



28<sup>th</sup> 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 7<sup>th</sup> 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 22<sup>nd</sup> May 2021, the 50 states designated as Designated States under the provisions of Section 38E of the Health Act 1947 were:

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, Guyana, India, Kenya, Lesotho, Luxembourg, Malawi, Maldives, Mozambique, Namibia, Nepal, Oman, Pakistan, Paraguay, Panama, Peru, The Philippines, 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 1<sup>st</sup> March 2021. Following a Government Decision on 9<sup>th</sup> 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  $\geq 500$  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.

### **Countries with known VOC**

The EAGT's latest assessment considered data relating to B.1.351, P.1, B.1.617 and nationally declared VOCs including B.1.1.7 with E484K mutation and B.1.427/B.1.429 variants. Based on individualised country-level analysis, the EAGT has recommended the revocation the designated status of **Belgium, France and the United States of America**.

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 the application of this criterion, the EAGT-TAS are advising that, of states not currently designated, no additional countries are recommended for inclusion.

### **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, as such no additional countries are recommended for designation.



### **Revocation**

Following individualised review of the data, no countries are recommended for revocation on the basis of very high/high incidence.

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.

I also wish to advise that the EAGT-TAS has developed a risk-matrix based approach to informing the risk assessments, subject to validation and agreement at the EAGT and it is proposed that this will underpin recommendations made on the basis of VOCs.

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: no additional countries are recommended for designation.

Based on and having considered and assessed the recommendations from the EAGT, it is also my advice that the designation of **Belgium, France and the United States of America** 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 weekly basis and I will advise you accordingly.

Yours sincerely

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Dr Tony Holohan  
Chief Medical Officer



**A. Restriction of travel from non-EU/EEA and EU/EEA countries with prioritisation of Mandatory Hotel Quarantine as follows:**

1. VOCs	2. Very high incidence	3. High incidence <sup>1</sup>
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		
Luxembourg		
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		
Uruguay		
Venezuela		
Zambia		



Zimbabwe				
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<sup>1</sup> Based on 14-day incidence of 513.0 per 100,000 (being 5 times the 14-day incidence of 102.6 per 100,000 in Ireland for week 20, extracted from ECDC on 27<sup>th</sup> May 2021)