

Guidance for opening borders in Pacific Island Countries and Areas during the COVID-19 Pandemic

8 August 2020



INTRODUCTION

This guidance is intended to assist government officials responsible for advising national governments on border control measures for responding to the COVID-19 pandemic.

Many Pacific Island Countries and Areas (PICs) have implemented strict border measures to protect against the importation of novel coronavirus disease (COVID-19), aiming to prevent or delay importation. While effective in mitigating the epidemic, these measures have significant economic and social costs and may negatively impact the well-being of populations as well as the ability to move critical technical personnel, equipment and medical supplies between and across PICs in response to COVID-19. Border closure is not a sustainable control measure over an extended period, especially in countries who economically rely on tourism.

PICs are evaluating the possibility of re-opening their borders while aiming to minimise the risk of COVID-19 importation and exportation. This document recommends entry and exit measures that should be considered when allowing travel between countries of varying scenarios of disease transmission.

This document refers to existing guidelines on international traffic, managing border restrictions and implementing public health and social measures in the context of COVID-19 (1,2,3,4).

Understanding transmission scenarios of COVID-19

For the purposes of this guidance, countries in the Pacific region can be categorised into three simplified COVID-19 transmission scenarios, described in

Table 1.

The scenarios will determine requirements for travellers to exit the country of origin and for entry to the destination country. The opening of international borders should be conducted in a phased approach (2,3):

- starting with allowing repatriated nationals to travel across borders;
- followed by slowly lifting non-pharmaceutical interventions (NPI);
- then lifting restrictions between countries where there are no cases or where the COVID-19 virus is under a similar level of control or the same level of disease transmission scenarios; and finally

- potentially opening to other countries based on an assessment of risks in the origin country as well as the capacity to detect and manage cases in the country of destination.

The phased approach should accommodate at least two weeks between the lifting of NPI and allowing travellers into the country.

Table 1. Simplified transmission scenarios of COVID-19

Scenario no.	Scenario name	Definition	Surveillance aim
1	No cases	Countries/territories/areas with no cases	Quickly identify, investigate, and isolate imported cases and clusters as well as comprehensive contact tracing and quarantine.
2	Cases at the border	Countries/territories/areas with one or more imported cases	Quickly identify, investigate, and isolate imported cases and clusters, as well as comprehensive contact tracing and quarantine.
3	Cases in the community	Countries/ territories/areas experiencing cases, clusters or larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: <ul style="list-style-type: none"> • Large numbers of cases not linkable to transmission chains. • Large numbers of cases from sentinel lab surveillance. • Multiple unrelated clusters in several areas of the country/territory/area. 	Quickly identify, investigate and isolate imported cases and clusters as well as comprehensive contact tracing and quarantine. Minimise morbidity and mortality, monitor disease trends including the spread and intensity of virus transmission, and monitor the impact on the health system.

Considerations in easing border restrictions

WHO has released a guidance document to assist PICs in deciding how and when to modify NPI (2). The document provides indicators for PICs to consider before removing NPIs, including travel-related measures, and should help PICs assess their current health-care capacity in order to mitigate importation and transmission risks.

The Pacific Joint Incident Management Team has defined six criteria countries should meet in order to minimize the risk of COVID-19 importation and resurgence, as a guide to assist countries to safely lift their restrictions (3). The overall approach is to prevent importation of the virus into the country through border controls, and to reduce potential for onward transmission by strengthening in-country capacity to detect and manage cases.

For the purpose of this guidance, countries should assess their national status against the three key criteria, below, and achieve these recommended key criteria before easing border measures.

1. **Sufficient health system and public health capacities are in place** to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and origin.
 - Detection: upstream and downstream contacts should be identified early in the process, taking advantage of the window of opportunity to prevent disease transmission (Figure 1) through active contact tracing, case finding, self-reporting, entry screening, and other approaches. In the event of case importation, case and contact management will proceed as per the country or regional guidelines in use.
 - Testing: to the extent where resources allow, suspect cases should have test results within 24 hours of identification and sampling, and there would be sufficient capacity to verify the virus-free status of patients who have recovered.
 - Isolation: all confirmed cases could be effectively isolated (in hospitals and/or designated housing for mild and moderate cases, or at home with sufficient support if designated housing is not available) immediately and until they are no longer infectious.
 - Quarantine: all close contacts could be traced, quarantined and monitored for 14 days, whether in specialized accommodation or self-quarantine. Monitoring and support can be done through a combination of visits by community volunteers, phone calls, or messaging.

