



25<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 22<sup>nd</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, Cape Verde, Chile, Colombia, Democratic Republic of the Congo, Costa Rica, Ecuador, Egypt, Eswatini, Ethiopia, French Guiana, Guyana, India, Kenya, Lesotho, Malawi, Maldives, Mongolia, 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 Health Protection Surveillance Centre (HPSC) of the Health Service Executive 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*, and where appropriate revocation.

These individual country-level risk assessments are conducted and presented to the EAGT by the Health Protection Surveillance Centre (HPSC) of the Health Service Executive and take account of guidance and data from the World Health Organization (WHO), the European Centre for Disease Prevention and Control (ECDC), and the HPSC, current international epidemiological data and most recent evidence relating to COVID-19 transmission from an extensive list of other specific sources. Fuller details are included in the technical briefing accompanying this letter.



Having considered the recommendations of the EAGT and the technical briefing as produced by HPSC, 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 a review of individualised country-level epidemiological data, with respect to variants of concern, it is recommended to designate **Indonesia, Kyrgyzstan, Myanmar, and Russia**.

The EAGT also recommends the inclusion of **Dominican Republic, Eritrea, Haiti, and Tunisia** based on their recent addition to the UK Red list, and similarly, the reclassification of Mongolia from very high incidence to VOC, based on its 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 recommends that **Kuwait** be designated due to a 14-day incidence of 511.3 per 100,000.

#### **High incidence**

Based on a 14-day incidence rate  $< 500$  per 100,000 and more than five times Ireland's 14-day incidence of 90.5 per 100,000 (based on data extracted from the ECDC as at 24 June), while Saint Kitts and Nevis meets the criterion (14-day incidence 494.4/100,000) it is proposed that based on its small population of 53,192 and the volatility created by a relatively small number of cases (154), it was agreed that the situation be subject to monitoring and that designation at this time is not recommended.

#### **Revocation**

Following individualised review of the data, no countries are recommended for revocation on the basis of either VOC or 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.

Based on and having considered and assessed these recommendations from the EAGT, it is my advice that the following countries 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: **Dominican Republic, Eritrea, Haiti, Indonesia, Kuwait, Kyrgyzstan, Myanmar, Russia and Tunisia.**

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, no revocations are recommended at this time.

The HPSC will continue to review the epidemiological situation on an ongoing basis and the EAGT will provide its recommendations on a weekly basis, and I will advise you accordingly.

Yours sincerely

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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	<b>Kuwait</b>	511.3		
Angola	Mozambique				
Argentina	<b>Myanmar</b>				
Bahrain	Namibia				
Bangladesh	Nepal				
Bolivia	Oman				
Botswana	Pakistan				
Brazil	Panama				
Burundi	Paraguay				
Cape Verde	Peru				
Chile	Philippines				
Colombia	Qatar				
Costa Rica	Republic of South Africa				
Democratic Republic of the Congo	<b>Russia</b>				
<b>Dominican Republic</b>	Rwanda				
Ecuador	Seychelles				
Egypt	Somalia				
<b>Eritrea</b>	Sri Lanka				
Eswatini	Sudan				
Ethiopia	Suriname				
French Guiana	Tanzania				
Guyana	<b>Tunisia</b>				
<b>Haiti</b>	Trinidad and Tobago				
India	Turkey				
<b>Indonesia</b>	Uganda				
Kenya	United Arab Emirates				
<b>Kyrgyzstan</b>	Uruguay				
Lesotho	Venezuela				
Malawi	Zambia				
Maldives	Zimbabwe				

<sup>1</sup> Based on 14-day incidence of 452.5 per 100,000 (being 5 times the 14-day incidence of 90.5 per 100,000 in Ireland for week 24, extracted from ECDC on 24<sup>th</sup> June 2021)



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

A summary of the risk matrices for Indonesia, Kyrgyzstan, Myanmar and Russia are presented below. Fuller detail is contained within the attached technical briefing.

