

Media Release

Date: 23 June 2021

1st July: CCA agrees to continue with planned changes in travel restrictions in line with STAC and Public Health advice, with some additional testing requirements for under-18s

The Civil Contingencies Authority has met again this week to discuss its plans for travel rules due to come in on the 1st of July and has agreed that they should remain broadly the same, with the addition of border testing for unvaccinated under-18s (aged 12 and over) travelling from the Common Travel Area with fully vaccinated adults. These travel rules are in accordance with the latest advice from Public Health and the Scientific and Technical Advisory Cell (STAC), and consistent with the evidence-based approach taken by the CCA throughout the pandemic.

The CCA will continue to review travel rules every two weeks. Conscious that rising cases of the Delta Variant in the UK mean a growing concern from some members of the community about the planned change to border restrictions, the CCA is keen to reassure Islanders that under the travel rules from 1st July, the probability of a third lockdown, or of health services being overwhelmed, remains very low. This key point in the overall strategy, as we move to living responsibly with COVID-19, is finally possible because of the excellent progress of the vaccination roll-out.

The CCA will hold its regular live briefing on Friday (25th June) at 1pm as planned, and looks forward to answering questions there, but ahead of that it is issuing this extended release to the community to explain its decision to continue with 1st July travel plans, and address some of the recurring questions it has received.

Background to July 1st travel rules:

Since April 2021, travel into the Bailiwick has been based on a system of categories, with all countries and regions falling within one of the categories 1 – 4 depending on their prevalence levels. The category determines what the testing and self-isolation requirements are for the traveller.

The CCA had planned to move to a different system on July 1st, a **Green, Amber, Red** system aligned with the UK's travel rules, with the addition of a **Blue** channel for travellers coming

from within the Common Travel Area. **Blue** arrivals would not need to test or self-isolate on arrival in the Bailiwick.

However, with rising cases of the Delta Variant in the UK, and specifically because of evidence that those who have not had **both** doses of vaccine are less protected against symptomatic infection from the Delta Variant, the CCA revised its travel plans.

On 11th June, it announced that instead, from July 1st, the category system would remain in place but that the **Blue** channel be introduced for those who are **fully vaccinated** (meaning those who have had two doses and 14 days has passed since the second dose) and are travelling from within the Common Travel Area (the UK, Republic of Ireland, Jersey and the Isle of Man).

This week the CCA has met and reviewed this decision and agreed again to continue with this plan for travel from July 1st, with the additional measure of border testing for unvaccinated under-18s aged 12 and over travelling from the CTA with fully vaccinated adults.

Why is the CCA moving forward with the **Blue channel?**

The CCA is very aware that this is a significant step forward in reducing dependency on the border restrictions that have been in place since early 2020. They were imposed to protect those in the community most vulnerable to serious illness and death from COVID-19, and to prevent our hospital from being overwhelmed. Border restrictions like this are an emergency measure that significantly impact on individuals' freedoms, and as such must always have very good justification for being maintained. When the evidence changes, and the nature of the risk changes, it is right to reassess the restrictions and ask if they continue to offer the same benefits.

As more of the population is fully vaccinated, the risk of serious illness and death and the risk of the hospital being overwhelmed continues to reduce. Well over half of all adults (61%) and more 90% of over 50s are currently fully vaccinated, which means the risk to the community is significantly lower than when our current border measures were introduced – even now as the Delta Variant is the dominant variant in the UK.

The current evidence shows us that the vaccine efficacy against hospitalisation for people who have received one or two doses of the vaccine is maintained for the Delta Variant. However, there is some reduced vaccine efficacy against symptomatic infection with the Delta Variant for those who have only had one dose. This was why we are moving forward with greater caution and why the CCA decided on the 11th June to delay the full relaxation of border restrictions originally scheduled for 1st July, instead deciding only to change requirements for fully vaccinated travellers from the CTA. Given nearly all the most vulnerable in our community have had both doses, and given the low level of risk to the community presented by fully vaccinated travellers, the CCA – on the recommendation of

Public Health and STAC – is satisfied that it is still appropriate to move ahead with the **Blue** channel from 1st July.

As set out in the Bailiwick Blueprint earlier this year, an ‘elimination’ strategy would not be sustainable indefinitely, and it is not appropriate or proportionate given the protection we have now from vaccinations. The CCA agrees with the advice from its experts, including Public Health and STAC, that thanks to our level of vaccination combined with other measures to detect and manage potential cases (such as symptomatic and surveillance testing and contact tracing), the risks to the community are now low enough to enable us to live responsibly with COVID. The modelling indicates the difference in risk of moving forward with a **Blue** channel for fully vaccinated travellers on July 1st versus early or mid-August is extremely small. **At no point would unrestricted travel mean no risk at all; it will always be a case about minimising and managing the risks.** Even after *all* of the adult population is vaccinated there would still be the risk of outbreaks, but it is likely that such outbreaks would be manageable and their impact relatively low, especially compared with the outbreaks that precipitated lockdowns.

