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Author:

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Executive summary
Travel policies within the EU have evolved significantly in recent weeks. These developments come at a time of exponential growth in case numbers across most of the EU, which may have served to depress passenger numbers. The trajectory of the disease in Ireland is in contrast with that of most other EU countries. It is possible that we will reach a point of sustained low rates of transmission domestically in December, making more urgent the need to manage importation from areas of higher transmission. Against this backdrop, there is a high level of public interest in the issue of Christmas travel and how Government advice on this will be framed.

At EU level, and across Government, there are significant political and economic drivers towards more open travel policies. An agreement on intra-EU travel (traffic light system) was reached in October and there is a further work agenda aimed at further EU coordination on travel, and potentially encompassing coordination on recognition of test results and quarantine practices. Whether it will be possible to reach agreement on these matters cannot be predicted at this point. There is also interest at EU level in the potential for antigen testing to obviate the need for quarantine periods, though the evidence base does not yet support this and no recommendations have been made to date. A number of countries have indicated that they are currently using or will use antigen testing for travel, but only for certain cases and where certain conditions are met – Germany, Italy, Slovakia and Romania.

The Irish Government has welcomed the EU traffic light system and decisions have been taken on its implementation in Ireland. Ireland has to date relied on advisory 14-day restricted movement for incoming travellers as the cornerstone of its international travel policy. By contrast, many EU counterparts have, over the course of the pandemic, applied more stringent measures to international travel including travel bans, border closures, mandatory quarantines and testing regimes. While 14-day restricted movement remains the core advice for most incoming passengers, Government has recently decided on a number of measures which involve the disapplication of this advice. Passengers arriving from EU regions of high incidence (orange) can disapply advice to restrict movements by testing negative in a pre-departure PCR test, up to 72 hours before travel. The advice for passengers arriving from areas of highest incidence to restrict movements for the full 14 days is disapplied if they test negative (PCR) after five days of restricted movement. As test results will take approximately 24 hours to be provided, it is expected that release will occur on day six or seven.

Ireland is not party to the EU Schengen area approach to travel from outside the EU. The Schengen area group has a ban on non-essential travel from Third countries whereas Ireland does not operate such a policy. In implementing the EU traffic light system, Ireland has also extended exemptions from advisory public health measures to categories of passengers (those travelling with an essential need or function but only while exercising that purpose), arriving from outside the EU.

In general, Europe continues to pursue travel policies that are less restrictive than those adopted in South Asia and Oceania, where very stringent controls on importation have seen countries maintain very low rates of transmission domestically. Governments in these regions have placed restoring unrestricted travel secondary to maintaining relatively normality in
many areas of social and economic life domestically. Work to restore unrestricted travel in the region is progressing slowly through the adoption of bilateral travel bubbles.

**Background**

(i) **Risks associated with travel**
Travel can lead to an increased risk of covid-19 transmission in at least two ways. The first is related to mobility of people and the risk of transmission following arrival at the point of destination (whether for business, personal or leisure purposes), and the second to the gathering of people at various venues such as airports, holiday destinations and similar settings, where public health guidance and protective measures may not be equivalent to those in place in Ireland. Public health measures applied specifically to or within the travel sector are intended to minimise the likelihood of COVID19 transmission on board various conveyances, at sites of embarkation/disembarkation and at destinations. The risks from imported cases are incontrovertible. We only need to reflect on the impact of Covid-19 in Ireland, a disease imported to the country, including by Irish travellers returning from abroad (e.g. Northern Italy), to be aware of the scale and seriousness of the public health risks and economic risks involved.

As an indicator of the potentially significant role that imported and travel-associated cases can play particularly during periods of low transmission, travel-related cases accounted for 24.9% of all cases notified in the 14-day period from 1st July to 14th July (58 out of 233 cases). As this statistic only captures imported cases and the next tier of infections, it does not account any subsequent cases of community transmission. There has been evidence of significant seeding, for instance one individual’s travel resulted in a large outbreak of approximately 50 or so secondary infections.

(ii) **NPHET considerations on travel and risk of imported cases**
The international epidemiological situation, travel advice and the management of imported cases has been the subject of attention by NPHET since its earliest meetings. In February, NPHET considered the risks associated with travel to/from China. In March recommendations were made around major events such as the Ireland-Italy rugby match and St Patrick’s Day and a recommendation was made to restrict travel to the country by cruise ships.

In May, NPHET recommended the implementation of mandatory self-isolation for incoming passengers, with limited exemptions. Government policy on this aspect of travel has remained on a largely advisory basis, with the exception of the passenger locator form, which has been mandatory for incoming passengers since late May.

