An Roinn Sláinte
Department of Health
Office of the Chief Medical Officer

16th July 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 29th June 2021, the 61 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, Dominican Republic, Ecuador, Egypt, Eritrea, Eswatini, Ethiopia, French Guiana, Guyana, Haiti, India, Indonesia, Kenya, Kyrgyzstan, Kuwait, Lesotho, Malawi, Maldives, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Oman, Pakistan, Panama, Paraguay, Peru, The Philippines, Qatar, Russia, Rwanda, Seychelles, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Tanzania, Trinidad and Tobago, Tunisia, Turkey, Uganda, 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. In keeping with the provisions of the Act, a methodological approach for risk assessments was established in collaboration with the Health Protection Surveillance Centre (HPSC) of the Health Service Executive, and agreed by the EAGT. These assessments 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.

As you are aware, in May 2021 the Government stated its intention to broadly align with the EU approach on the lifting of restrictions on non-essential travel with effect from 19th July. A review of the existing process was conducted accordingly and furthermore, the predominant status of the Delta variant in Ireland, and the continued progress made in the vaccination programme, were considered. This aims to ensure that the approach remains appropriate and proportionate, while contributing to a better coordination of travel restrictions with other Member States. Having reviewed the recommendations of the EAGT, I am recommending that the approach for the Designation of States should, where possible, align with the Council Recommendations 2020/912 and 2020/1475, which outline the approach to lifting of restrictions on non-essential travel, including the activation of an Emergency Brake Mechanism in the case of "a rapid

deterioration of the epidemiological situation or a high prevalence of variants of concern or interest in third countries or in the Member States". This approach involves a review of countries and territories to which the emergency brake mechanism has been activated by other Member States and that, as appropriate, other high-risk countries/territories as identified would be reviewed and, where recommended for designation, subject to two-weekly review. In doing so, I note that this will result in a discontinuation of full alignment with the UK Red List which had applied heretofore.

Having considered the recommendations of the EAGT, I am advising that "very high incidence" criterion will continue to apply to third countries/territories with a 14-day incidence rate ≥500 per 100,000; however, the proposal to exclude countries/territories with small populations was accepted, noting the sensitivity of the incidence to a relatively small number of absolute cases. Where a persistent risk in a small country/territory is identified, it is proposed that a risk assessment will be undertaken. In aligning with the approach for EU/EEA countries, it is recommended that the ECDC colour-mapping will be used in assessing risk and that the "dark red" classification, which represents an incidence >500 per 100,000, be considered very high risk. I0t is recommended that, in the first instance, messaging discouraging non-essential travel to or from such regions should be considered in this regard, rather than designation.

Furthermore, I am recommending that the "high risk" incidence criterion, which was previously defined as a 14-day incidence <500 per 100,000 and a 5-times multiple of Ireland's 14-day incidence, should no longer be applied.

Having considered the epidemiological data and application of the revised approach, 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, alignment with the emergency brake list as applied by Member States, and awareness of the processes and epidemiological intelligence underpinning such recommendations. The latest assessments considered data relating to the Beta (B.1.351), Gamma (P.1), and Delta (B.1.617.2) variants of concern.
2. **Very high incidence** countries with a 14-day incidence ≥500 per 100,000, reflecting the ECDC high risk classification threshold.

Countries with known VOC
Based on an individualised country-level review of the epidemiological situation, in countries to which an emergency brake has been applied by a Member States, it is recommended to continue to designate:

Argentina, Bangladesh, Bolivia, Botswana, Brazil, Chile, Colombia, Democratic Republic of the Congo, Eswatini, India, Mozambique, Namibia, Pakistan, Paraguay, Peru, Republic of South Africa, Suriname, Trinidad and Tobago, Tunisia, Uganda, Uruguay, Zimbabwe.

Following a review of high-risk countries, it is recommended to continue to designate:

Indonesia, Myanmar, Russia.

Of countries not previously designated, no additional countries are recommended for designation at this time.

