An Roinn Sláinte Department of Health



Dr Tony Holohan
Chief Medical Officer
Department of Health
Block 1, Miesian Plaza
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Dublin 2

10 September 2021

Dear Dr Holohan,

As you are aware an expert advisory group on Travel (EAGT) 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.

A revised approach to travel was proposed by the technical advisory sub-group and agreed at the EAGT meeting of 27 August. This revision was based on the predominant status of the Delta variant in Ireland, further alignment with the approach to travel across the EU, and the continued progress made in the vaccination programme, and ensures the continued appropriateness and proportionality of the recommended approach, while contributing to a better coordination of travel restrictions with other Member States.

With consideration of the Council Recommendations 2020/912 and 2020/1475, on the lifting of restrictions on non-essential travel, the technical sub-group continued to note 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.

Additionally, the EAGT noted that the revised approach continues to 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.

With specific regard to variants, the revised risk assessment process considers variants with the E484K mutation, including the Beta and Gamma variants of concern, and additionally the Lambda (C.37) and Mu (B.1.621) variants of interest, which have not yet been fully displaced by Delta, as important. The appropriateness of the variants considered is reviewed on a regular basis and in this regard the technical sub-group are proposing to bring a formal review to the EAGT on 24 September of the emerging evidence in this area, and associated recommendations. The EAGT noted that the initial evidence suggests that the Delta variant has the ability to outcompete these variants.

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 no additional designations are proposed
- Of countries currently designated the revocation of the following is proposed:

Ecuador

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 the emerging evidence in relation to non-Delta variants and, based on the findings, to consider the public health advice in relation to the approach to travel and the designation of states. 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,

Fergal Goodman

Chair Expert Advisory Group on Travel

F. Goode