

**Title: International travel
Update for NPHET meeting 21 January 2021**

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Organisation: Department of Health

Date: 20 Jan 2021

Action required:

- For noting
- For discussion**
- For decision

Approved for future publication: NO

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1. ECDC Risk assessment related spread of variants of concern

The ECDC rapid risk assessment, published on 20 January, *Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA* has concluded that the probability of introduction and community spread of SARS-CoV-2 variants of concern in the EU/EEA is currently assessed as very high, and its impact as high. The overall risk associated with the introduction and community spread of SARS-CoV-2 variants of concern in the EU/EEA is assessed as high/very high.

From the data provided in the risk assessment it is clear that the UK variant is circulating across EU/EEA countries and that the South African variant (501Y.V2) has been identified in multiple EU countries. The risk assessment notes that the true level of circulation of the new variants is most likely unknown, due to limited sequencing.

There is no evidence to date that disease caused by these variants is more severe or that it disproportionately affects certain age groups; however, the increased transmissibility of these new variants does lead to higher rates of hospitalisation and death amongst at-risk populations. The impact of the new circulating variants and the risk of introduction and community spread has been assessed by the ECDC as 'high/very-high'.

UK variant

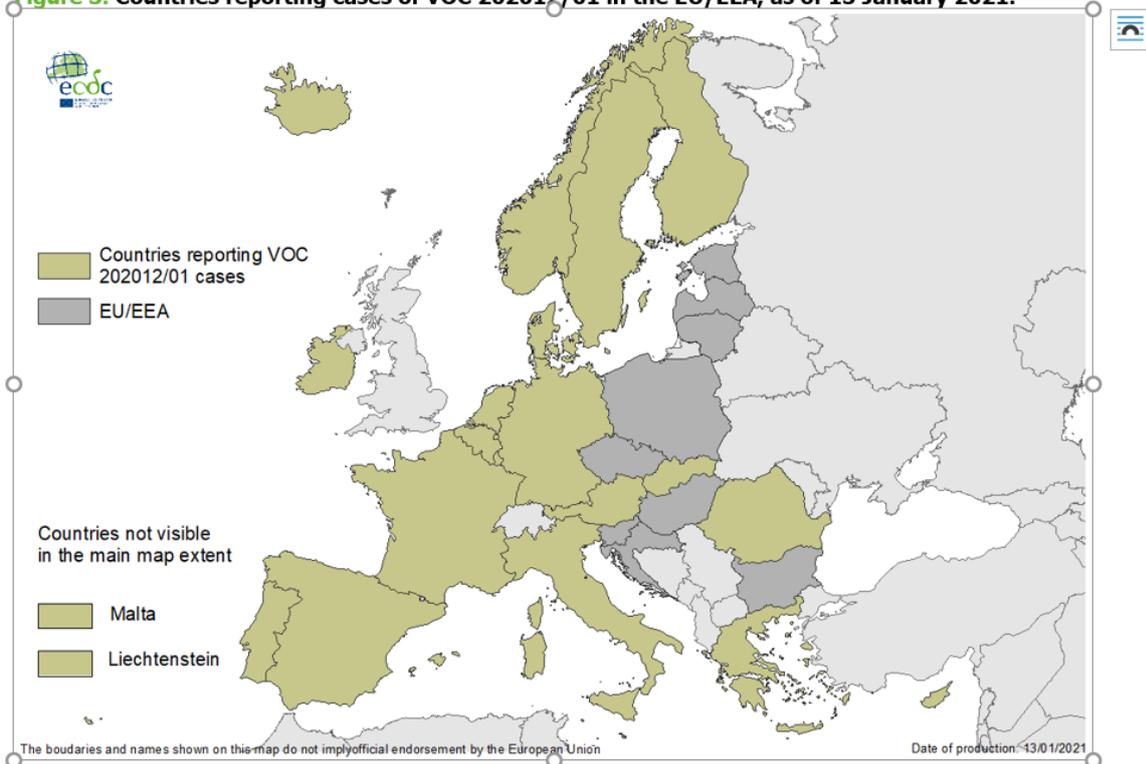
Since the detection of the UK variant (VOC 202012/01) in September 2020 it has become the predominant variant circulating in the UK and cases have been identified in most regions in the UK. In January 2021, the UK reported the highest COVID-19 mortality since the start of the pandemic. Denmark, Ireland and the Netherlands have all reported significant community transmission of the UK variant. Approximately 16,800 cases have been identified in the UK.

