

Resuming Safe Air Travel

AHPI and Airport Joint Advisory – 2021



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Foreword

The COVID-19 pandemic has adversely impacted the economy, leaving most sectors in dire straits. The aviation industry is one of the worst affected. After phenomenal growth in air travel over the last decade, the crisis has left a devastating effect on aviation's two primary constituents – airlines and airports.

The safe re-opening of domestic and international travel is crucial in order to revive international business travel and help kickstart economic recovery.

The aviation industry has been collaborative and proactive in ensuring the health and safety of air travellers during the pandemic. In the aftermath of the second wave, there is a need to establish a fresh set of protocols to reinstate confidence among travellers.

This white paper is an attempt by the aviation and the health industry to come together and present a range of realistic, implementable, sustainable options and measures that can be considered to facilitate seamless and safe travel. These measures will help catalyse the return to normalcy and allow free movement of people across domestic and international borders, which will act as a huge force multiplier in economic recovery.

We hope to work closely with the Government of India to take these proposals forward and arrive at safe and seamless ways to open up our skies once again.

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Executive Summary

In order to make air travel seamless and hassle-free globally, an expert committee comprising members from the health sector and aviation sector have come together to present some recommendations to the government. These recommendations are aimed at feasibly creating a safe air travel environment while safeguarding public health and safety. A summary of these recommendations are presented below:

The Government of India should take measures for obtaining WHO/EU approval for all COVID vaccines administered in India to facilitate air travel across the border. The government should also facilitate acceptance of WHO-approved vaccinations given in other parts of the world.

Technology should be leveraged and used judiciously to ensure safe and secure air travel for all. The Ministry of Civil Aviation can act as a facilitator and regulator in this regard, by recognizing the government-approved Travel Pass for uniformity and global acceptance.

All airport, airlines and support staff including air crew and ground staff should undergo a complete course of vaccination as prescribed, and be trained in COVID-appropriate behaviour, especially the proper use of masks and hand sanitisation.

Before their journey, passengers should web check-in with their vaccination details and/or test results and declare their health status using the self-declaration form. They should wear a triple-layered surgical mask throughout the journey, and preferably use digilocker for their travel documents in order to minimise shared handling.

Inside the airport, sanitation and safe distancing must be maintained in seating areas, at all airport counters, in cafeterias and lounges. The use of biometry, QR codes on air tickets, and digital copies of documents can facilitate touchless validation. There are specific safety recommendations for baggage handling, cafeterias, airport buses, airport toilets and aerobridges.

On board the aircraft, there should be no clustering while boarding or disembarking. Air vents should be kept open. There should be frequent announcements regarding the wearing of masks and hand sanitisation. Meals should be avoided as far as possible and staggered if unavoidable.

For domestic travel, the requirements for tests or vaccinations are different at different airports. This should be standardised. The “one nation, one rule” regarding COVID travel should be adopted. Temperature checking should be discontinued. However, contact tracing should be carried out as warranted.

Rapid diagnostic tests may be used for testing at the departure port. All RT-PCR testing must be carried out at the departure port only, and should not be mandated at the arrival airport. For international passengers, RT-PCR testing and quarantine requirements will be based on their risk exposure.

The annexures contain cleaning protocols for airport toilets, public areas in the airport, aircraft, safety measures for vulnerable populations, and frequently asked questions.

Objective

To create an environment of air travel that is easily implementable, sustainable and passenger-friendly without compromising on public health and safety, thereby reinstating confidence in travellers and encouraging air travel, which is crucial for the revival of the country's economy.

Introduction

COVID-19 has affected the Indian aviation and tourism industry in more ways than one can imagine, jeopardising its future viability and stability. The World Travel and Tourism Council estimates that the COVID-19 pandemic has caused the global tourism and travel sector a huge monetary loss, and that millions of jobs worldwide have been lost (WTTC, 2021).

International organisations such as the World Health Organization and the Centre for Disease Control have recommended the resumption of air travel by employing risk mitigation strategies to reduce the import of infections into destination countries (WHO 2021; CDC 2021).

