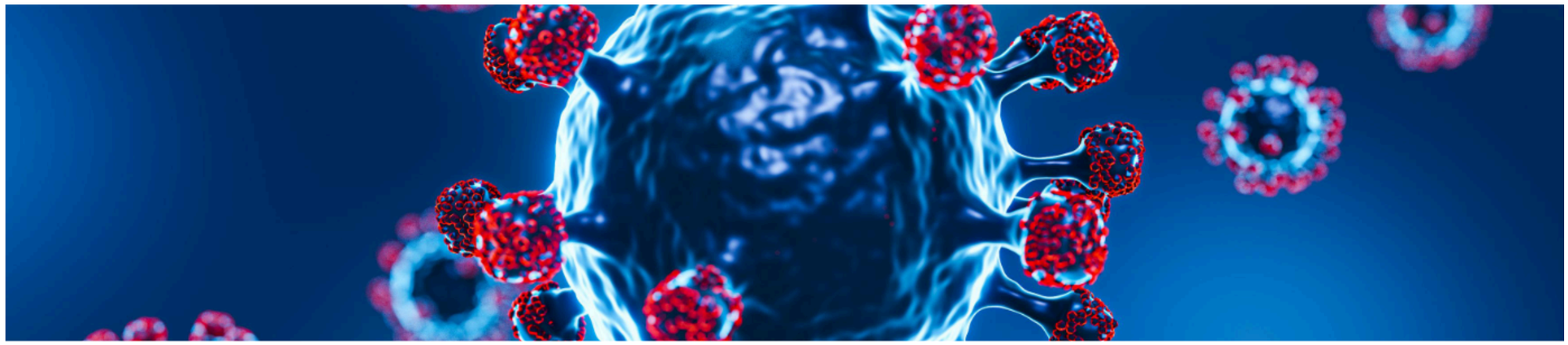
Australian and New Zealand COVID-19 International Travel Guidelines



Australian and New Zealand COVID-19 International Travel Guideline Navigation menu

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1 INTRODUCTION

1.1 Purpose of Guidelines

These guidelines are for health professionals to assist travellers understand the current status of travelling regarding COVID-19. Persons travelling from Australia or New Zealand are recommended to have a routine pre travel consultationwhich will include information on COVID-19 related issues. There are currently no requirements for testing pre-travel testing or for travellers to quarantine on return to Australia or New Zealand, but there may be limitations in some parts of the world if testing positive to COVID-19. This may preclude boarding a flight which may cause disruption to the traveller's plan.

1.2 Pre-travel Health Risk Assessment Overview

1. Determine if traveller has risk factors for severe COVID-19
2. Is the traveller likely to undertake activities which may increase the risk of infection

3. Educate the traveller about the disease
4. Prevention of infection – vaccinations and prevention measures to reduce the risk of infection during travel
5. Management of exposure and symptoms during travel
6. Advice on return to Australia or New Zealand

2 DETERMINE IF TRAVELLER HAS RISK FACTORS FOR SEVERE COVID-19

Various travellers have an increased risk of severe illness and death from COVID-19. In addition, long term sequalae ('Long COVID') is more common in those with severe infection or underlying diseases, although persons experiencing mild or no symptoms may also develop 'Long COVID'.[1]

Risk factors include:

[2 3]

1. Age , – the older the person the higher the risk of severe infection
2. Gender – males are more likely to develop severe disease[4 5], but females are more likely to develop long term sequelae[6]
3. Comorbidities – certain medical conditions predispose to severe disease (see table below)
4. Medications – some medications and treatments increased the risk of severe disease (see table below)
5. Pregnancy – increases risk to both pregnant woman[3,7] and unborn baby
6. Ethnicity – certain ethnic groups also appear to have higher risk of serious disease however this may be due to prevalence of other medical risk factors mentioned above
7. Smoking[3]

The list below is non exhaustive and emerging evidence may lead to additional conditions being recognised as high risk.

