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Letter to the Editor

Global COVID-19 vaccine equity should precede requiring travelers proof of vaccination


The International Health Regulations (IHR) seek to strengthen global health by reducing the spread of severe public health threats while preserving international travel and trade among 196 countries (Wilson et al., 2020). Yellow fever remains the only disease for which proof of vaccination or prophylaxis using the International Certificate of Vaccination or Prophylaxis (ICVP) is required for travelers to cross international borders (Reno et al., 2020). This practice seeks to protect travelers from acquiring the infection during their travel and prevent infected travelers from introducing yellow fever into a nation (Wilson et al., 2020). The recent editorial by Petersen et al. recommends the inclusion of proof of COVID-19 vaccination in the ICVP under the IHR (Petersen et al., 2021). We feel that this recommendation may exacerbate global COVID-19 vaccine inequities during this pandemic.

Adequate levels of vaccinations against routine vaccine-preventable diseases have dropped substantially during this pandemic (Adamu et al., 2020; Abbas et al., 2020). Focusing on ensuring the COVID-19 vaccination of travelers – a privileged population in high-income countries (HIC) – is hard to justify from a health equity perspective. While the IHR have no role in global health equity, the preferential deployment of vaccines to HIC at this point during the pandemic promotes further vaccine inequity. Furthermore, achieving adequate COVID-19 vaccination coverage and allocation among low-income and middle-income countries (LMIC) is an ongoing challenge (Herzog et al., 2021; Schwartz, 2020). We feel that requiring proof-of-COVID-19 vaccination for crossing borders will selectively protect travelers from HIC, where COVID-19 vaccines are available. Travelers from LMIC currently have no access to COVID-19 vaccines. Since currently available vaccines require at least 2 vaccination doses over a minimum 21-day period to achieve adequate protection, vaccination at the time of entry into a country with the availability of COVID-19 vaccines is also unfeasible.

This editorial also fails to address the growing literature that demonstrates the protective long-term humoral and cellular immunity among the majority of individuals with previous COVID-19 infection (Gaebler et al., 2021; Widge et al., 2021). Proof of immunity is thus highly relevant when considering immunization policies in the setting of limited availability of COVID-19 vaccines. Considering a history of COVID-19 infection may be an important alternative to vaccination for travelers from settings with low availability of COVID-19 vaccines.

Amid the COVID-19 pandemic, ensuring an equitable deployment of COVID-19 vaccines to protect individuals

residing in LMIC (Herzog et al., 2021) should precede any policies that primarily protect travelers from HIC. Since most international travel occurs from HIC (Brent et al., 2018), considering the inclusion of proof-of vaccination against COVID-19 for crossing international borders constitutes an important policy to institute at a later time when the availability of COVID-19 vaccines is less disproportionate.

Conflict of interest

CFP and JAS declare no conflicts of interest.

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Ethical approval

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