



18<sup>th</sup> 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 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 16<sup>th</sup> June 2021, the 52 states designated as Designated States under the provisions of Section 38E of the Health Act 1947 were:

Afghanistan, Angola, Argentina, Bahrain, Bangladesh, Bolivia, Botswana, Brazil, Burundi, Canada, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Costa Rica, Ecuador, Egypt, 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, Sri Lanka, Sudan, Suriname, Tanzania, Trinidad and Tobago, Turkey, Uganda, United Arab Emirates, 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 using an agreed risk matrix, 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  $\geq 500$  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 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 not recommended any additional countries be designated but has identified countries of concern which will be monitored closely by the HPSC through the coming period.

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 recommends that **Mongolia** be designated due to a 14-day incidence of 635.54 per 100,000.

### **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 countries are recommended for designation.

### **Revocation**

Following individualised country level assessment, **Canada** is recommended for revocation based on VOC criteria. 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, and evidence supporting an ability of the B.1.617.2 variant, 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 country be designated under the provisions of Section 38E (1) of the Health Act 1947 and Health (Amendment) Act 2021 as a designated State within the meaning of the Act: **Mongolia**.

Based on and having considered and assessed the recommendations from the EAGT, it my advice that of countries previously designated, and in accordance with Section 38E(4) of the Health Act 1947, **Canada** is 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 incidence <sup>1</sup>
Afghanistan	Mongolia	635.54
Angola		
Argentina		
Bahrain		
Bangladesh		
Bolivia		
Botswana		
Brazil		
Burundi		
Cape Verde		
Chile		
Colombia		
Costa Rica		
Democratic Republic of the Congo		
Ecuador		
Egypt		
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		
Sri Lanka		
Sudan		
Suriname		
Tanzania		
Trinidad and Tobago		
Turkey		



Uganda				
United Arab Emirates				
Uruguay				
Venezuela				
Zambia				
Zimbabwe				

<sup>1</sup> Based on 14-day incidence of 512.9 per 100,000 (being 5 times the 14-day incidence of 102.6 per 100,000 in Ireland for week 23, extracted from ECDC on 17<sup>th</sup> June 2021)

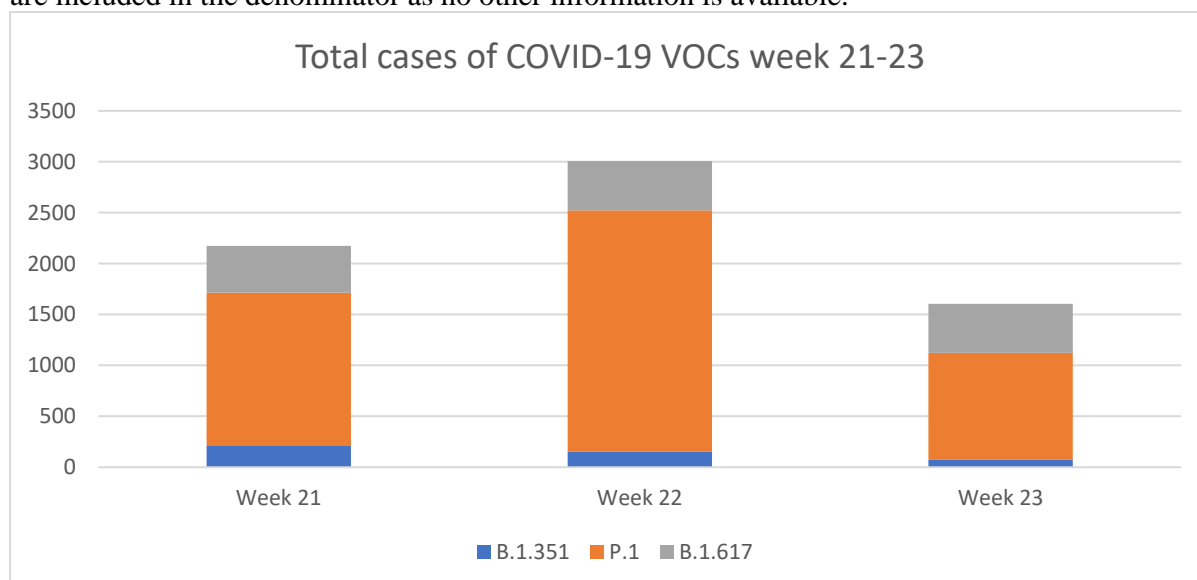


## Annex B: States designated on the basis of variants - Summary of Risk Assessment Canada

### A. Risk assessment matrix: CANADA

Canada was first designated by the Minister for Health on 15<sup>th</sup> April due to concerns relating to the B.1.351 (Beta) and P.1 (Gamma) variants.

