

MEMORANDUM E (21) 107 (C)

**FROM: ROBIN SWANN MLA**  
**MINISTER FOR HEALTH**

**DATE: 13 MAY 2021**

**TO: EXECUTIVE COLLEAGUES**

**FINAL EXECUTIVE PAPER: TRAVEL – INTERNATIONAL AND WITHIN THE CTA**

1. At the Executive meeting on 6 May 2021 colleagues discussed a paper that I provided on international travel and travel within the common travel area (CTA). This discussion led to requests from colleagues to further consider some of finer points in relation to travel within the CTA in particular.
2. Given their interconnectedness, this paper focuses on three areas:
  - A. international travel, in particular the publication of a 'Green list' of countries from which arriving travellers would not be required to self-isolate;
  - B. travel within the CTA, reflecting on its linkages with international travel; and
  - C. the timing when agreed recommendations could come into force taking into account operational and practical feasibility.

**A. INTERNATIONAL TRAVEL**

3. On Friday 7 May 2021, Transport Secretary Grant Shapps MP announced international travel from England can begin to safely reopen from 17 May. This will allow people to travel internationally for any reasons, including to go on foreign holidays. Travel will be discouraged for amber and red list countries, and travellers to green list countries (formerly known as travel corridors) would no longer be required to self-isolate upon return.
4. People coming from green list countries will not have to isolate at all upon their arrival. They will have to book and take a PCR test on day 2 after their arrival, rather than both days 2 and 8 for amber and red list arrivals. This day 2 test will be able to be booked from the same providers as currently used for amber list arrivals. In guidance we will ask green list arrivals to take an LFD test on Day 8.
5. JBC have published their methodology for assessment and the most recent data which has led to the decisions on the initial green list. They will publish data used for decision making at each review point. This is attached at **Annex A**.

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6. Currently there are 12 countries on England's 'green list' from which self-isolation is not required. Nine of these have been assessed by the Joint Biosecurity as green, and three have been assessed as borderline green/amber as they have some community transmission of VOCs.
  - 1) Australia
  - 2) Iceland
  - 3) New Zealand
  - 4) Faroe Islands
  - 5) South Georgia and the South Sandwich Islands
  - 6) Gibraltar
  - 7) Saint Helena, Ascension and Tristan da Cunha
  - 8) Brunei
  - 9) Falkland Islands
7. Those with an Amber/Green JBC risk rating are:
  - 10) Portugal, including the Azores and Madeira
  - 11) Israel and Jerusalem
  - 12) Singapore
8. The Department's Chief Medical Officer and the Chief Scientific Officer have recommended we adopt a precautionary approach and propose that only those countries assessed by the JBC as Green move on to our green list. This the first nine countries listed at paragraph 11 above.
9. Those assessed as Amber/Green, i.e. Portugal including the Azores and Madeira, Israel and Jerusalem, and Singapore would remain on the NI amber list given variants of concern and variants under investigation (VoCs and VUI) as reported. The CMO and CSA are particularly concerned with data from Portugal and recommend that should the Executive decide to allow these borderline countries to be on the NI green list then Portugal should remain on our Amber list until the circulating VOC data are clearer.
10. It is recommended that the Executive are asked to agree that only those countries rated green by JBC should be on the NI 'green list' from which self-isolation is not required.

## B. CTA TRAVEL

11. The section proposes three main changes to the existing CTA travel guidance in place:
  - A. Removal of the essential travel reasons in line with international travel
  - B. Retain the guidance on self-isolation and add two new exemptions to this:
    - a) visits to family and friends;
    - b) those who have completed mandatory managed quarantine on arrival at a point of entry elsewhere in the CTA and travelled directly to NI.

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- C. Those exempt from self-isolation would be asked in guidance to take a pre-departure LFD test, and LFD tests and days 2 and 8 post arrival in NI.
12. At present, there is advice not to travel in or out of Northern Ireland except where it is essential to do so. The list of essential reasons to travel is published on NIDirect.
13. If you are arriving into Northern Ireland from within the Common Travel Area and you plan to remain here for at least 24 hours, public health advice is that you should self-isolate upon arrival for 10 days, unless you are exempt.

### Amendments Proposed for CTA Travel

14. Currently international travel is permitted for any reason, and mitigations are in place for returning travelers to limit transmission and importation of virus variants to NI. This ensures effective risk management is balanced with a proportional impact on the human rights of NI residents and travelers from overseas. It is proposed that the CTA travel guidance should be aligned to this approach, and travel should be permitted for any reasons with mitigations in place for arrivals.
15. The Executive's Pathway Out of Restrictions has been consistent in focusing on prioritizing the ability of family and friends to interact safely. Therefore it is proposed that in this first step for relaxing the travel guidance within the CTA, visits to family and friends are added to the list of exemptions from self-isolation.
16. It is also proposed that rather than list specific exemptions for certain jobs, given the frequency of work travel within the CTA for a range of sectors, all those travelling for work purposes would be exempt from the request to self-isolate.
17. Those exempt from self-isolation would be asked in guidance to undertake a pre-departure LFD test within 72 hours of travel, and LFD tests at days 2 and 8 post-arrival in NI. These would be made available free of charge for delivery to a NI address. In GB these can also be obtained free of charge via the mass testing programme.
18. In addition anyone who had completed mandatory isolation in England, Scotland or ROI as part of international travel requirements within the previous 10 days would be able to travel onward to NI without a further period of isolation being required. Wales currently does not have any managed isolation provisions in place so this provision is not required to extend to travelers from Wales.
19. The advice from our Chief Medical Officer and Chief Scientific Adviser is as follows:
- i. At present, in relation to the CTA only ROI has a significantly higher prevalence than NI. Given the volume of travel from ROI to NI for stays of

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less than 24 hours, current measures will not be sufficient to prevent the introduction of COVID into NI. It is likely that the persistently high incidence of COVID in NI border LGDs is at least partly attributable to introduction of infection by individuals travelling to NI.

