



24th September 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 11th September 2021, the 6 Designated States under the provisions of the Act were:

Argentina, Bolivia, Brazil, Chile, Colombia, Peru.

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. Following a review of the risk assessment process, with effect from 27th August, variants with the E484K mutation, including the Beta (B.1.351) and Gamma (P.1) variants, and additionally the Lambda (C.37) and Mu (B.1.621) variants are considered important.

As you are aware, the EAGT stated its intention to review the process in light of further evidence relating to the Delta variant, with particular regard to its ability to compete with, or replace, other named variants. The findings of this review were appraised by the EAGT at its meeting of 24th September, which concluded that, based on the most recent epidemiological intelligence, the Delta variant has demonstrated its ability to outcompete and replace all other variants, including the Beta, Gamma, Mu and Lambda variants.

In doing so, the following recommendations, with which I am in agreement, have been advised by the EAGT:

- the use of mandatory hotel quarantine facilities is no longer considered appropriate
- a valid RT-PCR test taken within 72 hours prior to arrival is required for those travelling without proof of immunity
- rapid antigen testing should not be accepted for travel purposes



- those travelling without a valid PCR test should undergo immediate testing on arrival, and should not exit home quarantine until a not-detected result is confirmed
- the requirement to undertake home quarantine, which may be exited with a not detected RT-PCR test taken no sooner than 5 days following arrival for those travelling without proof of immunity, is restricted to those planning to enter a setting with vulnerable people who are considered high-risk for the purposes of COVID-19 (e.g. hospital or long-term care facility)
- any individual who develops symptoms following travel should isolate immediately and undergo RT-PCR testing.

Consequently, of countries previously designated, the revocation of the following is recommended:

Argentina, Bolivia, Brazil, Chile, Colombia, Peru

These recommendations ensure that the current approach to travel remains appropriate and proportionate, and while the risk of further variants may arise in the future, at present, and given the predominance of the Delta variant, the risk of other variants is considered low. The situation will continue to be kept under review by the Department in conjunction with the HPSC's variant oversight group.

In making these recommendations, it is recognised that the role of the EAGT and the technical advisory sub-group will come to an end, and it is proposed that both groups now be stood down accordingly.

Yours sincerely

Dr Tony Holohan
Chief Medical Officer