Table 1: Medical risk factors for serious COVID-19 illness[3,4,5,8,9]

MEDICAL RISK FACTORS FOR SERIOUS COVID-19 ILLNESS

Co-morbidities	Diabetes Mellitus
	Poorly controlled Hypertension
	Obesity
	Haematological malignancies
	Chronic lung disease (moderate to severe asthma, bronchiectasis, COPD, interstitial lung disease, pulmonary embolism, pulmonary hypertension, bronchopulmonary dysplasia)
	Chronic kidney disease stage 4 and 5
	Heart Disease – coronary heart disease, failure, cardiomyopathies
	Chronic liver disease – cirrhosis, alcoholic liver disease, autoimmune liver disease
	Neurological conditions – stroke, dementia, hereditary and other degenerative CNS disease, neuromuscular disorders
	Severe mental health condition
	Non-haematological cancers
	Childhood cancers
	Congenital heart disease
	Cystic fibrosis
	Primary or acquired immunodeficiency
	Chronic inflammatory condition requiring medical treatment
	HIV infection (CD4 <200)
	Chronic metabolic conditions – amino acid disorder, carbohydrate disorder, cholesterol biosynthesis disorder, fatty acid oxidation defect, lactic acidosis, mitochondrial disorder, organic acid disorder, urea cycle disorder, vitamin/cofactor disorder, porphyria
	Haemoglobinopathies – Thalassaemia, Sickle cell disease

Treatments that increase risk of severe disease	Immune suppressive therapy
	Chemotherapy
	Immunotherapy
	Targeted anti-cancer therapy
	Haematopoietic stem cell transplant or CAR-T therapy within the past 24 months

3 IS THE TRAVELLER LIKELY TO UNDERTAKE ACTIVITIES WHICH MAY INCREASE RISK OF INFECTION

Consider whether any of the proposed activities increase the traveller's risk of infection with COVID-19. High risk activities include:

- being in crowded indoor areas (markets, restaurants, museums etc)
- travelling on poorly ventilated busses, trains, cars and planes
- taking a multi-day cruise
- working in health care
- attending health care facilities as a patient (including medical tourism)

4 EDUCATE THE TRAVELLER ABOUT THE DISEASE

COVID-19 is caused by SARS-CoV-2 virus which is spread through the air via infectious respiratory particles.[10] Being indoors with poor ventilation increases the risk of infection.[10] As the number of people in an indoor area increases, the risk of infection also increases particularly where ventilation is poor and/or air is not filtered.

To reduce the risk of infection the traveller can:

- avoid crowded places
- avoid large crowds
- choose outdoor activities where possible
- meet others and eat outside if able.
- where possible, walk or drive to destinations rather than take public transport
- have windows open in private car and/or wear well-fitting masks.

These actions will reduce but not eliminate the risk of infection. If one cannot open windows or doors to improve ventilation, a well fitted N95 or P2 mask will reduce the risk of infection. They are more effective than surgical or cloth masks, but any face covering can be beneficial.[11] Always follow local guidelines if applicable e.g. masking, distancing, testing, isolation etc.

5 PREVENTION OF DISEASE – VACCINATIONS AND PREVENTION MEASURES DURING TRAVEL

5.1 COVID-19 VACCINATION

Vaccination remains the most important measure to protect those at risk of severe disease from COVID-19. It is important to factor in the elevated risk of COVID-19 with travel in the discussion. Along with influenza, travellers are often infected with COVID-19 therefore vaccination to reduce the risk is important particularly for those at risk of severe disease. See table below showing the risk of disease for non-immune travellers in comparison to other vaccine preventable infections in travellers.

Table 2. Monthly incidence estimates of travel vaccine-preventable diseases in non-immune travellers*[12]

Disease	Approximate incidence
COVID-19	4 in 100
Influenza	1 in 100
Dengue (symptomatic with seroconversion)	6 in 1000
Rabies risk (animal bite)	4 in 1000
Yellow fever	0.1–1 in 1000
Typhoid (South Asia)	2 in 10,000
Hepatitis A	1–7 in 100,000
Hepatitis B (Asia)	2 in 100,000
Tick-borne encephalitis (rural Baltics)	5 in 100,000
Measles	3 in 100,000
Pertussis	2 in 1,000,000
Typhoid (Africa, Latin America, Middle East, South East Asia)	8 in 1,000,000
Active tuberculosis	2 in 100,000
Typhoid (Caribbean, North East Asia)	<1 in 1,000,000
Japanese encephalitis	<1 in 1,000,000
Rabies (fatal)	<1 in 1,000,000
Meningococcal disease	<1 in 1,000,000
Cholera	<1 in 1,000,000
Diphtheria	<1 in 1,000,000