As of 19 January 2021, the UK variant has been identified in 60 countries, with approximately 2,000 cases identified outside of the UK. Within the EU around 1,300 cases have been identified in 23 countries; Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Luxembourg, Malta, Netherlands, Norway, Portugal, Romania, Slovakia, Spain and Sweden.

Outside the EU/EEA, approximately 700 cases have been identified in 37 countries. After the UK, the three non-EU/EEA countries reporting most cases are Israel (147), India (109) and the United States of America (92).

The transmissibility is estimated to be up to $\geq 50\%$ higher than the previously circulating SARS-CoV-2 virus in the UK, however there is no evidence that it is associated with higher severity of disease or disproportionately affects certain age groups.

Figure 3. Countries reporting cases of VOC 202012/01 in the EU/EEA, as of 13 January 2021.



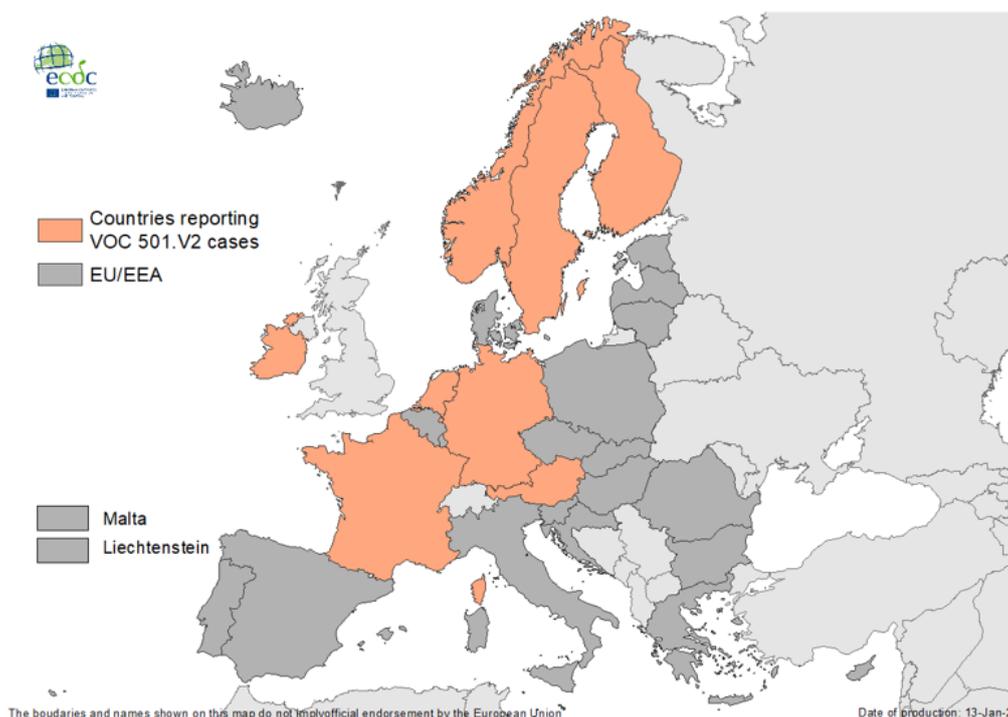
South African variant

The 501Y.V2 variant which first emerged in South African, which is believed to be the most prevalent variant in that country. As of 13 January, the South African variant (501Y.V2) has been identified in eight EU/EEA countries (see map on next page). Of a cluster of 29 cases identified in France, only five are deemed travel-related (travellers returning from Mozambique). Other cases identified in the EU/EEA are predominantly travel-related, not only from South Africa but also from African and Asian countries.

11 non-EU/EEA countries have identified the South African variant including Australia, Israel, the UK and the United States of America. Cases without a travel-history to South Africa are under investigation in both Israel and the United Kingdom.

The transmissibility of the South African variant is estimated to be 50% higher than the previously circulating SARS-CoV-2 virus. There is no current evidence that the South African variant is associated with higher severity of infection.

Figure 6. Countries reporting cases of 501Y.V2 in the EU/EEA, as of 13 January 2021.



Brazilian variant

The Brazilian variant of concern (P.1.) has been reported in Brazil and in as of 10 January in Japan (in travellers from Amazonas State, Brazil). A wave of infections appears to be spreading quickly in the capital of Amazonas, Manaus, and the ECDC is currently monitoring the situation through Epidemic Intelligence and global sequence databases. No EU/EEA countries have reported identifying this variant so far.

As of 15 January, 8 genomically confirmed cases of this variant had been identified in the UK.

