



4th June 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 28th May 2021, the 46 states designated as Designated States under the provisions of Section 38E of the Health Act 1947 were:

Angola, Argentina, Bahrain, Bangladesh, Bolivia, Botswana, Brazil, Burundi, Canada, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Costa Rica, Ecuador, Eswatini, Ethiopia, French Guiana, Guyana, India, Kenya, Lesotho, Malawi, Maldives, Mozambique, Namibia, Nepal, Oman, Pakistan, Panama, Paraguay, Peru, The Philippines, Qatar, Rwanda, Seychelles, Somalia, South Africa, Suriname, Tanzania, Turkey, United Arab Emirates, 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, and awareness of the processes and epidemiological intelligence underpinning such recommendations.
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 five 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 the Beta (B.1.351), Gamma (P.1), and Delta (B.1.617.2) variants of concern. Based on individualised country-level analysis, the EAGT has recommended the continued designation of **Canada**.

The EAGT also recommends the inclusion of **Afghanistan, Egypt, Sudan, and Sri Lanka** based on their recent addition to the UK Red list, and similarly, the reclassification of Bahrain, Costa Rica and Trinidad and Tobago from very high incidence to VOC, based on their addition to the UK Red list.

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 is advising that, of states not currently designated, **Trinidad and Tobago** is recommended for inclusion, additionally noting its inclusion on the UK Red list.

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, and need for strengthening of existing measures including the passenger locator form and day five PCR testing post-arrival
- 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 which is currently being run in parallel and, subject to validation and agreement at the EAGT, it is proposed that this will underpin recommendations made on the basis of VOCs. Fuller details are included in the technical briefing accompanying this letter.

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: **Afghanistan, Egypt, Sudan, Sri Lanka, and Trinidad and Tobago.**

Based on, and having considered and assessed the recommendations from the EAGT, it is my advice that of countries previously designated, and in accordance with Section 38E(4) of the Health Act 1947, no countries are recommended for revocation.

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

Dr Tony Holohan
Chief Medical Officer



Annex 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 incidence¹
Afghanistan	Mozambique		
Angola	Namibia		
Argentina	Nepal		
Bahrain	Oman		
Bangladesh	Pakistan		
Bolivia	Panama		
Botswana	Paraguay		
Brazil	Peru		
Burundi	Philippines		
Canada	Qatar		
Cape Verde	Republic of South Africa		
Chile	Rwanda		
Colombia	Seychelles		
Costa Rica	Somalia		
Democratic Republic of the Congo	Sri Lanka		
Ecuador	Sudan		
Egypt	Suriname		
Eswatini	Tanzania		
Ethiopia	Trinidad and Tobago		
French Guiana	Turkey		
Guyana	United Arab Emirates		
India	Uruguay		
Kenya	Venezuela		
Lesotho	Zambia		
Malawi	Zimbabwe		
Maldives			

¹ Based on 14-day incidence of 597.4 per 100,000 (being 5 times the 14-day incidence of 119.5 per 100,000 in Ireland for week 21, extracted from ECDC on 3rd June 2021)



Annex B: States designated on the basis of variants – Summary of Risk Assessment

The current epidemiological situation in Canada, along with the risk matrix is presented below.

Canada was first designated by the Minister for Health on 15th April due to concerns relating to the B.1.351 and P.1 variants. Data from 25th May to June 2nd reported the proportion of these variants nationally at 15.2% (10.5% P.1, 1.5% B.1.351 and 3.2% B.1.617), compared to 11.7% (9.4% P.1, 1.3% B.1.351 and 1.0% B.1.617) in week 20, 16.6% (14.1%, 1.0% and 1.5% respectively) in week 19 and 12.1% (11.2%, 1.0% and 0% respectively) in week 18.¹ Individual provincial data from 24th May to 1st June was analysed with British Columbia reporting 5.7%, 50.0%, and 35.5% of the B.1.351, P.1, and B.1.617 variants respectively, Ontario reporting 67.5%, 29.6% and 59.5% of B.1.351, P.1, and B.1.617 variants respectively, Quebec reporting 2.3% and 9.8% of B.1.351 and P.1 variants respectively, and Alberta reporting 0.96%, 7.6%, and 2.8% of the B.1.351, P.1, and B.1.617 variants. All other provinces and territories provided <5% of positive sequences for each variant. As of 2nd June, 968 cases of B.1.617 have been reported, representing an increase of 463 cases from 505 cases in week 20, 380 cases in week 19 and eight cases in week 18.² The 14-day incidence in Canada has decreased from 226.1 in week 20 to 140.4 in week 21,³ with overall 7-day test positivity of 3.2%.⁴ As of 30th May, 5.33% of the population are reported as being fully vaccinated, with 56.86% having received one vaccination dose.⁵ Following consideration of the data, the EAGT-TAG continues to recommend the designation of Canada as a Designated State.

Indicator	Green	Amber	Red
VOC			
VOC proportion overall			15.2%
B.1.351 proportion	1.5%		
B.1.617 proportion	3.2%		
P1 proportion			10.5
Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or >500 per week)	Yes	NA	No
Most recent representative data			
Variant trajectory/trends	Decreasing prevalence	Stable prevalence	Increasing prevalence
EPIDEMIOLOGICAL SITUATION			
Incidence rate (7 day) per 100,000	47		
Incidence in last 7 days (% change)	-30%		
Test positivity rate in last 7 days, per 100,000	3.2%		
Testing rate in last 7 days per 100,000	14590		
VACCINATION			
Fully vaccinated (total population)			5.3%
First dose (total population)	56.9%		
TRAVEL			
Travellers arriving in Ireland in 14-day period	56		

¹ https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=num&measure=total_last7&map=pt#a2

² <https://www.ctvnews.ca/health/coronavirus/tracking-variants-of-the-novel-coronavirus-in-canada-1.5296141>

³ <https://www.ecdc.europa.eu/en/publications-data/data-national-14-day-notification-rate-covid-19>

⁴ <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

⁵ <https://ourworldindata.org/covid-vaccinations>