The NPHET minutes record an intensification of discussions by NPHET on overseas travel during May, June, and July and have featured discussions on: 1) the deteriorating situation internationally; 2) significant improvement in the rate of transmission domestically; and 3) significant concern at the risk of imported cases through overseas travel in the prevailing circumstances.
On August 17, NPHET reiterated, in light of the deteriorating pandemic situation globally, its previous public health advice regarding travel, particularly concerns on the travel related introduction of the disease. It advised that people in Ireland should be encouraged to continue to follow public health advice against non-essential travel outside of Ireland and that all measures be utilised to discourage travel from overseas to Ireland.

On November 11, NPHET highlighted the importance of protecting the progress made in supressing transmission through the application of Level 5 restrictions and of avoiding a reseeding of cases through international travel. A summary of NPHET considerations on travel is provided at appendix 1.

(iii) Travel related testing

**Pre-departure testing:** The evidence base on the efficacy of pre-travel testing as an alternative to restriction of movement post-arrival is not supportive, with available tests not well suited to use as a screening tool for asymptomatic groups. Given the incubation period, a negative test does not rule out infection. Further, in the event of false negatives, passengers could falsely believe that they are not infected and be less cautious in adhering to non-pharmaceutical measures.

A single pre-travel PCR test can improve detection at no cost to the State. However, a person who tests negative may still become symptomatic or contract the disease by the time of arrival in Ireland. At least nine EU Member States currently require categories of arriving passengers to take pre-travel tests.

**Testing post arrival, following a period of isolation:** It is essential that a period of quarantine is applied before a test is taken post-arrival in Ireland. While a PCR test at day 5 post-arrival would not detect all infections, modelling work has suggested it would detect approximately 85% of cases. A testing regime that tests an asymptomatic group by single PCR test has the potential to generate false positives which will have to be followed up by contact-tracing teams.

**Antigen Tests**

At the request of NPHET, HIQA has recently undertaken a rapid Health Technology Assessment on the use of alternatives to laboratory-based real-time RT-PCR to detect cases of current infection with SARS-CoV-2, the virus causing COVID-19 disease. Rapid antigen detection tests (RADTs) directed against SARS-CoV-2 proteins, facilitate fast delivery of results outside of the laboratory setting. HIQA’s Report “Rapid Health technology assessment of alternatives to laboratory-based real-time RT-PCR to diagnose current infection with SARS-CoV-2” dated 7th October 2020 was published on 21 October.

HIQA’s key findings indicate that RT-PCR remains the recommended test for the detection of SARS-CoV-2 internationally and is recognised as the reference standard. It was noted that RADTs which are available or currently in development show lower sensitivity than that observed with RT-PCR. Reported sensitivity varies significantly across brands, and there is a lack of performance data in asymptomatic populations (e.g. random testing at airports).
The WHO currently advises against the use of RADTs in a number of situations, including for the purposes of screening in airports or other border points of entry; this is due to the highly uncertain prevalence of disease and unknown predictive value of the test. Rapid antigen tests work best where there is high prevalence of the disease e.g. symptomatic cases.

Developments in travel policy

(i) Council Recommendation on the coordination of EU travel measures

The EU Council Recommendation (EU) 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic (commonly referred to as the EU traffic light system) was agreed on 13 October 2020.

The recommendation provides that the ECDC will publish weekly a colour-coded map of Europe (by NUTS region) based on epidemiological criteria, as follows:

- Green (notification rate lower than 25 and test positivity rate below 4%)
- Orange (notification rate lower than 50 and test positivity rate 4% or higher or notification rate is between 25 – 150 and test positive rate below 4%)
- Red (notification rate is 50 or higher and test positivity rate is 4% or higher or notification rate is higher than 50.
- Grey (insufficient information provided).

Member States may retain discretion and flexibility when deciding upon national public health travel measures, including testing, quarantine and passenger locator forms, to apply to passengers arriving from areas classified as Red, Orange or Grey. There are to be no restrictions applying to travellers arriving from areas mapped as Green. Information on measures implemented in each Member State should be shared via EU sources and platforms.

Travellers with an essential function or need, as listed in the agreement, will not be required to undergo quarantine. They are not required to restrict movements/quarantine while undertaking the essential function or purpose. Essential functions include healthcare and transport workers, diplomats, imperative family or business reasons, cross-border studies, patients seeking treatment, and journalists.

At the time of writing and given the rates of infection being observed in most of Europe, Ireland is likely to be classified as Orange, while the great majority of other regions across Europe will continue to be classified as Red.

