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GUIDING PRINCIPALS

- 1. Reserve entry restrictions for only the highest-risk countries. Entry restrictions issued under section 212(f) of the Immigration and Nationality Act should be limited to those countries with a high prevalence of variants of concern that could threaten the efficacy of the vaccine or undermine the progress the United States has made to defeat COVID-19.
- 2. Replace all other blanket travel restrictions with a framework of risk-based entry protocols. Replace blanket travel restrictions with entry requirements that are based on an individual's risk profile and a country's epidemiological trends.
 - **Country-level risk assessment:** Evaluate a country's risk profile using the prevalence of variants of concern and other internationally recognized public health indicators, such as trends in vaccination rates, new cases, and COVID-19 related hospitalizations and deaths.
 - **Implement entry protocols based on individual risk profile:** Using a country's epidemiological risk assessment, implement a tiered matrix of entry requirements based on each traveler's individual risk profile (i.e. whether a person is fully vaccinated, recently recovered from COVID-19 or unvaccinated).
- **3. Ensure the framework is easy to understand, communicate, and implement.** The framework should be available to the public and use clear benchmarks and publicly accessible data to guide implementation. The inbound screening protocols should be easy to understand and implement.

SHORT-TERM OPPORTUNITIES

- 1. Quickly lift entry restrictions and reopen travel between the U.S. and the United Kingdom (UK): The U.K. and the U.S. have similar vaccination rates, and travel between the two countries can be extremely low risk provided that travelers are vaccinated or can produce a test prior to boarding a flight. New research from the Mayo Clinic shows the risk of a person infected with COVID-19 boarding a flight from the UK to the U.S. is 1 out of 10,000. The same research shows that the risk of an infected passenger transmitting the virus to another passenger flying from the UK to the U.S. is even lower at 1 out of 1 million passengers.
- 2. Quickly allow fully vaccinated individuals from non-high-risk countries to enter the U.S. As an immediate first step, allow fully vaccinated individuals (with a WHO-approved vaccine) from non-high-risk countries (such as from the European Union) to enter the U.S. without proof of a negative COVID-19 test or recovery. The U.S. government should work with non-high-risk countries to quickly establish guidelines for verifying proof of vaccine status.
- 3. Ease entry restrictions by July 15, 2021, when the U.S. is forecast to achieve widespread immunity and sustained declines in infections and hospitalizations: High vaccination rates and immunity within the U.S. are the most effective tools for mitigating the risks of reopening international travel. Similarly, declining infections, hospitalizations, and deaths indicate that our nation has the public health capacity to absorb any risks associated with safely reopening international travel.

RISK FRAMEWORK

	INDIVIDUAL RISK PROFILE		
COUNTRY RISK PROFILE	WHO-APPROVED VACCINE	TESTED POSITIVE FOR COVID WITHIN LAST 3 MONTHS	NOT VACCINATED
Low-to-Moderate Risk Moderate levels of variants of concern detected, low risk (low prevalence, hospitalizations and deaths), successful vaccination rollout and strong monitoring.	Vaccine certification	Medical proof of recovery or NAAT or antigen test within 72 hours of departure.	NAAT or antigen test within 72 hours of departure
High Risk High community prevalence levels with low levels of vaccination. High levels of variants of concern. Uncertainty of data surrounding vaccine impact.	Vaccine certification and approved national interest exemption.	Prohibited from traveling to U.S.	Prohibited from traveling to U.S.