

Considerations for resuming non-essential international traffic in the Caribbean in the context of the COVID-19 pandemic

2 July 2020 - This document is subject to revisions depending on the availability of new relevant information and scientific evidence

Note redacted on 16 July 2020: This document was shared with the PAHO/WHO Country Offices in the Caribbean Sub-Region on 6 July 2020.

Summary: These considerations refer to the resumption of non-essential international air travel in the context of the COVID-19 pandemic and in compliance with the provisions of the International Health Regulations (IHR).

Resuming incoming non-essential international travel is not exempt from the risk of importation of SARS-CoV-2 virus, and the decision to do so should be gradual and will be dynamic in terms of adjusting restrictions.

The considerations shared through this document are based: (i) on a set of assumptions related to public health practices, rooted in recommendations by the World Health Organization (WHO), which should have been adopted by countries and territories worldwide (e.g., rationale use of laboratory resources); and (ii) on a set of caveats related to practices that are nurturing a false sense of security and/or are not based on evidence (e.g., use of SARS-CoV-2 virus related molecular or serological laboratory tests).

The key factors that should inform the reiterative risk assessment process underpinning the dynamic decision-making process related to the resuming or restricting non-essential international travel are: (i) the public health and health services capacity in destination countries and territories; (ii) the analysis of the probability of importation of SARS-CoV-2 virus based on the COVID-19 epidemiological situation at the origin of the voyage of the conveyance and/or traveller (e.g., countries or territories experiencing community transmission are associated with a greater risk of importation of SARS-CoV-2 virus); (iii) the communication capacity in countries and territories.

Target audience and objective

This document provides key considerations to inform the approach for decisions by national authorities in the Caribbean countries and territories in relation to the resumption of non-essential international air travel in the context of the COVID-19 pandemic and the International Health Regulations (IHR).¹ The document emphasizes public health measures at ports of entry and beyond.

¹ <https://apps.who.int/iris/rest/bitstreams/1031116/retrieve> [accessed on 2 July 2020]

Background

Caribbean countries and territories implemented international traffic-related, public health and social measures early in the evolution of the COVID-19 pandemic. These included, closures of public spaces, promoting hand hygiene, respiratory hygiene, cough etiquette, the use of masks and restrictions at borders. As a result, most countries and territories have been able to maintain the transmission of SARS-CoV-2 virus at a level not exceeding the capacity of their health services, and have also taken advantage of the time gained to strengthen their public health and health services capacities to face an increase in the number of COVID-19 cases in the future.

Given that most countries and territories in the Caribbean have tourism dependent economies compounded by the COVID-19 pandemic triggered global economic crisis, there is now economic, social and political pressure, on national authorities to resume non-essential international travel in spite of the risk of importation of cases

Considerations for the decision-making process

Because of the dynamic nature of the COVID-19 pandemic, the known natural history of the SARS-CoV-2 virus infection, the limited tools to control its spread, the availability and accessibility of information, as well as the operational implications, resuming incoming non-essential international travel is, not exempt from the risk of importation of SARS-CoV-2 virus. Therefore, actions taken by authorities at destination should be informed by risk assessment and management principles, being understood that, ultimately, the burden and responsibility of COVID-19 related control actions falls on countries and territories at destination.

Additionally, depending on the evolution of the COVID-19 pandemic in each country and territory, and in the spirit of shared responsibility, authorities in the Caribbean should also have to take the decision to reduce the risk of exportation of SARS-CoV-2 virus to other countries and territories. Overall, while the decision-making process related to resuming incoming non-essential international travel should be gradual and will be dynamic in terms of adjusting restrictions, decision related to restricting outgoing non-essential international traffic will have to be timely, with immediate effect, and consistent with any community-wide social distancing measures adopted.^{2,3}

Assumptions

- In each country or territory, political and populous pressure, the status of the economy, and foreign policy play a critical role in the decision-making process related to resuming non-essential international travel.
- Globally, no country or territory is allowing the following persons, to undertake an international voyage: known COVID-19 cases, individuals with known laboratory confirmed SARS-CoV-2 virus infection, and contacts of these categories of persons. Therefore, unless the presence of one or more COVID-19 case is determined aboard a conveyance on an international voyage, travelers undertaking

² <https://www.paho.org/en/documents/considerations-social-distancing-and-travel-related-measures> [accessed on 2 July 2020]

³ <https://iris.paho.org/handle/10665.2/52407> [accessed on 2 July 2020]

an international voyage should not be regarded as contacts⁴ and should be treated with courtesy and respect pursuant to the provisions of Article 32 of the IHR.