* Adapted from Steffen R, et al. Travel vaccines-priorities determined by incidence and impact. J Travel Med 2023; 30: taad085.[2]

The SARS-CoV-2 virus continues to undergo frequent mutations which may allow new variants of the virus to evade immunity despite earlier vaccinations. It is uncertain how many months a vaccine may provide immunity for and therefore regular vaccinations are recommended particularly for those at high risk of severe infection. Recommendations for vaccines, should be discussed as per Australian and New

Zealand guidelines. For Australian guidelines see **here** and for New Zealand see **here**. Travellers may also be at higher risk (see below) and therefore vaccination may be recommended prior to travel.

COVID19 disease can be a serious and sometimes fatal infection and each traveller should have any risk factors for severe COVID-19 discussed. This has to be considered in the context of being away from home and a familiar medical system. Medical care may be more difficult to access overseas, as well as potentially of a lower standard than in Australia or New Zealand. Care may be very expensive and if needed, emergency evacuation may not be possible in a timely manner. Despite their risk profile and age, travellers would therefore benefit from a risk-benefit assessment regarding re-vaccination and boosters.

5.2 Personal Mitigation Measures during Travel

Travellers need to be aware of personal risk factors that may make them more susceptible to severe infection and mitigate risks by ensuring adequate sleep, exercise, good nutrition and continuation of usual medications in addition to specific mitigation measures. As mentioned above, when infectious respiratory particles laden with SARSCoV2 are suspended in the air within an often confined and poorly ventilated area, they can be breathed in by the traveller and result in infection. Additionally, infection can also occur by spread of virus through fomites as well as droplets (larger particles) if within close range of an infectious person. Hence, spending time outdoors, in well-ventilated spaces, sitting near open windows and doors will reduce the risk of infection. Where this is not feasible or possible, wearing a well-fitting N95/P2 mask may reduce the risk.

5.2.1 Prevention of COVID-19 infection during air travel

- As much as possible preserve social distancing and wear a well-fitted N95/P2 mask particularly in poorly ventilated or crowded areas and during embarkation and disembarkation of aircrafts.
- Minimise the time in the airbridge as that area is poorly ventilated
- Consider embarking towards the end of the boarding process to reduce time on the aircraft.
- Larger planes are fitted with HEPA filters and fresh air is mixed with filtered air many times per hour. This reduces infection risk, but short-range transmission remains possible so one should still take precautions
- Strong recommendation for high-risk travellers to wear an N95/P2 mask throughout the flight including when in toilets. Aircraft may not have ventilation and filtration systems in operation during

embarkation and disembarkation. Therefore these times pose a higher risk for infection

- It is recommended to open and direct the personal air vent onto or just in front of one's face
- Limit movement around the aircraft
- Avoid touching high touch points (toilet door, flush, tap) where possible and if not possible, perform hand hygiene carefully and regularly

5.2.2 Prevention of COVID-19 infection during water travel

- As much as possible preserve social distancing and wear a well fitted N95/P2 mask particularly in poorly ventilated or crowded areas during embarkation and disembarkation
- Some vessels are fitted with MERV or HEPA filters and fresh air may be mixed with filtered air numerous times per hour. Whilst these filters are turned on, the risk of infection is reduced but short-range transmission remains possible therefore one should still take precautions as listed below
- Wear a well fitted N95/P2 mask in areas poorly ventilated, in closed or crowded spaces (e.g. cinemas, hairdressers) and when moving about the vessel. This is particularly important if there is an increased risk of severe disease.
- Where possible, socialise and have meals in outdoor areas. Where this is not possible, consider eating earlier than others to avoid large crowds during meal times.
- Cabins with windows and balconies are safer than those that are not ventilated
- Perform hand hygiene correctly and regularly

6 MANAGEMENT OF EXPOSURE AND SYMPTOMS DURING TRAVEL

If the traveller is exposed to a positive case or develops symptoms of COVID-19 during travel, it is strongly advised they be tested to:

1. take precautions not to infect others including travel companions and

2. high risk patients who have access to anti-viral medications, should start treatment as soon as possible within 5 days of symptoms or positive test.[13]

Tests can either be self-administered e.g. rapid antigen test (RAT) or if that is negative and access to a reliable laboratory is possible, a PCR can be obtained. This is particularly important for those at high risk who would benefit from anti-viral medications. If a high-risk individual is not planning to carry antivirals, as standby treatment, they should be advised to seek medical care, with the help of their insurance company, to obtain antivirals within the first 5 days of onset of symptoms. Travellers can obtain anti-virals on a private prescription prior to leaving Australia or New Zealand but the cost may be prohibitive for many.