(ii) Government decisions on travel

On 20th October and 9th November, the Government made decisions on Ireland’s travel policy and implementation of the EU traffic light approach as follows:

- Passengers arriving from regions mapped in Green will not be advised to restrict movements or to undergo testing.
- Passengers arriving from Orange, Red and Grey regions are advised to restrict movements for 14 days.
Restricted movement is disapplied if a passenger coming from an Orange region has taken a pre-departure PCR test within 72 hours of travel which returns negative for COVID-19.

From 29 November, restricted movement will also be disapplied for passengers coming from Red or Grey regions who test negative by PCR test taken no sooner than the 5th day of restricted movement.

Children aged six or under are exempt from the measures outlined for those travelling for orange and red regions.*

Passengers travelling with an essential function or need as listed in the Council Recommendation are not expected to restrict movements while delivering their essential function. Essential categories include seasonal workers, frontier workers, healthcare workers, imperative family or business travel, diplomats and police officers.

Travel policy will be reviewed fortnightly by senior officials from the Departments of An Taoiseach, Health, Foreign Affairs, Transport, Justice and Business, Enterprise & Innovation.

* This means that children aged under six will not be expected to undergo quarantine or testing.

Arrangements have been made by the Department of Transport and the DAA for the provision of PCR testing pre- and post-travel through private sector arrangements which do not impinge on the HSE’s testing capacity.

The Government decision also provides exemptions beyond those recommended by the EU. Exemptions from the self-restriction advice for those travelling for imperative business or family reasons are in practice a matter of personal responsibility for those involved. Inquiries received to date suggest that there may be a considerable amount of subjective interpretation by the individual travelling as to whether they are covered by this policy advice.

Passengers who travel to Ireland for an essential purpose will be expected to restrict movements when not engaged in that essential purpose; while those who travel from Ireland to another country for essential purposes will not be subject to public health advice on self-restriction on their return. Finally, the same exemptions for travellers with essential functions within the EU has been extended to travellers arriving from all countries, meaning that even if arriving from countries of very high incidence, such persons will not be expected to follow public health measures on arrival.

(iii) Implementation of EU Recommendation in other Member States

While Ireland has begun to implement the EU recommendation, it appears that most other EU states have yet to provide clarity on how they will treat travellers from high-risk Orange and Red regions, perhaps reflecting the epidemiological situation whereby almost all of Europe is currently classified as Red. Some EU countries already had a ‘traffic light’ or layered categorisation of countries in place before the Council Recommendation and have updated their categorisations in line with the Council Recommendation. Germany has introduced more stringent measures for travellers arriving from ‘risk areas’, who are obliged to go into a ten-day quarantine immediately after entering the country. Arrivals must register online with the national authorities and show proof of registration upon entry. Travellers can end the
quarantine obligation with a negative PCR test result taken after a minimum of 5 days quarantine. Czechia and Hungary continue to restrict entry to categories of EU citizens despite the Council Recommendation against this. Denmark has relaxed its more stringent restrictions applying to intra-EU travel now allows entry for non-essential travel from all EU countries. Public health measures still apply and travellers from high-risk countries must have a pre-departure test.

(iv) Further EU coordination on travel
Since agreement was reached on the Council recommendation on 13 October, discussions have continued in EU fora (including the Health Security Committee) on travel, including on mutual recognition of test results, the potential of antigen testing and quarantine periods. Research and validation studies on antigen tests have been shared among Member States through the HSC.

On 28 October, the EU Commission published a communication on areas for further cooperation on COVID-19 response. Under the heading “Facilitating safe travel”, the Commission has identified as priority work areas the development of consistent rules across the EU on quarantine and testing protocols for travellers. EU leaders have expressed a clear political will to coordinate efforts in response to the Covid-19. The Commission is expected to issue further recommendations on antigen testing on 18 November.

Conclusion
As the current level 5 measures in place have improved the trajectory of the disease in Ireland and it is hoped that this progress can be maintained, the risk of importation of Covid-19 though international travel – both from inbound travel to Ireland and Irish residents travelling abroad and returning must be regarded as a matter of concern. Even if Government advises caution as regards people making plans to come to Ireland in the Christmas/New Year period, it seems quite likely that there will be a substantial increase in numbers travelling anyway. Therefore, the risk of importation of cases from countries with high rates of transmission to countries with sustained lower rates of transmission such as Ireland is cause for a high level of concern.
Appendix

NPHET discussion of overseas travel

The frequency and extent of NPHET considerations on travel is reflected in the extracts below from NPHET minutes and letters.