- Globally, national authorities are discouraging individuals who are unwell (regardless of the cause), and individuals with higher risk of developing severe COVID-19 disease, from undertaking an international voyage.
- Infected asymptomatic and pre-symptomatic individuals can transmit SARS-CoV-2 virus. However, evidence available at the time of this writing suggests that the spread of SARS-COV-2 virus is driven by transmission from symptomatic individuals.
- Resources, particularly those related to laboratory diagnostics, are used in a rational manner and aiming at sustainability.

Caveats

- Based on published evidence on its limited effectiveness, as well as practical experiences and operational considerations (e.g., causing crowding at points of entry), the measurement of travelers' body temperature, either at departure or on arrival, is not a reliable tool for detecting individuals with SARS-CoV-2 virus infection. Relying on the measurement of body temperature at points of entry for controlling the spread of SARS-CoV-2 virus may nurture a false sense of security.
- Because of the known natural history of the SARS-CoV-2 virus infection, the performance of laboratory tests currently available, and the logistic and operational implications, especially at points of entry (e.g., causing lines and delays), SARS-CoV-2 virus related laboratory testing – either through molecular or serological methods – of travelers, either prior to/upon departure, or upon arrival is not reliable for managing the risk of SARS-CoV-2 virus importation and may nurture a false sense of security. Hence, and in compliance with Article 36 and Annex 6 of the IHR, documentation of SARS-CoV-2 virus related laboratory test results cannot constitute a requirement for exiting or entering a country or territory.

Notwithstanding that, at the time of this writing, Real-Time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) is the recommended laboratory method for confirming SARS-CoV-2 virus infection, as other molecular tests available are neither reliable nor accurate, a rRT-PCR test would give a negative result during the first 1-3 days following infection, as the viral load would not yet be at detectable levels. Thus, a negative test result does not guarantee that a person is free of infection, as they could be incubating the virus. A traveler from a location with widespread community transmission with a negative test 2-3 days prior to arrival, could well have been exposed between the time the sample was taken and when they boarded their flight. Thus, they could arrive with a negative test and either be pre-symptomatic in the incubation period or not be infected indeed. A negative test upon arrival could also occur in the early stages of infection.

⁴ <https://www.who.int/publications/i/item/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance> [accessed on 2 July 2020]

Additionally, given that most countries/territories are conducting rRT-PCR tests only on symptomatic persons, asymptomatic travelers are unlikely to be able to be eligible for a rRT-PCR test prior to departure.

At the time of this writing, there is no reliable and accurate serological test and it is unknown how long immunity lasts after a first infection with SARS-CoV-2 virus. The assumption that a person is immune to re-infection because they tested positive for antibodies against SARS-CoV-2 virus gives a false sense of security.

- Based on published evidence on its effectiveness, practical experiences, and operational considerations the completion of COVID-19 related questionnaires or declarations, either at departure or upon arrival, are not a recommended practice in the context of the COVID-19 pandemic. Such an approach may nurture a false sense of security – as it relies fully on the honesty of the traveler –, it is time-consuming, can cause crowding and delay operations at points of entry, may require intense information processing efforts, additional waste management operations when paperwork is involved, and can deplete human resource capacity that could potentially be used for in-country surveillance efforts. Recognizing that health authorities in countries and territories need to be in a position to locate incoming travelers while on their territory, the Immigration Landing Form, already required and which includes contact information, could be used to that effect and adjusted if deemed necessary.
- Pursuant to the provisions of Article 40 of the IHR, “[...] no charge shall be made by a State Party pursuant to these Regulations for the following measures for the protection of public health:
 - (a) any medical examination provided for in these Regulations, or any supplementary examination which may be required by that State Party to ascertain the health status of the traveller examined;
 - (b) any vaccination or other prophylaxis provided to a traveller on arrival that is not a published requirement or is a requirement published less than 10 days prior to provision of the vaccination or other prophylaxis;
 - (c) appropriate isolation or quarantine requirements of travellers;
 - (d) any certificate issued to the traveller specifying the measures applied and the date of application; or
 - (e) any health measures applied to baggage accompanying the traveller. [...]”
- For international non-essential traffic to be resumed in a manner as fluid as possible, with as little impediments as possible for international travelers, it would be desirable that, globally, authorities adhere to the same set of principles and practices while dynamically regulating both, outgoing and incoming international traffic.

