



9 April 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 Health (Amendment) Act 2021, which was signed into law on 7 March 2021, provides for a system of mandatory quarantine in designated facilities, 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.

As of 6 April 2021, the 58 states designated as Designated States under the provisions of section 38E(1) of the Health Act 1947 were:

Albania, Andorra, Angola, Argentina, Aruba, Austria, Bahrain, Bolivia, Bonaire, Sint Eustatius and Saba, Botswana, Brazil, Burundi, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Ecuador, Eswatini, Ethiopia, French Guiana, Guyana, Israel, Jordan, Kosovo, Kuwait, Lebanon, Lesotho, Malawi, Moldova, Monaco, Montenegro, Mozambique, Namibia, Nigeria, North Macedonia, Oman, Palestine, Panama, Paraguay, Peru, Puerto Rico, Qatar, Rwanda, Saint Lucia, San Marino, Serbia, Seychelles, Somalia, South Africa, Suriname, Tanzania, The Philippines, United Arab Emirates, Uruguay, Venezuela, Wallis and Futuna, Zambia, Zimbabwe.

An expert advisory group on Travel (EAGT) was established on 1 March 2021. This multi-disciplinary team is composed of experts from the fields of public health, infectious diseases, microbiology, bioethics, and travel policy. In keeping with the provisions of the Act, the EAGT has established a methodological approach for risk assessments to inform the advice of the Chief Medical Officer in relation to the designation of territories as designated states, within the meaning of the Health Act 1947, where *there is known to be a 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*. These assessments, coupled with consideration of the broader issues relating to travel, take account of guidance and data from the World Health Organization (WHO), the European Centre for Disease Prevention and Control (ECDC), the Health Protection Surveillance Centre of the Health Service Executive, current international epidemiological data and most recent evidence relating to COVID-19 transmission from an extensive list of other specific sources.

I am advised that whilst there are divergent views within the EAGT as to the optimal approach to prevent importation of SARS-CoV-2, with some recognising the need for even stronger measures, all members recognise the need for existing measures to be strengthened, including mandatory testing for all inbound travellers, genomic sequencing of all positive travel-related PCR cases, and improved oversight and audit of compliance with home-quarantine. The following recommendations, being time-bound and considered interim in nature, were proposed by the EAGT:

- 1 (a) That Ireland adopts the Council of the European Union recommendation (EU) 2020/912 on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction¹. This approach permits travel of non-EU/EEA citizens from third countries as determined by the following criteria:
 - the “14-day cumulative COVID-19 case notification rate”, that is, the total number of newly notified COVID-19 cases per 100 000 population in the previous 14 days,
 - the trend of new cases over the same period in comparison to the previous 14 days is stable or decreasing,
 - the “testing rate”, that is, the number of tests for COVID-19 infection per 100 000 population carried in the previous seven days,

¹COUNCIL RECOMMENDATION (EU) 2021/132 of 2 February 2021 <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021H0132&qid=1616597189220&from=en>

- the “test positivity rate”, that is, the percentage of positive tests among all tests for COVID-19 infection carried out in the previous seven days,
- the nature of the virus present in a country, in particular whether variants of concern of the virus have been detected. Variants of concern are assessed as such by the European Centre for Disease Prevention and Control (ECDC) based on key properties of the virus such as transmission, severity and ability to escape immune response.

The EAGT has noted that a comprehensive review informs amendments to this list and is conducted every two weeks, offering a predictable and transparent approach to categorisation. EU residents/ citizens coming into Ireland from non-EU/EEA countries deemed to require restrictions as per the above criteria would be required to enter mandatory hotel quarantine.