6.1 Polymerase Chain Reaction (PCR)

PCR tests for SARS-CoV-2 (also known as a nucleic acid amplification test – NAAT). PCR tests are more reliable than rapid antigen tests and will often be positive earlier than most rapid antigen tests.[14,15]

6.2 Rapid Antigen testing (RAT)

There are many types of RAT available for purchase in Australia and New Zealand, some of which are now combined with Influenza (A and B) and RSV. Sensitivity varies between the different brands of tests and a negative result does not exclude an infection because the viral load may not yet have reached the threshold for a positive result. A positive RAT is almost always a true positive.

Where a patient is symptomatic and has a negative RAT, a PCR may be helpful if available (particularly for those at high risk as antivirals are more beneficial when taken early in the infection). If PCR is not readily available, the traveller should repeat the RAT daily or second daily until symptoms have resolved. A well-fitting mask should always be worn by the symptomatic traveller to reduce transmission to others.

For those at high risk or indeed any traveller carrying standby anti-viral medication, written instructions outlining management if positive is highly recommended.

Self-isolation is recommended if COVID-19 positive, to protect others despite the significant disruption to travel plans this may cause (see section on travel insurance below). If the positive traveller needs to leave their accommodation, it is strongly recommended that a well-fitting N95/P2 mask is always worn, and activities are limited to outdoor areas with social distancing. Transmission can occur up to 10 days from

onset of symptoms,[16] therefore mask wearing is recommended until this time or until symptoms resolve, particularly if in contact with high-risk patients or visiting health care facilities. However, reducing the transmission of infection to any person whether they are deemed high risk or not, is good practice.

If the traveller does become infected during travel, it is essential that they also follow local guidelines which may include isolation, mask wearing etc. The traveller needs to ensure that they carry sufficient supplies of their regular medications in case prolonged isolation is required.

Unwell travellers requiring medical assessment and treatment should contact their insurance company to request a recommendation for medical care.

6.3 Travel Insurance for COVID 19

Medical care may be more difficult to access overseas due to many factors. It may also not be to the standard the traveller is used to or expects. Emergency evacuation may also be more difficult to obtain. Travellers should make sure they purchase travel insurance which includes cover for COVID-19. This will enable the traveller to be directed to the best options for healthcare if needed. Travellers should read insurance policies carefully to ensure cover not just for required medical treatment, but also any necessary cancellations and changes of plans. This is absolutely essential for those at high risk of severe COVID-19 disease, particularly if travelling to areas where the cost of medical care is prohibitive, such as the USA.

6.4 Packing List Recommendations

- Travellers should have a copy of their vaccination history (both printed copy and soft copy if able)
- Masks –it is recommended travellers carry sufficient quantities of N95/P2 masks to use as both a preventative measure as well as if they become infected. A well-fitting N95 or P2 is the preferred option.
- Alcohol hand gel/wipes
- Rapid Antigen tests.
- Increased supply of usual medications due to unexpected travel delays (may become COVID positive, flights cancelled etc). Generally, at least 4 weeks extra supply is recommended. GPs or other treating

doctors can provide a script to allow a traveller to collect more than 1 month of medication to ensure sufficient supplies for this purpose.

- Portable CO2 monitor may help those at higher risk to avoid poorly ventilated spaces particularly those who are at higher risk of severe infection. The CO2 level is a useful proxy for how well the area is ventilated. Numerous CO2 monitors are now available.
- Pulse oximeter may be particularly useful for those with underlying medical conditions and increasing age. Travellers need to be instructed in their use and interpretation of results
- Standby anti-viral medications.
- Additional treatments may be recommended in the future so travel practitioners should keep up with recommendations as they become available.

7 ADVICE FOR RETURN TO AUSTRALIA OR NEW ZEALAND

There are no longer any vaccine, quarantine or other requirements to re-enter Australia or New Zealand from overseas. Travellers who may be experiencing ongoing symptoms should consult their general practitioner on return for assistance to manage symptoms.

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