Key factors

1. Public health and health services capacity in destination countries and territories

Resuming non-essential international travel intrinsically carries the risk of SARS-CoV-2 virus importation and further onward transmission at destination. The mitigation of the consequences lies on the capacities of public health and health services in the destination country or territory to implement the cornerstone interventions for controlling the spread of SARS-CoV-2 virus and its impact, namely: early detection of individuals with illness compatible with COVID-19 and their isolation; laboratory testing for SARS-CoV-2 virus; clinical management of COVID-19 cases; identification of contacts of COVID-19 cases, or individuals with laboratory confirmed SARS-CoV-2 virus infection, their quarantine and monitoring for 14 days.⁵ Hence, whilst continuously striving towards strengthening them, a careful appraisal of those capacities is required for national authorities to determine of the risk they are able to manage without exposing the country or territory to undue risks and without overwhelming the public health and health services.

The following elements are critical in shaping the mitigation strategy while resuming incoming non-essential international travel:

- Protocol for the management of incoming international travelers detailing:
 - i. Tools allowing health authorities to locate incoming international travellers throughout their stay in their respective territory (e.g., Immigration Landing Form, geo-tracing apps, etc.);
 - ii. Modalities for monitoring the health status of the international travellers up to 14 days after arrival, or until they depart the country or territory if before 14 days. No restriction of movement, including quarantine, applying to incoming international travellers is warranted. A wide range of approaches for monitoring the health status of travellers is available and one or more of them can be adapted according to the local context, provided that clear instructions to comply with those are given to the traveler. These include, and are not limited to: self-health monitoring and reporting of symptoms compatible with SARS-CoV-2 virus infection to health authorities; self-health monitoring, with daily measurement of body temperature, and daily reporting on health status to health authorities; daily proactive contact by hospitality operators and further reporting to health authorities; daily visits by hospitality operators and further reporting to health authorities; daily proactive contact by health authorities to the travelers; daily visits by health authorities to the traveller. Telephone and other digital applications should be considered for making the health monitoring process more agile;
 - iii. Provision of information on symptoms associated with SARS-CoV-2 virus infection; modalities of health monitoring adopted; what to do if symptoms compatible with SARS-CoV-2 virus infection develop; recommendations for personal protection current in the country or territory; social distancing measures current in the country or territory and to be adhered to;

⁵ [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) [accessed on 2 July 2020]

- iv. Flow of travellers at points of entry; physical and social distancing measures at points of entry; personal protective equipment for individuals working at points of entry in different capacities; cleaning of points of entry premises;
- v. Functions of health workers at points of entry, if any.
- Protocols for the management of COVID-19-related events occurring on conveyances or at points of entry
 - i. For the management of acute events occurring on incoming conveyances or at points of entry in the country or territories, please refer to the WHO documents referenced in the footnotes: 6,7,8;
 - ii. For international contact tracing operations needed following the detection of a COVID-19 case in country with history of international travel.
- National COVID-19 surveillance mechanism/s should allow for the recording of imported cases and the presumptive location (country/territory/area) where the infection with SARS-CoV-2 virus might have occurred.

2. Reducing probability of importation based on origin and routes

In addition to the COVID-19 pandemic epidemiological situation, and the public health and health services capacities in the country or territory at destination, the strategy to minimize the intrinsic risk of SARS-CoV-2 virus importation, and further onward transmission at destination, associated with resuming incoming non-essential international travel can also be based on selecting the origin of the incoming traffic according to the overall (epidemiological status and response capacity) COVID-19 pandemic risk characterization.

Because of the logistic, operational, and administrative complexities intrinsic to international traffic, and to the civil aviation network in particular (e.g., journeys involving multiples connecting flights; purchase of separate consecutive air tickets; persons in possession of multiple passports), a selective approach in determining incoming non-essential international traffic, based on, should be dynamic (e.g., reconsidered every two weeks) and be informed by the following:

- Primary focus on the countries or territories of departure of the incoming conveyances (e.g., focus on countries and territories with which direct connections existed/exist);
- Secondary focus on the countries or territories of departure of the travellers;
- The SARS-CoV-2 virus transmission scenarios experienced by the country or territory of departure of the conveyance and/or of the traveller. At the time of this writing, in its COVID-19 Daily Situation Reports,⁹ WHO publishes a classification of the transmission scenario experienced by a