The Ministry of Civil Aviation (MOCA) has issued various SOPs in a timely manner to address safe travel. However, this document attempts to comprehensively suggest ways of minimising the transmission of not just COVID-19 but also other respiratory pathogens while travelling by air. With the help of vaccination and COVID-appropriate behaviours, the transmission of the virus can be significantly minimised.

The following measures have been shown to reduce transmission and can significantly promote safe air travel.

- **Face Mask** – Mandatory use of a standard three-layered face mask, irrespective of vaccination status.
- **Disinfection** – Sanitising or frequent hand-washing and periodic disinfecting of the surroundings and touchpoints.
- **Social distancing as feasible and appropriate**
- **Aircraft Ventilation** – Large aircraft are equipped with HEPA filters and ensure frequent cabin air exchanges, thereby minimising the risk of transmission of any respiratory pathogens.
- **Vaccination** – Vaccination is to be the major parameter of all new regulations.
- **Testing** – For non-vaccinated travellers, COVID-19 testing is to be continued as a pre-requisite to air travel.

The following sections contain recommendations for public health and safety at every step of a traveller's journey from the moment he/she steps into the airport of departure until he/she exits the airport at the destination city.

Recommendations

Section A: Vaccine-Related

- It is suggested that the Government of India seek the approval of foreign bodies such as WHO/EU for the COVID vaccines that are administered in India (e.g., COVAXIN, COVISHIELD, SPUTNIK, etc.) to facilitate air travel across borders.
- The Government should also facilitate acceptance of WHO-approved vaccinations given in other parts of the world.
- The Ministry of Civil Aviation should encourage airlines operating from India to recognize the government approved Travel Pass App.

Section B: Airport, Airlines and Support Employees

- They should undergo the complete course of vaccination as prescribed.
- They should be trained on the importance of COVID-appropriate behaviour (MoHFW, 2020)
- Depending on the job role, they should be trained with basic knowledge about COVID-19 (such as recognising symptoms of any respiratory illness).
- They should attend regular sessions on managing mental health issues of all personnel.
- They should undergo training to monitor COVID-appropriate behaviour and handle passengers efficiently.
- The staff should be educated about, and sensitive to, the anxiety of passengers due to the COVID-19 situation and provide assurance when needed.
- The agents who handle baggage should follow extra caution as they handle many pieces of baggage throughout the day.
- Safety instructions and other instructions regarding travel restrictions, isolation, screening and other safety procedures that are to be followed should be provided in multiple languages.

Section C: Aircrew

- All aircrew should undergo the complete course of vaccination as prescribed.
- They should be trained in ensuring COVID-appropriate behaviour on the flight.
- They should be trained in recognising COVID signs and symptoms and how to manage related emergencies on the flight.

Section D: Passengers

- Web check-in for passengers should preferably be made mandatory to minimise shared handling.
- All passengers should complete a self-declaration form.
- If not vaccinated, an RT-PCR test report taken <72 hours earlier should be presented by the passenger.

Section E: International Passengers

- The PNR number of the journey should be generated following validation of the vaccine reference number.
- All non-vaccinated passengers should submit a negative RT-PCR test (or equivalent) taken <72 hours earlier, irrespective of the vaccination status.
- Vaccination certificates for COVID-19 recovered passengers (as confirmed by positive RT-PCR) is not insisted upon for a period of 90 days from onset of infection.

Section F: Check-in at the Airport Entrance

- The use of facial recognition technology to confirm identity is recommended.
- Passengers should display their boarding pass (also containing information about their vaccination status) on their mobile phone.
- The use of soft copies of documents for identity checks should be encouraged.
- The authentication of the passenger's vaccination status should be verified.
- India should approve the IATA Travel Pass App or the India Digital COVID certificate which will contain the respective passenger's vaccination status and RT-PCR reports.
- India should also implement QR code scanning across airports and airlines. QR code requirements in the RT-PCR should be made mandatory to meet international requirements.

Section G: Inside the Airport

Visitors

- The entry of visitors into the airport should be restricted.

Airport Seating

- A safe distance should be maintained between passengers, and they should avoid facing each other.
- Unnecessary crowding at boarding points should be avoided.

