



## Adviesaanvraag

Vraagsteller	Regeringscommissariaat Corona
Datum van adviesaanvraag	-
Onderwerp	Maatregelen en versoepelingen buitenlandse reizen
Vraag	-
Reden	-

## Adviesverstrekking t.a.v. het Regeringscommissariaat Corona

Datum van adviesverstrekking	07/05/2021
Dit advies werd opgesteld door	Leden van de GEMIS: Isabelle Aujoulat, Philippe Beutels, Steven Callens, Bénédicte Delaere, Mathias Dewatripont, Lode Godderis, Niel Hens, Yves Kreins, Tinne Lernout, Romain Mahieu, Christelle Meuris, Geert Molenberghs, Karine Moykens, Céline Nieuwenhuys, Michel Thieren, Pierre Van Damme, Dimitri Van der Linden, Steven Van Gucht, Yves Van Laethem, Marc Van Ranst, Maarten Vansteenkiste, Erika Vlieghe, Dirk Wildemeersch
Key takeaways	<ol style="list-style-type: none"><li>1. Variants of concern (VoC) are globally continuing to emerge, increasing the concerns for immune escape (and consequently possibly reducing vaccine effectiveness), with or without increased transmission and/or disease severity.</li><li>2. New variants and particularly VoCs should be kept out as long as possible to allow the current vaccination campaign in Belgium and Europe to be rolled out and achieve solid levels of immunity.</li><li>3. Further introduction of already circulating VoCs P.1 ('Brazil') and B.1.315 ('South Africa') should be prevented as much as possible.</li><li>4. Testing without quarantine is not sufficient for keeping variants/VOCs out of Belgium.</li><li>5. The continuous emergence of VoCs calls for a close collaboration between EU countries to block both the introduction of dangerous variants within the borders but also from outside the Schengen zone. A European approach is the best guarantee to keep EU borders open, as in terms of travel, the EU is to be considered as "one country".</li></ol>



6. Currently, some EU and UK international airports are the European port of entry for non-EU countries, which should be seen as a potential security and economical threat for the entire EU.
7. A multidisciplinary working group for travel and related measures, both on EU and Belgian level, which convenes on a regular basis to develop a methodical approach for international travel and systematic updates based on future needs, needs to be set up.
8. The role of VoCs and their approach should be made clear in the context of the EU COVID-19 Certificate.
9. A tier system should be used where the strictest rules (i.e. mandatory hotel quarantine) apply for travellers returning from areas with a 'high' share of VoCs and for non-EU/EEA countries (excl. white list).
10. Additionally, following implementation considerations should be made to keep VoCs out of Europe:
  - a. Strict control focused on (large) airports, international train stations, and sampling of land borders.
  - b. Better information sharing between countries on transit passengers within the EU.
  - c. To ensure quarantine is followed, organise hotel quarantine building on the experience from other (European) countries (e.g. Ireland, Portugal).
  - d. Vaccinate soon or in the meantime test regularly personnel working in international transport of goods or people and personnel in close contact with international travellers.
11. The current list of exceptions for quarantine and testing regulations is too extensive and misses its purpose, requiring the list to be revised. In the case of travel to a region where VoCs are abundantly present, there should be no exception.



### 1. The continuous emergence of Variants of Concern increases the worry for immune escape

The **epidemiological situation remains worrisome**, with high positivity rates and decreasing yet high daily number of hospitalisations. In addition, **variants of concern (VoC)** are globally continuing to emerge, increasing the **concerns for immune escape** (and consequently possibly **reducing vaccine effectiveness**), **with or without increased transmission and/or disease severity**. The introduction of VoCs remains a significant concern as the rollout of COVID-19 vaccination is ongoing in Belgium, in the EU, and globally.

With the current strategies around the world to combat COVID-19 and its large impact on society, it seems very difficult (if not impossible) to fully eradicate SARS-CoV-2 and prevent variants to emerge somewhere in the world. However, new variants and particularly **VoCs should be kept out of the country as long as possible** to allow the current vaccination campaign to be rolled out and achieve solid levels of immunity as a protection to avoid major new waves.

**Testing non-vaccinated travelers without quarantine is clearly not sufficient for keeping variants/VOCs out of Belgium.** For example, the recent incident with Indian students is insightful because these students tested negative in India, prior to leaving, and tested negative again when arriving in France, but positive with **B.1.617 (the so-called Indian variant)** upon arrival in Belgium. The Belgian diplomatic post mentions frequent occurrences of negative tests in India prior to travel, followed by positive tests at destinations (either genuine or fake tests).

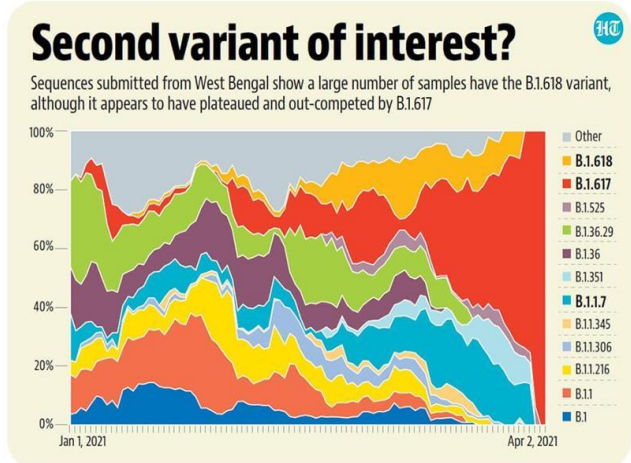
Covid-19 variants sequenced by the Sanger Institute in England over time  
Excludes cases from travellers and surge testing.  
Note that the dominant variants have been excluded (currently B117 ("Kent"))



