

Dr Tony Holohan
Chief Medical Officer
Department of Health
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4 June 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. As Chair of this group I consider that it is working well as a means of enabling colleagues in other Departments to understand the depth and breadth of analysis being brought by the technical experts to this challenging task.

Following the most recent meeting of the EAGT, on 4 June, the most recent international epidemiological situation was assessed and discussed. A member of the Technical Advisory Sub-group (TAS), Dr Hendrick, 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, with respect to variants of concern, it is recommended to continue to designate **Canada**.

It was noted that prior to the meeting of EAGT on 4 June, but subsequent to the meeting of the EAGT-TAS on 3 June, the UK announced its intention to add Afghanistan, Bahrain, Costa Rica, Egypt, Sudan, Sri Lanka and Trinidad and Tobago to its red list. Of countries not currently designated, and taking a precautionary approach, the EAGT supports immediate designation based on the common travel area, the risk of onward contagion effect, awareness of the significant epidemiological intelligence conducted by Public Health England, and representation from the EAGT-TAS who advised the EAGT in relation to public health concerns in these areas. Therefore, the designation of **Afghanistan, Egypt, Sudan, and Sri Lanka** is recommended. Additionally, it is proposed to reclassify Bahrain and Costa Rica from high incidence risk to the VOC risk category, and to designate Trinidad and Tobago on this basis, noting that independent of such a recommendation, following the most recent assessment **Trinidad and Tobago** meet the high incidence criterion.

No revocations are advised at this time.

Following agreement at the meeting of 21 May the Technical Advisory Subgroup in collaboration with HSE-HPSC have developed a risk matrix which was discussed at the EAGT. This matrix takes account of a composite of measures including VOC; Incidence; Testing; Vaccination; Travel and broader information, with the latter taking consideration of information relating to informing designation on the UK Red list and third countries listed as 'Annex I' countries by the European Commission. This matrix is being run in parallel to the current approach with a view to final refinements, validation, and acceptance by the EAGT on 11 June. Fuller detail in relation to this approach is included in the technical briefing. The EAGT welcomed the development of the matrix approach. It 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, and has welcomed both a review and revision of the multiplier informing the threshold of high risk incidence criterion, and the planned transition to the risk matrix-based approach in the VOC risk assessment process.

The EAGT notes that potential reduced vaccine efficacy against VOCs, including emerging data from the UK in relation to the Delta (B.1.617.2) variant, remain a concern, and understand that separate risk assessments are being conducted, on a regular basis, with respect to same.

The EAGT also notes that following the continued improvement in the epidemiological situation across Europe, no countries are being proposed for designation. 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/EEA countries, noting additionally the economic and diplomatic implications decisions on designation can have.

Finally, the EAGT continues to favour 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, and as per previously agreed process, now meets on a weekly basis.

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