Airport Counters/Immigration Counters/Check-In Counters

- The use of biometry, iris/face scan and digital copies of documents should be encouraged.
- All airline documents such as e-tickets should have QR codes so that they can be validated and scanned in a touchless manner.

- Frequent sanitisation and physical distancing should be maintained.
- Touch-free frisking: an extended hand-held metal detector should be used for frisking. If manual frisking is required, gloves should be used. Gloves must be changed after each physical frisking and properly disposed of.
- COVID-appropriate behaviour should be adhered to, with signage at appropriate locations regarding COVID protocols.
- The penalties for not following COVID-appropriate behaviour should be adequately publicised.
- The use of appropriate barriers/face shields should be considered for staff who come in contact frequently with passengers.

Proper Usage of Masks

- It is mandatory for masks to be worn in the correct manner.
- Audio-visual aids should remind passengers about COVID-appropriate behaviour, especially proper masking.
- The improper usage of masks should be treated as an offence.

Preventing the Spread of Infection from Toilets

- Toilets should be thoroughly cleaned at regular intervals, failing which spread can occur.
- Touchless sensor-based hand sanitisers should be made easily available at appropriate places.

Baggage Handling

- All check-in baggage should be passed through the U.V. tunnel at departure. Airports should use effective lamps producing UVC radiation of the appropriate wavelength to sanitise luggage.
- While retrieving baggage, social distancing should be strictly maintained.

Cafeterias/Lounges in the Airport

- These establishments must maintain high standards of personal hygiene.
- They must follow the standard protocol of social distancing and limited social contact, ensuring proper cleaning and regular disinfection.
- Frequent washing of hands must be adhered to.
- Food preparation surfaces, equipment and utensils should be cleaned with hot soapy water or appropriate disinfectant before and after food preparation.
- All employees at the cafeteria should be vaccinated, with information displayed.

Safety Norms in the Airport Bus

- There should be a limited number of passengers per trip.
- Where feasible, buses should have windows open to encourage air exchange. The use of A.C. buses are to be discouraged (if this is not possible, exhaust systems are recommended).
- Wherever possible, passengers should walk from the boarding gate to the aircraft.

Boarding the Aircraft via Aerobridge

- Social distancing is to be adhered to strictly by staggering entry into the aircraft, as ventilation is poor.

Section H: Inside the Aeroplane

Seating In-flight

- Boarding should take place row-wise to reduce clustering inside the aircraft.

Passenger Safety Norms On-board the Aircraft

- Masks are to be worn continuously throughout the flight. Masks should be changed as required.
- The placement of cabin luggage in the overhead luggage compartment is to be done by the passenger. If necessary, cabin crew/ground crew assistance can be sought.
- Sanitiser should be used appropriately and regularly.
- The air vents above the seats should be kept open.
- The flight crew should remind passengers repeatedly about mask-wearing and distancing through the public address system.
- In-flight snacks should preferably be avoided as serving meals on flights can pose a challenge in this environment.
- On flights where it cannot be avoided, snacks can be delivered using a contactless method such as wrapping the plate with cellophane wrap. The option of staggered meals can also be explored.

Aeroplane Toilets

- The aircraft toilets should be thoroughly cleaned with effective disinfectant after every five uses or every half an hour, whichever is earlier.

Air Circulation within Large Aircraft

- Within the aircraft, cabin air exchange occurs every three minutes when all engines are operational and all doors are closed, flowing from ceiling to floor. Cabin air is filtered and circulated through high-performance HEPA filters, ensuring high-quality clean air. The risk of COVID-19 transmission is very low while passengers are in the cabin of an aircraft (IATA, 2021). (In smaller aircraft, air exchange within the aircraft is maintained adequately, though there are no HEPA filters.)
- All air vents are recommended to be kept open during the flight.
- However, when the aircraft doors are open, such as while boarding or after landing, the air exchange frequency within the cabin is greatly reduced since the aircraft engines are not functioning at full capacity. Alternative mechanisms to increase the air exchange during this time need to be explored.
- All touchpoints, including air vents, are to be cleaned after every flight.

