point of entry.
- Based on available information, the health authority should conduct **risk assessment** to inform the required public health actions, including the need for contact tracing, based on risks associated with potential exposure at each location.
- When contact persons are exposed onboard conveyances, **collaboration** between public health and other authorities at the point of entry, including transport authorities and conveyance operators, is needed to access the necessary passenger information and to identify individuals at high risk.

International information sharing of cases and contact persons

- For international sharing of information of cases or contact persons, **information should be shared in timely manner** between the countries, to enable timely implementation of public health measures, including case management and contact tracing.
- Relevant consolidated information should be **communicated from the IHR NFP to the IHR NFP(s)** of the concerned country or countries (i.e. departure countries, transit country and/or destination country).
- Information of cases or contact persons can be shared **bilaterally** between concerned States Parties, **with or without copying IHR contact points at the WHO regional offices concerned** [1]. WHO IHR contact points are ready to facilitate or follow-up communication, if they are copied and when required.

Protection of individual data

- **Data protection and data privacy** must be considered at all levels of contact tracing activities, while sharing information of individuals.
- When sharing relevant information of an identifiable individual, the file containing confidential information should be **protected by a password**. This password should be shared in a separate email.
- Upon receiving the information from another country, **timely acknowledgement of** its receipt is encouraged, and the information should be **forwarded to the concerned officials at the earliest** to ensure the necessary public health measures including case management and contract tracing are implemented in accordance with national guidelines and in consideration of WHO guidance *(1, 6)*.

[1] However, each State Party shall notify WHO all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument in the Annex 2 of IHR(2005).

Ethical, social and human right considerations

- International sharing of information of infectious disease cases or contact persons also require **ethical and human rights considerations**. There are diseases that are associated with stigma, discrimination or criminalization. Some diseases are associated with certain behaviours that are criminalized or penalized; for example, various countries criminalize same-sex sexual conduct with the death penalty (*11*). Disclosure of health conditions may also have legal implications, such as restriction on employment.
- It is critical to assess risks and benefits of sharing information on individual travellers, taking into considerations such social, legal and human rights implications. The procedures of sharing individual information may be guided by the risk assessment, and can be negotiated with the counterpart country to avoid negative human right consequences.

Technical assistance

- Any **question or request for assistance can be addressed to WHO**, either to the respective country office or to the WHO IHR contact point at the regional offices. The email addresses of WHO IHR contact points can be found on the event information site (EIS), which is accessible to all IHR NFPs.

Information items on the case or contact person who travelled internationally

When sharing the information of case and contact persons who travelled internationally, countries are encouraged to share the following information. This list is not exhaustive. Depending on the disease and risk assessment, information items should be adjusted. Priority information items are shown with asterisk.

Category	**Information items**
Individual identification	Information as appears in the passport or equivalent travel document • Full name * • Nationality * • Date of birth * • Age • Sex * • Number of passport or other relevant travel document * Other information • Case (unique) ID • Residential address, or place where the individual stayed in the country of departure *
Exposure	• Date of last contact with an infectious case * • Exposure settings and mode * • Use of personal protective equipment
Laboratory and clinical information (if available)	• Laboratory test performed (method) and the result * • Date of specimen collection * • Date of symptom(s) onset *

	• Clinical signs and symptoms

Travel history and conveyances	• Departure from the departure country *
	  ○ Date of departure
	  ○ Point of departure (airport, port or land crossing)
	• Country or area where the person had transited, or stopped en route *
	  ○ Date of arrival and departure
	  ○ Airport, port or station
	• Entry to the destination country *
	  ○ Date of arrival
	  ○ Point of entry (airport, port or border crossing)
	• Conveyances *
	  ○ Flight number/ship number (name)/train number/vehicle identification
	  ○ Seat/cabin number

Additional information which may be useful for assessment, depending on disease	• Vaccination status • History of visiting venues considered to be high risk for that disease • Meetings or gatherings attended • Exposure to animals or vectors

Acknowledgements

This document was developed by the World Health Organization's Health Emergencies Programme at the Regional Office for South-East Asia, in coordination with Department of Health Emergency Preparedness and Department of Health Emergency Intelligence and Surveillance at WHO headquarters. The development of this document was coordinated by Masaya Kato, with technical contributions made by Ninglan Wang, Sara Barragan Montes, Marie-Amélie Degail, Maung Maung Htike, Mushtofa Kamal, Pavana Murthy, Matthew Griffith and George Joseph Kodickal. The draft of this document was presented at the virtual regional meeting on advancing multisource collaborative surveillance in the WHO South-East Asia Region (11–13 March 2025) and written comments from Member State participants were incorporated to finalize the document.

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