Graph from [https://covid19.sanger.ac.uk/lineages/raw?lineage=B.1.617&show=AN2CB.1.351%2CB.1.525%2CB.1.617%2CB.1%2COther&lambda\\_type=area&p\\_type=line](https://covid19.sanger.ac.uk/lineages/raw?lineage=B.1.617&show=AN2CB.1.351%2CB.1.525%2CB.1.617%2CB.1%2COther&lambda_type=area&p_type=line)

Currently, **further introduction and spread of already circulating VoCs P.1 ('Brazil') and B.1.315 ('South Africa')** should be prevented as much as possible. Even though the **Indian variant** is not yet categorised as a VoC, its **spread and prevalence is rapidly increasing in the UK** (see graph), not to mention India's neighbouring/regional countries (Pakistan, Nepal, Bangladesh, Thailand,...). Also the graph on the spread in West-Bengal is telling.

This rise is especially worrisome given the high vaccination coverage in the UK. This variant could pose a serious security as well as economical threat as it could change the dynamics of the epidemic and the vaccination effectiveness and consequently require adapted non-pharmaceutical interventions. This is not unlikely, since the B.1.1.7-variant also rapidly became the dominant variant due to higher transmissibility and reshaped the epidemic and increased the need for more strict NPIs (e.g. longer quarantine). This evidence asks for the use of the principle of caution in the case of the Indian and other variants.





## 2. Importance of having a more methodical approach at EU level

The continuous emergence of VoCs calls for a **close collaboration between EU countries** to block both the introduction of dangerous variants within the borders but also from outside the Schengen zone. Because of **disparities in travel policies among EU countries**, travellers from regions where VoCs are present can still easily enter Belgium through a neighbouring country, without the Belgian authorities knowing. **Currently**, some EU and UK international airports (Schiphol, Frankfurt, Paris CDG, Rome, London-Heathrow, Madrid-Barajas) are the **European port of entry for non-EU countries** (incl. India).

This should be seen as a potential **security threat** for the entire EU (and not only for France, Germany, the Netherlands, Italy, the UK, or Spain), as well as an **economical threat** (as stated above, an urgent concern for the Indian variant): countries with high viral activity have much less competitive advantage as compared to countries which have their epidemic under control in a sustained manner. This matter can also be seen as a security problem from a different point of view, namely that of **discrimination/agression** against people of certain origin where there are high incidences or a specific variant of concern is dominant.

Our peer-experts from neighbouring countries share these concerns related to travel, variants, and the disparities in travel policies among EU countries and agree that travel-related measures should be discussed at EU level.

We therefore think there is a need for a **multidisciplinary working group for travel and related measures, both on EU and Belgian level** (with different cabinets involved), which convenes on a regular basis to develop a **methodical approach** tackling all these concerns related to international travel as well as **systematic updates** based on future needs (incl. a list of countries or regions of high concern). The role of VoCs and their approach should be made clear in the **context of the EU COVID-19 Certificate** (proof of vaccination, negative test or recovery) for international travel. Note that France has already implemented an electronic version of such a certificate, allegedly secure against counterfeit.

Such a **European approach** is the **best guarantee to keep EU borders open, as in terms of travel; travel-wise the EU is to be considered as “one country”**. Keeping EU borders open is not sustainably safe from VOCs if the member states do not cooperate on travel policy.

When thinking about a high-level approach, a **tier system** could be used, keeping in mind the regulations regarding travel within different European regions (see table below). A similar **tier system** is currently being used in both **the UK and Germany** (see annex 3), where they apply the strictest rules for travellers returning from areas with a ‘high’ share of VoCs.



Area from where travellers are coming	Black zone (high prevalence VoC)	Dark red zone (ECDC colour code)	Red zone (ECDC colour code)	Orange zone (ECDC colour code)	Green zone (ECDC colour code)
EU and EEA	Negative travel advice, mandatory testing and hotel quarantine	Refer to current measures	Refer to current measures	Refer to current measures	Refer to current measures
Outside EU/EEA, areas without proof of solid surveillance systems	Negative travel advice, mandatory testing and hotel quarantine				
Outside EU/EEA, areas with proven solid surveillance systems	Negative travel advice, mandatory testing and hotel quarantine				White list country, no travel restriction

Note that a **tier system makes most sense on an international level** as Belgium might allow travel to and from white list countries, but these countries might not want to let people arriving from Belgium in, as the incidence is still very high and the B.1.1.7 (which is a VoC) is dominant. To avoid ending up on a 'black list' (Luxemburg and Belgium are the 'champions' of the Brazilian variant), the GEMS would advise to let people entering the Belgian territory while arriving from a region of concern (e.g. India, Brazil, South Africa) undergo the strictest **hotel quarantine**, as several countries do (e.g. Ireland and Portugal, as elaborated below).

In line with the RAG advice, **no distinction based on vaccination status** should currently be made for quarantine and testing measures related to travel, especially in the case of VoC. However, this topic will be further discussed in the RAG and included in the final GEMS+-advice.

