

8 April 2021

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

Dear Dr Glynn,

As you are aware an expert advisory group on Travel (EAGT) was established on 1 March 2021. This multi-disciplinary team is composed of experts from the fields of public health, infectious diseases, microbiology, bioethics, and travel policy. The EAGT has established a methodological approach for risk assessments to inform the designation of countries as 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”*. Such assessments take into account guidance and data from the World Health Organization (WHO), the European Centre for Disease Prevention and Control (ECDC), the Health Protection Surveillance Centre of the Health Service Executive, and additionally current international epidemiological data and most recent evidence relating to COVID-19 transmission from an extensive list of other specific sources.

Following on from the most recent meeting of the Expert Advisory Group on Travel (EAGT), and as part of its remit to consider the broad issues relating to travel, the group notes:

- the critical timepoint and increasing risk to the vaccination program in Ireland and to the control of the COVID-19 epidemic in Ireland from the importation of new variants of SARS-CoV-2, including from some EU countries with outbreaks involving new variants
- the inability of many countries both within and outside the EU to adequately monitor the emergence of new variants through systematic genomic sequencing and the difficulty therefore to obtain reliable information on the circulation of new variants in many countries
- the unknown and presumably inadequate compliance rate with the system of home quarantine as currently deployed in Ireland
- the uncertainty relating to the ability of some new variants to out-compete the predominant strain (B.1.1.7) currently circulating in Ireland
- the ongoing identification of new cases of novel variants in the community in Ireland, and the very significant public health resources that are being deployed to prevent further transmission.

While the group acknowledge divergent views, within the EAGT, as to the optimal approach to prevent importation of SARS-CoV-2, with some recognising the need for even stronger measures and all members recommending strengthening of existing travel measures, including mandatory testing for all inbound travellers, genomic sequencing of all positive travel-related PCR cases, and improved oversight and audit of compliance with home-quarantine. Recognising the Group's terms of reference and current legislation, the following recommendations, being time-bound and considered interim in nature, are proposed:

- 1 (a) That Ireland adopts the Council of the European Union recommendation (EU) 2020/912 on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction¹. This approach permits travel of non-EU/EEA citizens from third countries as determined by the following criteria:
 - the "14-day cumulative COVID-19 case notification rate", that is, the total number of newly notified COVID-19 cases per 100 000 population in the previous 14 days,
 - the trend of new cases over the same period in comparison to the previous 14 days is stable or decreasing,
 - the "testing rate", that is, the number of tests for COVID-19 infection per 100 000 population carried in the previous seven days,

¹COUNCIL RECOMMENDATION (EU) 2021/132 of 2 February 2021 <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021H0132&qid=1616597189220&from=en>

- the “test positivity rate”, that is, the percentage of positive tests among all tests for COVID-19 infection carried out in the previous seven days,
- the nature of the virus present in a country, in particular whether variants of concern of the virus have been detected. Variants of concern are assessed as such by the European Centre for Disease Prevention and Control (ECDC) based on key properties of the virus such as transmission, severity and ability to escape immune response.

A comprehensive review informs amendments to this list and is conducted every two weeks, offering a predictable and transparent approach to categorisation. EU residents/citizens coming into Ireland from third countries, excluding those listed in Annex I, should be required to enter mandatory hotel quarantine.

(b) Recognising that this does not mitigate the risk relating to travel from EU/EEA countries, noting that the ECDC Risk Assessment of 21 January 2021 “assesses the probability of the introduction and community spread of variants of concern in the EU/EEA as **very high...**” that travellers, from those countries, enter mandatory hotel quarantine based on the following prioritisation:

1. Known countries with VOC
 2. Very high incidence countries with a 14-day incidence ≥ 500 per 100,000
 3. High incidence countries with a 14-day incidence less than 500 per 100,000 and greater than 2.5 times the 14-day incidence rate of Ireland.
- 2 Recognising the above preferred recommendation may take some time to implement it is recommended, based on a uniform and non-discriminatory application of the methodology, and careful consideration of individual states, that travellers from EU/EEA and non-EU countries enter mandatory hotel quarantine based on the following prioritisation:
1. **Known countries with VOC**, based on individualized risk assessment and alignment with the UK Red list, based on the common travel area, and likely onward contagion effect.
 2. **Very high incidence** countries with a 14-day incidence ≥ 500 per 100,000, reflecting the ECDC high risk classification threshold.
 3. **High incidence** countries with a 14-day incidence less than 500 per 100,000 and greater than 2.5 times the 14-day incidence rate of Ireland, reflecting the WHO recommendation to tailor restrictions based on epidemiological differences between

country of origin and destination country, and the proportionate incidence differential between Ireland and the ECDC high risk classification threshold at the establishment of the EAGT.