No data are available yet about the transmissibility of the P.1. variant. Information whether the current increase in cases in Manaus is associated with the P1 variant is not available. In addition to the P.1 variant, there is also another variant within lineage B.1.1.28 circulating in Brazil.

Options for response – travel measures

The key messages from ECDC is to prepare for a rapid escalation of the stringency of response measures in the coming weeks to safeguard healthcare capacities and for an acceleration of the vaccination campaigns.

The ECDC recommends that Member States should continue to monitor changes in transmission rates or disease severity when acting to identify and assess the impact of these new variants. Increased preparations should be undertaken to prepare healthcare systems for high demand and accelerate vaccination roll-out programmes. Increased capacity in surveillance, testing and detection of the emerging variants should be considered.

For emerging variants (501.Y.V2 and P1) EU/EEA countries should consider, where appropriate, escalating measures to prevent or slow down the importation of the variant cases. The ECDC recommended options including: advising against non-essential travel, quarantining and testing of all travellers from affected areas, the isolation of detected cases and enhanced contact tracing of their contacts. Recommended tools include:

- Passenger Locator Forms,
- a 14-day mandatory quarantine period for all travellers
- or testing on arrival and day 7-10 of quarantine for early release.

The ECDC modelling indicates that slowing the introduction of new variants to a country can assist in preventing larger outbreaks. The ECDC recommends that when considering travel measures, policy makers 'should consider the uncertainty around of the true level of SARS-CoV-2 infections in general, the limited availability of sequencing data as well as substantial reporting delays.'

2. Update on travel policy in other EU countries

In response to the current epidemiological situation, a number of countries have introduced restrictions applying to intra-EU travel, particularly on travellers from areas deemed to present the highest risk. At least 14 EU countries have imposed mandatory quarantine restrictions upon arriving travellers from 'high-risk areas', often combined with additional testing protocols, whether to shorten the required quarantine period or allow release from quarantine.

Requirements to present a negative PCR pre-departure test upon arrival is increasingly becoming the norm across the EU, as countries take action to limit importation of new COVID-19 variants. Countries such as Greece, Latvia, the Netherlands, and Denmark require all travellers to present a negative test result upon entry, while other countries such as Belgium, Croatia, Cyprus, Germany, Malta and Spain require a negative result when travelling from what public health officials deem 'high-risk' zones.

Currently 23 EU countries have chosen to implement their own national classification on risk areas which are not based on the common 'EU traffic light system.' However, EU countries which still implement the EU 'traffic light system' impose measures more stringent than contained within the common approach, such as Germany who impose combinations of quarantine and testing measures on entrants from designated 'high risk areas'.

Ireland has been increasingly included in lists of high-risk areas and travellers are required to present a negative test result taken prior to departure for a number of destinations, including to Spain (since 11 January) and the Netherlands (since 15 January) and Germany, which has classified Ireland as a 'virus variant area'. Finland has suspended passenger air travel from Ireland until 25 January due to concerns around the spread of the UK variant.

More stringent approaches to travel restrictions are notable among the Nordic countries. Finland has imposed a ban on all non-essential travel from all EU countries. Sweden has banned travellers from the UK and Denmark until 21 January, with the exception of transport workers and Swedish residents. Meanwhile Denmark restricts travel from all other EU countries and only permits entry to essential travellers.

At a wider EU level the Schengen area has maintained a ban on all non-essential travel from outside of Europe since 16 March 2020. As of 30 June 2020, a short list of exempted countries was created and continuously revised. Currently non-essential travellers from 8 non-EU countries are permitted to enter the Schengen area.

Additionally, a ban on non-essential travel from the UK is still in place in several EU countries. Spain has extended the ban on passenger travel from the UK by air or sea until 02 February, while Italy is only permitting those with Italian residency or urgent need to enter until 05 March. The UK itself introduced new restrictions on arrivals from all countries, except Ireland, the Channel Islands and the Isle of Man, as of 18 January.

There is a continuing focus at EU level to tighten travel related measures. Germany has circulated a proposal for common EU action to control spread of variants of concern, entailing mandatory pre-travel testing and mandatory quarantine following arrival from areas where VOC are circulating. At the same time, other Member States are actively proposing the adoption of vaccine certificates to facilitate international travel.

3. Passenger volumes

Figures provided by the daa show that in the 28 days from 22 December to 18 January 104,881 passenger travelled to Ireland through Dublin and Cork airports. The breakdown of passengers by point of departure was EU/EEA – 84,228, UK – 6,303, non-EU/EEA/UK – 14,350. The non-EU/EEA/UK countries with the highest passenger numbers were USA 4,201, UAE 3,200 and Turkey 2,532.

