



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Health Protection (Coronavirus, International
Travel) (2021 Consolidation) (Amendment
No. 8) Regulations (Northern Ireland) 2021:
Department of Health

18 November 2021

NORTHERN IRELAND ASSEMBLY

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Health Protection (Coronavirus, International Travel) (2021 Consolidation)
(Amendment No. 8) Regulations (Northern Ireland) 2021: Department of Health

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Alan Chambers
Mrs Deborah Erskine
Ms Órlaithí Flynn
Mr Colin McGrath
Ms Carál Ní Chuilín

Witnesses:

Mr Justin McCaughey Department of Health
Ms Debra Sharpe Department of Health

The Chairperson (Mr Gildernew): I welcome to the Committee Mr Justin McCaughey, who is from the international travel directorate. Can you hear me OK, Justin?

Mr Justin McCaughey (Department of Health): I can indeed, yes. Can you hear me, Chair?

The Chairperson (Mr Gildernew): Yes, we are hearing you loud and clear, Justin. Thank you.

I also welcome Ms Debra Sharpe, who is deputy head of health protection branch 3. Can you hear me OK, Debra?

Ms Debra Sharpe (Department of Health): I can, Chair. Thank you.

The Chairperson (Mr Gildernew): Both of you have headsets are on. That is great. The sound is good. I remind people to stay on mute when they are not speaking. Without further ado, I will go back to Justin to lead the briefing. Go ahead, Justin, please.

Mr McCaughey: Good afternoon, Chair and members. Thank you very much for the invitation to attend today's meeting. The regulation for your consideration today is statutory rule (SR) 2021 No. 293. The regulation underpins the Executive's agreement to align with the UK Government (UKG) and the other devolved Administrations on the introduction of a new global travel task force framework, as well as further relaxation of border measures in relation to international travel and the cyclical review of countries, the outcome of which takes into consideration detailed analysis of risk undertaken by the

Joint Biosecurity Centre. If the Committee is content, I will go ahead and summarise the content of the statutory rule.

The Chairperson (Mr Gildernew): Yes, please do.

Mr McCaughey: OK. SR 2021/293 is the Health Protection (Coronavirus, International Travel) (2021 Consolidation) (Amendment No. 8) Regulations (Northern Ireland) 2021. The regulation was made to amend the circumstances relating to mandatory testing after arrival in Northern Ireland by introducing an option to allow eligible arrivals to complete a lateral flow device (LFD) test on or before day 2 of their arrival in Northern Ireland, when not having visited a red-list country in the previous 10 days, as an alternative to the polymerase chain reaction — PCR — testing that was in place beforehand. If an individual receives a positive LFD test, they will be required to isolate for 10 days from the point at which they receive their test result and will be required to take a confirmatory PCR test, which will be provided free of charge. That change came into operation on 31 October 2021.

The regulations also amend the definition of the transit policy to ensure that passengers who remain on board an aircraft or vessel without travelling through a country, or passengers who change aircraft without passing through immigration control, are not treated as having departed from or transited through that country or territory. For example, if a passenger landed in a red list country and travelled onwards to another country but did not go through immigration control, they would not be deemed to have departed from the red list country.

The regulation also removes the remaining seven countries that were on the red list — Colombia, the Dominican Republic, Ecuador, Haiti, Panama, Peru and Venezuela — from 1 November. The regulation does not remove the requirement for the red list from statute, but the red list remains there if the need arises to put countries back on it. It just means that there are no countries on it at the moment, and that is reviewed on a three-weekly cycle.

The regulation includes those passengers participating in COVID-19 vaccination clinical trials that have reached at least phase 2 or phase 3 of the trial, regulated under the European Medicines Agency or a regulatory authority which is designated as a "stringent regulatory authority" by the World Health Organization, to be deemed fully vaccinated for the purposes of international travel. Anybody who has reached phase 2 or phase 3 of the trial can be seen as being fully vaccinated. They have to provide proof of that through a participation document, and it should also be declared on the passenger locator form (PLF).

