health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Date:	15 February 2022		
To:	**Dr MJ Phaahla, MP** **Honourable Minister of Health**	From:	**Ministerial Advisory Committee (MAC) on COVID-19**

REVISED COVID-19 SCREENING REQUIREMENTS AT BORDERS AND PORTS OF ENTRY

Problem Statement and Task to Committee

- The MAC on COVID-19 was requested to review the current COVID-19 screening requirements for land, air and sea ports of entry (with reference to the advisory on *Screening Requirements at Borders and Ports of Entry (Land, Sea and Air),* dated 15th October 2021).

Background/ Current Information

- COVID-19 incidence has declined in all nine provinces, and the fourth wave of the pandemic in South Africa has been declared over. Together with regional reductions in case numbers, this suggests that a change in the current COVID-19 screening requirements at the borders is warranted. Concern has been expressed by the MAC on COVID-19 about the excessive resources allocated to testing strategies in asymptomatic and mild disease, contact tracing, and screening requirements at ports of entry. These resources should rather be redirected to reaching the desired vaccination target, maximizing the infrastructure and personnel available for enhanced vaccination service delivery models.

- Current regulations gazetted on 15 December 2020[1] require that a person entering the Republic must:
  - Be subjected to screening on arrival at the point of entry and must present a completed traveller health questionnaire to a port health official; and
  - Provide to the port health official a valid negative COVID-19 Polymerase Chain Reaction (PCR) test result, performed not more than 72 hours before date of departure from the country of origin; or
  - If not in possession of a valid negative COVID-19 PCR test result, be subjected to antigen testing at the point of entry.

- Those who test positive on arrival may be subjected to isolation at an approved facility at their own cost.

- It is further noted that the applicable regulations covering quarantine and isolation have recently been amended.[2] All mention of quarantine has been removed, and the period of

[1]Disaster Management Act, 2002: Amendment of Regulations issued in terms of section 27(2). Government Gazette No 44004, 15 December 2020

[2] Disaster Management Act, 2002: Amendment of Regulations issued in terms of section 27(2). Government Gazette No 45855 1 February 2022

isolation for symptomatic cases reduced to 7 days. No isolation is required for asymptomatic cases.

- The MAC on COVID-19 Advisory on *Screening Process for Land Border Crossings During the Festive Season* dated 30th December 2020, made the following recommendations, among others:
    - To discontinue COVID-19 testing requirements for land-border entry into South Africa.
    - To implement a "travel bubble" with selected neighbouring countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia, Zimbabwe).

- These recommendations were, however, contingent on certain criteria being met by the selected countries (e.g. local transmission remaining below a specified threshold). Travellers from any country that was not part of the proposed "travel bubble" would need to provide proof of a negative PCR test or undergo antigen testing on arrival at their own cost.

- The MAC on COVID-19 advisory on *COVID-19 Screening Requirements at Borders and Ports of Entry (Land, Sea and Air)* dated 15th October 2021 reiterated this recommendation but stratified the ports of entry strategy to differentiate the travelers by risk of point of origin. This approach was not adopted by the Department of Health nor Department of Home Affairs due to concerns raised about the validity of vaccine passports and recognition of vaccine types, and ongoing concern about occupational health exposure to the essential personnel working at border crossings.

- The National Health Laboratory Service (NHLS) and private laboratories have raised concerns about capacity constraints and the cost implications of providing antigen testing at ports of entry. During a peak in incidence, the positivity rates for travelers rises to approx. 5%. The in-bound traveler numbers do not contribute to the overall incidence of COVID-19 inside South Africa, and the result of the test is only used to provide isolation guidance, which guidance has recently been modified. The NHLS has recommended that testing at all borders ceases.

- In addition, it has been pointed out that a PCR test is prohibitively expensive in some countries, making it unaffordable to many travelers, with a significant impact on economic and tourist travel.

- Vaccines still have limited availability in neighboring countries, with vaccine coverage varying from 14% to 47% (fully vaccinated). To enable comparative data between countries the total population vaccination coverage rates for selected Southern African Countries is shown below[3]:

Country	Vaccinated	Fully Vaccinated	Additional Doses	Per 100 people	Total Doses
Botswana	52%	47%		49	1128095
Eswatini	32%	29%		40	462652
Mozambique	35%	30%		65	19788759
Namibia	17%	14%		31	773702
South Africa	33%	28%	1%	51	29812348
Zimbabwe	29%	23%		52	7564190

[3] Ref: Tracking Coronavirus Vaccination Around the World. https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html accessed on 31st January 2022.