### 3. Additional considerations for implementation

To be able to implement the suggestions made above and keep VoCs out of Europe, the following additional considerations are made:

1. To be able to **govern** this kind of stringent measures, strict control should be focused on **(large) airports, international train stations, and sampling of land borders**.
2. Using a national passenger locator form (PLF) has its limits as travellers can still enter the country via airports of neighbouring countries and enter Belgium by car or bus without the Belgian authorities knowing and thus possibly without complying with the testing and quarantine measures enforced in Belgium. Therefore, there is a need for an **international passenger locator form (PLF)** or at least good **information sharing between countries on transit passengers within the EU** (similarly to policies put in place for asylum seekers). The role of the EU COVID-19 certificate and other vaccination certificates in this context will need to be further aligned between all EU countries.
3. The only way to actually make sure quarantine is followed is by **organising hotel quarantine**. To develop this concept, e.g. for travel from a region with a high prevalence of a VoC, Belgium could **learn from other (European) countries**:



- a. In Ireland, passengers required to undertake mandatory hotel quarantine (incl. coming from Belgium) must pre-book a place in a designated facility prior to arrival in Ireland and pay for the hotels themselves. Passengers will be required to present evidence of this booking to their flight or ferry operator in order to board the airplane or ferry to Ireland. These rules are set out in Irish law and if passengers do not comply with these measures, they are fined up to €2,000 or get a prison sentence of up to 1 month, or both. The Irish police will enforce compliance.
  - b. Portugal requires hotel quarantine for incoming travelers from EU countries Cyprus, Lithuania, France, Croatia, the Netherlands, and Sweden, as well as for non-EU countries (South Africa, Brazil and India). Even though Portugal has a strong link with Brazil, they have a low share of the Brazilian variant (P.1) and have a low incidence overall, partly due to their mandatory quarantine.
4. There is general risk of emergence of new VoCs through **personnel working in international transport of goods or people** (e.g. seamen, truck drivers) and **personnel in close contact with international travellers** (e.g. personnel working in hotel quarantine, in airports). Therefore, the GEMS recommends **vaccinating** these people soon and in the meantime **testing them regularly** (see also table below). The employer is responsible for protecting against occupational risk. Refer to current Codex of wellbeing at work (chapter on biological agents). Making use of these structures can help this purpose. Note that Belgium can only vaccinate its own residents and that ideally this should be embedded in an international approach.
  5. In their promotion activities, the travel sector should highlight the actual travel restrictions and requirements, in terms of **'safe practices'**, operators could consider developing safe travel corridors (between green areas) such as proposed for Greek islands (see annex 1).

For more information and evidence about travel in the COVID-19 pandemic, the GEMS refer to previous advice given since December, in particular in the light of the B.1.1.7-variant.

#### **4. The list of exceptions to the quarantine and testing regulations (see annex 2) should be revised and reduced as much as possible**

Although Belgian citizens should and will always be able to return to Belgium, this does not mean that they should not be subject to testing and quarantine measures related to travel. The current list of exceptions for quarantine and testing regulations is too extensive and misses its purpose, requiring the list to be revised. Furthermore, if a distinction is made between essential and non-essential travel, it should be clearly and not liberally defined. In the case of travel to a region where VoCs are abundantly present, there should be no exception.

Note that **self assessment** (through SAT) is not a trustable source and should be avoided, particularly in the context of VoCs.

The following table gives an overview of the adaptations the GEMS assesses as necessary in the current context. These could be revised when vaccination coverage is higher.



Category	Harmonised list of exceptions	Quarantine exceptions	Testing exceptions	GEMS comments
<b>C2</b>	Vervoerspersoneel dat belast is met goederenvervoer en ander vervoerspersoneel die reizen voor de uitoefening van hun functie	Yes	Yes	<i>Target group for regular testing because a lot of close contacts and risk of further spread of variants</i>
<b>C3</b>	Zeevarenden, sleepbootbemanning, loodsen en industrieel personeel tewerkgesteld in offshore windmolenparken	Yes	Yes	<i>Target group for regular testing) because a lot of close contacts and risk of further spread of variants</i>
<b>C5</b>	Leerlingen, studenten en stagiairs die zich dagelijks of wekelijks naar het buitenland verplaatsen in het kader van hun studies of een grensoverschrijdende stage	Yes	Yes	<i>Increased testing when travelling to/from a region with high incidence</i>
<b>C7</b>	De "Border Force Officers" van het Verenigd-Koninkrijk	Yes	Yes	<i>Target group for regular testing Will soon be vaccinated (UK)</i>
<b>D1</b>	Leerlingen, studenten en stagiairs in het kader van een examen of een verplichte taak	Partial	No	<i>Should do full quarantine</i>
<b>D2</b>	Gezondheidswerkers, onderzoekers op gebied van gezondheid en beroepskrachten uit ouderenzorg. Op deze uitzondering kan enkel beroep worden gedaan door personeel dat nodig is om een minimum aan basiszorg te waarborgen. Voor het ziekenhuispersoneel wordt de beslissing genomen in overleg met de ziekenhuisdirectie en de dienst hygiëne van het ziekenhuis. Voor het zorgpersoneel in de eerstelijnszorg, zoals huisartsen, wordt het besluit genomen in overleg met de wachtkring	Partial	No	<i>Should do full quarantine, because are coming in contact with the most vulnerable people in the country</i>
<b>D3</b>	Leden van de diplomatieke en consulaire gemeenschap, titularissen van een functie, verkozenen en officiële vertegenwoordigers van de internationale organisaties en instellingen gevestigd in België, i.h.k.v. een essentiële activiteit die niet op afstand kan worden verricht, noch per videoconferentie	Partial	No	<i>Should do full quarantine</i>
<b>D4</b>	Staatshoofden en regeringshoofden, regeringsleden, parlementariërs en hoge ambtenaren, diplomatiek, consular en technisch personeel op professionele zending, i.h.k.v. een essentiële activiteit die niet op afstand kan worden verricht, noch per videoconferentie	Partial	No	<i>Should do full quarantine</i>
<b>D5</b>	Personeelsleden van een internationale organisatie of personen die door dergelijke organisatie zijn uitgenodigd en van wie fysieke aanwezigheid vereist is voor goede werking van die organisatie, incl. inspecteurs van nucleaire installaties	Partial	No	<i>Should do full quarantine International organisation is very vague (multinational?)</i>