The regulation amends the circumstances where an individual is fully vaccinated if they receive a dose of an authorised vaccine in a relevant country and one dose under the UK vaccine roll-out overseas, as listed in the regulations. The regulations therefore, then, add the definition of what the UK vaccine roll-out overseas means, so that people who were vaccinated in those territories, with proof of vaccination — for example, the NHS COVID pass or the EU digital COVID certificate — also meet the requirement of the fully vaccinated policy. Those territories are deemed a relevant country in addition to the countries that are already listed in schedule 12 of the regulations. The individual is also deemed to be fully vaccinated if they received a dose of the approved vaccine in a relevant country and a dose under the UK vaccine roll-out overseas.

The regulation expands the list of relevant countries under the fully vaccinated policy to an additional 35 countries. They are Angola, Anguilla, Argentina, Armenia, Azerbaijan, Belize, Bermuda, Botswana, Cambodia, the Cayman Islands, Costa Rica, Djibouti, Eswatini, Gibraltar, Guyana, Honduras, Lebanon, Lesotho, Madagascar, Mauritius, Mongolia, Nepal, Occupied Palestinian Territories, Panama, Peru, Rwanda, Seychelles, Sierra Leone, Sri Lanka, Suriname, Tanzania, Trinidad and Tobago, Tunisia, Uganda and Uruguay.

Lastly, the regulations remove the requirement to complete a passenger locator form for seamen and masters, pilots (maritime), ship inspectors and air crew categories of worker, if they do not come into contact with other passengers. The regulations introduce an exemption from the requirement to complete a PLF for transit passengers, if they do not pass through immigration control, and road haulage workers.

That, hopefully, Chair, is a brief summary of what is included in the statutory rule. I am happy to take any questions.

The Chairperson (Mr Gildernew): OK, thank you, Justin. I have a few questions. Perhaps I am reading something wrong and I stand to be corrected, but is there a drafting error in regulation 6, in

relation to the amendment to schedule 2B, "Criteria to be an eligible arrival"? The SR omits sub-paragraph 2(c), but sub-paragraph 2(e) of schedule 2B refers to the requirement of sub-paragraph 2(c) and is still in place. Is there a drafting error there?

Ms Sharpe: I will come in there, Chair, if you do not mind. You are correct, and that has been picked up and is being amended as we speak in the draft regulations that are being drafted at present.

The Chairperson (Mr Gildernew): OK. Thank you. That is good. In regulation 7, why edit the information requirement for sea and air transport staff to remove the condition that they have no access to passengers? Why is that being changed?

Mr McCaughey: Sorry, Chair, I am just having a wee look through my notes. Will you please repeat the question? Which category was it?

The Chairperson (Mr Gildernew): It is the information requirement for sea and air transport staff to remove the condition that they have no access to passengers. Why edit that? Why is that information requirement changing?

Mr McCaughey: I do not know whether you know about that, Debbie. We might have to come back to you on that, Chair.

Ms Sharpe: I will give a brief synopsis of the rationale behind this proposal. It is to do with those categories of workers who will be coming into Northern Ireland and other regions of the UK. There was a requirement for them to complete a passenger locator form if they were in passenger carriages, etc. However, operationally there was some difficulty with getting access to some information by the Public Health Authority (PHA) in Northern Ireland and the UK Health Security Agency (HSA). It was agreed between those respective organisations that passenger manifests are already provided to PHA and contact tracing bodies, and they are deemed a bit more efficient in timeliness and in information gathered. They were deemed equally effective, if not more so, in quickly gaining access to the contact details of passengers arriving. Rather than have the duplicate information received, they introduced that blanket exemption for those limited sector-exempt categories.

The Chairperson (Mr Gildernew): OK. Thank you. Will the LFD test be as sensitive as the qualifying test already within the Health Protection (Coronavirus, International Travel) Regulations 2021 at schedule 5, which, at paragraph 1(i), reflect a "sensitivity of at least 80%", and at 1(ii) a "specificity of at least 97%"? Will the LFD tests match that quality?

Mr McCaughey: Yes. The test device used must make the relevant quality standards within COVID Testing Devices Authorisation (CTDA) law and be marked and used in alignment with the Medicines and Healthcare products Regulatory Agency (MHRA) target product profile scope. That has been put through as a requirement of the tests. It must also be a non-nasopharyngeal test, if being used as a self-administered test. It is in the regulations that they have to meet that minimum criteria.