Testing fully vaccinated arrivals – do we have capacity?

The States of Guernsey has invested significantly in a testing system and the necessary in-house expertise that compares very favourably with other jurisdictions. The States can carry out in the region of 2,000 PCR tests a day, as well as targeted lateral flow surveillance testing, and could apply some of the PCR capacity to testing fully vaccinated arrivals if this genuinely were a more effective use of tests. However, the testing capability is far more effectively used in testing unvaccinated arrivals from categories 2, 3 and 4, for additional surveillance testing, testing of returning travellers who work in specific higher-risk settings (such as healthcare or educational settings) and testing of symptomatic cases.

There are of course challenges and additional costs associated with increasing our levels of testing further, the capacity for which is determined primarily through the numbers of testing kits, laboratory time and professional pathologists. However, suggestions that the 1st July travel rules have been designed because of a lack of capacity are totally incorrect. Rather, the travel rules have been designed around the levels of risk presented by travellers depending on their vaccination status and where they are travelling from.

Currently the clear advice is that testing fully vaccinated arrivals would be disproportionate, as **the risk from fully vaccinated travellers with no testing or self-isolation requirements is considered to be less than the risk from travellers arriving from Category 2 or 3 regions who are tested twice and required to isolate.** To illustrate, a fully vaccinated arrival who is not tested and does not need to self-isolate is less likely to transmit the virus than an unvaccinated arrival from a Category 2 region who has been tested on Day 1 and becomes positive afterwards whilst in the community, or from an unvaccinated Category 3 traveller who becomes positive whilst in the community after their Day 7 test.

Yes, the States could test more. We could, for example, test every unvaccinated arrival three or four times instead of just the two tests they are given currently. Given the level of risk, however, that would not be appropriate – and wasn't considered proportionate even when the level of risk was much higher than it is now. As we become more vaccinated as a population, increased testing becomes increasingly less appropriate and proportionate.

Travel rules for under-18s:

The Civil Contingencies Authority has agreed this week the travel requirements that will apply for under-18s from 1st July, when changes to the Bailiwick's border restrictions come into effect.

The CCA has agreed that when arriving from the Common Travel Area the following rules will apply:

Children 11 years and under travelling with fully vaccinated adults:

- No testing or isolation requirements

Children and young people aged 12 to 17 travelling with fully vaccinated adults:

- Self-taken swab on Day of Arrival
- Isolation until the result of the Day of Arrival test
- Day 7 test through scheduling
- Passive follow-up between result of Day of Arrival test and result of Day 7 test

For children who are travelling with adults who are not fully vaccinated (or where at least one of the adults in the travelling group is not fully vaccinated), the rules for the child are the same as they are currently, and will depend entirely on which category country or region they have travelled from.

Similarly, for children who are travelling from outside the Common Travel Area, the current categorisation of regions and countries and the associated testing and self-isolation requirements will continue to apply (in the same way that they apply for all travellers).

Unaccompanied minors travelling to the Bailiwick are very few, but they or their parents/guardians should contact Public Health to discuss the specific circumstances of their journey.

All children who travel into the Bailiwick and wish to enter an educational setting within 14 days of their arrival will need to have a swab taken, and a negative COVID-19 test on this swab, 48 or less before they enter that educational setting. This will also be a requirement for any staff returning to education settings in the 14 days after arriving in the Bailiwick.

The CCA had initially indicated it would not require any testing or self-isolating for under-18s travelling with fully vaccinated adults, but after further careful consideration of the advice from Public Health and STAC has changed this aspect of the policy.

Recent data from Public Health England shows under-18s are one of the age groups in which COVID-19 infections are most commonly seen. Guernsey's Public Health Service have therefore now advised that this age group, which are not currently being vaccinated, should be tested on arrival in Bailiwick. Allowing them to leave self-isolation after a negative test result, however, recognises and reflects the lower risk of transmission to or from the adults they have been travelling with (who are typically parents of these under-18s), because those adults are fully vaccinated. During the second wave in particular, transmission through family groups was a strong feature, so the reduced risk associated with this transmission route afforded by fully vaccinated adults is significant.

Ends

Notes to Media

Please contact Rob Moore

Rob.moore@gov.gg

07839 700635 or 07781 431196