Evidence Review

- With the advent of the COVID-19 pandemic and the approach to containment of a novel highly transmissible respiratory infection, countries imposed travel restrictions and requirements as a way of excluding travellers that were infected with COVID-19. According to the United Nations World Tourism Organisation, international tourist arrivals declined by about 1 billion or 74% between January and December 2020. In the first quarter of 2021, the United Nations World Tourism Organisation (UNWTO) World Tourism Barometer shows a decline of 88%.[4]

- Despite these measures, transmission of COVID-19 variants has not been prevented, with global distribution of the Delta and Omicron variants in particular demonstrated worldwide. Fourth/Fifth waves have been recorded in France, the Middle East, and several African countries.[5] World Health Organisation (WHO) and country policy is shifting towards an endemic COVID-19 response, with health care mitigation and increasing economic activity with open international movement.

- A recent meta-analysis based on both modelling and observational studies[6] noted that "the certainty of the evidence for most travel-related control measures and outcomes is very low". Nonetheless, the authors concluded that, "Broadly, (during an early containment phase) travel restrictions may limit the spread of disease across national borders. Symptom/exposure-based screening measures at borders on their own are likely not effective; PCR testing at borders as a screening measure likely detects more cases than symptom/exposure-based screening at borders, although if performed only upon arrival this will likely also miss a meaningful proportion of cases. Quarantine is likely to largely avoid further transmission from travellers. Combining quarantine with PCR testing at borders will likely improve effectiveness." In addition, the authors noted that any estimates of effectiveness would be dependent on a combination of factors such as the "levels of community transmission, travel volumes and duration, other public health measures in place, and the exact specification and timing of the measure".

- A personal communication report suggests that pre-travel testing performed in a South African private laboratory showed an overall PCR test positivity rate of 3.3% in the period October 2020-October 2021. Fluctuations in the PCR test positivity rate mimicked the waves of the pandemic, with a peak of 7.1% in January 2021 (second-wave) and 6.22% in July 2021 (third-wave). The data for January 2022 demonstrates a positivity rate of 5.2% amongst travellers.

- Vaccines against COVID-19 have been added to the existing public health and social measures (PHSM) as a way of managing the pandemic. Vaccines reduce the risk of severe disease, hospitalisation and death. Research also shows that vaccines reduce transmission of the virus to some extent.[7]

- With high rates of vaccination coverage in most of South Africa's trade partner countries outside Africa, international travel is opening up as vaccination is seen to reduce the risk of infection. Additional requirements have been applied in some countries for those that are not vaccinated.

[4] UNCTAD, 2021. *Global economy could lose over $4 trillion due to COVID-19 impact on tourism.* https://unctad.org/news/global-economy-could-lose-over-4-trillion-due-covid-19-impact-tourism

[5] Africa CDC, 2021. Outbreak Brief 87: Coronavirus Disease 2019 (Covid-19 Pandemic). (https://africacdc.org/download/outbreak-brief-87-coronavirus-disease-2019-covid-19-pandemic/

[6] Burns, Movsisyan et al, 2021. *International travel-related control measures to contain the COVID-19 pandemic: a rapid review.* Cochrane Database Syst Rev. 2021 Mar 25;3(3):CD013717. https://pubmed.ncbi.nlm.nih.gov/33763851/

[7] CDC, 2021. Science Brief: COVID-19 Vaccines and Vaccination, 15 September 2021. https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html

Several countries now categorise travel requirements according to vaccination status. Persons who are vaccinated are no longer required to provide viral tests while unvaccinated travellers must provide proof of a negative COVID-19 viral test (nucleic acid or antigen detection) prior to departure and may be required to isolate. Various permutations for further categorization of countries exist where countries are categorized as high-risk or having variants of concern. [8]

- South Africa and its neighbours are currently in inter-wave period of transmission of the virus, although daily infection rates remain high, the overall rate is stable or declining. At present, most European countries and the US are experiencing higher rates of transmission. Vaccination rates in European countries and the US are high, while southern Africa still has significantly lower vaccination rates.

- Recent changes to regulations (Gazette 45855 of 1 February 2022) have removed the need for quarantine in the event of close contact with a COVID-19 positive patient. Isolation for asymptomatic COVID-19 positive individuals is no longer required. Isolation for symptomatic COVID-19 positive persons is required for 8 days.

- All the above developments and evidence necessitate a review of the current COVID-19 screening requirements for land, air and sea ports of entry.

Recommendations

The risk of presentation of a case of COVID-19 and the contribution to the overall incidence of the disease in South Africa remains very low. With the prevalence of COVID-19 in South Africa, high exposure and vaccine related immunity, the risk of transmission to a South African resident is at very low levels. The documented incidence of COVID-19 is higher in South Africa than in neighbouring countries with South Africa contributing the most to the number of cases in the region.

As the region moves towards recognizing COVID-19 as endemic, with a view to a mitigation strategy to address the health risk of the infection, the MAC on COVID-19 therefore recommends that entry requirements for all international travelers to South Africa be reduced and even removed, opening the country to increased incoming travel, for economic or tourism purposes.