1. At its meeting of 8 May 2020, NPHET noted the following under its standing agenda item “Travel Considerations”:

   - It had a significant concern that, as the number of cases of COVID-19 declined (after the extreme efforts of, and impact on, everyone in society), there was a considerable risk that Ireland will see an increase in infection, including as a result of imported cases due to non-essential overseas travel;
   - It emphasised that travel restrictions are even more important as Ireland started to lift its restrictive measures because more people would be moving about in society and there will be greater opportunities for spread of infection;
   - It noted the advice from international organisations and the experience of other countries that were ahead of Ireland in time, in terms of the progress of the disease and easing of their restrictive measures. Indications from some countries suggested that the number of cases had started to increase again, including because of importation of cases;
   - A concern was also noted regarding international non-essential travel by Irish residents and the need for this to be discouraged. It was recognised that non-essential international travel could result in two specific risks: a) the risk of Irish residents returning to Ireland from non-essential international travel with infection contracted in another country; and b) the risk (though hopefully lower now) of transmission of infection from Ireland to other countries as those countries lift restrictive measures;
   - It was of the view that the principal public health objective should be to eliminate, in as far as possible, all non-essential overseas travel and to require a period of mandatory quarantine for people arriving into Ireland from overseas. It noted that there is a risk of importation of cases from overseas which could contribute to an upsurge in infection. These measures would minimise this risk and, as a result, lessen the likelihood of Ireland having to reimpose public health social distancing measures, which are highly disruptive to social and economic activity;
- It noted that testing and temperature screening at airports and ports could not provide an adequate solution, though it was acknowledged that new technology developments in the future could inform a review of this position;
- It considered that non-essential travel from non-EEA countries should be restricted, subject to certain exemptions (including Irish citizens and residents).

2. In his letter of the same date and his letter of 12 May, the Chief Medical Officer wrote to the Minister to outline the concerns of NPHET relating to overseas travel, making the following points:
- That the NPHET had considered issues in relation to overseas travel in the context of preparing for easing the public health social distancing measures currently in place and that the NPHET position on international travel is reflected in the Roadmap for reopening society and business and is informed by WHO guidance and the experience and learning from other countries.
- That the number of cases in Ireland has been declining over the last few weeks, and as the measures are slowly and carefully lifted, it is important that a swift increase in cases does not occur caused by the importation of cases caused by non-essential travel.
- That the NPHET had noted that the impact of imported cases on disease spread would be all the greater in the context of easing domestic restrictions and the resultant increased movement and contact between people and that a significant increase in the number of cases in Ireland as a result of importation could have an impact on public compliance with public health guidance and restrictions (also noting that, ultimately, the suppression of community transmission which has been achieved and which should allow for greater resumption of social and economic life in Ireland could be endangered.

In conjunction with the above, the letter recommended the following range of more stringent measures related travel from overseas:

(a) Mandatory completion of the Public Health Passenger Locator Form by all persons arriving into Ireland from overseas;
(b) Restrictions of non-essential travel from all countries other than EEA countries and the UK (with exemptions to include Irish citizens and residents);
(c) A mandatory regime of self-isolation for 14 days at a designated facility for all persons arriving into Ireland from overseas (with limited exemptions);
(d) A programme of communications designed to deter all non-essential travel should be put in place.

3. NPHET Minute of meeting number 35 (11 June 2020) states:
   “Update was provided by DOH on the situation in relation to overseas travel. As the epidemiological data indicate, Ireland is currently in a state of low and stable transmission of COVID-19. As the number of indigenous cases continues to decline, the relative risk of importation of cases from overseas increases. The NPHET noted that the mandatory passenger locator form has been in place since 28th May. Indications … are that there has been 100% compliance with completion of the forms. The current NPHET public health guidance (as per 8th of May 2020) is for a mandatory regime of self-isolation for 14 days at a designated facility for all persons arriving into Ireland from overseas (with limited exemptions to include supply chain etc.). With the easing of restrictions, the NPHET noted the potential for a growing risk of imported cases of COVID-19 to Ireland as non-essential travel in to and out of the country resumes.”

4. NPHET reiterated its views on the status of the disease as expressed at the meeting of 12 May 2020, and that reimportation of this disease continues to be a viable risk. Consequently, NPHET continued to express a public health concern regarding the potential risk of imported cases associated with non-essential travel.

5. The NPHET Minute of meeting number 36 (18 June) states:
   “The NPHET noted with some concern reports that the number of cases is increasing in some EU countries. Given that Ireland would typically have high levels of overseas travel with many of the countries reported as having higher incidence rates of the disease than Ireland, the risk of travel-related cases remains a concern.”