<b>D6</b>	Seizoensarbeiders	Partial	No	<i>Frequent testing e.g. 2 x/week (in conversation with sector)</i>
<b>D9</b>	Hooggekwalificeerde personen, als hun werk vanuit economisch standpunt noodzakelijk is en niet kan worden uitgesteld (voor zover relevant bepaald door de werkgever in overleg met de bedrijfsarts). Daaronder worden ook beroepssporters, professionelen uit de cultuursector en wetenschappelijke onderzoekers begrepen die zich verplaatsen bij de uitoefening van hun professionele activiteit	Partial	No	<i>Should do full quarantine Category is too broad</i>





## Annex 1. Request by BATA regarding safe travel corridor

Monsieur le Premier ministre,  
Mesdames et messieurs, vice-premiers ministres et ministres,  
Monsieur le Commissaire Corona,  
Professeur Molenberghs,  
Monsieur Dochy,  
Monsieur De Smet,

La crise du COVID-19 pèse lourdement sur le bien-être mental de la population belge. Entre autres, le besoin de pouvoir voyager à nouveau est grand. C'est pourquoi l'industrie des voyages et des compagnies aériennes a mis au point un "Safe Travel Corridor" pour permettre des voyages responsables dans les zones rouges. Dans ce document, nous avons élaboré un corridor de la Belgique vers les îles grecques de Rhodes et de Crète (Héraklion). Toutefois, ce scénario peut également s'appliquer à d'autres destinations. Après avoir reçu une contribution précieuse de la Commission Corona, nous avons mis l'accent sur les tests et les mesures concernant la distanciation sociale à destination. Les partenaires de ce projet, Brussels Airlines, TUI fly, Corendon, Sunweb et TUI, veulent acquérir ensemble de l'expérience afin de rendre les voyages encore plus sûrs. Les voyages organisés offrent une meilleure vue d'ensemble des mouvements des passagers sur place, ce qui n'est pas le cas des voyages non organisés. Ce test montrera à quel point les voyages peuvent être organisés après la levée de l'interdiction des déplacements non essentiels, c'est-à-dire de manière responsable et en toute sécurité.

Ce Safe Travel Corridor fait partie du plan de relance pour le secteur d'aviation que nous vous avons déjà envoyé le mois dernier.

Nous aimerions discuter de ce plan en détail avec vous tous lors d'une vidéoconférence la semaine prochaine.

Au nom des compagnies aériennes Brussels Airlines et TUI fly (membres de la BATA) et au nom des plus grands voyagistes du pays, Corendon, Sunweb et TUI ;

Je vous prie d'agréer, Mesdames, Messieurs, l'expression de mes sentiments distingués,

**Vincent Snauwaert**

*Secretary General*

**Annex 2. Geharmoniseerde lijst van uitzonderingen op quarantaine en staafname met opmerkingen van GEMIS***Bron: Nota aan het Overlegcomité (Brussel, 10 maart 2021)*

Categorie	Geharmoniseerde lijst van uitzonderingen	Uitzondering op quarantaine	Uitzondering op test
<b>A</b>		Ja	Nee
<b>B</b>	Personen die om medische redenen geen staal kunnen laten afnemen en hiertoe het bewijs (medisch attest) leveren	Nee	Ja
<b>C1</b>	Grensbewoners of grensarbeiders die reizen in deze hoedanigheid	Ja	Ja
<b>C2</b>	Vervoerspersoneel dat belast is met goederenvervoer en ander vervoerspersoneel die reizen voor de uitoefening van hun functie	Ja	Ja
<b>C3</b>	Zeevarenden, de sleepbootbemanning, de loodsen en het industrieel personeel tewerkgesteld in de offshore windmolenparken <sup>1</sup>	Ja	Ja
<b>C4</b>	Personen die reizen in het kader van grensoverschrijdend co- ouderschap	Ja	Ja
<b>C5</b>	Leerlingen, studenten en stagiairs die zich dagelijks of wekelijks naar het buitenland verplaatsen in het kader van hun studies of een grensoverschrijdende stage	Ja	Ja
<b>C6</b>	Grensscholieren die reizen in het kader van leerplichtonderwijs of in het kader van hoger onderwijs en het volwassenonderwijs naar en van de locatie waar ze het onderwijs genieten	Ja	Ja
<b>C7</b>	De "Border Force Officers" van het Verenigd-Koninkrijk	Ja	Ja
<b>D1</b>	Leerlingen, studenten en stagiairs in het kader van een examen of een verplichte taak	Gedeeltelijk	Nee
<b>D2</b>	Gezondheidswerkers, onderzoekers op het gebied van gezondheid en beroepskrachten uit de ouderenzorg. Op deze uitzondering kan enkel beroep worden gedaan door personeel dat nodig is om een minimum aan basiszorg te waarborgen. Voor het ziekenhuispersoneel wordt de beslissing genomen in overleg met de ziekenhuisdirectie en de dienst hygiëne van het ziekenhuis. Voor het zorgpersoneel in de eerstelijnszorg, zoals huisartsen, wordt het besluit genomen in overleg met de wachtkring	Gedeeltelijk	Nee
<b>D3</b>	Leden van de diplomatieke en consulaire gemeenschap, titularissen van een functie, verkozenen en officiële vertegenwoordigers van de internationale organisaties en instellingen gevestigd in België, in het kader van een essentiële activiteit die niet op afstand kan worden verricht, noch per videoconferentie	Gedeeltelijk	Nee
<b>D4</b>	Staatshoofden en regeringshoofden, regeringsleden, parlementariërs en hoge ambtenaren, diplomatiek,	Gedeeltelijk	Nee

