



27<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 18<sup>th</sup> 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, Fiji, Georgia, India, Kazakhstan, Malaysia, Mozambique, Myanmar, Namibia, Pakistan, Paraguay, Peru, Russia, 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.

I am advised that at its meeting on 27<sup>th</sup> August, the EAGT adopted a revised approach. This was considered appropriate in the context of Ireland's current epidemiological situation, with a 14-day incidence of 531.9 per 100,000 as of 26<sup>th</sup> August, and the predominance of the Delta variant, representing 97% of samples sequenced in week 30. Additionally, the continued progress in the vaccination programme with 86% of the adult population fully vaccinated, and 91% partially vaccinated, was considered. Finally, in the context of alignment with the EU, and the emergency brake process, the EAGT noted the differences in identification and measures applied to very high risk or virus variant countries by Member States. The revised approach ensures that recommended measures as they apply to travel remain appropriate and proportionate, while facilitating a better coordination of travel with other EU Member States.

Having considered the recommendations of the EAGT, I am advising the following:

- that of countries/territories that are reporting a predominance of the Delta variant, and where other variants have demonstrated an inability to outcompete the Delta variant, that revocation be recommended and that, subject to public health advice, consideration be given to permitting current residents from such countries/territories to exit the mandatory quarantine facility with immediate effect and complete the quarantine period at home as appropriate.



- that henceforth, the risk assessment process will consider variants with the E484K mutation, including the Beta and Gamma variants as significant, with additional consideration of variants which have not yet been fully displaced by Delta including the C.37 (Lambda) and B.1.621 variants as part of the assessment.
- that the very high incidence criterion, currently defined as a 14-day incidence of  $\geq 500$  per 100,000, be paused, and the appropriateness of this criterion be reviewed on a regular basis in the context of Ireland's epidemiological situation.

In making these recommendations, the EAGT noted, and I am in agreement, that in significantly reducing the number of countries, and consequently, the number of travellers entering mandatory quarantine facilities, that the additional importance of the operation and effectiveness of other travel measures, including post-arrival RT-PCR testing and home quarantine, are recognised and, in consideration of this, such measures must be reappraised. In this regard, I am recommending the following:

- the effective operation of a formal system of home quarantine oversight, monitoring and reporting
- the effective monitoring and reporting of compliance with post-arrival testing
- that non-essential travel should be discouraged to and from third countries not currently listed on Annex 1 by those who are not immune through full vaccination or recovery
- that non-essential travel should be discouraged to and from 'dark red' EU/EEA countries by those who are not immune through full vaccination or recovery, and that individuals travelling on the basis of a 'not detected' RT-PCR test result taken not greater than 72 hours prior to travel should be advised to quarantine at home which may be exited following a 'not detected' RT-PCR test result taken no earlier than day 5 post-arrival
- the introduction of a pre-travel declaration form to ensure that those travelling are asymptomatic and have not received a positive PCR or antigen test result in the 10 days prior to travel.

**In advising on non-essential travel to and from those third countries not currently listed on Annex 1 and 'dark red' EU/EEA countries, and as noted previously, I am advised 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 1, with restrictions on non-essential travel for those not immune through full vaccination or recovery 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 or regions classified as 'dark red' should be strongly discouraged and that those travelling with an essential purpose from 'dark red' countries, that are not immune through full vaccination or recovery, should fulfil testing requirements and undergo quarantine/self-isolation as appropriate; this is not currently the approach taken in Ireland.<sup>2</sup>**

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 consideration:

**Countries with known VOC**, based on individual country risk assessment using an agreed risk matrix and consideration of the epidemiological evidence. The latest assessments considered data relating to the Beta (B.1.351), Gamma (P.1), Lambda (C.37) and B.1.621 variants of concern/interest, noting the ongoing 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.

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<sup>1</sup> Council Recommendation (EU) 2020/912 on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction

<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>



Based on the individualised country-levels risk assessments of countries not previously designated, the designation of the following is recommended:

- **Ecuador**

Based on the individualised country-levels risk assessments of countries previously designated, the continued designation of the following is recommended:

- **Argentina, Bolivia, Brazil, Chile, Colombia, Peru**

#### **Revocation**

Of countries previously designated, the revocation of the following is proposed:

- **Bangladesh, Botswana, Cuba, Democratic Republic of the Congo, Eswatini, Fiji, Georgia, India, Kazakhstan, Malaysia, Mozambique, Myanmar, Namibia, Pakistan, Paraguay, Russia, South Africa, Suriname, Trinidad and Tobago, Tunisia, Uganda, Uruguay, and Zimbabwe.**

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 the EAGT will continue to re-assess the high-risk countries currently recommended for designation. 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



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Dr Tony Holohan  
Chief Medical Officer



**Annex A. Restriction of travel from non-EU/EEA and EU/EEA countries with Mandatory Hotel Quarantine advised as follows:**

<b>VoCs</b>
Argentina
Bolivia
Brazil
Chile
Colombia
Ecuador
Peru