



13<sup>th</sup> 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 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 4 August 2021, the 30 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, Kazakhstan, 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 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. 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 from July 2021, a revised approach was adopted, reflecting Government's decision to broadly align with the EU approach on the lifting of restrictions on non-essential travel. This ensures that the approach remains appropriate and proportionate, while contributing to a better coordination of travel restrictions with other EU Member States, by aligning the approach for the Designation of States with the Council Recommendations 2020/912 and 2020/1475 where possible, 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, as appropriate, a review of other high-risk countries/territories, and, where recommended for designation, subject to two-weekly review.

**I am advised, however, that the current approach to travel does not align with the EU approach on the lifting of restrictions. Firstly, the EU recommendation is that the lifting of restrictions on non-**



essential travel should apply to those countries listed on Annex I, with restrictions on non-essential travel continuing to apply to all other third countries; Ireland does not currently differentiate between Annex 1 and other third countries.<sup>1</sup> Secondly, the EU recommendation is that all non-essential travel to and from countries classified as ‘dark red’ should be strongly discouraged and that those travelling with an essential purpose from ‘dark red’ countries, should fulfil testing requirements and undergo quarantine/self-isolation; this is not currently the approach taken in Ireland.<sup>2</sup>

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  $\geq 500$  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.

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 Lambda (C.37) variants of concern/interest.
2. **Very high incidence** countries outside of the EU with a 14-day incidence  $\geq 500$  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 the epidemiological evidence, of countries not previously designated, no additional countries are recommended for designation at this time. 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  $\geq 500$  per 100,000, the continued designation of **Cuba, Georgia, Kazakhstan, and Malaysia** is recommended based on 14-day incidence of 1103.7, 1100.2, 548.2 and 724.8 per 100,000 respectively. Following an individualised risk assessment based on sustained high incidence in a small population country, the designation of **Fiji** is recommended based on 14-day incidence of 1742.2 per 100,000.

The monitoring of **Iran and Israel** is advised.

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<sup>1</sup>

<sup>2</sup> Council Recommendation (EU) 2020/1475 of 13 October 2020 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02020H1475-20210616>



### **Revocation**

Of countries previously designated, to which an emergency brake has not been applied, following a review of the epidemiological data **the revocation of Indonesia and Seychelles are advised.**

### **Very high incidence within the EU**

In addition, I note that the technical subgroup of public health and other scientific experts has 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 930.6 and 603.6 per 100,000 respectively, noting that the comparative rate in Ireland is 354.4 at present. **Based on this advice I recommend, that non-essential travel should be discouraged to and from Cyprus and Spain, and that persons arriving from these countries 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 be advised to quarantine at home with release possible following a 'not detected' PCR taken no earlier than day 5 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. I am advised that a review of travel measures is underway, as part of the broader review of potential relaxation of COVID restrictions and will advise of the recommendations of this review in due course. In the interim the EAGT will continue to review any changes to the application of the emergency break mechanism by Member States, and re-assess 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

A handwritten signature in black ink, appearing to read 'Tony Holohan'.

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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:**

<b>1. VoCs</b>	<b>2. Very high incidence* ** **** †</b>	
Argentina	Cuba	<b>1017.3</b>
Bangladesh	Fiji	<b>1742.2</b>
Bolivia	Georgia	<b>890.3</b>
Botswana	Malaysia	<b>626.9</b>
Brazil	Kazakhstan	<b>513.2</b>
Chile		
Colombia		
Democratic Republic of the Congo		
Eswatini		
India		
Mozambique		
Myanmar		
Namibia		
Pakistan		
Paraguay		
Peru		
Republic of South Africa		
Russia		
Suriname		
Trinidad and Tobago		
Tunisia		
Uganda		
Uruguay		
Zimbabwe		

\* Aruba, the US Virgin Islands, Curaçao, French Polynesia, Jersey, Gibraltar, Isle of Man and Sint Maarten are recommended for monitoring rather than designation at this time based on small population sizes and sensitivity to small fluctuations in case numbers

\*\*Iran and Israel are recommended for monitoring at this time pending a review of the current approach

\*\*\*The United Kingdom is subject to a separate risk assessment process.

† Based on 14-day incidence extracted from the ECDC on 12<sup>th</sup> August 2021