### Indonesia

Indicator	Green	Amber	Red
<b>VOC</b>			
<b>VOC proportion overall</b>			<b>86.6%</b>
B.1.351 proportion	0.9%		
B.1.617 proportion			85.7%
P1 proportion			
<b>Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or &gt;500 per week)</b>			<b>No</b>
<b>Variant trajectory/trends</b>			<b>Increasing prevalence</b>
<b>EPIDEMIOLOGICAL SITUATION</b>			
<b>Incidence rate (7 day) per 100,000</b>	<b>33.05</b>		
Incidence in last 7 days (% change)			54.87%
<b>Incidence rate (14 day) per 100,000</b>	<b>48.94</b>		
Incidence in last 14 days (% change)			40.43%
<b>Test positivity rate in last 7 days (%)</b>			<b>18.8%</b>
Testing rate in last 7 days per 100,000			168
<b>VACCINATION</b>			
<b>Fully vaccinated (total population)</b>			<b>4.47%</b>
Vaccination rate First dose (total population)			8.42%
<b>TRAVEL</b>			
<b>Typical numbers arriving in Ireland in 14-day period</b>	<b>6</b>		

### Kyrgyzstan

Indicator	Green	Amber	Red
<b>VOC</b>			
<b>VOC proportion overall</b>			<b>N/A</b>
B.1.351 proportion			N/A
B.1.617 proportion			N/A
P1 proportion			N/A
<b>Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or &gt;500 per week)</b>			<b>No</b>
<b>Variant trajectory/trends</b>			<b>N/A</b>
<b>EPIDEMIOLOGICAL SITUATION</b>			
<b>Incidence rate (7 day) per 100,000</b>		<b>78.3</b>	
Incidence in last 7 days (% change)			45.4%
<b>Incidence rate (14 day) per 100,000</b>		<b>126.91</b>	
Incidence in last 14 days (% change)			35.73%%
<b>Test positivity rate in last 7 days</b>			<b>No data</b>
Testing rate in last 7 days per 100,000			No data
<b>VACCINATION</b>			
<b>Fully vaccinated (total population)</b>			
Vaccination rate, first dose (total population)			0.73%
<b>Fully vaccinated (total population)</b>			<b>1.35%</b>
<b>TRAVEL</b>			
<b>Typical numbers arriving in Ireland in 14-day period</b>	<b>2</b>		



## Myanmar

Indicator	Green	Amber	Red
<b>VOC</b>			
<b>VOC proportion overall</b>			N/A
B.1.351 proportion			N/A
B.1.617 proportion			N/A
P1 proportion			N/A
Other nationally designated VOC proportion			N/A
<b>Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or &gt;500 per week)</b>			No
<b>Variant trajectory/trends</b>			N/A
<b>EPIDEMIOLOGICAL SITUATION</b>			
<b>Incidence rate (7 day) per 100,000</b>	3.3		
Incidence in last 7 days (% change)			103%
<b>Incidence rate (14 day) per 100,000</b>	6.81		
Incidence in last 14 days (% change)			82.57%
<b>Test positivity rate in last 7 days</b>			10.59%
Testing rate in last 7 days per 100,000			42.13
<b>VACCINATION</b>			
<b>Fully vaccinated (total population)</b>			2.25%
Vaccination rate, first dose (total population)			3.26%
<b>TRAVEL</b>			
<b>Typical numbers arriving in Ireland in 14-day period</b>	1		

## Russia

Indicator	Green	Amber	Red
<b>VOC</b>			
<b>VOC proportion overall</b>			83.9%
B.1.351 (Beta) proportion	0%		
B.1.617.2 (Delta) proportion			83.9%
P1 (Gamma) proportion	0%		
Other nationally designated VOC proportion			
<b>Meets indicator standard for reporting VOC i.e. (WGS of 10% samples or &gt;500 per week)</b>			No
<b>Variant trajectory/trends</b>			Increasing Delta
<b>EPIDEMIOLOGICAL SITUATION</b>			
<b>Incidence rate (7 day) per 100,000</b>		76.0	
Incidence in last 7 days (% change)			+31.5%
<b>Incidence rate (14 day) per 100,000</b>		130.46	
Incidence in last 14 days (% change)			+26.5%
<b>Test positivity rate in last 7 days</b>			4.13%
Testing rate in last 7 days per 100,000			238
<b>VACCINATION</b>			
<b>Fully vaccinated (total population)</b>		10.54%	
Vaccination rate, first dose (total population)		13.61%	
<b>TRAVEL</b>			
<b>Typical numbers arriving in Ireland in 14-day period</b>	85		