2. **Risk of imported cases managed** through an analysis of the likely origin and routes of importations, and measures would be in place to rapidly detect and manage suspected cases among travellers (including the capacity to quarantine individuals arriving from areas with community transmission). Other considerations may be considered. For example, there is a risk of transmitting COVID-19 during transit due to the transmission features of COVID-19 and the proximity to other people. The in-flight precautions will vary by airline, these may include regular disinfecting of the aircraft and cargo, reducing in-flight services, chemical disinfectant of travellers, flight attendants wearing personal protective equipment, travellers required to wear face masks, cohorting of transiting travellers by country of origin, and keeping one seat between travellers on the aircraft. Travellers should always take the responsibility to protect themselves by following public health advice such as physical distancing, regular hand washing and use of hand sanitizer while travelling to/from the airport, while in the airport and while on the aircraft.

3. **Communities are fully engaged** and understand that the transition entails a major shift, from detecting and treating only serious cases to detecting and isolating all cases, that behavioural prevention measures must be maintained, and that all individuals have key roles in enabling and in some cases implementing new control measures.

Figure 1. Timeline of infection: window of opportunity

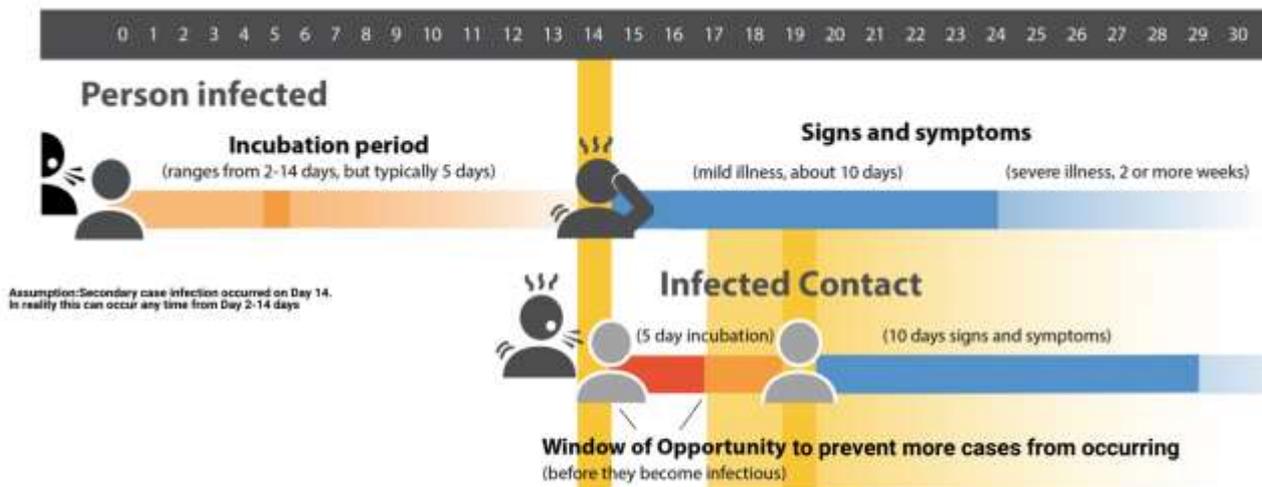


Image source: Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health.