Data from 9<sup>th</sup> June to 15<sup>th</sup> June reported the proportion of these variants nationally 16.7% (11% (n=1048) P.1, 5% (n=479) B.1.617, and 0.7% (n=77) B.1.351), compared to 21.6% (17% (n=2367) P.1, 3.5% (n=482) B.1.617, and 1.1% (n=157) B.1.351) in week 22 and 15.2% (10.5% (n=1505) P.1, 3.2% (n=459) B.1.617, and 1.5% (n=209) B.1.351) in week 21.<sup>1</sup> All VOC data derived from ctvnews.ca on 16<sup>th</sup> June 2021. Government of Canada are in the process of changing their reporting of VOCs to directly provide the information but it is not yet available. VOC proportions are calculated as a proportion of all reported VOC sequences. Only B.1.17, B.1.351, P.1, and B.1.617 are included in the denominator as no other information is available.



Individual provincial data from 9<sup>th</sup> June to 15<sup>th</sup> June was analysed with British Columbia reporting 2.6%, 71.9%, and 24.4% of the B.1.351, P.1., and B.1.617 variants respectively, Ontario reporting 51.9%, 12.2% and 30.9% of B.1.351, P.1., and B.1.617 variants respectively, Quebec reporting 31.2%, 4.2%, and 1.5% of B.1.351, P.1, and B.1.617 variants respectively, Alberta reporting 9.1%, 6.1%, and 34.2% of B.1.351, P.1., and B.1.617 variants with a hospital outbreak of B.1.617<sup>2</sup>, and Manitoba reporting 5.2%, 2.0%, and 3.8% of B.1.351, P.1., and B.1.617 variants. All other provinces and territories provided <5% of positive sequences for each variant.<sup>3</sup>

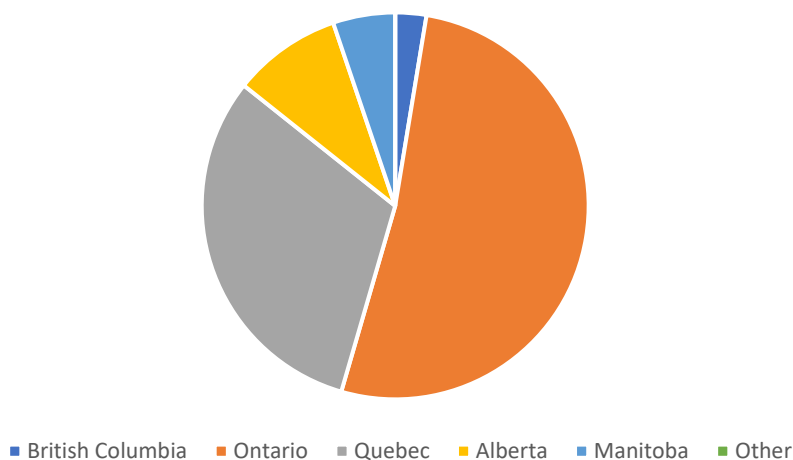
<sup>1</sup> <https://www.ctvnews.ca/health/coronavirus/tracking-variants-of-the-novel-coronavirus-in-canada-1.5296141>

<sup>2</sup> ECDC Roundtable 15 June, 2021

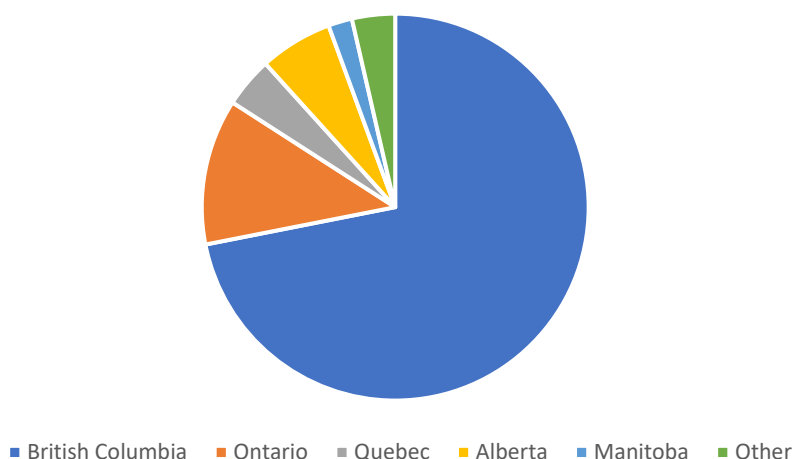
<sup>3</sup> <https://www.ctvnews.ca/health/coronavirus/tracking-variants-of-the-novel-coronavirus-in-canada-1.5296141>



