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

21 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 allows for consultation with a wider group of stakeholders at an earlier point in the process.

At the meeting of the EAGT earlier today, 21 May, the most recent international epidemiological situation was assessed and discussed. The Technical Advisory Sub-group (TAS) 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 no additional countries are recommended for designation at this time. It is recommended **Nigeria** be revoked as a designated state on the basis of variant of concern (VOC).

Following a previous request to conduct a review of the definition of high incidence risk criterion, and the appropriateness of the multiplier of 2.5 used heretofore. It was proposed and agreed that a 5x multiplier be used as of 20 May, reflecting the ratio between Ireland's 14-day incidence (101.4 as of 20 May) and the ECDC high risk threshold (500 per 100,0000). This reflects the improvement in Ireland's 14-day incidence in recent weeks. This has resulted in all countries meeting this criterion being captured in the very high risk threshold at present.

Following review of the incidence data the revocation of **Andorra, Georgia, Kuwait, Mongolia** and **Puerto Rico** as designated states is 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, and the United States of America**. The proposal from the Technical Advisory Subgroup to develop a risk matrix-based approach to provide further clarity to the EAGT on the range and balance of factors informing subgroup recommendations has been welcomed and this proposal will now be developed. It was agreed that vaccination rollout (including the proportion of the population having received a first dose and second dose) be factored into this approach, noting the proportions of the population in the USA and elsewhere now partially or fully vaccinated, and the likelihood of vaccination coverage becoming more relevant internationally as many states make progress. It was noted that potential reduced vaccine efficacy against VOCs, including preliminary data from the UK in relation to the B.1.617 variant, remains a concern. The EAGT continues to support the exemption from MHQ for persons fully vaccinated[1] with an EMA (European Medicines Agency) authorised vaccine[2] or equivalent and noted that, from the USA in particular, an increasing proportion of travellers are qualifying from an exemption from MHQ on this basis.

The EAGT noted that the technical advisory group had proposed the designation of EU/EEA+ countries based on incidence rates including Cyprus, Lithuania and Sweden on the basis of very high incidence (14-day incidence ≥500 per 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 the application of the VOC criteria when considering designation of EU and North American countries, noting additionally the economic and diplomatic implications decisions on designation can have.

[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

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.

Dr O'Flanagan also provided an overview of current understanding and public health concerns at the nature of the B.1.617 variant. Dr O'Flanagan, supported by Dr Mairin Boland, and with reference to the technical report provided outlined the public health justification for continued designation of United Arab Emirates.

The EAGT has also welcomed consideration of a low incidence threshold, below which a country conducting sufficient levels of testing, would not be considered for designation as a designated state. The Group was advised that the European Commission is considering a threshold of 75 per 100,000 for consideration of countries listed in Annex I, and potential alignment with this for the definition of low incidence threshold was welcomed.

Finally, both the EAGT and the technical subgroup have agreed to proceed on the basis of weekly reviews of epidemiological data. This will facilitate timely revocation of designated status where such a decision can be supported on public health grounds. Both groups will convene weekly, from this week forward, to contribute to this process. It is noted that gathering of full epidemiological data and preparing a risk matrix on a weekly basis presents timing and resource challenges, but this is considered appropriate given the importance of timely decisions supported by latest public health advice.

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