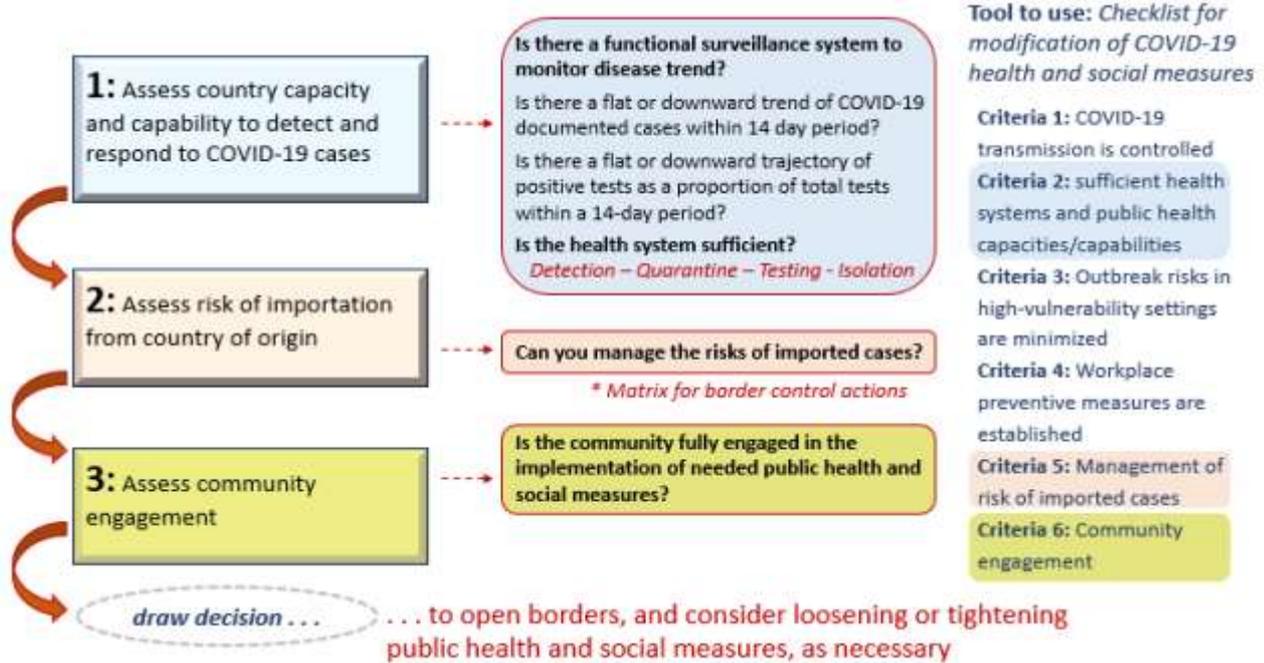
Transportation precautions: There is a risk of transmitting COVID-19 during transit due to the transmission features of COVID-19 and the proximity to other people. The in-flight precautions will vary by airline, these may include regular disinfecting of the aircraft and cargo, reducing in-flight services, chemical disinfectant of travellers, flight attendants wearing personal protective equipment, travellers required to wear face masks, cohorting of transiting travellers by country of origin, and keeping one seat between travellers on the aircraft. Travellers should always take the responsibility to protect themselves by following public health advice such as physical distancing, regular hand washing and use of hand sanitizer while travelling to/from the airport, while in the airport and while on the aircraft.

Case and contact management: In the event of case importation, case and contact management will proceed as per the country or regional guidelines in use.

Three-step approach for phased opening of border

From the criteria above, it is advised that the following three-step approach for phased opening of borders are considered as a set of packaged actions (Figure 2). Opening of borders should be planned for, and implemented as a system approach, starting with ensuring that the national capacity and capability is robust enough to identify and manage COVID-19 cases. It is advised that the type and strength of border control measures are gauged appropriately, based on the risk of importation of cases from other countries, while also ensuring that relevant public health and social measures are further tightened or loosened as situation evolves. Full engagement of the community, driven by clear understanding of the need to transition practices and behaviours into the new normal, is essential.

Figure 2. Three-step approach for phased opening of border flowchart



Matrix for border control measured and disease transmission

Recommended border measures are outline in the Matrix below, Table 2, which allow for flexibility in entry and exit requirement by the varying COVID-19 transmission scenarios in the origin and destination countries, as described in

Table 1. In the initial border opening, it is recommended that quarantine be considered to ensure and test in-country surveillance systems, regardless of the transmission scenario in each country and the recommendations in the Table 2, using definitions below. Countries have the right to respond to their epidemiological situation, by tightening border measures, as necessary.

