



7th May 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 7th 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 30th April 2021, the 71 states designated as Designated States under the provisions of Section 38E of the Health Act 1947 were:

Andorra, Angola, Argentina, Armenia, Aruba, Austria, Bahrain, Bangladesh, Belgium, Bermuda, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Burundi, Canada, Cape Verde, Chile, Colombia, Costa Rica, Curaçao, Democratic Republic of the Congo, Ecuador, Eswatini, Ethiopia, France, French Guiana, Georgia, Guyana, India, Iran, Italy, Jordan, Kenya, Kosovo, Kuwait, Lebanon, Lesotho, Luxembourg, Malawi, Maldives, Mongolia, Montenegro, Mozambique, Namibia, Nigeria, North Macedonia, Oman, Pakistan, Palestine, Panama, Paraguay, Peru, Puerto Rico, Qatar, Rwanda, Serbia, Seychelles, Somalia, South Africa, Suriname, Tanzania, The Philippines, Turkey, Ukraine, United Arab Emirates, United States, Uruguay, Venezuela, Zambia, Zimbabwe

An Expert Advisory Group on Travel (EAGT) was established on 1st March 2021. Following a Government Decision on 9th April, membership of this group was augmented to include expertise on border security, hotel quarantine logistics, international travel law and foreign relations. This entails official representation from the Department of Justice, Department of Foreign Affairs, Department of Enterprise, Trade and Employment and the Department of Defence. This revised composition will allow for consultation with a wider group of stakeholders at an earlier point in the process.

In keeping with the provisions of the Act, the technical advisory sub-group of the EAGT has established a methodological approach for risk assessments, and agreed by the EAGT, 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 (HPSC) 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.

Having considered the recommendations of the EAGT and the technical briefing as produced by the technical advisory sub-group, I am recommending that, being time-bound and considered interim in nature, travellers from both EU/EEA and non-EU countries should 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 technical advisory sub-group.

Countries with known VOC

The EAGT's latest assessment considered data relating to B.1.351, P.1, B.1.1.7 with E484K mutation, B.1.427/B.1.429, B.1.617, B.1.525, B.1.526, P.2 and P.3 variants. Based on individualised country-level analysis, the EAGT has recommended the addition of **Nepal** to those countries currently designated as designated states.

In considering its recommendations, the EAGT has highlighted 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 **Croatia, Cyprus, Lithuania, Netherlands 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 (318.8/100,000), and following individualised review, the EAGT recommends inclusion of **Anguilla, Estonia, Germany, Latvia and Slovenia**.

Revocation

Following individualised review of the data, the group is recommending revocation of the designation of **Armenia, Austria, Aruba, Bosnia and Herzegovina, Curaçao, Italy, Jordan, Kosovo, Lebanon, North Macedonia and Ukraine.**

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):

Anguilla, Croatia, Cyprus, Estonia, Germany, Latvia Lithuania, Nepal, Netherlands, Slovenia and Sweden

Based on, and having considered and assessed the recommendations from the EAGT, it is also my advice that the designation of **Armenia, Austria, Aruba, Bosnia and Herzegovina, Curaçao, Italy, Jordan, Kosovo, Lebanon, North Macedonia and Ukraine** should be revoked in accordance with Section 38E(4) of the Health Act 1947.

The EAGT and the technical advisory sub-group 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



Dr Tony Holohan
Chief Medical Officer

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 | 643.2 |
| Argentina | Bahrain | 892.5 |
| Bangladesh | Costa Rica | 507.2 |
| Bolivia | Maldives | 813.4 |
| Botswana | Mongolia | 503.2 |
| Brazil | Puerto Rico | 671.6 |
| Burundi | | |
| Canada | | |
| Cape Verde | | |
| Chile | | |
| Colombia | | |
| Democratic Republic of the Congo | | |
| Ecuador | | |
| Eswatini | | |
| Ethiopia | | |
| French Guiana | | |
| Guyana | | |
| India | | |
| Kenya | | |
| Lesotho | | |
| Malawi | | |
| Mozambique | | |
| Namibia | | |
| Nepal | | |
| 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 318.8 per 100,000 (being 2.5 times the 14-day incidence of 127.5 per 100,000 in Ireland for week 17, extracted from ECDC on 6 May 2021)

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 incidence¹ | |
|----------------|-------|-------------------------------|--------|--------------------------------------|-------|
| Belgium | 390.8 | Croatia | 648.2 | Estonia | 388.3 |
| France | 538.8 | Cyprus | 1073.0 | Germany | 327.4 |
| Luxembourg | 390.3 | Lithuania | 590.2 | Latvia | 441.2 |
| | | Netherlands | 634.8 | Slovenia | 456.6 |
| | | Sweden | 710.2 | | |

¹ Based on 14-day incidence of 318.8 per 100,000 (being 2.5 times the 14-day incidence of 127.5 per 100,000 in Ireland for week 17, extracted from ECDC on 6 May 2021)