[Islands policy introduced to travel corridors](#)

- England introduces new targeted approach to add or remove a country's islands to the travel corridors list
- the approach aims to closely manage health risks while maintaining international travel and supporting the economy
- seven Greek islands to be immediately removed from exemption list to protect public health in England – but travel corridor remains open to mainland and other Greek islands

The Transport Secretary has today (7 September 2020) announced the introduction of a more targeted approach to travel corridors by separating some islands from mainland countries. This means an area that presents a higher or lower public health risk to UK travellers can be assessed separately to the rest of the country.

The existing country-based approach to travel corridors has protected lives by reducing the risk of importing new coronavirus (COVID-19) cases into the UK.

The Joint Biosecurity Centre has now been commissioned to assess the most popular island destinations for British tourists.

The first changes under the new process were also made today, with 7 Greek islands to be removed from exemption list:

- Crete
- Lesvos
- Mykonos
- Santorini
- Serifos
- Tinos
- Zakynthos

People arriving in England from those islands from 4am Wednesday 9 September will need to [self-isolate for 2 weeks](#). Data from the Joint Biosecurity Centre and Public Health England has indicated a significant risk to UK public health from those islands, leading to ministers removing them from the current [list of travel corridors](#).

At the same time, the Foreign, Commonwealth and Development Office (FCDO) has updated its [travel advice for Greece](#) to advise against all but essential travel to Lesvos, Tinos, Serifos, Mykonos, Crete, Santorini and Zakynthos. The rest of Greece remains exempt from the FCDO's advice against all non-essential international travel.

The new, more targeted process will allow government to continue to respond quickly to threats of imported cases while minimising wider disruption to

passengers and the travel industry.

Transport Secretary Grant Shapps said:

> Our top priority has always been to keep domestic infection rates
> down, and today we're taking the next step in our approach. Through
> the use of enhanced data we will now be able to pinpoint risk in
> some of the most popular islands, providing increased flexibility
> to add or remove them — distinct from the mainland — as infection
> rates change.
>
> This development will help boost the UK's travel industry while
> continuing to maintain maximum protection to public health, keeping
> the travelling public safe.

Announcements on which islands and countries will be added or removed will
continue to be made as part of the current weekly process.

It is not considered safe to implement a fully regional system for
international travel corridors — there is too much movement between high risk
and lower risk regions within single countries and regional health
information is not sufficiently reliable. However, when a region has natural
boundaries — like an island — the risks reduce.

Any changes will only apply to land that has a clear boundary or border where
there is robust, reliable and internationally comparable data available. The
island must also have direct flights to the UK or at a minimum, transport
must have taken place through exempt territories.

The government has made consistently clear it will take decisive action if
necessary to contain the virus, including removing destinations from the
travel corridors list rapidly if the public health risk becomes too high.

Holidaymakers may find they need to self-isolate on return to the UK and are
advised to consider the implications of self-isolation on them and their
families before making any travel plans. It is very important that people
with symptoms of or a positive COVID-19 test and their household members stay
at home. Staying at home will help prevent the spread of the virus to family,
friends, the wider community, and particularly those who are clinically
extremely vulnerable.