

Is it safe to fly during the coronavirus pandemic?

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To prevent spread of the coronavirus during the COVID-19 pandemic, the Centers for Disease Control and Prevention has urged social-distancing measures. However, airports and airplanes are not designed

for maintaining the recommended six feet of space between people, and location-tracking data has shown the virus spreading along major air traffic routes. Sheldon H. Jacobson, an Illinois professor of computer science, is an expert in air travel security and public health, and his analyses informed the design of TSA PreCheck. In an interview with News Bureau biomedical sciences editor Liz Ahlberg Touchstone, Jacobson discussed the risks of air travel during the pandemic and what preventive measures airports and passengers can take.

What kinds of health screening measures, if any, have been put into place in U.S. airports? Given the long asymptomatic incubation time of COVID-19, are these measures helpful?

The newly implemented Transportation Security Administration procedures are the best that can be offered under highly constrained conditions. The TSA is relaxing its carry-on policies, allowing passengers to bring hand sanitizer in up to 12-ounce containers. Passengers are permitted to wear face masks through checkpoints, provided they do not obscure their identity.

COVID-19 is challenging to screen for, given its long incubation and the period in which asymptomatic people are contagious. Taking passengers' temperature is unnecessary, and is more show than substance. The bigger issue, which is outside the TSA's purview, is limiting high-risk passenger [travel](#) nationwide, so contagious-yet-asymptomatic passengers never enter the air system.

Airport security areas aren't designed for social distancing. People can stand closely in lines for long periods of time. How can security concerns be

balanced with public health concerns?

Airport [security](#) checkpoints are a breeding ground for [coronavirus](#) transmission. Maintaining the six-foot rule is problematic, due to the size of the [airport](#) security footprint and the standard protocols for aviation security. This creates a destructive cycle of transmission between TSA screeners and passengers. It also creates a virus transmission highway across the country and even into previously untouched areas, given the hub-and-spoke system used by airlines.

However, the TSA should not compromise security standards and protocols during the COVID-19 pandemic. Limiting air travel only to passengers who are PreCheck qualified is an ideal compromise. PreCheck lanes offer faster passenger screening, fewer TSA personnel and fewer passenger touch points. The key point is that if security standards cannot be achieved within the CDC guidelines, then air travel should cease, in my recommendation.

What kinds of measures could airports undertake to reduce health risks to passengers as well as TSA officers and other staff?

First, as new rapid-response tests for COVID-19 become available, all TSA screening officers should be tested every few days. This should be implemented immediately. Screening officers come into direct contact with travelers, many of whom have been in high risk areas like New York City. The TSA reported that between March 17 and March 26, 63 TSA screening officers tested positive for COVID-19. Of these 63 officers, 30 were performing screening at one of the four New York City airports: JFK, Newark Liberty International, LaGuardia, Long Island MacArthur. This percentage is consistent with the number of confirmed cases of COVID-19 in the area relative to confirmed cases in

other major urban areas.

The tight configuration at airport security checkpoints creates a fertile center for passenger-to-[passenger](#) transmission. The best way to reduce the health risk to TSA officers and passengers is to spread out screening across as many checkpoint lanes as possible, effectively reducing the number of passengers being screened per hour and limiting the touch between screening officers and passengers. Passenger volume has decreased by over 90% since March 1, allowing for more space between passengers. Limiting travel only to PreCheck passengers offers another means to achieve this.

The government has issued guidelines regarding international air travel, particularly to countries greatly affected by COVID-19. Does domestic air travel have the same types of risks? What should people think about when considering domestic air travel at this time?

The restricted travel guidelines for New York, New Jersey and Connecticut should be expanded to other urban areas across the entire country that house major airport hubs—Atlanta, Detroit, Miami and Chicago—further reducing air travel during this critical time in which virus transmission is being suppressed through social distancing. This should also apply to commercial train and bus transportation hubs across the country.

Essential travel should be the primary criteria for air, train and bus travel. Travelers should consider whether such activities warrant the risk to passengers, screeners and travel personnel. An ounce of prevention is worth a pound of cure, where "prevention" is social distancing and

widespread, comprehensive testing, while short-term "cures" are masks, personal protective equipment and ventilators. For every 10-15 cases of COVID-19 prevented, one fewer ventilator may be required.

If someone has an essential trip coming up, what kinds of measures can they take to limit their exposure at the airport or on the airplane?

Apply the six-foot rule as much as possible. Use online check-in to obtain boarding passes. Stand six feet back from other passengers when entering and passing through the security checkpoint lanes. Wash your hands both before and after passing through the security checkpoints. Given the lighter demand on air travel, spacing on airplanes is becoming easier.

Provided by University of Illinois at Urbana-Champaign

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