<sup>1</sup> Mits het strikt naleven van de protocollen die werden opgemaakt om het risico op besmettingen te reduceren



	consulair en technisch personeel op professionele zending, in het kader van een essentiële activiteit die niet op afstand kan worden verricht, noch per videoconferentie		
<b>D5</b>	Personeelsleden van een internationale organisatie of personen die door een dergelijke organisatie zijn uitgenodigd en van wie de fysieke aanwezigheid vereist is voor de goede werking van die organisatie, inclusief inspecteurs van nucleaire installaties	Gedeeltelijk	Nee
<b>D6</b>	Seizoensarbeiders <sup>2</sup>	Gedeeltelijk	Nee
<b>D7</b>	Personeel van de politiediensten, migratiediensten en douane	Gedeeltelijk	Nee
<b>D8</b>	Personen die reizen om dwingende gezinsredenen (ernstige ziekte met hospitalisatie, preterminale situatie, overlijden) voor zover nodig om deze gezinsredenen uit te oefenen	Gedeeltelijk	Nee
<b>D9</b>	Hooggekwalificeerde personen, als hun werk vanuit economisch standpunt noodzakelijk is en niet kan worden uitgesteld (voor zover relevant bepaald door de werkgever in overleg met de bedrijfsarts – aangezien deze laatste op de hoogte moet zijn van de mogelijke risico's op de werkplek). Daaronder worden ook beroepssporters, professionelen uit de cultuursector en wetenschappelijke onderzoekers begrepen die zich verplaatsen bij de uitoefening van hun professionele activiteit	Gedeeltelijk	Nee
<b>D10</b>	Journalisten bij het uitoefenen van hun taken	Gedeeltelijk	Nee
<b>D11</b>	Patiënten die reizen om dwingende medische redenen of de verderzetting van een dringende medische behandeling	Gedeeltelijk	Nee
<b>D12</b>	Personen die reizen om bijstand of zorg te verlenen aan een oudere, minderjarige, gehandicapte of kwetsbare persoon	Gedeeltelijk	Nee

<sup>2</sup> Mits het strikt naleven van de protocollen die werden opgemaakt om het risico op besmettingen te reduceren



**Niet meegenomen:**

- Terugkeerder (inwoner) die maximaal 48u in een hoogrisicogebied (rode zone) is geweest, behalve voor zover terugkomst uit Zuid- Afrika, Zuid-Amerika en UK
  - Automatisch o.b.v. PLF
- Niet-inwoner die minder dan 48u in België verblijft behalve voor zover aankomst uit Zuid-Afrika, Zuid-Amerika en UK.
  - Automatisch o.b.v. PLF
- Passagiers op doorreis die minder dan 48 u in België verblijven<sup>3</sup>.
  - Automatisch o.b.v. PLF
- Algemene uitzondering(en), omwille van essentiële verplaatsingen, voor personen die verplicht in quarantaine zijn/een staalafname moeten laten doorvoeren
  - Geldig voor iedereen die een quarantaineverplichting heeft
- PLF-zelfevaluatie voor zover het mogelijk is dat de PLF-zelfevaluatie een negatief resultaat oplevert
  - Automatisch o.b.v. PLF

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<sup>3</sup> Vóór vertrek naar België moet elke niet-resident (vanaf 6 jaar) die uit een rode zone komt, uiterlijk 72 uur voor vertrek een PCR-test ondergaan. Het resultaat van deze test moet negatief zijn om de reis toe te laten.



### Annex 3. Information on the designation of international risk areas as defined by Germany

30 April 2021

New “areas of variant of concern”, “high incidence areas”, “risk areas” and regions that are no longer considered as risk areas (see below “Changes since last amendment”) are effective from Sunday May 2, 2021, at 0:00 am.

#### Changes since the last amendment:

1. New areas of variant of concern - areas at particularly high risk of infection due to widespread occurrence of SARS-CoV-2 virus variants of concern: France – the department Moselle is NO LONGER an area of variant of concern (it is now considered as high incidence area; see France).
2. New high incidence areas – areas at particularly high risk of infection due to a particularly high number of cases: France – the department Moselle is considered as additional high incidence area. Lithuania is considered as additional high incidence area. Mongolia is considered as additional high incidence area.
3. New risk areas – areas at particularly increased risk of infection: The Czech Republic is considered as additional risk area (no longer a high incidence area). Bulgaria is considered as additional risk area (no longer a high incidence area). Norway – the county Agder is considered as additional risk area.
4. Regions that are no longer considered as risk areas: United Kingdom of Great Britain and Northern Ireland – the Overseas Territory British Virgin Islands is no longer considered as risk area.

