Title: International travel
ECDC and EASA guidelines for covid-19 testing and quarantine for air travellers

Author:

Organisation: Department of Health

Date: 09 Dec 2020

Action required:
☐ For noting
☐ For discussion
☐ For decision

Approved for future publication: NO
EASA / ECDC - ‘Guidelines for COVID-19 testing and quarantine of air travellers – NPHET

1. Introduction and overview of the guidelines

The joint ECDC-European Union Aviation Safety Agency (EASA) guidelines were published on 02 December 2020, intended for use by decision-makers in Member States, including public health authorities and civil aviation authorities.

Key considerations and recommendations

In the current epidemiological situation where SARS-COV-2 is established in all EU countries, imported cases account for a very small proportion of all detected cases and are unlikely to significantly increase the rate of transmission.

Air travellers are a mostly non-symptomatic subpopulation, with variable but decreased probability of COVID-19 compared to the general population. Therefore, travellers should not be considered as a high-risk population unless they have been in known contact with a confirmed positive case.

The guidelines recommend against quarantine or systematic testing for SARS CoV2 of air travellers in the current epidemiological situation.

Entry screening, quarantine and border closures for incoming travellers are unlikely to prevent the introduction of SARS-CoV-2 into a community, although they might delay it for a short period of time. Public health capacity should be in place to mitigate the risk of the importation and to prevent further transmission.

Harmonisation among Member States is recommended based on the specific measures presented in the guidelines.

Operational recommendations for the management of travel related measures including:

- Implementing systematic testing for SARS-CoV-2 of air travellers is not recommended
- Travellers should be informed of any quarantine requirements in advance of travel. Adequately equipped quarantine facilities should be provided for those who cannot home quarantine.
- Countries should explore options for quarantine monitoring measures such as daily health checks, or follow up calls, according to their national capacities.
- Given the likely low prevalence of infection among travellers a combination of quarantine and a single test at around day seven after arrival appears to offer a reasonable balance of risks and benefits as an alternative to a longer quarantine period without testing.
- When travel is from an area of high or unknown risk to a lower risk area, a combination of testing and shortened quarantine could be considered if sufficient testing capacity is available.
- Member States should aim for the use of RT-PCR or other tests with performance close to RT-PCR.

2. Analysis of ECDC/EASA guidelines

- While the guidance states that international travellers have low probability of infection, the probability of the traveller being infected may relate to the purpose of travel as tourists are more likely to eat out and socialise frequently, placing them at higher risk than the general population. Additionally, in Annex 3, the ECDC suggest that ~ 30% of symptomatic travellers are likely to fly.
- The guidelines, in a number of areas, contradict standing ECDC recommendations and run contrary to analysis of travel risks by national public health experts. The document is inconsistent with previous advices from the ECDC and is internally inconsistent.
• For instance, it suggests that there should be comprehensive surveillance with prompt testing and isolation of cases and carry out contact tracing for incoming travellers and quarantining of exposed contacts while at the same time arguing that travellers should not be considered a higher risk group.
• If comprehensive surveillance of travellers should be undertaken, asymptomatic cases and paucisymptomatic cases will be missed regardless of how comprehensive the surveillance system is.
• The document acknowledges that travel-related virus introduction and tourism-related spread within the EU contributed substantially to the transmission during the early phase of the pandemic. However, it also goes on to state that ECDC modelling shows that imported COVID-19 cases had little to do with the resurgence of COVID-19 in the summer of 2020.
• This is not reflected in the situation experienced in many countries, including Ireland, where in early summer 2020 when many Member States had succeeded in suppressing widespread community transmission the proportion of imported cases was significant. While the ECDC suggest this was due to biased sampling on incoming travellers. However, there was no systematic testing of incoming travellers in many countries, including Ireland.
• The ECDC/EASA suggest the testing and quarantine of travellers are the appropriate measures once a country or region has managed to decrease COVID-19 levels to almost zero. However, countries will have difficulty reaching levels of almost zero if they make no attempt to control importation of cases.
• The ECDC/EASA estimates that the current prevalence of COVID-19 among travellers in the EU/EEA is approximately 1%, although in areas of widespread transmission the prevalence among travellers could be higher. In a scenario where international travel returns, a 1% remains a significant number of cases to be importing.
• The ECDC/EASA states that tests will not detect individuals that are incubating the disease at the time of testing or have viral loads below the level of detection of the testing method used. We agree with this assessment. Testing at a minimum of five days post arrival will maximise detection. They recommend that a single test at around day seven after arrival appears to offer a reasonable balance of risks and benefits as an alternative to a longer quarantine period without testing.

3. Views expressed by other EU Member States on ECDC/EASA guidelines:
Ireland and other Member States have welcomed the provision of some form of additional guidance, the initial reactions during discussion at EU level show that the guidelines were being carefully analysed in capitals across the EU. There does not appear to be overwhelming support for the ECDC/EASA guidance.

During the Health Security Committee meeting on 07 December the ECDC presented an overview of the published guidelines and invited comments. A number of Member States, such as Belgium, Germany, Italy and including Ireland, were critical of the ECDC/EASA report in particular the finding the travel has not contributed to the spread of Covid-19. Member States also highlighted the risk that the inconsistent messages between the summary and the body of the report will lead to confusion as whether or not non-essential travel should be avoided. This confusion may lead to public authorities taking inappropriate approaches to travel measures.

The ECDC and EASA participants clarified at the meeting on 7 November that the ECDC risk assessment still advises that only essential travel should be undertaken during the Christmas period. Those arriving

---

1 The minutes of that meeting have not yet been made public by the Commission
from a ‘red’ country to an ‘orange’ country should be subject to any national restrictions or recommendations.

**Conclusion and Recommendation**

Irish public health authorities welcome the continued contributions that the ECDC has made to the development and assessment of emerging issues during the pandemic. The NPHET is asked to note this current guidance which has been prepared by the ECDC in collaboration with the EU Aviation Safety Agency. Ireland had already implemented some of the approaches outlined in the guidelines such as allowing for a shortening of quarantine periods following testing after five days. However, it is not proposed that the NPHET recommend to Government to pursue, en masse, the strategies outlined in the guidelines, which are predicated on a hypothesis that importation of cases of COVID-19 due to international travel, is not likely to increase the rate of transmission. The evidence from during the Summer does not support this hypothesis. NPHET is invited to confirm that the public health advice in Ireland is to avoid non-essential travel which includes discretionary travel for winter tourism.