



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

27 August 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.

A review of the existing approach by the technical expert sub-group was presented at the meeting of 27 August. This review considered the predominant status of the Delta variant in Ireland, the approach to travel across the EU, 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 EAGT agreed that such a review was appropriate in the context of Ireland's 14-day incidence, of 531.9 per 100,000 as at 26 August, and the dominance of Delta, being 97% of samples sequenced as at week 30, and on a background of continued success and progress of the vaccination programme, with 86% of adults fully vaccinated, and 91% of adults partially vaccinated.

With consideration of the Council Recommendations 2020/912 and 2020/1475, on the lifting of restrictions on non-essential travel, it was highlighted by the technical sub-group that differences exist with respect to the identification and measures in place for high-risk and virus variant countries across member states. Furthermore, it was noted that Ireland has not fully aligned with the recommendations in respect of discouraging non-essential travel from dark red countries, and the continued restriction of non-essential travel for unvaccinated travellers from third countries not listed on Annex I.

Taking regard of these considerations, it was agreed that of countries/territories that are reporting a predominance of the Delta variant, and where other variants have demonstrated an inability to outcompete the Delta variant, revocation be recommended. With regard to future risk assessments and the consideration of variants, it was agreed that variants with the E484K mutation, including the beta and gamma variants would be considered as important, and additionally variants which have not yet been fully displaced by Delta including the C.37 (Lambda) and B.1.621 variants form part of the assessment. Furthermore, there was agreement that the “very high incidence” criterion, currently defined as a 14-day incidence of ≥ 500 per 100,000, be paused, and the appropriateness of this criterion be reviewed on a regular basis in the context of Ireland’s epidemiological situation.

The EAGT noted that the revised approach and a significant reduction in the number of countries travellers from which would be subject to MHQ, would place a greater reliance on other public health measures relating to travel, and that a reappraisal of such measures, including post-arrival RT-PCR testing and home quarantine, including the operation of and compliance with both measures, would be appropriate. While the technical group had advised that the approach should be contingent on oversight, monitoring and reporting of these measures, the EAGT agreed that the revocation/designation changes should be adopted immediately, pending this reappraisal rather than being contingent on same. There was strong support for the introduction of a pre-travel declaration form, which would require individuals, including those fully vaccinated, to confirm their asymptomatic status and absence of a positive PCR or antigen test in the 10 days prior to travel. The need for the latter was emphasised based on experience of a number of COVID positive individuals, with recent positive test results, travelling using the digital covid certificate.

The group agreed that the technical 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:

- Of countries currently designated the continued designation of the following is proposed:
Argentina, Bolivia, Brazil, Chile, Colombia, Peru
- Of countries not currently designated the designation of the following is proposed:
Ecuador
- Of countries currently designated the revocation of the following is proposed:
Bangladesh, Botswana, Cuba, Democratic Republic of the Congo, Eswatini, Fiji, Georgia, India, Kazakhstan, Malaysia, Mozambique, Myanmar, Namibia, Pakistan, Paraguay, Russia, South Africa, Suriname, Trinidad and Tobago, Tunisia, Uganda, Uruguay, and Zimbabwe

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 re-assess the situation in those high-risk countries recommended for designation, and consider the relevant epidemiological intelligence. The EAGT welcomed this approach and supported the continued timely revocation of designated status where such a decision can be supported on public health grounds.

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,

A handwritten signature in black ink, appearing to read 'F. Goodman', with a stylized, cursive script.

Fergal Goodman

Chair Expert Advisory Group on Travel