In considering these recommendations, the challenges with data quality and availability are highlighted, 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, it is recognised 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 which have and continue to 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 continued designation of **Kuwait and Mongolia**, and the addition of **Cuba** as a Designate State, based on 14-day incidence of 564.6, 902.1, and 529.5 per 100,000, respectively, it recommended.

Based on a 14-day incidence rate ≥500 per 100,000 and population size less than one million, it is recommended that the British Virgin Islands, Fiji, and Jersey would be subject to monitoring, owing to their smaller population sizes.

Based on a 14-day incidence rate ≥500 per 100,000 and a population size less than one million, that based on evidence of sustained high incidence and consideration of the detailed risk assessment that the **Seychelles** continued designation is recommended.

Based on a 14-day incidence rate ≥500 per 100,000, being an EU Member State and a population size less than one million, it is proposed that Cyprus be subject to monitoring and should evidence of sustained high incidence emerge, that consideration be given to the discouragement of non-essential to and from Cyprus.

Revocation

Of countries previously designated, to which an emergency brake has not been applied, following a review of the epidemiological data the revocation of the following is recommended:

> **Afghanistan, Angola, Bahrain, Burundi, Cape Verde, Costa Rica, Dominican Republic, Ecuador, Egypt, Eritrea, Ethiopia, French Guiana, Guyana, Haiti, Kenya, Kyrgyzstan, Lesotho, Malawi, Maldives, Mongolia, Nepal, Oman, Panama, The Philippines, Qatar, Rwanda, Somalia, Sri Lanka, Sudan, Tanzania, Turkey, United Arab Emirates, Venezuela, Zambia.**

In addition, I note that the EAGT discussed the distinction between Annex I and other third countries in which context the Council Recommendation advises that the restriction on non-essential travel (as applied by other Member States) would continue to apply to the latter, and noting that the Council recommends that fully vaccinated or recovered individuals should be exempt from such restriction. In this regard, I support the consideration that existing DFA travel advice for specific destination may provide an opportunity to communicate the relative public health risks of travel to higher-risk third countries that are not designated states, accordingly.

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:

- protecting the progress that has been made through the rollout of the vaccination programme in Ireland
- 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

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- the ongoing risk of new variant of concerns, and the potential impact that they may have with respect to increased transmission, disease severity and vaccine escape where applicable
- 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 the data, it is my advice that of countries not previously designated, **Cuba 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.

Based on and having considered and assessed the data, it my advice that of countries previously designated, and in accordance with Section 38E(4) of the Health Act 1947, the revocation of the following countries is recommended: **Afghanistan, Angola, Bahrain, Burundi, Cape Verde, Costa Rica, Dominican Republic, Ecuador, Egypt, Eritrea, Ethiopia, French Guiana, Guyana, Haiti, Kenya, Kyrgyzstan, Lesotho, Malawi, Maldives, Mongolia, Nepal, Oman, Panama, The Philippines, Qatar, Rwanda, Somalia, Sri Lanka, Sudan, Tanzania, Turkey, United Arab Emirates, Venezuela and Zambia.**

Finally, I note that consideration of the epidemiological situation in the United Kingdom forms part of the risk assessment relating to the Delta variant, which has been provided to you separately.

Yours sincerely

Dr Tony Holohan
Chief Medical Officer

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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* ** †	
Argentina	Cuba	529.5
Bangladesh	Kuwait	564.6
Bolivia	Mongolia	902.6
Botswana		
Brazil		
Chile		
Colombia		
Democratic Republic of the Congo		
Eswatini		
India		
Indonesia		
Mozambique		
Myanmar		
Namibia		
Pakistan		
Paraguay		
Peru		
Republic of South Africa		
Russia		
Seychelles		
Suriname		
Trinidad and Tobago		
Tunisia		
Uganda		
Uruguay		
Zimbabwe		

*The British Virgin Islands, Fiji, Jersey and Cyprus are recommended for monitoring rather than designation at this time based on small population sizes and sensitivity to small fluctuations in case numbers.
**The United Kingdom is subject to a separate risk assessment process.
† Based on 14-day incidence extracted from the ECDC on 15 July 2021

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