For entry into South Africa by air or sea (except from a neighbouring country), the following requirements should apply:

- A completed Traveler Health Questionnaire at all border entry points according to Port Health data requirements; symptom screening is not recommended for travelers to prevent the transmission of COVID-19, but may remain in place to recognize other emerging infectious diseases.
- Unvaccinated travelers in South African border and ports should be offered vaccinations in South Africa and where possible at the border. This vaccination program should be offered at no cost to the traveler, and can be used to enhance the vaccination numbers in the region amongst the highly mobile population.

For land borders with neighbouring countries (Botswana, Eswatini, Lesotho, Mozambique, Namibia, and Zimbabwe), only the following requirements should apply:

- A completed Traveler Health Questionnaire at all border entry points according to Port Health data requirements. Symptom screening is not recommended for travelers to prevent

[8] Covid-19 and EU Travel Restrictions, 2021. https://www.schengenvisainfo.com/news/covid-19/

transmission of COVID-19, but may remain in place to recognize other emerging infectious diseases.

- Unvaccinated travelers arriving at South African ports of entry should be offered vaccinations in South Africa, and where possible at the border. This vaccination program should be offered at no cost to the traveler and can be used to enhance the vaccination numbers in the region amongst the highly mobile population.

If Port Health Authorities wish to continue testing for COVID-19 against this advice, it is recommended that both PCR and Antigen Test results performed by an accredited laboratory, either 72 hours before travel or on arrival, be considered as valid.

The use of the COVID-19 Alert Application should be discontinued as there is very little uptake and movement data available to enable any reliance on the application.

Current symptom screening measures should continue at all ports of entry, with public health interventions to reduce transmission continued. The recommendation may change to align with the advice provided on gathering and masking recommendations in future.

Rationale for Recommendations

1. As many countries enter the mitigation phase of the pandemic with a shift towards an endemic COVID-19 response, are adopting measures to ensure a return to normal life and economic activities. This can be achieved through continuing with current PHSMs and increasing vaccination rates. As quarantine and isolation regulations have changed, the response to a traveler with a COVID-19 positive test has changed, with no action required. This makes the testing requirement an unnecessary burden on the health system, traveler and economic activity.

2. The World Health Organization (WHO) recommends that Member States consider a risk-based approach to the facilitation of international travel by lifting measures, such as testing and/or quarantine requirements, to individual travellers who:
   - were fully vaccinated, at least two weeks prior to travelling, with COVID-19 vaccines listed by WHO for emergency use or approved by a stringent regulatory authority; or
   - have had previous SARS-CoV-2 infection as confirmed by PCR within the 6 months prior to travelling and are no longer infectious as per WHO criteria for releasing COVID-19 patients from isolation.
   - If testing and/or quarantine requirements are lifted for travellers who meet the above-mentioned criteria, individuals who are unvaccinated or do not have proof of past infection should be offered alternatives, such the use of negative PCR tests, or antigen tests.[9]

3. The WHO further recommends that Member States not treat international travelers as a priority group for SARS-CoV-2 testing. In resource limited contexts, diverting testing resources from settings where testing can have a higher public health impact should be avoided.

4. Over the course of the pandemic, possibly due to more testing capacity in South Africa than surrounding nations, it appears that the impact of neighbouring countries on the South African epidemic is minimal, yet the economic impact of travel restrictions is significant.

[9] WHO, 2020. *Considerations for implementing a risk-based approach to international travel in the context of COVID-19. Interim guidance 16 December 2020*. Available on https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2020.1.

5. Testing measures instituted are not cost effective or affordable, neither for the National Health Laboratory Service/ Department of Health nor for travelers entering South Africa. This has impacted negatively on tourism, business travel, and economic activity in the region. Workers and small business owners such as taxis crossing the border cannot afford the cost of testing for each border crossing. Instances of travelers fraudulently crossing the border without valid PCR tests have the potential to increase the opportunities for bribery and corruption.

Thank you for consideration of this advisory**.**

Kind regards

PROF KOLEKA MLISANA **PROF MARIAN JACOBS**
CO-CHAIRPERSONS: MINISTERIAL ADVISORY COMMITTEE ON COVID-19
DATE:
CC:

- **Dr SSS Buthelezi (Director-General: Health)**
- **Dr N Crisp (Deputy Director-General: National Health Insurance)**

Disclaimer: As stipulated in its Terms of Reference, the MAC on COVID-19 is an advisory Committee to the Minister of Health and does not have any delegated powers to act on behalf of, or to commit, the Minister or Government to any actions. Recommendations offered by the MAC on COVID-19 constitute evidence-informed advice only and do not represent final decisions of the Minister of Health or government.