



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Enquiries: Prof S Abdool Karim
E-mail: salim.abdoolkarim@caprisa.org

INTERNAL MEMO

Date:	14 December 2020		
To:	The Honorable Dr ZL Mkhize, Minister of Health	From:	Ministerial Advisory Committee (MAC) on Covid-19

SCREENING PROCESS FOR LAND BORDER CROSSINGS DURING THE FESTIVE SEASON

Request for Advisory sent to MAC/Problem/Concern

The MAC on Covid-19 was requested to review the Covid-19 screening protocol for land border crossings during the festive season.

Points of consideration

- Current regulations stipulate that any person who enters South Africa must have a negative Covid 19 PCR test result of no more than 72 hrs from departure from the country of origin, be screened on arrival and provide proof of accommodation in the event of self-quarantine.¹ Those travelers arriving without a PCR test have been offered Covid 19 antigen tests at the border post at their expense.
- Anticipated higher volumes of people at the border posts, particularly during the festive season (1 December to mid January), although far less than in previous years.
- Limited access to PCR testing in country of origin, including South Africa. Testing capacity may be insufficient to cope with influx of requests for travel.
- Most people are coming from neighbouring countries where the number of active cases and the risk of importation of the virus is low. The prevalence risk is below 0.1% with the exception of Lesotho (due to small population).
- High cost of PCR testing in South Africa (R850) and country of origin (e.g. R1200 Lesotho, R1600 Zambia) unaffordable to migrant workers and travelers, especially from the informal sector.
- SARS-COV2 is endemic in South Africa with little value to be gained by requesting PCR screening in comparison to the costs to be incurred.
- Current regulations in neighbouring countries all require negative PCR test within 72/48 hrs but some countries, e.g. Mozambique, use the principle of reciprocity and align their policies with those of South Africa.
- Truck drivers and daily commuters are required to provide proof of a negative PCR test which is valid for 14 days to allow for regular border crossings.
- Delays at the border crossings will encourage crowding and potential transmission hot spots. A simplified screening process would facilitate entry processes.
- From a public health perspective, a recommendation to remove testing requirements at the land border posts is unlikely to have any impact on changing the course of the pandemic in South Africa. Covid symptom screening and temperature monitoring would still take place.
- From an operational and public relations perspective removing the testing recommendation at

this time is likely to result in increased travelers with insufficient HRH capacity to process them, potential for strikes/unrest by organized labour, confusion in messaging/communications and a disregard of the recommendation.

Evidence review

- Historically, data from the Department of Home Affairs for border crossings over the festive seasons 2015/16, 2016/17 and 2017/18 has shown an estimated 8 million people crossing South Africa's borders with an estimated 4,3 million people *entering* South Africa during this time.² StatsSA data for December 2019/January 2020 shows an estimated 4,4million people arriving.³
- Aside from returning South Africans, the most movement is seen across the Lesotho and Zimbabwe borders followed by Mozambique, Eswatini and Botswana. South Africa and its neighbouring countries account for more than 80% of all arrivals.
- Recently released StatsSA data shows a significant reduction (>90%) in travel across the borders since lockdown with just over 75,000 people entering South Africa in September 2020.⁴
- Since the beginning of the pandemic, as of 25th November 2020, South Africa has conducted a total of 5,325,631 tests, Lesotho 25,540 tests, Zimbabwe 172,587 tests, Mozambique 224,854 tests, Eswatini 62,213 tests and Botswana 398,311 tests.⁵
- Antigen tests can be used to detect SARS-COV2 with high specificity in people with a high viral load (i.e. pre-symptomatic or within the first 5-7 days of symptoms).⁶
- The WHO states that antigen tests can be used in settings where PCR tests are unavailable or where delays in providing results will render the information no longer useful.⁷
- The MAC Advisory on the Use of Antigen Tests at Ports of Entry (30th October 2020) recommends that: *If travelers present without a PCR test result on arrival at a South African airport or sea port, an antigen test should be taken at the point of entry. If the antigen test result is negative, the traveller can be allowed into the country.*⁸