Terminology used in the Matrix (Table 2)

Entry/exit screening (with/without test): Airport screening involves travellers receiving a temperature check (<38°C to pass) and complete a COVID-19 screening questionnaire. The screening questionnaire may differ in each country but should include contact details, symptoms, and recent travel history. This screening can be performed at exit (prior to boarding the aircraft/ship) or at entry (after disembarking the aircraft/ship). A negative COVID-19 test result may also be required for country entry or exit that was obtained in the days before travel (e.g. 3 days prior to departure/arrival).

Medical certificate: A medical certificate refers to medical clearance obtained after assessment by a physician indicating absence of fever, respiratory symptoms (cough, difficulty breathing,) and non-traumatic acute-onset anosmia (lost sense of smell) or ageusia (lost sense of taste), within 3 days prior to travel. The specifications of this assessment will depend on the health and medical system in the country. This clearance may involve a negative COVID-19 test result, depending on the testing capacity and resources in country.

Quarantine: Travellers must complete a period of time (e.g. 14 days) in a government facility (supervised quarantine) or private accommodation (self-quarantine) upon arrival into the country. All quarantining travellers, supervised and self-quarantine, will be monitored by the country's public health department, including regular impromptu compliance checks for those in private accommodation. This may also involve a negative COVID-19 test result on final day (e.g. day 14) of quarantine prior to leaving quarantine, depending on the testing capacity and resources in country.

Table 2. Matrix for border control measures and disease transmission

Country A (Origin) \ Country B (Destination)	NO CASES	CASES AT THE BORDER	CASES IN THE COMMUNITY
NO CASES	<p>A – No border restrictions.</p> <p>B – Entry screening (with/without test).</p>	<p>A – Exit screening (with/without test).</p> <p>B – Entry screening; advise self- or supervised quarantine.</p>	<p>A – Exit screening; issuance of medical certificate (with negative test result), advise self-quarantine and self-monitoring.</p> <p>B – Entry screening (with/without test) advise supervised quarantine.</p>
CASES AT THE BORDER	<p>A – No border restrictions.</p> <p>B – Entry screening (with/without test).</p>	<p>A – Exit screening (with/without test).</p> <p>B – Entry screening (with/without test); advise self- or supervised quarantine.</p>	<p>A – Exit screening; issuance of medical certificate (with negative test result), advise self-quarantine and self-monitoring.</p> <p>B – Entry screening (with/without test) advise supervised quarantine.</p>
CASES IN THE COMMUNITY	<p>A – No border restrictions.</p> <p>B – Entry screening (with/without test).</p>	<p>A – Exit screening (with/without test).</p> <p>B – Entry screening; advise self- or supervised quarantine.</p>	<p>A – Exit screening; issuance of medical certificate (with negative test result), advise self-quarantine and self-monitoring.</p> <p>B – Entry screening; advise self- or supervised quarantine.</p>

References

1. Updated WHO recommendations for international traffic in relation to COVID-19 outbreak. In: WHO/Newsroom/Article [website]. Geneva: World Health Organization; 29 Feb 2020 (<https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>, accessed 6 Aug 2020)
2. Pacific Joint Incident Management Team, WHO Division of Pacific Technical Support. Interim Guidance: Managing Border Restrictions and Other Non-Pharmaceutical Interventions in the Pacific. Suva: WHO; 11 Jun 2020 (<https://drive.google.com/file/d/17pTU1iAlK6sGYxqh5QLK8yKSedNBfc63/view>, accessed 6 Aug 2020)
3. Pacific Joint Incident Management Team, WHO Division of Pacific Technical Support. Checklist for modification of COVID-19 Public Health and social measures. Suva: WHO; 11 May 2020. <https://drive.google.com/file/d/1xE3YG0t7BPf2V8yp0nFjFg6kFcWJTas6/view>, accessed 6 Aug 2020)
4. Public Health considerations while resuming international travel WHO 30 July 2020. <https://www.who.int/news-room/articles-detail/public-health-considerations-while-resuming-international-travel>, accessed 6 Aug 2020)

This document has been developed in accordance with global guidance and contextualized to the Pacific context by the Epidemiology and Surveillance Cell of the COVID-19 Pacific Joint Incident Management Team.



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Community
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du Pacifique



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