Projected arrival figures show approx. 20,000 arrivals through the main airports for each of the next two weeks. However, these are based on bookings, and the actual number who travel may be impacted by the epidemiological situation internationally and the pre-departure test requirement for Ireland.

Between 22 Dec and 18 January, 1,852 adult passengers recorded Brazil as their point of departure through the locator form system. They were accompanied by approximately 280 children. The week on week trend of arrivals from Brazil has been increasing. Passengers arriving from Brazil travelled to every county in Ireland. Over 70% of arrivals who recorded an address were staying in Dublin. A further 247 passengers travelled from other South American countries.

In the same period, 792 passengers recorded South Africa as their place of departure on the locator form.

In the case of arrivals from Great Britain, South Africa and Brazil, text messages have been sent to all of these incoming passengers informing them that they should self-isolate for 14 days from arrival and asking them to contact a GP to arrange for a free PCR test. The HSE has put in place dedicated referral pathways their testing and contact tracing system to track referrals from travellers from

regions where the VOCs are prevalent .Any passengers arriving in Ireland from this areas will receive an initial text message on arrival instructing them to isolate and seek a test, and further reminder texts at day 4, 6, 9 and 14. In the case of arrivals from Brazil, messages are sent in both English and Brazilian Portuguese.

Passenger arrivals Dublin and Cork airports (excluding transfers)	
22 Dec - 28 Dec	23,843
28 Dec - 04 Jan	32,857
5 Jan - 11 Jan	30,438
12 Jan - 18 Jan	17,743
Projected passenger arrivals Dublin and Cork airports	
19 Jan – 25 Jan	21,452
26 Jan – 01 Feb	20,031

Source - DAA

Passengers arriving from Brazil	
22 Dec - 28 Dec	301
28 Dec - 04 Jan	395
5 Jan - 11 Jan	552
12 Jan - 18 Jan	604

Source – Passenger locator form

4. Public health response in Ireland

(i) Mandatory travel measures

Since 16 January, all arrivals are required to present evidence of a negative PCR test taken no more than 72 hours before arrival. Passengers who do not have a test result, should in practice, be denied boarding. It is an offence to not have this evidence and should they not be able to present it on arrival, the face fines of up to €2,500, and/or six months in prison or both. The Department of Justice, who conduct checks on test certificates at points of entry, report very high compliance with the test requirement. All passengers arriving from overseas are required to complete a COVID-19 Passenger Locator Form and as set out above, this information has been used to target public health messages to travellers arriving from regions where there is a high prevalence of the VOCs.

While the pre-arrival test is now mandatory, the public health advice on restricted movements or self-isolation as the case may be, remains advisory in nature.

(i) Whole Genome Sequencing

There is currently capacity in Ireland to conduct whole genome sequencing on 200 samples per week. This is currently being utilised to target cases with known epidemiological links to those coming from, or with close contact links to those coming from regions where variants of concern have originated. In conjunction with this, a random representative sample is also being routinely being sampled under direction from NPHE's Irish Epidemiological Modelling Advisory Group.

A working group, chaired by the Director of Health Technology Assessment & Deputy Chief Executive Officer of HIQA, and including members of the Irish Coronavirus Sequencing Consortium (ICSC), has been established to investigate capability and capacity for large scale surveillance sequencing of COVID-19 in Ireland. This group is tasked with identifying and, if necessary, establishing appropriate capacity that can be utilised to rapidly determine and monitor the prevalence of emerging variants within the country. This is essential to ensure an informed Public Health response to combatting any new variant of concern, and also to monitor efficacy of the vaccine programme going forward.

Other measures

DFA travel advisory issued to avoid travel to / from all South American countries, and the HPSC has update guidance notes to include travellers from Brazil. The isolation facility at the Citywest Hotel complex is available to those who are unable to self-isolate in their own homes for any reason and is an option for Brazilian workers in this situation.

Any Healthcare Worker (HCW) who has come to Ireland from these regions in the last 28 days is asked to be tested (regardless of when they came back) and to have completed 14 days self-isolation before working in a health care environment. Close contacts of known cases that have travelled from UK, South Africa, or South America, should also self-isolate for 14* days from their last contact with the case (*17 days for Close Contacts with ongoing exposure to the Case).

The Department of an Taoiseach has coordinated communication to all other relevant Departments, to affect the delivery of targeted and appropriate messaging to the Brazilian community, include via the Brazilian Embassy, Community Groups, Educational Bodies, Employees, Social Welfare, etc.