Section I: Disembarkation and Exiting the Airport

- While disembarking from the plane, passengers should do so row by row.
- Standing in the aisle should be prohibited.
- They should avoid touching other people or inanimate surfaces, and use hand sanitisers whenever a high-touch surface is touched.
- They should maintain safe distancing, especially in the aerobridge area, as ventilation is poor.

Section J: On Departure – Domestic Passengers

Testing at the Airport*

- All RT-PCR test requirements should be based on risk exposure.
- Risk-based testing and quarantine for air travellers (based on vaccination)

Sl. No.	Risk	COVID-19 Test [Before boarding]	Quarantine
1	Passenger is fully vaccinated and took the second dose at least 15 days before the date of travel (may or may not have a history of natural infection)	Not required	Not required
2	Passenger received only one dose of the vaccine (may or may not have a history of natural infection)	RT-PCR/other approved rapid test as listed above	Negative: Allowed to travel, no quarantine Positive: Not allowed to travel, home/institutional quarantine
3	Passenger was never vaccinated and there is no history of natural infection	RT-PCR/other approved rapid test as listed above	Negative: Allowed to travel, no quarantine Positive: Not allowed to travel, home/institutional quarantine
4	Passenger was never vaccinated and had a history of natural infection within 90 days of travel, making him/her ineligible for vaccination.	Not required	Not required

*Note: the above guideline applies only to asymptomatic travellers giving a self-declaration that she/he is asymptomatic.

Section K: On Arrival – International Passengers

Airport Health Office

- All passengers should electronically show their self-declared health status which they filled during web check-in. For minor passengers, the accompanying adult passenger can declare the health status.
- Symptomatic passengers should be examined by the airport health officer and the appropriate action should be taken as per prevailing ICMR guidelines.
- All emergencies should be handled as per ICMR guidelines.
- All symptomatic passengers will undergo testing and quarantine at the arrival hall, to be followed up by the state health department as per ICMR guidelines.

- Asymptomatic passengers who are vaccinated and can produce a vaccination certificate, can be allowed to defer testing unless they are travelling from an area of a high incidence of COVID-19 or where variants are the predominant strain.

Testing and Quarantine Requirements

- The RT-PCR sample collection should be within 72 hours of the time of travel.
- An RT-PCR or RAT report for COVID-19 recovered passengers within 90 days of infection is not mandatory. If any passenger is seeking relief from the test based on the above grounds, he or she should show a valid test report confirming that he/she had COVID-19 within the past 90 days.
- Apart from RTPCR, the following tests are also to be permitted as equivalent to RT-PCR: RAT; Abbott ID Now™; TruNat; CBNAAT; Rapid Xpert; CRISPR PCR; RT – LAMP; TMA (Transcription-Mediated Amplification)
- RT-PCR test and quarantine requirements should be based on risk exposure as given below:
 - ✓ Pax fully vaccinated
 - ✓ Pax recovered + single dose
 - ✓ Single-dose vaccinated (</15 days)
 - ✓ COVID recovered pax (>/90 days)
 - ✓ Pax not vaccinated

No.	Risk	COVID-19 Test [Before Boarding]	Quarantine
1	Passenger is fully vaccinated (received the last recommended dose of a vaccine against COVID-19 listed by WHO for emergency use or approved by ICMR/CDSCO) and took the last dose at least 15 days before the date of travel. [Passengers travelling from any country with low-risk and incidence, lower than in India of <1000 cases /day and no new variants identified.]	Not required	Not required
2	Passenger is partially or never vaccinated	RT-PCR/other approved rapid test as listed above	Negative: Allowed to travel Positive: not allowed to travel
3	Passenger with proof of previous SARS-CoV-2 infection as confirmed by a positive RT-PCR within the past 3 months.	Not required	Not required

*Risk-based testing and quarantine for air travellers coming from outside of India (international passengers arriving in India)

Section L: Miscellaneous

Opening a Helpline

- Periodic updating of details relating to travel on a 24/7 toll-free helpline can be considered.

Usage of PPE and Gloves and Temperature Screening at Airports

- It is recommended that PPE and temperature screening at entry points be discontinued.
- When gloves are being used by security, cabin crew, etc. it should be noted that if not properly used, it could spread infection.

