

# Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak

Interim guidance  
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## 1. Introduction

Mass gatherings are highly visible events with the potential for serious public health consequences if they are not planned and managed carefully. There is ample documentation that mass gatherings can amplify and spread infectious diseases. Respiratory infections, including influenza, have been frequently associated with mass gatherings.<sup>1</sup> Such infections can be transmitted during the mass gathering, during transit to and from the event, and in participants' home communities upon their return.

The purpose of this document is to outline key planning considerations for organizers of mass gatherings in the context of the COVID-19 outbreak. It should be read in conjunction with [\*WHO's Public Health for Mass Gatherings: Key Considerations\*](#), which provides general advice on the public health aspects of mass gathering events. It is also adapted from WHO's interim planning considerations previously released for [\*mass gatherings in the context of pandemic \(H1N1\) 2009 influenza, and International meetings attended by individuals from Ebola virus disease-affected countries\*](#). Available WHO updated technical guidance on COVID-19 should also be consulted.

## 2. General information on the COVID-19

Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

A novel coronavirus (CoV) is a new strain of coronavirus that has not been previously identified in humans. The new, or "novel" coronavirus, now called COVID-19, had not previously detected before the outbreak was reported in Wuhan, China in December 2019.

So far, the main clinical signs and symptoms reported in this outbreak include fever, coughing, difficulty in breathing, and chest radiographs showing bilateral lung infiltrates. As of 27 January 2020, human-to-human transmission has been confirmed largely in Wuhan city, but also some other places in China and internationally. Not enough is known about the epidemiology of COVID-19 to draw definitive conclusions about the full clinical features of disease, the intensity of the human-to-human transmission, and the original source of the outbreak.

In planning appropriate preparedness measures, meeting organizers may consider the following three phases

- **Planning phase** - the period (weeks or months) before the event begins when operational plans for health and security services during the event are developed, tested, and revised.
- **Operational phase** - the period after plans are finalised and delivery of the event services begins; this may be several weeks before the event itself commences if teams arrive in advance to complete their training/preparations.
- **Post event phase** - the period after the event finishes when participants are returning to their home countries and organisers are reviewing the event delivery and any follow up actions that are necessary as well as planning for lessons learned and event legacy.

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<sup>1</sup>Rashid H et al. Pandemic influenza: mass gatherings and mass infections. *Lancet* 2008;8:526–7.

### **3. PLANNING PHASE**

Good planning should ensure robust systems and processes are in place to manage public health issues during mass gatherings. Organisers should review their plans to ensure they are fit for purpose. Additional advice could be sought through consultation with global experts.

General advice on planning the public health aspects is set out in the WHO's Public Health for Mass Gatherings: Key Considerations. document. Specific actions in relation to COVID-19 include:

#### **3.1. Liaison with local and national public health authorities**

- Event organisers should establish direct links with the local and national public health authorities. This should include the local health service provider for the event.
- There should be a nominated liaison person in the organising team and in the designated public health agency. Contact information should be shared that includes 24hr availability.
- Regular contact should be maintained throughout the planning period to share information, risk assessment, and plans.
- Channels of communication between agencies and organisers, and with the public, should be agreed in advance.

#### **3.2. Risk assessment**

The decision to proceed with a mass gathering or to restrict, modify, postpone, or cancel the event should be based on a thorough risk assessment. Event planners should undertake such an assessment in partnership with local and national public health authorities.

For highly visible or particularly large events WHO may provide advice and technical support to host countries for the assessment of on the public health risks associated to the event.

##### **3.2.1. General considerations:**

- A comprehensive risk assessment should be undertaken at the beginning of the planning phase, reviewed regularly during planning, and updated immediately prior to the handover to the operational phase.
- The risk assessment should include the public health authority and should link into the event security assessment.
- In relation to COVID-19 the risk assessment should include WHO updated technical guidance including an up-to-date epidemiological situation.
- The risk assessment for the event must be coordinated and integrated with the host country's national risk assessment.

##### **3.2.2. Specific considerations in relation to COVID-19:**

- Information necessary for the risk assessment will include:
  - global COVID-19 situation reports as provided by WHO

- national COVID-19 situation report
- risk assessment for COVID-19 should consider:
  - General features of COVID-19 such as-
    - transmission dynamics
    - future likely epidemic spread
    - clinical severity
    - treatment options
    - potential for prevention, including available pharmaceuticals and vaccine
  - Specific features of the event such as-
    - Crowd density
    - nature of contact between participants (i.e. concerts/religious, indoor/outdoor, layout of the meeting venue(s).
    - registered/non-registered participants
    - profession/possible exposure of participants
    - number of participants coming from COVID-19-affected countries/areas within the previous 14 days).
    - Age of participants. Since elderly age groups suffering co-morbidities appear to be more affected, mass gathering comprised principally of this cohort of people may be associated with increased transmission.
    - Type or purpose of event (e.g., sporting, festival, religious, political, cultural)
    - Duration and mode of travel of participants. If the mass gathering duration is more than the incubation period for 201- nCoV (14 days), then most event-associated cases would be expected to occur while the event is underway. In contrast, if the duration is shorter, most cases would likely occur after the event as people travel and return to their home communities.