(b) Recognising that this approach would not mitigate the risk relating to travel from EU/EEA countries, and noting that the ECDC Risk Assessment of 21 January 2021 “assesses the probability of the introduction and community spread of variants of concern in the EU/EEA as **very high...**” that travellers, from those countries, enter mandatory hotel quarantine based on the following prioritisation:

1. Known countries with variants of concern (VOC)
 2. Very high incidence countries with a 14-day incidence ≥ 500 per 100,000
 3. High incidence countries with a 14-day incidence less than 500 per 100,000 and greater than 2.5 times the 14-day incidence rate of Ireland.
- 2 Recognising the above preferred recommendation may take some time to implement it is recommended, based on a uniform and non-discriminatory application of the methodology, and careful consideration of individual states, and the proportionality of the measures proposed, that travellers from EU/EEA and non-EU countries enter mandatory hotel quarantine based on the following prioritisation:
1. **Countries with known VOC**, based on individual country risk assessment and alignment with the UK Red list, based on the common travel area, and likely onward contagion effect.

2. **Very high incidence** countries with a 14-day incidence ≥ 500 per 100,000, reflecting the ECDC high risk classification threshold.
3. **High incidence** countries with a 14-day incidence less than 500 per 100,000 and greater than 2.5 times the 14-day incidence rate of Ireland, reflecting the WHO recommendation to tailor restrictions based on epidemiological differences between country of origin and destination country, and the proportionate incidence differential between Ireland and the ECDC high risk classification threshold at the establishment of the EAGT.

Countries with known VOC

The EAGT's latest assessment considered data relating to B.1.525, B.1.351, B.1.1.7 with E484K mutation, B.1.427/B.1.429, B.1.616, P.1, P.2 and P.3 variants; and the E484Q, L452R, N501Y and H655Y mutations. Based on individualised country-level analysis the EAGT is recommending the addition of Belgium, Canada, France, Italy, Luxembourg, Turkey and the United States of America.

In addition, the EAGT recommends the addition of Bangladesh, Kenya and Pakistan to ensure alignment with the UK Red list.

In considering its recommendations, the EAGT has noted challenges with data quality and availability, particularly with regards to limitations in or absence of genomic sequencing capacity and reporting in the majority of countries.

High or Very high Incidence

In addition to the direct data relating to VOCs, the EAGT recognises that high or very high incidence, is a risk in and of itself, given that viruses constantly change and that mutations may arise during the viral replication process. Recognising that a higher incidence rate represents an increased risk of a mutation arising, some of which, or combination of which, may provide the virus with a selective advantage, including increased transmissibility, the ability to evade the host immune response or the ability to impact on the potential effectiveness and benefits that it is hoped will be gained through our national vaccination programme for COVID-19.

Very high incidence

Based on a 14-day incidence rate ≥ 500 per 100,000, the EAGT recommends inclusion of Bermuda, Bosnia and Herzegovina, Bulgaria, Curaçao, Croatia, Cyprus, Czechia, Estonia, Hungary, Isle of Man, The Netherlands, Poland, Slovenia, and Sweden.

High incidence

Based on a 14-day incidence rate < 500 per 100,000 and greater than 2.5 times the 14-day incidence in Ireland (380/100,000), and following individualised review, the EAGT recommends inclusion of Armenia, Lithuania, Maldives, Romania and Ukraine.

Revocation

Following individualised review of the incidence data the group is recommending revocation of the designation of Albania, Israel, and Saint Lucia.

These measures are recommended as proportional, justified and necessary in *preventing, limiting, minimising or slowing the spread of Covid-19 in the State* with particular regard to the following:

- the critical timepoint and increasing risk to the vaccination program in Ireland and to the control of the COVID-19 epidemic in Ireland from the importation of new variants of SARS-CoV-2, including from some EU countries with outbreaks involving new variants
- the inability of many countries both within and outside the EU to adequately monitor the emergence of new variants through systematic genomic sequencing and the difficulty therefore to obtain reliable information on the circulation of new variants in many countries
- the unknown and presumably inadequate compliance rate with the system of home quarantine as currently deployed in Ireland
- the uncertainty relating to the ability of some new variants to out-compete the predominant strain (B.1.1.7) currently circulating in Ireland
- the ongoing identification of new cases of novel variants in the community in Ireland, and the very significant public health resources that are being deployed to prevent further transmission
- the nature and potential impact of Covid-19 on individuals, society and the State, and current restrictions as they apply to the population.

