



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



INTERNAL MEMO

Date:	7 May 2021		
To:	Minister ZL Mkhize, Honorable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

TRAVEL RESTRICTIONS FROM SELECTED COUNTRIES - UPDATE

Problem Statement

Concern has been raised about the apparent increase in arrivals in South Africa of travelers from India, where a high number of COVID-19 cases are being identified at present, with considerable morbidity and mortality. Concern has also been raised that the SARS-CoV-2 variant identified in India (B.1.617+) has contributed to the intensity of the second wave in that country. The question posed was whether South Africa should consider imposing any restrictions on travelers from India. However, consideration was also paid to other countries deemed to be in similar positions.

Evidence review

- A variant of SARS-CoV-2 (referred to as G452R/V3 or B.1.617+ or VUI (Variant Under Investigation)-21APR-01) was identified in India in October 2020, which has 13 mutations, of which 3 are in the spike protein (E484Q, L452R, P681R).
- The B.1.617+ variant has been detected in 36 countries to date, including the UK, USA, Singapore and Australia.¹
- It is unknown whether B.1.617+ is now the dominant strain in India, or whether this variant is associated with increased infectivity or escape from immunity (whether from prior infection or vaccination). Recent results show that the B.1.617+ is better neutralized by Pfizer vaccine than the 501Y.V2 (B.1.351)
- Some countries (such as the USA and Germany) have closed their borders to travelers from countries in which VOCs have been detected (such as India, Brazil and South Africa).
- In South Africa, a VOC (B.1.351) was implicated in the second wave. This VOC has now been detected in 81 countries.
- The MAC on COVID-19 has previously provided three advisories on travel-related issues (on antigen testing at ports of entry on 30 October 2020 and land border crossings over the festive season, and airline risk reduction, both dated 30 December 2020).
- On 3 June 2020, the Gauteng High Court delivered a judgment (Case 22358/2020) which stated that regulations 6 and 7 of the 29 April 2020 regulations issued in terms of the

Disaster Management Act are to be interpreted in such a way that anyone required to quarantine or self-isolate can only be required to do so at a state facility or a designated facility if that person is unable to self- quarantine or self-isolate, refuses to do so, or violates the self-quarantine or self-isolation rules. The court defined the requirements for successful self-quarantine or self-isolation.

- The World Health Organization has discussed draft recommendations on international travel interventions. The draft recommendation, as applied to the South African situation, are as follows:

Epidemiology in country of departure	Epidemiology in South Africa	Traveller's immunity status (ie. Immune via previous infection or vaccination)*	Considerations
No/sporadic/cluster cases with robust surveillance	Any	N/A	No testing or quarantine required
Community transmission (or unknown)	No/sporadic/cluster cases with robust surveillance	N/A	Pre-departure or post-arrival test (PCR/RDT); and post-arrival 14-days quarantine and test on day 5-7th for release from quarantine
	Community transmission	N/A	Pre-departure or post-arrival test (PCR/RTD): and post-arrival quarantine and test on day 5-7th for release from quarantine
Community transmission of immune-escape VOCs differing from that/those identified in South Africa	Any	N/A	Pre-departure or post-arrival test (PCR/RDT); and post-arrival 14-days quarantine

* Duration of immunity after natural infection or after vaccination is not yet established. Available data show that symptomatic reinfection is uncommon within 6 months after an initial natural infection, although emerging data indicate that symptomatic reinfection may occur in settings where variants with evidence of immune escape are circulating. Furthermore, none of the available COVID-19 vaccines are 100% effective against infection and the impact of vaccines on transmission of SARS-CoV-2 is not yet established.

Recommendations

- South African ports of entry should not be closed to travelers from India or any other country at this time. This stance is consistent with South Africa's obligations in terms of the International Health Regulations (2005) and with current guidance from the World Health Organization (WHO).
- Instead, a process should be established, relying on the Disaster Management Act, to designate countries based on either the intensity of COVID-19 transmission (percentage test positivity) OR identification of an immune-escape variant of concern (VOC) with a potential higher impact on vaccine efficacy than the 501Y.V2 (B.1.351) variant currently dominant in South Africa. The designation of countries will need to be updated as new evidence emerges. An initial proposed list is provided as Appendix A.
- Travelers arriving from designated countries, or who have been in any of these countries within the past 14 days, shall be subject to the following additional restrictions:
 - Post-arrival antigen RDT testing.
 - Isolation in a designated facility for a period of 10 days, if testing positive on the antigen RDT.
 - » Any traveler who is diagnosed with COVID-19 after arrival should immediately go into isolation in accordance with existing procedures, and inform the relevant authorities, including the airline.