WHO's [Public Health for Mass Gatherings: Key Considerations](#) can be consulted for a detailed discussion on the general principles and elements of risk assessment and management. Additionally, an online training is available [on Public Health preparedness for Mass Gathering Events](#).

### 3.3. COVID-19 specific action plan

Action plans should be developed to mitigate all risks identified in the risk assessment. Some actions will be for the public health authority to deliver, some for the local health service provider, and some for the event organiser; each action plan should specify who is responsible for delivering the actions, what timescale for delivery, and how and by whom delivery will be assured. Action plans should include:

- Integration with national infectious disease emergency planning and response plans
- Command and control arrangements to facilitate rapid communication of information and efficient situation analysis and decision making.
- Any appropriate screening requirements for event participants - will participants be screened for COVID-19 symptoms on arrival?
- Disease surveillance and detection - how the disease would be recognised and/or diagnosed in participants?
- Treatment - how (and where) will ill participants be isolated and treated?

- Decision trigger points - who will decide whether affected participants can continue or resume their role in the event; what trigger points will indicate the need to reconsider or revise the plans, what would trigger postponement or cancellation of the event?

If the decision is made to proceed with a mass gathering, planning should consider measures to:

- Detect and monitor event related to COVID-19
- Reduce spread of the virus
- Manage and treat ill persons
- Disseminate relevant public health messages specific to COVID-19

### **3.4. Capacity and resource assessment**

- National health authorities should assess the additional resources and capacity needed to deliver appropriate risk mitigation actions for the local community during (and after) the event for example, additional diagnostic testing capacity, additional isolation and treatment facilities, additional contact tracing resources.
- Event organisers should assess the capacity needed, and resources available, to deliver all specific COVID-19 risk mitigation actions that arise from the risk assessment.
- Capacity and resources should be coordinated with the public health authority and health service provider to avoid duplication or gaps.

### **3.5. Risk communication and community engagement plan**

- Event organisers should agree with the public health authority how participants, and the local population, will be kept informed of the health situation, key developments, and any relevant advice and recommended actions.

## **4. OPERATIONAL PHASE**

There is no published experiential data specific to planning and executing a mass gathering during the current COVID-19 outbreak. However, the following can be recommended:

- Arrangements must be in place for regular communication between event organisers and the public health authority. These arrangements should include:
  - Regular and full sharing of information by both organizers and participants
  - Arrangement to provide participants with information on accessing health advice
  - Arrangements for joint dynamic risk assessment as the event progresses
  - Arrangements for communication to participants and local population to ensure single consistent messaging.
  - To date, there is no scientific evidence that supports screening of participants as a cost-effective measure.

#### 4.1. Risk communication

- Key messages for the local population and the event participants must be coordinated and consistent.
- Consideration should be given to how risk communication messages can be delivered to the population and to participants quickly if an unusual event occurs.
- Messaging should include:
  - An overall assessment of the local risk
  - Advice on preventive measures (especially respiratory etiquette and hand hygiene).
  - Advice on how to access local health care if necessary (including how to do so without creating a risk to healthcare workers).
  - Advice on self-isolation and not attending the event if symptoms develop
  - Disease signs and symptoms, including warning signs for severe disease that requires immediate medical attention.
  - Advice on self-monitoring for symptoms/signs (including temperature checking) for participants travelling from affected countries.
  - WHO does not currently recommend quarantine for healthy travellers or other travel restrictions.
  - Wearing face mask is recommended for participants presenting respiratory symptoms (e.g. cough); It is not recommended for healthy participants.

Event organizers, in collaboration with public health authorities, may wish to consider whether specific information or advice is needed about the potential risks that persons at increased risk of severe disease might face in the setting of a mass gathering, especially if the COVID-19 is circulating in the community.

More information on COVID-19 risk communication and community engagement can be found [here](#). WHO novel coronavirus (COVID-19) advice for the public can be found [here](#) and myth busters can be found [here](#).

#### 4.2. Surveillance of participants

- Detection and monitoring of event-related COVID-19 should be considered in the context of surveillance schemes that are already in place and if new or enhanced surveillance is deemed necessary.
- Organisers will need to work with local public health to ensure systems are in place to identify indicators of illness arising in the local population or in event participants (such as increases in people experiencing symptoms or rise in use of proprietary medicines).
- Surveillance systems will need to be real time or near real-time to support rapid response actions.
- Surveillance systems should be linked to risk assessments so that any abnormal signal in the surveillance systems triggers an immediate revision of the risk assessment.