Air Ambulance for COVID-19 Patients

- The demand for air transportation of patients increased ten-fold during the second wave of the pandemic. Every major airport should have an air ambulance fitted with isolation pods to transport willing COVID-19 patients.

Annexure I: Cleaning of Airport Toilets

Areas	Agents / Toilet cleaner	Procedure
Toilet pot/commode	Sodium hypochlorite 1% Soap powder Detergent Long-handled angular brush Nylon scrubber	<ul style="list-style-type: none"> • Inside of toilet pot/commode: Scrub with the recommended agents and the long-handled angular brush. • Outside: Clean with recommended agents; use a nylon scrubber.
Lid of commode	Nylon scrubber Soap powder Detergents	<ul style="list-style-type: none"> • Wet and scrub with soap powder and the nylon scrubber inside and outside
Toilet floor	Soap powder Scrubbing brush or nylon broom Sodium hypochlorite 1%	<ul style="list-style-type: none"> • Scrub floor with soap powder and the scrubbing brush • Wash with water • Use sodium hypochlorite 1% dilution
Tap	Nylon scrubber Soap powder and detergents	<ul style="list-style-type: none"> • Wet and scrub with soap powder and the nylon scrubber.
Outside sink	Soap powder Nylon scrubber	<ul style="list-style-type: none"> • Scrub with the nylon scrubber
Shower area Taps and fittings	Warm water Detergent powder or soap powder Nylon scrubber	<ul style="list-style-type: none"> • Thoroughly scrub the floors/tiles with warm water and detergent • Wipe over taps and fittings with a damp cloth and detergent. • Care should be taken to clean the underside of taps and fittings. • Taps should be dried after cleaning
Soap dispensers	Detergent Warm water	<ul style="list-style-type: none"> • Daily dusting • Should be cleaned weekly with detergent and water and then dried.

Annexure II: Cleaning of Public Areas in an Airport

Public Areas, Shopping Zones and Other Areas

- Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Use proper chemical sanitising agents and follow the manufacturer's instructions concerning contact time.
- Frequently clean and sanitise handrails, handles, telephones and any other hand contact areas, elevators and landings in all passenger corridors.
- Frequently clean and sanitise all public rooms.
- Clean carpets using a steam cleaner that achieves a minimum temperature of 71°C (unless the floor coverings are not heat-tolerant: some carpets can be steamed only to 40°C; otherwise, shrinkage and colour runs may occur).
- Frequently clean and sanitise garbage cans.
- Clean and sanitise soft furnishings; steam clean if the items are heat tolerant.

Public Restrooms

- Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
- Frequently clean and sanitise door handles, toilet flushers, faucets, dryers, counters and any other hand contact areas.
- Provide either an air dryer or disposable paper towels for hand-drying
- Frequently check and maintain adequate levels of soap and paper towels.
- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Use proper chemical sanitising agents and follow the manufacturer's instructions concerning contact time.

Bars and Lounges

- Post hand-washing signs at each hand sink to encourage good hand-washing practices among all staff and guests.
- Require staff to wash hands frequently.
- Provide hand sanitisers to staff to encourage good hand-washing practices.
- Self-serve unpackaged items (for e.g., peanuts, water) should not be available to guests.
- Provide snacks on request, in small individual containers.
- Frequently clean condiment containers that are served by staff (it is recommended to clean them between each customer use).
- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Clean and sanitise all tables and chairs with a detergent solution and sanitiser (with the correct contact time) after each shift and after closing.

Spas and Salons

- Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
- Require staff to wash hands frequently.

- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Use the proper chemical sanitising agents and follow the manufacturer's instructions concerning contact time.
- As per routine practices, ensure that common-use tools and materials are cleaned with detergent and sanitised after each use (for e.g., combs should be kept in sanitising solution that is regularly refreshed).

Fitness Centres

- Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
- Require staff to wash hands frequently.
- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Use the proper chemical sanitising agents and follow the manufacturer's instructions concerning contact time.
- Frequently clean and sanitise all surfaces.
- Post signs to remind users to wipe down the equipment with the provided sanitising spray after use.
- Clean and sanitise equipment at least once during each shift.