- ii. In relation to COVID variants, there is evidence that several variants of concern are circulating in other parts of the CTA (in particular, England and Scotland) which are not present or circulating in NI. Any measures which would allow additional travel to NI without a requirement to self-isolate will increase the risk of introducing new COVID variants into NI. The consequences of this are difficult to predict, but could be severe and might include the risk of a significant increase in community transmission should such variants become established, with all of the consequences (hospital admissions, ICU occupancy, deaths) which would flow from that. There remains considerable uncertainty about the behaviour of a number of COVID variants and the extent to which vaccination will protect against infection.
- iii. From the perspective of COVID transmission, our advice therefore remains that **it would be best to retain current guidance with regard to the request to self-isolate when arriving from within the CTA travel**. A case could even be made for strengthening this as more evidence emerges about the impact of COVID variants circulating elsewhere in the CTA. As vaccination proceeds, and in particular once high vaccine penetration is achieved in younger adults, the risk of relaxing current guidance will be reduced.
- iv. However we recognize the importance of family and friends visits could have on the mental wellbeing of our citizens, and would be content to exempt such visits from the guidance to self-isolate, with mitigations in place as discussed above.

20. Therefore the Executive are invited to agree to:

- A. Remove of the essential travel reasons in line with international travel
- B. Retain the guidance on self-isolation and add two new exemptions to this:
  - a) visits to family and friends;
  - b) those who have completed mandatory managed quarantine on arrival at a point of entry elsewhere in the CTA and travelled directly to NI.
- C. Request in guidance that those exempt from self-isolation take a pre-departure LFD test, and LFD tests and days 2 and 8 post arrival in NI.

### C. TIMING OF AMENDMENTS TO TRAVEL

21. It is recommended that the Executive introduce the amendments to CTA travel guidance and the revised 'green list' for international travel from 24 May 2021.

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22. This will align with the relaxations taking place in local restrictions, which will permit up to 6 people from 2 households to meeting indoors in a private dwelling and overnight stays from 24 May (subject to ratification on 20 May). This ensures visitors to NI are legally permitted to stay with friends and family living here. This will create a cohesive message for the public across local restrictions, CTA travel, and international travel.
23. This timeframe also allows time to amend the international travel regulations, and work to ensure processes are in place to facilitate access to free LFD testing for those for whom it is requested in guidance.

## **RECOMMENDATION**

24. It is recommended that the Executive agree:
  - i. to the approach recommended on the NI 'green list' for international travel, with 9 countries being added to the initial list as at paragraph 6;
  - ii. to the amendments proposed to the intra-CTA travel guidance at paragraph 20; and
  - iii. that both changes are made with effect from Monday 24 May 2021.

**ROBIN SWANN MLA**  
**MINISTER FOR HEALTH**

## Annex A – JBC Methodology as published online

The Joint Biosecurity Centre (JBC), part of the UK Health Security Agency, in partnership with devolved administrations, has developed a dynamic risk assessment methodology to inform ministerial decisions on red, amber and green list countries and territories, and the associated border measures. This methodology has been endorsed by the JBC technical board (4 UK Chief Medical Officers and their relevant specialists, such as Chief Scientific Advisers).

JBC reviews over 250 countries and territories. As a precautionary approach, countries and territories are assumed to be amber unless there is specific evidence to suggest they are:

- green – presenting (with confidence) a low public health risk to the UK from all COVID-19 strains
- red – presenting a high public health risk to the UK from known Variants of Concern (VOC), known high-risk Variants under Investigation (VUI) or as a result of very high in-country or territory prevalence of COVID-19

The methodology consists of 4 parts:

- variant assessment
- triage
- risk assessment
- outcomes that inform ministerial decisions

### Variant assessment

Regular monitoring and evaluation of new variants is undertaken by PHE to identify those which may be of concern (VOCs and VUIs) to the UK.

This assessment considers several factors including:

- transmissibility
- severity of disease
- escape from natural immunity
- escape from vaccine-induced immunity
- effect on therapeutics
- zoonotic emergence (jumped from animal to human)
- current epidemiology

See further information on Variants of Concern and Variants of Interest.

### Triage

Selects a list of countries and territories for further risk assessment ('deep dives'). This stage considers a range of indicators, including:

- testing rates per 100,000 population
- weekly incidence rates per 100,000 population
- test positivity
- evidence of VOC/VUI cases in country and territory
- exported cases/VOCs/VUIs to the UK and elsewhere
- genomic sequencing capability
- strong travel links with countries and territories known to have community transmission of a VOC/VUI

## Further Risk Assessment

All countries and territories that pass triage for green or red indicators undergo a more comprehensive risk assessment using additional quantitative and qualitative information (for example, from publicly available platforms such as GISAID and the World Health Organization, host government websites, UK mandatory testing data and travel data), taking into account data availability, limitations and biases.

## Outcome

Available and relevant sources of information for each country or territory are used to provide an overall assessment on:

- genomic surveillance capability
- COVID-19 transmission risk
- VOC/VUI transmission risk

Travel connections with the UK and details of the in-country and territory vaccination profile are included as contextual information.

Decisions on red, amber or green list assignment and associated borders measures are taken by ministers. Ministers will take the JBC risk assessments into account alongside wider public health factors to inform watchlists and make their decisions.

See the data used to inform specific country decisions.

This methodology will evolve to reflect the changing pattern of the COVID-19 epidemic and as the JBC incorporates new scientific insights, new data sources, and new analyses that become available. The methodology is subject to quarterly review (as a minimum) by the JBC technical board.