6. The NPHET Minute of meeting number 38 (2 July 2020) states:
“The NPHET noted ECDC guidance in relation to travel considerations within and to the Schengen area, however, noted in particular that it is given in the context of ongoing community transmission within the EU/EEA. NPHET noted that Ireland has achieved low rates of community transmission and consequently the relative risk of travel-related cases is higher. As such Ireland may be in a different position to some continental EU/EEA countries in relation to overseas travel and open to higher risk from travel-related cases.”

7. The NPHET Minute of meeting number 39 (9 July 2020) provides:

“The rise in the R number to 1 or just above it, the increasing number of cases in young people and the increasing proportion of new travel-associated cases, were noted as concerns.”

8. The NPHET Minute of meeting number 40 (14 July 2020) includes the following comment:

“... in light of the deteriorating pandemic situation globally, [NPHET] reiterated its previous public health advice regarding travel, noting that the travel-related introduction of the disease is now a significant and growing concern in terms of increasing the risk of a potential second-wave of the disease in Ireland. Consequently, it is important that, at this time, people in Ireland are encouraged to continue to follow public health advice against non-essential travel outside of Ireland and that all measures are utilised to minimise and discourage non-essential travel from overseas to Ireland.”

9. The NPHET also had regard to the then most recent ECDC rapid risk assessment for the EU/EEA and the UK, dated 11th June 2020. In light of the progression of the disease since late June, NPHET expressed concern with regard to the following:

   a. The increasing case numbers of this disease currently being reported in the community and a number of large clusters that had emerged in recent weeks;
   b. The increase in the R number;
   c. The deteriorating international epidemiological situation and international experience, which shows that effectiveness of disease suppression following the easing of public health measures by countries is precarious;
   d. The risk of imported cases due to the ongoing increase in overseas travel.

10. The NPHET Minute of meeting number 41 (16 July 2020) states:
“The NPHET reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.”

11. The NPHET Minute of meeting number 42 (23 July 2020) states:

Travel Considerations The NPHET noted that Government agreed on 21st July 2020 that non-essential travel would continue to be discouraged. Passengers coming to Ireland would continue to be asked to restrict their movements for 14 days after their arrival, unless they are travelling from one of the 15 countries designated on the Government’s “green list”, where the epidemiological situation is comparable to, or better than, Ireland’s. The NPHET reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.

12. The NPHET Minute of meeting number 43 (30 July 2020) states:

Travel Considerations The DOH provided a brief update on this matter and confirmed that the Government continued to be provided with the most up-to-date epidemiological data to inform its continuing review of its ‘green list’. The NPHET noted that the acceleration of the pandemic on a global scale continued to present a significant risk and that Government agreed on 21st July 2020 that non-essential travel would continue to be discouraged. The NPHET reiterated its previous recommendations on travel, including that all non-essential travel overseas should be avoided.

13. The NPHET Minute of meeting of (17th August 2020) number 48 states:

In light of the deteriorating pandemic situation globally, reiterated its previous public health advice regarding travel, noting that the travel-related introduction of the disease continues to be a significant concern in terms of increasing the risk of a potential second-wave of the disease in Ireland. Consequently, it is important that, at this time, people in Ireland are encouraged to continue to follow public health advice against non-essential travel outside of Ireland and that all measures are utilised to discourage travel from overseas to Ireland;

14. The NPHET letter of 12 November states:

NPHET noted the sharp contrast between the trajectory of the disease in Ireland and the situation internationally. The elevated risk of importation through travel from countries with high rates of transmission to countries with sustained low rates of transmission can be expected to escalate in the coming period, as our domestic situation further improves while the epidemiological situation internationally and particularly in Europe continues to be a cause for a high level of concern.
The NPHET has noted the importance of protecting the progress the country has achieved through application of Level 5 restrictions and of avoiding a reseeding of cases through international travel. The NPHET emphasises the need to manage effectively the risk of importation, particularly in the context of non-essential travel from areas of elevated incidence in the coming weeks and during the Christmas/New Year period. It noted the recent Government Decision to implement a regime which allows a negative pre-departure PCR test to be a means by which people will not be advised to self-restrict their movements on arrival in Ireland. In this context NPHET noted that Ireland’s approach to international arrivals remains solely advisory and not subject to any legal enforcement mechanisms (other than those attaching to completion of the Passenger Locator Form). The issue of international travel will continue to be monitored by NPHET in the coming weeks.