



21st 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 15th May 2021, the 56 states designated as Designated States under the provisions of Section 38E of the Health Act 1947 were:

Andorra, Angola, Argentina, Bahrain, Bangladesh, Belgium, Bolivia, Botswana, Brazil, Burundi, Canada, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Costa Rica, Ecuador, Eswatini, Ethiopia, France, French Guiana, Georgia, Guyana, India, Kenya, Kuwait, Lesotho, Luxembourg, Malawi, Maldives, Mongolia, Mozambique, Namibia, Nepal, Nigeria, Oman, Pakistan, Paraguay, Panama, Peru, The Philippines, Puerto Rico, Qatar, Rwanda, Seychelles, Somalia, South Africa, Suriname, Tanzania, Turkey, United Arab Emirates, United States of America, Uruguay, Venezuela, Zambia and 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 allows 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 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. It is proposed, as of 20th May, to revise the multiplier which was previously set at 2.5 (reflecting the ratio between Ireland's 14-day incidence of 201.2 and the ECDC high risk threshold of 500 at the development of the approach) to 5 (reflecting the ratio between Ireland's 14-day incidence of 101.4 and the ECDC high risk threshold of 500 per 100,000), which is considered appropriate at this time.

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, and B.1.617 variants. Based on individualised country-level analysis, the EAGT has recommended the revocation the designated status of **Nigeria**.

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 **Cyprus**, **Lithuania**, and **Sweden** as designated states.

High incidence

Based on the revised multiplier, countries meeting this criterion are captured in the very high incidence category based on Ireland's current 14-day incidence.

Revocation

Following individualised review of the data, the group is recommending revocation of the designation of **Andorra**, **Georgia**, **Kuwait**, **Mongolia**, **Nigeria** and **Puerto Rico**.



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):

Cyprus, Lithuania and Sweden

Based on, and having considered and assessed the recommendations from the EAGT, it is also my advice that the designation of **Andorra, Georgia, Kuwait, Mongolia, Nigeria and Puerto Rico** 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. 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	Bahrain	1274.1		
Argentina	Costa Rica	627.2		
Bangladesh				
Bolivia				
Botswana				
Brazil				
Burundi				
Canada				
Cape Verde				
Chile				
Colombia				
Democratic Republic of the Congo				
Ecuador				
Eswatini				
Ethiopia				
French Guiana				
Guyana				
India				
Kenya				
Lesotho				
Malawi				
Maldives				
Mozambique				
Namibia				
Nepal				
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 507.0 per 100,000 (being 5 times the 14-day incidence of 101.4 per 100,000 in Ireland for week 19, extracted from ECDC on 20th May 2021)

B. 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	
Belgium	308.3	Cyprus	521.8		
France	335.0	Lithuania	562.8		
Luxembourg	260.5	Sweden	577.5		

¹ Based on 14-day incidence of 507.0 per 100,000 (being 5 times the 14-day incidence of 101.4 per 100,000 in Ireland for week 19, extracted from ECDC on 20th May 2021)