Game Rooms

- Post hand-washing signs to encourage good hand-washing practices among all staff and guests.
- Require staff to wash hands frequently.
- Use disposable paper wipes for cleaning to avoid the possibility of cross-contamination.
- Use the proper chemical sanitising agents and follow the manufacturer's instructions concerning contact time.
- Frequently clean and sanitise all surfaces.
- Clean and sanitise equipment at least once during each shift, paying special attention to control sticks, handles, knobs and buttons.

Annexure III: Routine Aircraft Cleaning Schedule

Cleaning and Disinfection Schedule

The aircraft operator's engineering department shall grant technical approval for each type of cleaning product used. The approved cleaning products are usually listed in the aircraft maintenance manual. Alternative cleaning products must be approved by the operator's engineering department prior to use (WHO, 2009).¹

General

Should aircraft contamination be noticed (insects, liquids, etc.), the airline station manager should be informed. If an infective source is suspected, the source of infection (for e.g., a passenger) should be contained in order to minimise the risk of infection to others.

Interior Cleaning

Each airline must have an established process of transit cleaning and night cleaning to be in line with IATA recommendations.

The following must be ensured: -

- Cabin cleaning shall start immediately after passenger disembarkation is completed. If transit passengers remain on board, cabin cleaning shall be performed so as to minimise passenger disturbance.
- Cleaning of the cabin windows inside shall be done only with an approved cleaning product and a non-abrasive cloth. Once the window is cleaned, rinse with water using a cloth and then dry the surface.
- Cloth-covered seats shall be vacuumed. Sticky objects shall be removed with a spatula prior to vacuuming. Stains shall be removed only with an approved stain removal product.
- Leather-covered seats shall be cleaned using only an approved dusting product. Stains shall be removed only with an approved stain removal product.
- Passenger seat control unit panels shall be cleaned using only approved cleaning materials and non-abrasive paper towels.
- In-seat monitors shall be cleaned using only approved cleaning materials and a microfibre cloth.
- Carpet stains shall be removed only with an approved stain removal product.

Annexure IV: Safety Measures for Vulnerable Persons and Children

Vulnerable Persons

- The instructions regarding travel restrictions, local conditions, testing and screening procedures, safety measures such as social distancing and mask-wearing, and other procedures to be followed for safe travel, should be communicated in a way that is understood by vulnerable persons including persons with disabilities and the elderly. Additional safety measures are to be followed for people assisting persons with disabilities and the elderly, as they are in close contact with each other, thereby increasing the risk of transmission.
- Accommodations should be made for people who cannot wear masks due to disabilities or medical conditions; separate seating arrangements can be made for them.
- Emphasis should be laid on using effective signage systems for vulnerable people and also by using wayfinding apps which can be interactive/assisted by an agent through voice.

Children

- Children who are two years of age and older should continue to wear masks properly (for children under two years of age, wearing a mask is a suffocation risk).
- As per ICMR guidelines, testing is not recommended for children under two years of age.

Annexure V: FAQs

Why do I need a vaccination certificate?

A COVID Vaccination Certificate (CVC) issued by the Government of India, offers proof that the beneficiary has received the vaccination as well as the type of vaccine administered. The provisional certificate also indicates when the next vaccination is due. This can be used as evidence by the beneficiary to prove to any entities that may require proof of vaccination, especially for travel. Vaccination not only protects individuals from disease but also reduces their risk of spreading the virus. Therefore, there could be a requirement in the future to produce a certificate for certain kinds of social interactions and international travel. In this context, the certificate issued by CoWIN has built-in security features to guarantee the genuineness of the certificate, and it can be digitally verified using approved utilities provided in the CoWIN portal.

Who is responsible for providing the vaccination certificate?

The Vaccination Centre is responsible for generating the certificate and for providing a printed copy post-vaccination on the day of vaccination itself. Beneficiaries should insist on receiving the certificate at the Centre. For private hospitals, the charges for providing a printed copy of the certificate are included in the service charge for vaccination.

Where can I download the vaccination certificate from?

Beneficiaries can download their vaccination certificate from the CoWIN portal (cowin.gov.in) or the Aarogya Setu app or through DigiLocker by following the instructions on each portal, using the mobile number that was given at the time of registration.