Conclusion

In the face of these new emerging variants, and the need to control the risk from importation, Ireland, along with other countries has introduced further restrictions on international travel including mandatory pre-travel PCR test requirement. As highlighted above, the key messages from ECDC is to prepare for a rapid escalation of the stringency of response measures in the coming weeks to safeguard healthcare capacities and for an acceleration of the vaccination campaigns. While the ECDC assessment remains in draft form and is not yet published, it advises against non-essential travel, and quarantine and testing of all travellers from affected areas. There are calls from some EU Member States for further coordination of travel-related measures to control the spread of these new variants.

Annexes:

EU countries with mandatory quarantine measures	
Austria,	10 days (shortened by PCR test at Day 5)
Belgium	Minimum 7 days (2 tests)
Czech Republic	10 days (submit negative PCR test to end earlier)
Estonia	10-day isolation or a double testing procedure
France	Arrivals showing symptoms are kept in isolation by relevant prefect
Germany	10 days in the states that apply quarantine upon arrival
Greece	14-days quarantine for positive spot test on arrival
Italy	14 day isolation and health surveillance
Latvia	10 days upon arrival
Malta	Those on 'Amber list' without a test are subject to quarantine
Poland	10 day quarantine on arrival
Slovakia	10 days self-isolation from high risk countries (end early with day 5 test)
Romania	14 day quarantine from high-risk areas
Slovenia	10 days quarantine from high-risk areas

Current Quarantine and Testing measures in select countries	
UK	<p>All 'travel corridors' were suspended as of 4am, 18 January 2021. Arrivals complete a completed passenger locator form, show proof of a negative coronavirus test and must self-isolate for the first 10 days upon arrival. Only arrivals from Ireland, the Channel Islands and the Isle of Man are exempt. A new travel ban on arrivals from South America, Portugal and Cape Verde from 15 January prohibits direct flights from all of Portugal, Argentina, Brazil, Bolivia, Chile, Colombia, Ecuador, French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela to the UK. All previous arrivals in prior 10 days have been required to self-isolate.</p>
Germany	<p>From 16 January arrivals travellers from 'high-risk areas' must present a negative test less than 48 hours old before travelling or have a test within 48 hours of their arrival. Quarantine is a state competence but generally 10 days of quarantine are required with the possibility to get out on day 5 with a negative test (antigen also accepted). New 'virus variation areas' (Ireland, UK and South Africa). Only returning nationals and residents with a negative test are permitted to enter from the UK and South Africa until 20 January.</p>
France	<p>Travellers from non-EU countries as of 18 January must present a negative test taken within the previous 72 hours to enter France, and declare "on their honour" that they will self-isolate for seven days once they arrive in France and then undergo a second PCR test. This includes arrivals from the UK. Regardless of their country of origin, all persons showing Covid-19 symptoms when entering the national territory will have to observe quarantine or, if needed, be placed and kept in isolation by the relevant prefect.</p>

Belgium	Any person coming (or returning) to Belgium for at any length of time from a red zone, must be placed in quarantine and travellers, including those with main residence in Belgium, must submit a negative result to a PCR test taken within 72 hours prior to entry. The quarantine can only be terminated with a negative PCR test performed on the seventh day of quarantine.
Finland	On 11 January Finland suspended passenger flights from Ireland, along with flights from the UK and South Africa. The bans are expected to be in place until 25 January. For travellers from countries that are not categorised as 'border traffic returned to normal' a 10-day period of self-isolation is recommended. It is recommended that travellers who do not live in Finland take a COVID-19 test less than 72 hours before arriving in Finland. A second test can be taken in Finland no earlier than 72 hours after arriving in Finland. Between the tests, self-isolation at the place of accommodation is recommended. There are exceptions for cross-border workers from Sweden or Estonia.
Denmark	Entry from EU Member States and Schengen Associated countries is allowed only in case of a worthy purpose, (not for tourism). As of 9 January 2021 and at least until 7 February 2021, a general ban has been introduced on flights carrying passengers, including Danish nationals, who are unable to present a negative COVID-19 test taken no more than 24 hours before departure.
Norway	All travellers entering Norway from countries or regions that are defined as high transmission areas will have to quarantine for 10 days in a designated hotel. Residents may quarantine in their own homes. Arrivals from high-risk areas must provide a certificate of a negative COVID-19 test taken less than 72 hours before entry. Without correct documentation entry will be refused.