



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

16 July 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 Government's stated intention to broadly align with the EU to the lifting of restrictions on non-essential travel with effect from 19 July, a review of the existing process was conducted accordingly. This review also considered the predominant status of the Delta variant in Ireland, and the continued progress made in the vaccination programme, and aims to ensure the continued appropriateness and proportionality of the recommended approach, while contributing to a better coordination of travel restrictions with other Member States.

The recommendations of this review were presented and agreed at the meeting of the EAGT on 16 July. It was agreed the approach should where possible align with the Council Recommendations 2020/912 and 2020/1475 outline the approach to lifting of restrictions on non-essential travel, including the activation of an Emergency Brake Mechanism in the case of "a rapid deterioration of the epidemiological situation or a high prevalence of variants of concern or interest in third countries or in the Member States".

This approach involves a review of countries and territories, with application of the previously agreed risk matrix, to which the emergency brake mechanism has been activated by other Member States, and that as appropriate other high-risk countries/territories as identified would be reviewed and, where recommended for designation, subject to two-weekly review. In doing so I note that this will result in a discontinuation of full alignment with the UK Red List which had applied heretofore.

It was agreed that the “very high incidence” criterion will continue to apply to countries/territories with a 14-day incidence rate ≥ 500 per 100,000; however, the proposal to exclude countries/territories with small populations was accepted, noting the sensitivity of the incidence to a relatively small number of absolute cases. Where a persistent risk in a small country/territory is identified it is proposed that a risk assessment will be undertaken.

In aligning with the approach for EU/EEA countries, it was agreed that the ECDC colour-mapping will be used in assessing risk. It was noted that the “dark red” classification, which represents an incidence > 500 per 100,000 is considered high-risk and it is recommended that messaging discouraging non-essential travel to or from such regions should be considered.

Finally, it was agreed that the “high risk” incidence criterion, which was previously defined as a 14-day incidence < 500 per 100,000 and a 5-times multiple of Ireland’s 14-day incidence, should no longer be applied.

In applying this process, it was noted that to date Belgium is the only country to formally activate the emergency brake mechanism, with its application to 27 countries. Of these, 26 were subject to detailed risk assessments, it being noted that the UK is the subject of separate risk assessment processes regarding the Delta variant. Additionally, four high-risk countries were identified and subject to detailed risk assessments. I enclose the enclosed technical report provided to the group advising of the updated methodological approach and risk assessments.

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 of Designated States under 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 consideration of the technical report, and as provided for in the Health Act 1947 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 **Argentina, Bangladesh, Bolivia, Botswana, Brazil, Chile, Colombia, Democratic Republic of the Congo, Eswatini, India, Indonesia, Mozambique, Myanmar, Namibia, Pakistan, Paraguay, Peru, Republic of South Africa, Russia, Suriname, Trinidad and Tobago, Tunisia, Uganda, Uruguay, Zimbabwe**
- No additional countries are recommended for designation on the basis of VOC at this time.

- It was noted that the emergency brake mechanism was additionally applied, by Belgium, to Bahrain, Georgia, Lesotho and Nepal, however on review of the data their continued designation was not recommended.

Based on a 14-day incidence rate ≥ 500 per 100,000, the EAGT recommends the continued designation of **Kuwait and Mongolia**, and the designation of **Cuba** based on 14-day incidence of 564.6, 902.1, and 529.5 per 100,000, respectively. It was agreed that the British Virgin Islands, Fiji, Jersey and Cyprus would be subject to monitoring, owing to their smaller population sizes. Based on the evidence of sustained high incidence in the **Seychelles**, a detailed risk assessment was conducted and its continued designation is recommended.

Of countries previously designated, to which an emergency brake has not been applied, following a review of the epidemiological data the revocation of the following is recommended:

Afghanistan, Angola, Bahrain, Burundi, Cape Verde, Costa Rica, Dominican Republic, Ecuador, Egypt, Eritrea, Ethiopia, French Guiana, Guyana, Haiti, Kenya, Kyrgyzstan, Lesotho, Malawi, Maldives, Mongolia, Nepal, Oman, Panama, The Philippines, Qatar, Rwanda, Somalia, Sri Lanka, Sudan, Tanzania, Turkey, United Arab Emirates, Venezuela, Zambia

In advising such revocations the EAGT also noted the distinction between Annex I and other third countries, in which context the Council Recommendation advises that the restriction on non-essential travel (as applied by other Member States) would continue to apply to the latter, and noting that the Council recommends that fully vaccinated or recovered individuals should be exempt from such restriction. It was agreed that aligning with existing DFA travel advice for specific destination may provide an opportunity to communicate the relative public health risks of travel to higher-risk third countries accordingly.

The EAGT continues to monitor the epidemiological situation in Ireland and 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. It is intended to reconvene the EAGT in two weeks to review any updates, and re-assess the high-risk countries recommended for designation, to which an emergency brake has not been applied. The EAGT welcomed this approach, and the continued timely revocation of designated status where such a decision can be supported on public health grounds, noting that this may apply automatically where a criterion is no longer met e.g. very high incidence.

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