Classification as a risk area is the result of a joint analysis and decision-making process by the Federal Ministry of Health, the Federal Foreign Office and the Federal Ministry of the Interior, Building and Community.

The countries/regions listed below are designated as currently presenting an increased risk of infection with SARS-CoV-2. In parentheses is indicated since when an area is classified as a risk area. At the end of the page, there is a summary of countries, which have been classified as risk areas at any time during the last 10 days, but are currently NOT classified as risk areas.

As a matter of principle, **foreigners entering or returning from abroad who have stayed in a risk area within the last ten days before entering the country are obliged to enter a ten-day quarantine immediately after entry.** In addition, persons entering Germany must register before their arrival in Germany on a [website](#) and carry proof of registration with them on entry. After five days of quarantine at the earliest, those entering the country can be tested for SARS-CoV-2 to end the quarantine obligation with a negative test result. Persons returning from abroad who have stayed in an area of variant of concern, please note the respective deviations below. In order to maintain the community and economic activity, certain groups of people are exempt from the quarantine obligation. Exceptions for family reasons are also intended. If you have any questions about the respective quarantine regulations that apply to you and any possible exemptions, please contact the respective federal state. Regulations of the respective federal states are linked on a specific [website](#). For further information on digital registration on entry, please also see this [webpage](#).

The following obligations apply to persons entering the Federal Republic of Germany after a stay in regions with a particularly high risk of infection. These include regions with particularly high numbers of cases



(high incidence areas) and regions in which virus variants of concern (areas of variant of concern) have spread. Stricter rules are provided for these entrants to further limit the introduction of the SARS-CoV-2 coronavirus and prevent the rapid spread of new virus variants. Anyone who has been in one of these regions in the 10 days prior to entry is particularly obliged to carry proof (negative test result or corresponding medical certificate) confirming the absence of infection with the SARSCoV-2 coronavirus upon entry and to present it to the competent authority or the authority commissioned by it upon request. This test must have been carried out at the earliest 48 hours before entry. If entry from a risk area (incl. high incidence area or area of variant of concern) is made using a carrier, proof must also be presented to the carrier prior to departure for verification purposes. Proof may also be required during checks by the Federal Police (e.g. entry checks at the airport or checks close to the border when entering by land). If it is not possible for the persons to be transported to obtain proof in the respective “high incidence area” or “area of variant of concern”, carriers may perform or arrange for pre-departure testing and, in the case of a negative test, provide transportation. This testing (nasopharyngeal swab) by the carrier must take place no more than 12 hours before departure in the case of entry from an area of variant of concern. The proof of a negative test result or corresponding medical certificate must be provided on paper or in an electronic document, in each case in German, English or French. The test performed must meet the requirements stated at <https://www.rki.de/tests>. There are deviations from the quarantine obligations after a stay in an area of variant of concern. The quarantine period after a stay in an area of variant of concern is fourteen days according to the law of the Federal Land. The possibility of shortening the period of quarantine after five days at the earliest with a negative test result is not applicable.

Airline passengers entering the country by plane are to observe the basic obligation to furnish proof of testing before departure, irrespective of whether or not they have spent time in a risk area. The proof must be presented to the carrier before departure abroad. The proof must also be carried on entry and presented to the competent authority upon request.

Please note: The Federal Government examines, on an ongoing basis, the extent to which areas are to be classified as risk areas. As a result, this list can be modified at short notice and, above all, may be extended.

The existing [travel and safety advisories by the Federal Foreign Office](#) as well as the [Federal Government’s information for travellers and commuters](#) still apply.

Classification as a risk area is the result of a joint analysis and decision-making process by the Federal Ministry of Health, the Federal Foreign Office and the Federal Ministry of the Interior, Building and Community. This classification as a risk area is based on a two-step assessment. Initially, it is determined in which countries/regions there were more than 50 new infections per 100,000 inhabitants in the last seven days.

In a second step, qualitative and other criteria are used to determine whether or not countries/regions that might nominally fall below this threshold could nonetheless still present an increased risk of infection. The same applies for countries/regions that might nominally fall above this threshold but do not nonetheless present an increased risk. Since the 44th calendar week, the maps of the European Centre for Disease Prevention and Control (ECDC), broken down by region, have been taken into account for the EU Member States. The map contains data on the 14-day notification rate, testing rate and test positivity. As part of the second step, the Federal Foreign Office and, where relevant, the Federal Ministry of Health and the Federal Ministry of the Interior, Building and Community, provide qualitative reports based on reporting by the local German diplomatic representations, which also covers measures taken to halt the



spread of the coronavirus pandemic. Key factors in this assessment are above all the numbers of infection and the type of outbreak (local or wide-spread), testing capacities and the number of tests carried out per capita as well as the measures taken to contain the spread of infection (hygiene regulations, contact tracing, etc.). Similarly, this also takes into account individual countries where reliable information may not be readily available.

The classification as a special risk area with a particularly high risk is made due to a particularly high incidence for the spread of the SARS-CoV-2 coronavirus in this area (high incidence area) or because certain variants of the SARS-CoV-2 coronavirus have occurred widely in this risk area (area of variant of concern).

