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

6th August 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 4th August 2021, the 29 Designated States under the provisions of the Act were:

Argentina, Bangladesh, Bolivia, Botswana, Brazil, Chile, Colombia, Cuba, Democratic Republic of the Congo, Eswatini, Georgia, Indonesia, India, Malaysia, Mozambique, Myanmar, Namibia, Pakistan, Paraguay, Peru, Russia, Seychelles, South Africa, Suriname, Trinidad and Tobago, Tunisia, Uruguay, Uganda, 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 ensures that the approach remains appropriate and proportionate, while contributing to a better coordination of travel restrictions with other EU 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 outlining 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

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two-weekly review. This has resulted 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. It 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.

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 outside of the EU with a 14-day incidence ≥500 per 100,000, reflecting the ECDC high risk classification threshold.

Countries with known VOC
Based on the individualised country-levels risk assessments with consideration of a number of epidemiological indicators, the continued designation of the following countries is recommended: **Indonesia, Russia, Myanmar,** and **Seychelles.**

Of countries not previously designated, no additional countries are recommended for designation based on VOC 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 **Cuba, Georgia and Malaysia** is recommended based on 14-day incidence of 1017.3, 890.3 and 626.9 per 100,000 respectively. Of countries not previously designated, the designation of **Kazakhstan** is recommended based on 14-day incidence of 513.2 per 100,000.

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Revocation
Of countries previously designated to which an emergency brake has not been applied following a review of the epidemiological data, **no revocations are advised.**

Very high incidence within the EU
In addition, I note that the technical subgroup of public health and other scientific experts have previously drawn the attention of the EAGT to their concerns about international travel, especially by unvaccinated persons, and recommend that travel to "dark red" countries in the EU should be strongly discouraged. This currently includes Cyprus and Spain which have a 14-day incidence rate of 1241.8 and 720.7 per 100,000 respectively, noting that the comparative rate in Ireland is 354.4 at present. Based on this advice, I recommend that persons arriving from dark red countries in the EU and who are not immune through full vaccination or recovery should present a 'not detected' PCR taken not greater than 72 hours prior to travel and should also quarantine at home with release possible following a 'not detected 'PCR taken on or after day five post-arrival.

The epidemiological situation in Ireland continues to be monitored and the scientific basis for these advices is noted, while also acknowledging that international travel policy is informed by a range of factors and that such policy is determined by Government. The EAGT will continue to review any changes to the application of the emergency break mechanism by Member States, and reassess the high-risk countries currently recommended for designation to which an emergency break has not been applied. This approach, and the continued timely revocation of designated status where such a decision can be supported on public health grounds, has been agreed by the EAGT.

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	**1017.3**
Bangladesh	Georgia	**890.3**
Bolivia	Malaysia	**626.9**
Botswana	Kazakhstan	**513.2**
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		

*Andorra, Aruba, the British Virgin Islands, Curaçao, Fiji, Jersey, Gibraltar, Isle of Man and Monaco 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 5th August 2021

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