Recommendations

1. There are different options along the continuum of health recommendations ranging from least appropriate to most appropriate and these are:
 - a) Maintain the status quo of requiring a negative PCR test within 72 hrs of travel (least appropriate),
 - b) Include antigen testing as valid proof of a negative SARS-COV2 test result and expand the validity of the tests to 14 days from the test result so that a person may make multiple journeys across South Africa's borders using this result within this time period,
 - c) Implement a Travel Bubble with neighbouring countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia , Zimbabwe) that will remove requirements for any testing for persons entering South Africa provided certain criteria are met by these countries (e.g. local transmission remains below a specified threshold). Travellers from any country that is not part of the Travel Bubble would need to provide proof of a negative PCR test, failing which they would be subjected to a rapid antigen test at their cost (most appropriate).
2. The MAC recommends option 3 – implementation of a travel bubble for the following reasons:
 - a. The risk of infectious people entering South Africa with active SARS-CoV-2 infection from Zimbabwe, Lesotho, eSwatini, Namibia, Mozambique and Botswana is low due to the very low prevalence of active cases in these countries
 - b. The use of PCR tests and/or antigen tests would not be cost-effective and would produce too few positives to warrant the costs. Further, there are other more important demands on these tests, especially since South Africa has experienced shortages of

these tests in the past.

- c. The travel bubble approach is widely used among neighbouring countries across the world to good effect. It has been found to work well presenting no viral threat to those who have used it.
3. Covid symptom screening and temperature monitoring should still take place, noting their limitations.
4. Risk mitigation procedures should be enforced at all times such as social distancing, regular washing or sanitising of hands and wearing of masks.
5. All travelers should be required to download and use the COVID-Alert App.
6. Clear guidelines are available on how to manage travelers who do present with symptoms or test positive and ensure adequate referral and quarantine processes are available.
7. Test results will be recognized from an accredited provider and the costs should be incurred by the traveler. International conventions and practices regarding cost recovery would apply to refugees and asylum seekers.
8. Travelers should be encouraged to test before departure and not rely on access to antigen testing at the border crossings although these should be made available at ports of entry as a reserve capacity. Sufficient testing facilities and test kits should be planned for at each border crossing.
9. These recommendations do not apply to air or sea travel, only to those crossing land borders from a SADC country. The MAC Advisory on Antigen Testing (30 October 2020) refers.

References

1. DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF REGULATIONS ISSUED IN TERMS OF SECTION 27(2). Gazette No 43725, 18 September 2020
2. Department of Home Affairs, BM Project Management Office to inform on the status of readiness of Ports of Entry/Borderline for the 2018/19 Festive Period
3. StatisticsSA. Tourism and Migration report January 2020. Statistical Release P0351 and datasets
4. StatisticsSA. Tourism and Migration report September 2020. Statistical Release P0351 and datasets
5. Worldometer Coronavirus 25th November 2020. <https://www.worldometers.info/coronavirus/#countries>
6. Dinnes_J, Deeks_JJ, Adriano_A, Berhane_S, Davenport_C, Dittrich_S, Emperador_D, Takwoingi_Y, Cunningham_J, Beese_S, Dretzke_J, Ferrante di Ru&ano_L, Harris_IM, Price_MJ, Taylor-Phillips_S, Hoo_L, Leeflang_MMJ, Spijker_R, Van den Bruel_A. Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection. Cochrane Database of Systematic Reviews 2020, Issue 8. Art. No.: CD013705. DOI: 10.1002/14651858.CD013705.
7. WHO Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays Interim guidance. 11 September 2020 | COVID-19: Laboratory and diagnosis. <https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2infection-using-rapid-immunoassays>
8. MAC on COVID-19 Advisory on Using Antigen Testing at Ports of Entry, 30 October 2020. Internal Memo to Minister of Health.

Thank you for consideration of this request.

Kind regards,



PROFESSOR SALIM S. ABDOOL KARIM PROF MARIAN JACOBS
CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19
DATE: 14 December 2020

CC:

- » **Dr S Buthelezi (Director-General: Health)**
- » **Dr T Pillay (Deputy Director-General)**
- » **Incident Management Team**