### **4.3. Testing/diagnostic arrangements**

Organisers need to consider, with the local health authority, how and where participants presenting with COVID-19 like symptoms will be tested. In the absence currently of commercial testing kits for COVID-19, it is unlikely that event medical services will be able to test for COVID-19 and organisers need to ensure that their health provider has access to appropriate testing, probably from the national public health agency. This will also require prior agreement on specimen transport (or participant transport to testing facility).

### **4.4. Treatment facilities**

- Event organizer should consider the need for isolation facilities at the event for participants who develop symptoms while they are waiting for health assessment. This will depend on the nature of each event and the extent to which the event provides its own medical services rather than the local health service. This includes training health-care workers, implementing IPC measures in health-care settings, and preparing protective equipment.
- Organisers need to consider where any participant who becomes unwell with COVID-19 symptoms will be treated and how they will be transported to the treatment facility. This is likely to be in a national health facility with appropriate containment capacity and expertise, and participants will not be able to remain in the event medical facility. Prior agreement on any consequent funding issues should be confirmed.
- Participants at events sometimes expect they will be returned to their home country for medical treatment rather than be treated in the host country; this will not be possible for anyone diagnosed with COVID-19 illness except by the use of specific MedEvac flights with appropriate isolation/containment facilities - such facilities are scarce and expensive and not readily available for illnesses such as COVID-19.
- Organisers need to consider how any affected participants will be transferred home if their illness extends beyond the end of the event and pre-arranged travel is no longer available.
- Event organizers working with public health and health-care officials need to assess health-care capacity to deliver supportive treatment including admission to an intensive care unit, and ventilator support. Such care proximal to the mass gathering.
- National plans for deployment and access to medical supplies, such as antibiotics, ventilators, and personal protective equipment (PPE) should be reviewed

### **4.5. Decision making**

Organisers, in collaboration with the local health authority, should also agree in advance the circumstances in which risk mitigation measures would need to be enhanced, or the event postponed or cancelled. Pre-agreement on potential trigger points will facilitate these discussions if they become necessary.

#### **4.6. Operational practices for reducing event-related transmission of COVID-19**

The basic general principles for reducing transmission of COVID-19 are applicable to a mass gathering.

- Stay away from the event when ill
- Persons who feel unwell (i.e. fever, cough, and requiring admission to hospital) should stay at home and keep away from work, school, or crowds until symptoms resolve. This applies to participants as well as staff.
- Promoting appropriate hand hygiene and respiratory etiquette in mass gathering venues requires informational materials that reach a range of age groups and varying reading and educational levels. In addition, soap and water or alcohol hand-sanitizers and tissues should be easily accessible in all common areas, and especially in mass gathering medical treatment sites.
- Isolate persons who become ill while at the mass gathering.
- Organizers should plan for the likelihood of persons becoming ill with fever and other typical symptoms of COVID-19 during a mass gathering. Establishing isolation areas in on-site medical treatment clinics/facilities where such persons can be initially assessed and triaged should be considered. Persons who are ill can be provided with a mask to help contain respiratory droplets generated from coughing and sneezing. The isolation area should be equipped with the necessary supplies to facilitate hand hygiene and respiratory etiquette. In addition, medical staff attending persons who are ill should wear a mask, then dispose of it immediately after contact and cleanse hands thoroughly afterwards.
- International travelers: practice usual precautions
  - In case of symptoms suggestive of acute respiratory illness before, during or after travel, the travelers are encouraged to seek medical attention and share travel history with their health care provider.
  - Public health authorities should provide to travellers information to reduce the general risk of acute respiratory infections, via health practitioners, travel health clinics, travel agencies, conveyance operators and at Points of Entry.
- Reduce crowding. Where possible, event organizers should consider distancing measures to reduce close contact among people during a mass gathering (e.g. increasing the frequency of transport, staggering arrivals, diverting departures, and minimizing congregation at sanitary stations and food and water distribution areas).



## **5. POST EVENT REVIEW**

### **5.1. After the event**

After the meeting, if public health authorities suspect transmission of COVID-19 has occurred, meeting organizers and participants should support the response of authorities.

- Meeting organizers must liaise with public health authorities and facilitate the sharing of information about all symptomatic participants (ticket itinerary, contact, visa process, hotel booking, etc.).
- Individuals who develop symptoms within this period should isolate themselves, seek medical attention and inform the appropriate public health authorities of their potential exposure – both in the meeting’s country and upon returning to their country of origin.

### **5.2. Risk communication for departing participants**

- It may be necessary (both for clinical reasons and under International Health Regulations) to notify the home countries of returning participants of any COVID-19 infection while attending the event.
- Organisers also need to plan for test results that are reported after the event to be notified to the participant and, possibly, to the home country public health system.

### **5.3. Lessons identified**

As always, it will be important for lessons from any event to be identified by after action review so that they can be passed on to future event organisers.

### **5.4. Legacy**

Organising mass gatherings during a global health emergency is unusual but can be done depending on risk assessment. Organisers should see any such event as an opportunity to enhance ways of working and to pass this learning on to both future events and the host country.

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