



Dr Tony Holohan
Chief Medical Officer
Department of Health
Block 1, Miesian Plaza
50-58 Lower Baggot Street
Dublin 2

7 May 2021

Dear Dr Holohan,

As you are aware an expert advisory group on Travel was established on 1 March 2021. Following a Government Decision on 9 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. This revised composition will allow for consultation with a wider group of stakeholders at an earlier point in the process.

The expanded group had its first meeting on 7 May, following a meeting of the technical advisory sub-group on 6 May where the most recent international epidemiological situation was assessed and discussed. The sub-group Chair, Dr O'Flanagan, presented the enclosed technical report to the group advising of the current methodological approach and the sub-group's recommendations with regard to designation and revocation of Designated States, as provided for in 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"*.

The group discussed the detail of the technical report and agreed the report would be forwarded to the Chief Medical Officer to inform your advice to the Minister on the designation and revocation of Designated States under the Health Act 1947. Following consideration of the sub-group's technical report, the group noted the following:

Following a review of the epidemiological situation it is recommended **Nepal** be designated as a designated state on the basis of variant of concern (VOC).

Based on a 14-day incidence rate <500 per 100,000 and greater than 2.5 times the 14-day incidence in Ireland (318.8/100,000) the EAGT recommends the addition of **Anguilla** to the list of designated states.

Based on individualised country-levels analysis, and a review of the most recent variants of concern data, the EAGT is recommending the revocation of **Austria and Italy** as designated states.

Following review of the incidence data the revocation of **Armenia, Aruba, Bosnia and Herzegovina, Curaçao, Jordan, Kosovo, Lebanon, North Macedonia and Ukraine** as designated states is also recommended.

Following a review of the epidemiological situation with respect to variants of concern, it is recommended to continue to designate **Belgium, Canada, France, Luxembourg, Nigeria, Turkey and the United States of America**. It was requested by members of the EAGT that vaccination rollout (including the proportion of the population having received a first dose and second dose) be factored into future considerations of the technical sub-group, noting the proportions of the U.S. population now partially or fully vaccinated, and the likelihood of vaccination coverage becoming more relevant internationally as many states make progress.

The EAGT noted that the technical advisory group had proposed the designation of EU/EEA+ countries based on incidence rates including Croatia, Cyprus, Lithuania, Netherlands and Sweden on the basis of very high incidence (14-day incidence ≥ 500 per 100,000) and Estonia, Germany, Latvia and Slovenia on the basis of high incidence (14-day incidence rate < 500 per 100,000 and greater than 2.5 times the 14-day incidence in Ireland (318.8/100,000)). It was not possible for the EAGT to agree to endorse these recommendations and members noted that to date the Minister and the Government have been open only to application of the VOC criteria when considering designation of EU and North American countries, noting additionally the economic and diplomatic implications that decisions on designation can have.

On the latter point, I can confirm that legislation is being advanced to provide for some exemptions from MHQ for workers conducting repair and maintenance etc. of essential infrastructure.

There was broader discussion in relation to the appropriateness of the high incidence criteria, and specifically the use of 2.5 multiple of the Irish incidence rate, as the basis for designation. The EAGT have recommended that the technical advisory sub-group keep this under review. The EAGT noted assurances from the technical advisory group that processes are adaptable and kept under continuing review in the context of changing epidemiology both domestically and internationally.

The EAGT has noted that the technical report discussed included a number of views expressed by the technical group and which could not be regarded as the agreed perspective of the EAGT itself. These concerned home quarantine, potential strengthening of existing travel measures, including mandatory testing for inbound travellers, and genomic sequencing of all positive travel-related PCR cases.

This having been the first meeting of the expanded EAGT, in future the technical briefings will present proposals for consideration by the EAGT with a view, as far as possible, to an agreed output being generated.

The EAGT has also recommended that consideration be given to how vaccination rollout internationally may facilitate an easing of restrictions on travel and notes the input of the technical advisory subgroup that high levels of vaccination are expected to lead to significant improvements in the international epidemiological situation, for example as seen in Israel. It was noted that potential reduced vaccine efficacy against VOCs remains a concern. The EAGT noted and welcomed the

exemption from MHQ for persons fully vaccinated¹ with an EMA (European Medicines Agency) authorised vaccine² or equivalent.

Finally, the EAGT favours weekly reviews of epidemiological data with a view to timely revocation of designated status where such a decision can be supported on public health grounds. I have confirmed that current practice is to consider incidence data daily and to make recommendations on revocation weekly and am happy to convene EAGT meetings weekly to contribute to this process.

I hope this information is useful to you, to ensure that your advice to the Minister for Health in relation to designation of states under section 38E of the Health Act 1947 continues to be informed by the best available and most recent data and analysis.

Yours sincerely,



Fergal Goodman

Chair Expert Advisory Group on Travel

¹ An individual is considered fully vaccinated 7 days after the second dose of Pfizer/BioNTech/Comirnaty®, 14 days after second dose of Moderna®, 15 days after the second dose of Vaxzevria®/AstraZeneca and 14 days after Johnson & Johnson/Janssen® vaccine

<https://www.hse.ie/eng/health/immunisation/hcpinfo/covid19vaccineinfo4hps/clinicalguidance.pdf>

² Currently EMA approved vaccines include Pfizer/BioNTech, Moderna, AstraZeneca, Johnson & Johnson/Janssen <https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines-covid-19>