

## Letter to the Editor

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# Imported COVID-19: The Challenges of Emigration Screening

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COVID-19 is an important new coronavirus infection. The disease it causes has been identified in more than 60 countries.<sup>1</sup> Indochina was the second area with an identified case in the timeline of the COVID-19 pandemic and Thailand is the first area reporting the case outside China.<sup>2</sup> Screening for disease at international border posts was a national public health policy against COVID-19 implemented from January 2020 onward. The screening had apparent limitations,<sup>2</sup> as other countries still reported detection of COVID-19 in travelers from Indochina.<sup>3</sup> In this letter, the authors discuss the topic of COVID-19 exported to other countries, which can illustrate the challenges of emigration screening. According to data from local Immigration Bureau, 3338710 foreigners were screened for COVID-19 at the international emigration post. Regarding exportation of disease, at least 3 patients who had a history of traveling have been confirmed to have COVID-19. The rate of undetected COVID-19 cases at the emigration international border post is therefore  $9 \times 10^{-5}\%$  (95% confidence interval between  $3 \times 10^{-5}\%$  and  $2.8 \times 10^{-4}\%$ ). In the worst case scenario, 3 out of 1000000 travelers might carry COVID-19 to their next destination. Entrance or immigration screening is usually intensive, while exit or emigration screening is less strict. A good disease screening system for both immigration and emigration can promote early detection and prevent the international spread of COVID-19.

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## References

1. Hsia W. Emerging new coronavirus infection in Wuhan, China: Situation in early 2020. *Case Study Case Report*. 2020;10:8–9. <https://case-study-case-report.simdif.com/issue.html>. Accessed March 10, 2021.
2. Sriwijitalai W, Wiwanitkit V. Positive screening for Wuhan novel coronavirus infection at international airport: What's the final diagnosis for positive cases. *Int J Prev Med*. 2020;11:30.
3. Yasri S, Wiwanitkit V. Exported Wuhan novel coronavirus infection: An expected rate with reference to main destination of Chinese tourist, Thailand. *Int J Prev Med*. 2020;11:28.

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