



15th March 2021

Mr Stephen Donnelly TD
Minister for Health
Department of Health
Block 1, Miesian Plaza
50-58 Lower Baggot Street
Dublin 2

Dear Minister

As you will be aware, the Regulations signed into law by you on 5th February 2021 in relation to international travel and quarantine (SI No 44 of 2021 – Health Act 1947 (Section 31A - Temporary Restrictions) (COVID-19) (Restrictions upon Travel to the State from Certain States) (No. 4) Regulations 2021) provide for a mandatory 14-day period of self-quarantine for persons who have been in a Category 2 state in the period of 14 days prior to the person's date of arrival in Ireland. Regulation 6 provides for the Minister, on the advice of the Chief Medical Officer, and following consultation with the Minister for Foreign Affairs, to specify additional states as Category 2 states.

As of 26th February 2021, the 33 states specified in the Schedule to the S.I. as enacted are:

Angola, Austria, Argentina, Bolivia, Botswana, Brazil, Burundi, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Ecuador, Eswatini, French Guiana, Guyana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Paraguay, Panama, Peru, Republic of South Africa, Rwanda, Seychelles, Suriname, Tanzania, United Arab Emirates, Uruguay, Venezuela, Zambia, Zimbabwe.

The Health Act 1947, as amended by the Health (Amendment) Act 2021 so as to provide for a system of mandatory quarantine in designated facilities, provides in Section 38E for the Minister for Health, having regard to a number of factors including the advice of the Chief Medical Officer and following consultation with the Minister for Foreign Affairs, to designate in writing any state where there is known to be sustained human transmission of COVID-19 or any variant of concern or from which there is a high risk of importation of infection or contamination with COVID-19 or any variant of concern by travel from that state.

In this context, at my request, an Expert Advisory Group on Travel (EAGT) was established on 1st March 2021 and was charged with developing a methodology for risk assessments to inform the categorisation of countries, for the purposes of my advice as part of the new statutory designation system.

In terms of countries previously designated as Category 2, the EAGT considered a range of thresholds used internationally¹, and the reporting in the GISAIID database. The EAGT also took cognisance of the EU Commission and ECDC positions which note that strengthening of travel measures is particularly important where, due to insufficient sequencing capacity, the extent to which new virus variants are circulating in the area from which a traveller is arriving may not be reliably determined.

As such, it is my advice that the countries and territories currently designated as Category 2 under the Health Act 1947 (Section 31A - Temporary Restrictions) (COVID-19) (Restrictions upon Travel to the State from Certain States) (No. 4) Regulations 2021 should (subject to that Act being commenced) become designated states under the provisions of Section 38E(1) of the Health Act 1947. For the avoidance of doubt, these states are:

Angola, Austria, Argentina, Bolivia, Botswana, Brazil, Burundi, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Ecuador, Eswatini, French Guiana, Guyana, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Paraguay, Panama, Peru, Republic of South Africa, Rwanda, Seychelles, Suriname, Tanzania, United Arab Emirates, Uruguay, Venezuela, Zambia, Zimbabwe.


In terms of the designation of further states or territories, the EAGT applied an adaptation of the WHO approach and ECDC recommendation of tailoring travel restrictions according to difference in incidence rates between country of origin and destination country. Countries with a 14-day incidence rate $\geq 500/100,000$ and/or those with a 14-day incidence greater than 2.5 times the 14-day incidence rate in Ireland ($417.5/100,000$ as at week 8), were designated as high incidence. Additional consideration was given to the actual or potential prevalence of variants of concern and the public health risk posed by such variants.

In this regard, it is my advice that the following additional 23 countries and territories be designated under the provisions of Section 38E(1) of the Health Act 1947:

Albania, Andorra, Aruba, Bahrain, Czechia, Estonia, France, Hungary, Israel, Jordan, Latvia, Lebanon, Malta, Monaco, Montenegro, Nigeria, Santa Lucia, San Marino, Serbia, Slovakia, Slovenia, Sweden, Turks and Caicos Islands.

The EAGT has emphasised the ongoing risk presented by variants of concern, and variants of interest, and the challenge posed by the limited availability of information relating to the location and spread of VOCs. This situation is being kept under close review. The group has also indicated that it will give ongoing consideration to any other measures that may be warranted with a view to reducing the risk of imported cases of COVID-19.

Yours sincerely


Dr Roman Glynn
A/Chief Medical Officer
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¹ These include the EU Commission list of non-EU countries from where restriction of travel is advised, the UK 'red list', the German Robert Koch list of high incidence countries and/or variant of concern list, the ECDC high incidence threshold, and the Early Warning and Response System list of source countries for importation of variants.

Countries Previously listed as Category 2:

The EAGT examined the current Category 2 list countries according to the Commission list of non-EU countries from where restriction of travel is recommended, the UK red list, the German Robert Koch list of high incidence countries and/or variant of concern countries, ECDC high incidence threshold, and the Early Warning and Response System list of source countries for importation of variants. Thirteen of the 33 countries had recorded whole genome sequencing results in GISAID; however, in most cases this was based on a small number of samples. For 17 of these countries, the Council reports note the presence of or high risk of VOCs, with the ability to reliably make decisions on the prevalence of new variants in these regions curtailed by limited publicly available data.

Angola
Argentina
Austria
Bolivia
Botswana
Brazil
Burundi
Cape Verde
Chile
Colombia
Democratic Republic of the Congo
Ecuador
Eswatini
French Guiana
Guyana
Lesotho
Malawi
Mauritius
Mozambique
Namibia
Panama
Paraguay
Peru
Rwanda
Seychelles
South Africa
Suriname
Tanzania
United Arab Emirates
Uruguay
Venezuela
Zambia
Zimbabwe

Countries added to Category 2 list based on incidence:

The EAGT are recommending an adaptation of the WHO approach and ECDC recommendation of tailoring travel restrictions according to difference in incidence rates between country of origin and destination country, with recommended additions to Category 2 of countries with a 14-day incidence rate $\geq 500/100,000$ and/or those with greater than 2.5 times the 14-day incidence rate in Ireland (417.5/100,000 as at week 8).

Albania
Andorra
Aruba
Bahrain
Czechia
Estonia
France*
Hungary
Israel
Jordan
Latvia
Lebanon
Malta
Monaco
Montenegro
Saint Lucia
San Marino
Serbia
Slovakia
Slovenia
Sweden
Turks and Caicos Islands

* In relation to the lineage B.1.351, the group noted that this strain now accounts for 20-50% of all cases in the Muselle region of France, which borders Germany.

Country added to Category 2 list based on variant of concern/variant of interest:

Nigeria has been added based on consideration of data relating to the lineage B.1.525.