- Quarantine in a designated facility for a period of 14 days if testing negative on the antigen RDT. A follow-up PCR test will be offered after 5-7 days. In those testing negative on PCR at 5-7 days, the quarantine period in the designated facility will be reduced to 7 days, with the remaining 7 days spent in self-quarantine at home. In those testing positive or refusing PCR testing, the quarantine period will remain at 14 days.²
- Initially, it is proposed that the additional restrictions only be applied to travelers arriving in South Africa through air or sea points of entry. The number of travelers arriving at land border posts and the facilities at such points of entry would make application of the proposed additional restrictions difficult. However, this situation needs to be carefully monitored and action taken if necessary. In particular, travelers entering South Africa via a land border post who have been in a designated country in the preceding 14 days need to be identified.
- The additional restrictions shall apply to returning South African citizens or residents as well as to international visitors.
- All international travelers, arriving via air or sea ports of entry are required, as per current regulations, to provide evidence of a negative PCR test conducted not more than 72 hours prior to departure, and to download the COVID Alert App.
- At this time, presumed immune status, either as a result of vaccination against COVID-19 or prior infection, will not change the requirement for pre- and post-arrival testing or quarantine.
- Non-pharmaceutical interventions (NPIs) at every port of entry, and as part of in-country measures, should be emphasized to complement the recommendations for travel restrictions.
- Noting the current global situation, we recommend that the above criteria should be applied to travelers entering South Africa from India and the other countries listed in Appendix A.

Rationale for recommendations

Consensus on the question of whether returning South African citizens or residents could be relied upon to self-isolate or self-quarantine at home or should be required to use a designated facility could not be reached.

One view was that, notwithstanding the Gauteng High Court decision in June 2020, the situation now facing South Africa requires urgent action. Self-isolation or self-quarantine at a home or non-designated facility is therefore not recommended. Designating quarantine facilities (such as hotels or other facilities with the necessary systems in place) will allow for better monitoring of travelers as well as repeat testing, as described above. The facilities can also be inspected for compliance with quarantine conditions. Procedures are already in place for the isolation of identified cases. By not focusing only on India and one particular variant, a process can be determined to identify countries of concern in an equitable and evidence-informed manner. Countries can also be removed from the list when conditions permit.

The opposing view was that, consistent with the Gauteng High Court decision, returning South African citizens or residents should be offered the option of self-isolation or self-quarantine at a home address to be declared to the relevant authorities. In the case of self-quarantine, the follow-up PCR testing option would still be available.

Both options avoid the disproportionate intervention of closing South Africa's borders to travelers or returning residents from designated countries, for a period of time. As explained, that option is contrary to South Africa's obligations in terms of the IHR (2005).

Thank you for consideration of this request.

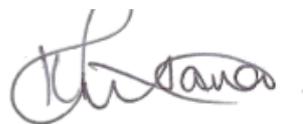
Kind regards,



PROF MARIAN JACOBS

CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 7 May 2021



PROF KOLEKA MLISANA

CC:

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

¹ GISAID database. <https://www.gisaid.org/hcov19-variants/>

² The measures for shortening the quarantine period are in accordance with US CDC advice (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>)

Appendix A. Initial Proposed List of Designated Countries

- The selection of designated countries will be based on either of two criteria, applied independently:
 - a test positivity rate $\geq 10\%$, **OR**
 - the presence of an immune-escape variant of concern (VOC) with a potential higher impact on vaccine efficacy than the 501Y.V2 (B.1.351) variant currently dominant in South Africa.
- The inclusion of countries with which South Africa shares a land border (neighboring countries) will be assessed on a country-by-country basis, taking into account the capacity of such points of entry.
- The list of applicable countries is dynamic and should be reviewed on at least a monthly basis to address changing test statistics or evidence of new variants of concern.
- The list of countries that meet the above criteria at this point are proposed below:

Countries where percent test positivity $\geq 10\%$ (As of May 2021; showing the most recent data)	Countries with immune-escape variants of concern (VOCs) with potential higher impact on vaccine efficacy than 501Y.V2 (B.1.351)
<ul style="list-style-type: none"> • Ecuador 39.30% • Nepal 36.10% • Oman 36.10% • Paraguay 35.40% • Argentina 30.30% • Costa Rica 25.90% • Tunisia 25.20% • Libya 24.80% • Ukraine 24.50% • Colombia 24.00% • Madagascar 22.60% • Slovenia 21.80% • Palestine 21.70% • India 21.50% • Trinidad and Tobago 21.50% • Uruguay 20.10% • Peru 20.00% • Croatia 19.40% • Bosnia and Herzegovina 19.10% • Democratic Republic of Congo 18.20% • Mexico 17.90% • Philippines 17.30% • Dominican Republic 16.90% • Ethiopia 16.70% • Guatemala 16.10% • North Macedonia 16.00% • Serbia 15.70% • Kuwait 15.50% • Iraq 15.00% • Iran 14.90% • Qatar 14.10% • Kenya 13.10% • Armenia 12.90% • Turkey 12.70% 	<ul style="list-style-type: none"> • None at this point in time, that are not already included on the basis of test positivity.

<ul style="list-style-type: none">• Germany 12.50%• Maldives 11.90%• Cape Verde 11.70%• Sweden 11.70%• Bolivia 11.20%• Indonesia 11.20%• Poland 11.10%• Bangladesh 11.00%• Austria 10.80%• Chile 10.60%• Netherlands 10.00%	
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