

May 6, 2021

Subject: Considerations for University Leadership Regarding Change to U.S. Department of State Travel Advisories

Dear [NAME],

On April 19th, the U.S. Department of State (DOS) announced it would update the methodology for determining Travel Advisory levels, now using the CDC's Travel Health Notices as the primary determinant of COVID-related health risks overseas. The result was a significant increase in the number of Department of State Travel Advisories at Level 4: Do Not Travel, to include about 80% of countries worldwide. The announcement stated that "this does not necessarily indicate a change to the current health situation in a given country. It reflects an adjustment in our system to give more weight to CDC's existing assessments".

Given this change, we recommend that for our institution, the DOS Travel Advisories continue to be one important tool, but not the sole factor, in determining risk abroad.

Please note:

- The increase to Level 4 does not equate to an increase in risk
- Advisory Levels are written for the average US traveler, not supported students and faculty
- There is no serious impact to Emergency International Travel Insurance for students traveling to Level 4 countries. [*CONFIRM WITH INSURER*]
- The move to Level 4 does not immediately indicate specific interference with Consular Services for Americans abroad.
- Advisory Levels do not take vaccination status into consideration (either of location or individual). The CDC has made it clear that vaccinated travelers can travel domestically and internationally at low risk
- A representative from the DOS has indicated that higher education institutions should not use DOS as a single determinant of safety abroad and should instead use a variety of sources
- Benchmarking with institutions from across the field has shown a critical mass taking this more nuanced approach.

Our institution should continue to look closely at the U.S. Department of State and CDC advice in conjunction with a vast array of reputable and objective sources. These are potential sources for consideration:

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| ● WHO Efficiency of Care Rating           |
| ● Global Health Security Index assessment |

● Harvard Metrics on Case Rates
● WHO current COVID infection rates/spread
● Our World in Data positive case rates (Johns Hopkins International Comparison of Positivity Rates and Tests Per Capita)
● WorldAware country-specific Business Travel Resumption Tool
● European Center for Disease Control
● CIEE Health Risk Index
● ISOS COVID-19 Impact Rating for Travel and Domestic operations

For additional context, please see [this letter](#) from the NAFSA CEO to the Department of State about this change to the Travel Advisories.

We appreciate your consideration of this important matter.

Sincerely,

[YOUR NAME, TITLE]