How can I access COVID Vaccination Certificate from DigiLocker?

You can find the vaccination certificate in DigiLocker at the Ministry of Health and Family Welfare website in the health category. Click on the COVID Vaccine certificate and enter the Beneficiary Reference ID to access the certificate.

Can recently recovered people travel?

Yes, they can travel. They should take their vaccine, once the three-month period after recovery is over.

Do I have to wear a mask when I travel?

Wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of India.

What if I cannot maintain a 6-foot distance from others during travel?

Maintaining physical distance to prevent COVID-19 is often difficult on air. People may not be able to distance themselves by the recommended minimum of 6 feet from other people seated nearby or those standing in or passing through the aisles on aeroplanes. Air circulation inside the aircraft is such that chances of getting the infection are very low inside the aeroplane if all travellers wear their masks properly. Travellers should get themselves vaccinated.

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References

1. WTTC (2021). *Travel & Tourism: Economic Impact 2021*. World Travel & Tourism Council. <<https://wttc.org/Portals/0/Documents/EIR/EIR2021%20Global%20Infographic.pdf?ver=2021-04-06-170951-897>>
2. WHO (2021). *Technical Considerations for Implementing a Risk-based Approach to International Travel in the Context of COVID-19. Interim Guidance. Annex to: Policy Considerations for Implementing a Risk-based Approach to International Travel in the Context of COVID-19*. WHO Reference No. WHO/2019-nCoV/Risk-based-international-travel/2021.1
3. CDC Website (2021). *Domestic Travel During COVID-19*. <<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>>
4. MoHFW (2020). *An Illustrated Guide on COVID Appropriate Behaviour*. Ministry of Health and Family Welfare, Government of India. <<https://www.mohfw.gov.in/pdf/illustrativeguidelineupdate.pdf>>
5. IATA (2021). *Air Travel, Public Health Measures and Risk in the Context of Covid-19: A Brief Summary of Current Medical Evidence*. <<https://www.iata.org/globalassets/iata/programs/covid/restart/covid-public-health-measures-evidence-doc.pdf>>
6. WHO (2009). *Guide to Hygiene and Sanitation in Aviation*. World Health Organization. Geneva 2009. <https://www.who.int/water_sanitation_health/hygiene/ships/guide_hygiene_sanitation_aviation_3_edition.pdf>
7. Pombal R, Hosegood I, Powell D. (2020). *Risk of COVID-19 During Air Travel*. JAMA. 2020;324(17):1798. <doi:10.1001/jama.2020.19108>
8. FSSAI (2020). *Eat Right during COVID-19. Food Hygiene, Safety and Nutrition Guidelines for Consumers to Prevent the Spread of COVID-19*. Food Safety and Standard Authority of India. <<https://fssai.gov.in/cms/coronavirus.php>>
9. Olliaro, P., Torreele, E., Vaillant, M. (2021) *COVID-19 Vaccine Efficacy and Effectiveness—the Elephant (Not) in the Room*. The Lancet. 2 (7):E279-E280. <[https://doi.org/10.1016/S2666-5247\(21\)00069-0](https://doi.org/10.1016/S2666-5247(21)00069-0)>
10. Ella, R., Reddy, S., et al. (2021). *Efficacy, Safety, and Lot to Lot Immunogenicity of an Inactivated SARS-CoV-2 Vaccine (BBV152): A Double-blind, Randomised, Controlled Phase 3 Trial*. <<https://doi.org/10.1101/2021.06.30.21259439>>
11. Voysey, M., Costa Clemens, S., Madhi, S. et al. *Single-dose Administration and the Influence of the Timing of the Booster Dose on Immunogenicity and Efficacy of ChAdOx1 nCoV-19 (AZD1222) Vaccine: A Pooled Analysis of Four Randomised Trials*. The Lancet 2021; 397: 881–91
12. EC-DGHFS (2021). *EU Health Preparedness: A Common List of COVID-19 Rapid Antigen Tests and A Common Standardised Set of Data to be Included in COVID-19 Test Result Certificates*. <https://ec.europa.eu/health/sites/default/files/preparedness_response/docs/covid-19_rat_common-list_en.pdf>