As jurisdictions plan the dismantling of pandemic inspired restrictions on economic and social life, they need to ensure that new cases of COVID-19, and the urgent caseload, are firmly under control, and that remaining or newly emergent cases can more easily be identified and isolated.

Gaining this assurance depends on accurate surveillance, through access to testing and rapid response to cases and contacts. Indeed, some jurisdictions around the world with these capacities were able to impose fewer restrictions to begin with.

Some jurisdictions, such as New York State, explicitly contemplate lifting restrictions in some areas, while leaving in place more stringent ones in areas where the caseload remains problematic. US federal guidelines for removing restrictions even mention a “county-by-county” approach, where it makes sense.

The very success of maintaining such differentiated measures in otherwise neighbouring jurisdictions has depended crucially on limiting mobility between regions where infection risk is high, and others where it is manageable.

If there is no mobility of people between regions, the lifting of restrictions first in areas where the disease appears well contained, does not pose a policy problem from a containment perspective, though some additional protective measures for vulnerable population groups within regions are advisable.

Indeed, some Canadian provinces are already policing as to severely limit travel between more and less vulnerable regions, for example between the Far North public health region of Saskatchewan, home to 42 of the province’s 72 active cases, and the rest of the province, or even between rural areas and main centres within Quebec administrative regions.

What about eventually lifting travel restrictions between areas where the disease appears well under control and are reopening some activities and others where the disease is still at large, permitting family visits and even some tourism?

The main international cautionary tale in this respect is Hokkaido, Japan, both an island and distinct administrative prefecture. Hokkaido had managed to reduce the spread of the disease by mid-March that it lifted its school closures, stay-at-home advisories and other measures imposed after its first case emerged in February. But it did not restrict travel to and from other regions of Japan, and is now dealing with a deadly flare-up of the disease and was forced to reinstate its lockdown last week.

According to Professor Kenji Shibuya of King’s College London: “The major lesson to take from Hokkaido is that even if you are successful in the containment the first time around, it’s difficult to isolate and maintain the containment for a long period. Unless you expand the testing capacity, it’s difficult to identify community transmission and hospital transmission.”

Here, the “layering” of other measures that would minimize the likelihood of people in more restricted areas visiting areas with fewer restrictions, provides important context.

“Stay-at-home” recommendations, if followed, would prevent people in one area of a province in which hair salons and restaurants remain closed, from seeking to visit such businesses in a part of the province where they would be open.

Loosening the public health guidance that discourages non-essential or recreational travel between regions in different phases of reopening would be very risky without some way of tracing such movements. It would at a minimum require beefed up testing in areas deemed less risky, in order to be able to identify quickly the source of a resurgence of the disease in those areas, and the application of quarantines where necessary in the latter case.

Ultimately, as suggested by Shibuya, testing and tracing capacity and proper quarantine policies is key to restoring mobility between areas that may or may not be at higher risk of the disease flaring up, as well as simply the key to the gradual lifting of restrictions everywhere.

We are seeing this in other countries, such as Taiwan, where restrictions are locally precise – the closing of a school for 14 days rather than closing the entire school system for months – because of the ability and willingness to identify, trace, and quarantine problem persons or groups quickly, and where mobility is not otherwise restricted.

Provinces should issue guidelines, accompanied by any necessary legislative change, addressing the ability to identify and trace the movements of infected persons, and alert those with whom they might have been in contact, if they wish to enable the lifting of current restrictions at significantly different speeds in different areas of their province, while restoring greater mobility between these areas.