

Dr Tony Holohan
Chief Medical Officer
Department of Health
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18 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 18 June, the most recent international epidemiological situation was assessed and discussed. The chair of the Technical Advisory Sub-group (TAS), Dr O'Flanagan, presented the enclosed technical report to the group advising of the updated 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 revoke the designation of **Canada**. Based on a 14-day incidence rate ≥ 500 per 100,000, the EAGT advises that **Mongolia** is added to the designated list due to a 14-day incidence of 635.54 per 100,000

Following agreement at the meeting of 21 May the Technical Advisory Subgroup in collaboration with HSE-HPSC have developed a risk matrix which was formally adopted 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 was fully adopted, following a two-week parallel run with the pre-existing approach, with acceptance by the EAGT on 11 June. Fuller detail in relation to this approach is included in the technical briefing.

The EAGT has noted concerns expressed by the technical advisory subgroup at the increasing proportion of Delta variant cases in a number of countries, including a number of EU countries. The subgroup has advised that based on the current epidemiology, Ireland has an opportunity not available to most European countries to contain spread of the Delta variant while the vaccination programme progresses. The technical subgroup has advised that there is a significant risk posed to the unvaccinated population by the Delta variant and that the threshold to achieve herd immunity from the Delta variant is likely to be 80% or more, which is higher than that for other variants. Views were expressed among the technical subgroup that non-essential travel should be discouraged until herd immunity can be achieved through vaccination, which would probably be after the summer period.

The EAGT has noted the scientific basis for these advices, while also acknowledging that international travel policy is informed by a range of factors and that such policy is determined by Government. Based on discussions about the international epidemiological situation, the EAGT has agreed that the HPSC will in particular closely monitor Thailand and Russia in the coming weeks. The proportion of cases in the USA constituted by the Delta variant was noted. With regard EU countries with increasing prevalence of VOC, the Department will seek from ECDC clarification as to what proportion of VOC should be considered high prevalence. It is intended to continue to assess the epidemiological situation within the EU to inform interdepartmental discussion and Government consideration of travel risks. I noted to the EAGT that, as considered necessary, the Chief Medical Officer and the Department of Health provide public advice to Government on such matters outside of the EAGT arrangements in any case.

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, continues to meet 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