The decisive factor for the classification of an area as an “area of variant of concern” due to the occurrence of a virus variant is the spread of a virus variant (mutation), which is not simultaneously widespread in Germany and from which it can be assumed that a special risk emanates (e.g. with regard to a suspected or proven higher transmissibility or other characteristics, which accelerate the spread of infection, increase the severity of the disease, or against which the effect of an immunity achieved through vaccination or through a passed infection is weakened).

High incidence areas are risk areas with particularly high numbers of cases. As with risk areas, classification as a high incidence area is based on a two-stage assessment. First, it is determined in which states/regions there were more than 200 new infections per 100,000 inhabitants in the last seven days. In the context of designating an area as a special risk area, other quantitative and qualitative criteria can be used to determine whether or not countries/regions that might nominally fall below this incidence could nonetheless still present an increased risk of infection.

**1. The following states/regions are currently considered as areas of variant of concern:**

- Botswana (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 22 November 2020)
- Brazil (since 19 January 2021; already a risk area since 15 June 2020)
- Eswatini (since 31 January 2021; already a risk area since 15 June 2020)
- India (since 26 April 2021; high incidence on 25 April 2021; already a risk area since 15 June 2020)
- Lesotho (since 31 January 2021; already a risk area since 15 June 2020)
- Malawi (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- Mozambique (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- South Africa (since 13 January 2021; already a risk area since 15 June 2020)
- Zambia (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- Zimbabwe (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)

**2. The following states are currently considered high incidence areas:**

- Andorra (Principality of Andorra) (high incidence area since 24 January 2021)
- Argentina (high incidence area since 18 April 2021)
- Armenia (high incidence area since 11 April 2021)
- Bahrain (high incidence area since 14 February 2021)
- Bolivia (high incidence area since 24 January 2021)
- Bosnia and Herzegovina (high incidence area since 24 January 2021)
- Cape Verde (high incidence area since 25 April 2021)
- Chile (high incidence area since 3 April 2021)



- Colombia (high incidence area since 24 January 2021)
- Croatia (high incidence area since 11 April 2021)
- Cyprus (high incidence area since 21 March 2021)
- Egypt (high incidence area since 24 January 2021)
- Estonia (high incidence area since 24 January 2021)
- Ecuador (high incidence area since 31 January 2021)
- France incl. all French oversea departments (high incidence area since 28 March 2021; already a risk area since 21 August 2020) and the department Moselle (high incidence area since 2 May 2021; area of variant of concern from 2 March 2021 – 1 May 2021)
- Hungary (high incidence area since 7 March 2021)
- Iran (high incidence area since 24 January 2021)
- Jordan (high incidence area since 7 March 2021)
- Kosovo (high incidence area since 24 January 2021)
- Kuwait (high incidence area since 21 March 2021)
- Lebanon (high incidence area since 24 January 2021)
- Lithuania (high incidence area since 2 May 2021)
- Mexico (high incidence area since 24 January 2021)
- Mongolia (high incidence area since 2 May 2021)
- Montenegro (high incidence area since 24 January 2021)
- Netherlands incl. constituent countries and the overseas parts of the Kingdom of the Netherlands (high incidence area since 6 April 2021)
- North Macedonia (high incidence area since 24 January 2021)
- Oman (high incidence area since 25 April 2021; already a risk area since 15 June 2020)
- Palestinian territories (high incidence area since 24 January 2021)
- Paraguay (high incidence area since 21 March 2021)
- Peru (high incidence area since 3 April 2021)
- Poland (high incidence area since 21 March 2021)
- Qatar (high incidence area since 25 April 2021)
- Serbia (high incidence area since 24 January 2021)
- Seychelles (high incidence area since 14 February 2021)
- Slovenia (high incidence area since 24 January 2021)
- Sudan (high incidence area since 31 January 2021)
- Sweden (high incidence area since 7 March 2021)
- Syrian Arab Republic (high incidence area since 31 January 2021)
- Tanzania (high incidence area since 14 March 2021)
- Tunisia (high incidence area since 25 April 2021)
- Turkey (high incidence area since 11 April 2021)
- Ukraine (high incidence area since 11 April 2021)
- Uruguay (high incidence area since 21 March 2021)

**3. The following states/regions are currently considered risk areas:**

- Afghanistan (since 21 February 2021)
- Albania (since 25 April 2021; high incidence area 24 January 2021 – 24 April 2021)
- Algeria (since 15 June 2020)
- Angola (since 15 June 2020)
- Austria - the complete country with exception of the municipality Jungholz & Mittelberg/Kleinwalsertal (since 1 November 2020).
- Azerbaijan (since 15 June 2020)
- Bahamas (since 25 April 2021)
- Bangladesh (since 15 June 2020)
- Belarus (since 15 June 2020)
- Belgium (since 30 September 2020)
- Belize (since 15 June 2020)
- Benin (since 15 June 2020)