Based on, and having considered and assessed these recommendations from the EAGT, it is my advice that the following additional countries and territories be designated under the provisions of Section 38E (1) of the Health Act 1947 and Health (Amendment) Act 2021 as designated States within the meaning of the Act (see Tables A and B):

Armenia, Bangladesh, Belgium, Bermuda, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Curaçao, Cyprus, Czechia, Estonia, France, Hungary, Isle of Man, Italy, Kenya, Lithuania, Luxembourg, Maldives, Netherlands, Pakistan, Poland, Romania, Slovenia, Sweden, Turkey, Ukraine, United States of America.

In providing this advice, I acknowledge that there may be capacity constraints with regard to the addition of all additional countries as listed above; in this regard, the order of priority should be to designate states with known variants of concern (column 1 in Tables A and B), followed by states with very high incidence (column 2 in Tables A and B), followed by states with high incidence (column 3 in Tables A and B).

Based on, and having considered and assessed the recommendations from the EAGT, it is also my advice that the designation of **Albania, Israel, and Saint Lucia** should be revoked in accordance with Section 38E(4) of the Health Act 1947.

In addition to the individualised risk assessment based on variants of concern as discussed at our meeting today, individualised data with regard to incidence is included in the annex to this letter.

The EAGT will continue to review the epidemiological situation, on an ongoing basis, and update its recommendations on a fortnightly basis and I will advise you accordingly.

Yours sincerely



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A/Chief Medical Officer

IMC 343604

A. Based on recommendation 2 - Restriction of travel from non-EU/EEA countries with prioritisation of Mandatory Hotel Quarantine as follows:

1. VOCs	2. Very high incidence		3. High incidence ¹	
Angola	Andorra	900.5	Armenia	435.1
Argentina	Aruba	825.2	Kuwait	423.1
Bangladesh	Bahrain	754.3	Maldives	395.5
Bolivia	Bermuda	915.3	Moldova	497.1
Botswana	Bonaire, Sint Eustatius and Saba	1334.8	Monaco	471.5
Brazil			Puerto Rico	440.5
Burundi	Bosnia and Herzegovina	674.9	Ukraine	461.0
Canada	Curaçao	2452.8		
Cape Verde	Isle of Man	611.5		
Chile	Jordan	928.3		
Colombia	Kosovo	638.8		
DRC	Lebanon	585.1		
Ecuador	Montenegro	853.4		
Eswatini	North Macedonia	710.7		
Ethiopia	Palestine	555.2		
French Guiana	San Marino	1216.1		
Guyana	Serbia	960.6		
Kenya	Wallis and Futuna	907.0		
Lesotho				
Malawi				
Mozambique				
Namibia				
Nigeria				
Oman				
Pakistan				
Panama				
Paraguay				
Peru				
Philippines				
Qatar				
Republic of South Africa				
Rwanda				
Seychelles				
Somalia				
Suriname				
Tanzania				
Turkey				
United Arab Emirates				
United States of America				
Uruguay				
Venezuela				
Zambia				
Zimbabwe				

¹ Based on 14-day incidence of 380 per 100,000 (being 2.5 times the 14-day incidence of 152 per 100,000 in Ireland for week 10)

B. Based on recommendation 2 - Restriction of travel from EU/EEA countries with prioritisation of Mandatory Hotel Quarantine as follows:

1. VOCs		2. Very high incidence		3. High incidence ¹	
Austria	491.5	Bulgaria	713.2	Lithuania	389.1
Belgium	550.6	Croatia	551.4	Romania	399.0
France	801.9	Cyprus	618.8		
Italy	489.4	Czechia	808.7		
Luxembourg	470.2	Estonia	1007.3		
		Hungary	1117.9		
		Netherlands	571.7		
		Poland	988.8		
		Slovenia	673.1		
		Sweden	739.2		

¹ Based on 14-day incidence of 380 per 100,000 (being 2.5 times the 14-day incidence of 152 per 100,000 in Ireland for week 10)