The Chairperson (Mr Gildernew): Does that criteria match the criteria set out in the regs that I referenced, schedule 5, paragraphs 1(i) and 1(ii), Justin?

Mr McCaughey: I will need to come back to you on the details of that. My understanding is that they do, but I would like to clarify that as a follow-up to this meeting, if you do not mind, Chair.

The Chairperson (Mr Gildernew): My final question is about the issue of testing at home. There is guidance in the clauses on home testing. It says that:

"point of care tests are to be performed by a professional in a health and social care setting"

Can you confirm at what location a person will be required to take the test? Will that be in a test centre, a GP clinic or a healthcare setting? Where do you envisage the LFD tests taking place in support of this?

Mr McCaughey: The LFD test can be taken at home as long as the traveller can take it and upload a photograph within 15 minutes of the actual test result.

The Chairperson (Mr Gildernew): In the guidance, it is written into the SR that it does not consider the test for use at home. There seems to be a contradiction there, to be quite honest. It is in the guidance in one place but, in this situation, it is taken as not in the guidance. Debbie, do you have any response to that?

Ms Sharpe: Can I clarify what guidance you are referring to? The booking process for tests for international travellers is online and they are delivered to their home address. That has been the case since the introduction of the policy in terms of post-arrival test kits, and it is the same for the introduction of LFD tests. So, the traveller would book that in advance of their travel to Northern Ireland and their tests would arrive with them shortly after their arrival home or at the location in Northern Ireland where they are staying. The guidance on NI Direct clarifies that. Will you let me know which guidance you are referring to?

The Chairperson (Mr Gildernew): Regulation 3(3)(c) references:

"the target product profile published by the Medicines and Healthcare Products Regulatory Agency for laboratory based SARS-CoV-2 PCR tests"

That guidance states:

"This TPP does not consider tests for use in the following possible scenarios".

It then lists:

"Self-Tests for use at home"

in the bullet-point list below as one such possible scenario. If the guidance that is written into the SR states that it does not consider tests for use at home, how can the use of LFDs be enabled later on in the SR? I wonder whether that has not married up correctly as the result of something being cut and pasted

Ms Sharpe: Justin and I need to take that away, and we can come back to the Committee once we have scrutinised it.

The Chairperson (Mr Gildernew): OK, thank you. I see an indication from Paula.

Ms Bradshaw: Thank you, Chair. Thank you panel, for the update today. My question is about those travellers whose lateral flow tests are positive. Form B in schedule 6 to the regulations states that you may be contacted for contact-tracing purposes and to check if you are self-isolating. Is that still happening? To what degree are we getting data back on how often people are contacted, how random that contact is and how many are being caught not self-isolating?

Mr McCaughey: The private provider is responsible for reporting all the test results to the UK HSA, which then get passed on to our PHA. So, I do not have those details to hand, but they are certainly captured. I cannot give you the figures at this meeting, but it something that we can follow up on.

Ms Bradshaw: I would appreciate that. I would like to know the extent of the ferocity with which people are checked up on and whether, as the PHA only has certain powers, there is any involvement with the police in terms of checks.

Ms Sharpe: To briefly add to what Justin said, Northern Ireland still has a process in place whereby a company called Sitel contacts arrivals to Northern Ireland who are still required to self-isolate, namely those people who are not deemed to be fully vaccinated. Phone calls are made to those arrivals to verify their compliance with the self-isolation requirements. If there is concern from their end that a passenger is not complying, the case is referred to the PSNI for a physical follow up.

On the issue of checking fully vaccinated arrivals, because there is no longer a requirement for them to self-isolate, there is no contact with them. However, there still is a mechanism for checking that people are complying with what they need to comply with.

Ms Bradshaw: OK, that makes sense. It would be useful to get some additional information on how many have been caught, just to see how effective that mechanism is.

The Chairperson (Mr Gildernew): We a little additional time to consider this SR, and there are a number of queries that you have committed to come back to us on. We will defer consideration of the SR until next week to allow you to come back to us with that additional information.

Thanks, Justin and Debbie, for your presentation and for addressing members' questions.

Ms Sharpe: Thank you.

Mr McCaughey: Thank you, Chair.