- Bhutan (since 15 June 2020)
- Bulgaria (since 2 May 2021; high incidence area 21 March 2021 – 1 May 2021)
- Burkina Faso (since 15 June 2020)
- Burundi (since 15 June 2020)
- Cameroon (since 15 June 2020)
- Canada (since 15 November 2020)
- Central African Republic (since 15 June 2020)
- Chad (since 15 June 2020)
- Comoros (since 15 June 2020)
- Costa Rica (since 15 June 2020)
- Côte d'Ivoire (since 15 June 2020)
- Cuba (since 28 February 2021)
- Czech Republic (since 2. May 2021; high incidence area 28 March 2021 – 1 May 2021)
- Denmark – the complete country (since 28 March 2021), excluded are Faroe Islands and Greenland
- Djibouti (since 15 June 2020)
- DR Congo (since 15 June 2020)
- El Salvador (since 15 June 2020)
- Equatorial Guinea (since 15 June 2020)
- Eritrea (since 15 June 2020)
- Ethiopia (since 15 June 2020)
- Finland - the following regions are classified as risk areas: o Uusimaa (contains capital city Helsinki) (since 22 November 2020) o Varsinais-Suomi (since 20 December 2020) o Päijät-Häme (since 28 March 2021)
- Gabon (since 15 June 2020)
- Gambia (since 15 June 2020)
- Georgia (since 7 October 2020)
- Ghana (since 15 June 2020)
- Greece (since 7 March)
- Guatemala (since 15 June 2020)
- Guinea (since 15 June 2020)
- Guinea-Bissau (since 15 June 2020)
- Guyana (since 15 June 2020)
- Haiti (since 15 June 2020)
- Honduras (since 15 June 2020)
- Indonesia (since 15 June 2020)
- Iraq (since 15 June 2020)
- Ireland (since 21 March 2021), excluded are the regions
  - South-West (since 3 April 2021)
  - Mid-West (since 18 April 2021)
  - South-East (since 18 April 2021)
  - West (since 25 April 2021)
- Italy (since 8 November 2020)
- Jamaica (since 15 June 2020)
- Kazakhstan (since 15 June 2020)
- Kenya (since 15 June 2020)
- Korea (Democratic People's Republic, North Korea) (since 15 June 2020)
- Kyrgyzstan (since 15 June 2020)
- Latvia (since 11 April 2021)
- Liberia (since 15 June 2020)
- Libya (since 15 June 2020)
- Liechtenstein (since 24 October 2020)
- Luxemburg (14 July 2020 – 20 August 2020 and since 25 September 2020)
- Madagascar (since 15 June 2020)
- Maldives (since 17 July 2020)
- Mali (since 15 June 2020)



- Malta (since 11 April 2021)
- Mauritania (since 15 June 2020)
- Moldova, Republic of (since 25 April 2021; high incidence area 14 March 2021 – 24 April 2021)
- Monaco (since 1 November 2020)
- Morocco (since 15 June 2020)
- Namibia (since 14 February 2021)
- Nepal (since 15 June 2020)
- Nicaragua (since 15 June 2020)
- Niger (since 15 June 2020)
- Nigeria (since 15 June 2020)
- Norway - the following counties are classified as risk areas:
  - Oslo (since 8 November 2020)
  - Viken (since 15 November 2020)
  - Rogaland (since 28 March 2021)
  - Agder (since 2 May 2021)
- Pakistan (since 15 June 2020)
- Panama (since 28 February 2021)
- Papua New Guinea (since 17 June 2020)
- Philippines (since 15 June 2020)
- Portugal - the following regions are classified as risk areas:
  - Madeira (autonomous region) (since 14 March 2021)
  - Azores (autonomous region) (since 18 April 2021)
  - Algarve (since 18 April 2021)
- Republic of the Congo (since 15 June 2020)
- Romania (since 7 October 2020)
- Russian Federation (since 15 June 2020)
- San Marino (since 1 November 2020)
- São Tomé and Príncipe (since 16 June 2020)
- Saudi Arabia (since 15 June 2020)
- Senegal (since 15 June 2020)
- Sierra Leone (since 15 June 2020)
- Slovakia (since 11 April 2021)
- Somalia (since 15 June 2020)
- South Sudan (since 15 June 2020)
- Spain – the complete country, including the Canary Islands (since 21 February 2021); now also the autonomous community La Rioja (since 3 April 2021), the autonomous community Extremadura (since 11 April 2021) and the autonomous community Castile-La Mancha (since 18 April 2021), excluded are the autonomous communities:
  - Valencia (since 14 March 2021)
  - Balearic Islands (since 14 March 2021)
  - Murcia (since 14 March 2021)
  - Galicia (since 21 March 2021)
- Suriname (since 15 June 2020)
- Switzerland (since 24 October 2020)
- Tajikistan (since 15 June 2020)
- Timor Leste (East Timor) (since 17 June 2020)
- Togo (since 15 June 2020)
- Trinidad and Tobago (since 15 June 2020)
- Turkmenistan (since 17 June 2020)
- United Arab Emirates (since 18 April)
- United Kingdom of Great Britain and Northern Ireland (since 21 March 2021) – the following regions are classified as risk areas:
  - Overseas Territory: Bermuda (since 21 March 2021)
  - Overseas Territory: Falkland Islands (since 21 March 2021)



- USA (since 7 March 2021)
- Uzbekistan (since 15 June 2020)
- Vatican City State (since 1 November 2020)
- Venezuela (since 15 June 2020)
- Yemen (since 15 June 2020)

**Areas that have been risk areas at any time during the past 10 days but are currently not risk areas anymore:**

- Finland: the region Kymenlaakso (risk area until and including 24 April 2021)
- Ireland: the region West (risk area until and including 24 April 2021)
- United Kingdom of Great Britain and Northern Ireland: the Overseas Territory British Virgin Islands (risk area until and including 1 May 2021)
- Norway: the county Vestfold og Telemark (risk area until and including 24 April 2021)
- St. Lucia (risk area until and including 24 April 2021)
- Antigua and Barbuda (risk area until and including 24 April 2021)
- Dominican Republic (risk area until and including 24 April 2021)