⁶ <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreak-in-aviation-interim-guidance> [accessed on 2 July 2020]

⁷ <https://www.who.int/publications/i/item/10665-331512> [accessed on 2 July 2020]

⁸ <https://www.who.int/publications/i/item/operational-considerations-for-managing-covid-19-cases-or-outbreaks-on-board-ships-interim-guidance> [accessed on 2 July 2020]

⁹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> [accessed on 2 July 2020]

country/territory/area. Based on the five categories enumerated below, the transmission scenario published reflects the self-determination by countries/territories/areas, based on the worst transmission scenario experienced in any given area of the country/territory/area; and it is routinely updated.

- No cases: with no confirmed cases;
- Sporadic cases: with one or more cases, imported or locally detected;
- Clusters of cases: experiencing cases, clustered in time, geographic location and/or by common exposures;
- Community transmission: experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area;
- Pending: transmission classification has not been reported to WHO.

The highest risk of SARS-CoV-2 virus importation is associated with countries and territories experiencing **community transmission**, as such, resuming incoming international non-essential traffic from those countries and territories should be considered extremely carefully, and in a reiterative manner, also taking the following into account:

- The dynamic of the spread of SARS-CoV-2 virus including the number of new cases reported daily; and/or the 7-day rolling average incidence rate; and/or the Effective Reproductive Number (R_t). These indicators are available on the following websites (all accessed on 2 July 2020):
 - [PAHO/WHO AMRO COVID-19 Dashboard](#)
 - [Geographical distribution of COVID-19 cases](#)
 - [Daily COVID-19 data](#)
 - [COVID-19 trends](#)
 - [COVID-19 doubling time for cases and deaths](#)
 - [Evolution of the COVID-19 Effective Reproductive Number \(\$R_t\$ \)](#)
 - [WHO headquarters COVID-19 Dashboard](#)
 - [WHO AFRO COVID-19 Dashboard](#)
 - [WHO EMRO COVID-19 Dashboard](#)
 - [WHO EURO COVID-19 Dashboard](#)
 - [WHO SEARO COVID-19 Dashboard](#)
 - [WHO WPRO COVID-19 Dashboard](#)
- The public health services capacity of the country or territory of departure of the conveyance or of the traveller in terms of case detection, contact tracing, laboratory tests performed. Such information is not available on the WHO and PAHO platforms and would require consulting

relevant national official webpages, and/or establishing a bilateral dialogue with authorities in the country or territory of departure being considered.

- For larger countries in particular, the national transmission scenario as published by WHO and the national indicators related to the dynamic of the spread of SARS-CoV-2 virus might not reflect substantial epidemiological differences in non-contiguous jurisdictions within the country or territory of departure of the conveyance or of the traveller. Therefore, should different approaches be considered for resuming non-essential international travel from different jurisdictions within the same country or territory of departure, further determinations may require establishing a bilateral dialogue with authorities in the country or territory of departure, or consulting reliable sources of information.
- The analysis of national COVID-19 surveillance data should allow for the identification of imported cases and their presumptive location (country/territory/area) where the infection with SARS-CoV-2 virus might have occurred. This information is critical to evaluate the impact of the COVID-19 mitigation strategy adopted, and, especially to inform the revision of the selection of countries and territories from which incoming non-essential international traffic (conveyances and/or travellers) is being authorized.

3. Communication capacity in countries and territories

Resuming outgoing and incoming non-essential international traffic in an as fluid as possible fashion, requires communication mechanisms, agreed upon by all governmental sectors concerned, and targeting different audiences, including the general public; incoming and outgoing travellers; operators related to the transport and hospitality sectors; the diplomatic network; the health authorities network, locally and internationally.

Any introduction, change, termination of non-essential international traffic related measures should be communicated clearly in a timely manner to all relevant audiences, through appropriate and consistently used governmental channels, in multiple languages as necessary. If systematic revisions of international non-essential travel restrictions are anticipated, this should be done at a set frequency (e.g., on a given day every two weeks).

Information about non-essential international traffic related measures should encompass the rationale underpinning those measures; the dynamicity of those measures; anticipated introduction of imported cases and measures adopted across the jurisdiction to manage importation and possible onward local transmission; and the package of public health and social measures they are required to maintain/implement. Engagement and buy-in from the general public, travelers and other stakeholders is essential to maintaining public health and social measures aimed at mitigating transmission.