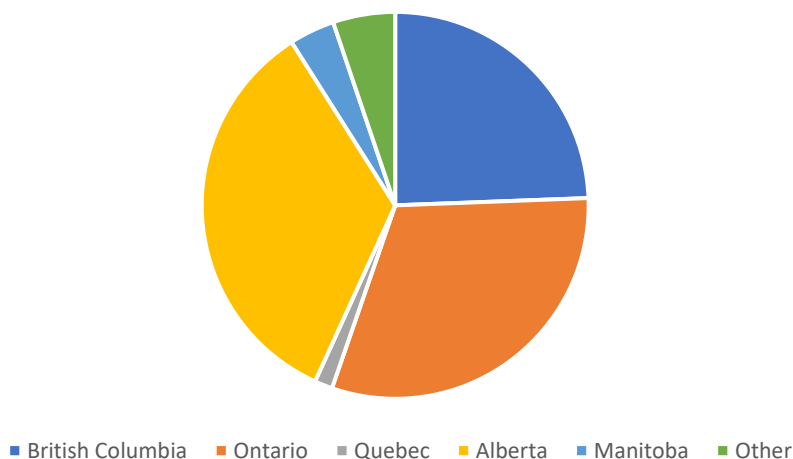
Provincial share of B.1.351



Provincial share of P.1



Provincial share of B.1.617







A gradual reduction in the 7-day incidence was noted, decreasing by 28.13% from week 22 to week 23.<sup>4</sup> As of 8<sup>th</sup> June, overall test positivity was 2.1%.<sup>5</sup> As of 7<sup>th</sup> June, 65.07% of the population have received one vaccination dose with 13.01% reported as being fully vaccinated.<sup>6</sup>

Following consideration of the data the EAGT-TAG recommends the removal of Canada from the designated list due to an ameliorating epidemiological situation.

Indicator	Green	Amber	Red	Relevant data and Source
<b>VOC</b>				All VOC data derived from ctvnews.ca on 16 <sup>th</sup> June 2021. Government of Canada are in the process of changing their reporting of VOCs to directly provide the information but it is not yet available.
<b>VOC proportion overall</b>			16.7%	Calculated as proportion of all reported VOC sequences. Only B.1.17, B.1.351, P.1, and B.1.617 are included in the denominator as no other information is available
B.1.351 proportion	0.7%			
B.1.617 proportion		5.0%		
P1 proportion			11%	
Other nationally designated VOC proportion				
<b>Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or &gt;500 per week)</b>	Yes	NA	No	Data not submitted to GISAID since April, but they report more than 500 sequences per week to the media
Most recent representative data				See above
Date, source				
Most recent data (not representative)				
Date, source				
Comment on any emerging variant issues				None
<b>Variant trajectory/trends</b>	<b>Decreasing prevalence</b> Decreasing B.1.1.7 and P.1	<b>Stable prevalence</b> Stable B.1.617	<b>Increasing prevalence</b>	

<sup>4</sup> <https://covid19.who.int/table>

<sup>5</sup> <https://health-infobase.canada.ca/covid-19/>

<sup>6</sup> <https://ourworldindata.org/covid-vaccinations>





## EPIDEMIOLOGICAL SITUATION

**Incidence rate (7 day) per  
100,000**

**23**

Provided on government  
website on 16<sup>th</sup> June

Incidence in last 7 days (%  
change)

-28.13%

Taken from WHO weekly data

**Incidence rate (14 day) per  
100,000**

**57.5**

Incidence in last 14 days (%  
change)

-33.3%

**Test positivity rate in last 7  
days (%)**

**2.10%**

Provided on government  
website on 16<sup>th</sup> June

Testing rate in last 7 days per  
100,000

1,218

Provided on government  
website on 16<sup>th</sup> June

## VACCINATION

**Fully vaccinated (total  
population)**

**13.01**

Vaccination data as of 14<sup>th</sup> June

Vaccination rate First dose  
(total population)

65.07%

## TRAVEL

**Typical numbers arriving in  
Ireland in 14-day period**

**56**

Data provided by DoH from  
PLF