Known countries with VOC

The EAGT recommends alignment with the UK Red list and the addition of Bangladesh, Kenya, and Pakistan.

Additionally, the EAGT's assessments considered data relating to B.1.525, B.1.351, B.1.1.7 with E484K mutation, B.1.427/B.1.429, B.1.616, P.1, P.2 and P.3 variants; and the E484Q, L452R, N501Y and H655Y mutations. Based on individualised country-level analysis the EAGT is recommending the addition of Belgium, Canada, France, Italy, Luxembourg, Turkey and the United States of America.

In considering its recommendations, the EAGT has noted challenges with data quality and availability, particularly with regards to limitations in or absence of genomic sequencing capacity and reporting in the majority of countries.

High or Very high Incidence

In addition to the direct data relating to VOCs, the EAGT recognises that high or very high incidence, is a risk in and of itself, given that viruses constantly change and that mutations may arise during the viral replication process. Recognising that a higher incidence rate represents an increased risk of a mutation arising, some of which, or combination of which, may provide the virus with a selective advantage, including increased transmissibility, the ability to evade the host immune response or the ability to impact on the potential effectiveness of vaccination.

Very high incidence

Based on a 14-day incidence rate ≥ 500 per 100,000², the EAGT recommends addition of Bermuda, Bosnia and Herzegovina, Bulgaria, Curaçao, Croatia, Cyprus, Czechia, Estonia, Hungary, Isle of Man, The Netherlands, Poland, Slovenia, and Sweden.

² ECDC incidence data 8/4/21. <https://www.ecdc.europa.eu/en/publications-data/data-national-14-day-notification-rate-covid-19>

High incidence

Based on a 14-day incidence rate <500 per 100,000 and greater than 2.5 times the 14-day incidence in Ireland (380/100,000), the EAGT recommends inclusion of Armenia, Lithuania, Maldives, Romania and Ukraine.

Revocation

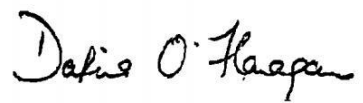
Following review of the incidence data the group is recommending revocation of Albania, Israel, and Saint Lucia.

The Group wishes to advise that it applies the four-stage proportionality test, as formulated in European law to its recommendations, with consideration of legitimacy, suitability to achieving the objective, consideration of possible alternative measures to achieve the same objective, and reasonability in the context of the current restrictions as they apply to those within Ireland. With respect to necessity the group continues to recommend that existing travel measures be strengthened, including mandatory testing for all inbound travellers, genomic sequencing of all positive travel-related PCR cases, and improved oversight and audit of compliance with home-quarantine, and recognizes the context of its recommendations having regard for *“the nature and potential impact of Covid-19 on individuals, society and the State”*. Furthermore, the EAGT notes, that following designations of states by the Minister under section 38E, and recognising the rights enjoyed under Article 21 TFEU, quarantine does not bar entry to the state for any person from a designated state and rather only requires that they complete a period of mandatory quarantine on arrival to the state.

We also wish to advise that, from an operational perspective, the group will continue to review and provide recommendations on a 2-weekly basis, reflecting the most up-to-date epidemiological position and in line with the Group’s Terms of Reference. The EAGT recognises such recommendations as interim in nature, aimed at *“preventing, limiting, minimising or slowing the spread of Covid-19 in the State”* and particularly recognises the need to ensure vaccination programme rollout proceeds as planned.

The EAGT also wishes to advise that it maintains detailed records of the basis for its approach, criteria and recommendations in individual cases, and is happy to furnish such details if requested.

Yours sincerely,

A handwritten signature in black ink, reading "Darina O'Flanagan". The script is cursive and fluid, with the first name "Darina" and the last name "O'Flanagan" clearly legible.

Dr Darina O'Flanagan

Chair Expert Advisory Group on Travel

A. Based on recommendation 2 - Restriction of travel from non-EU/EEA countries, to Irish citizens or residents, with prioritisation of Mandatory Hotel Quarantine as follows:

1. VOCs	2. Very high incidence		3. High incidence¹	
Angola	Andorra	900.5	Armenia	435.1
Argentina	Aruba	825.2	Kuwait	423.1
Bangladesh	Bahrain	754.3	Maldives	395.5
Bolivia	Bermuda	915.3	Moldova	497.1
Botswana	Bonaire, Saint Eustatius and Saba	1334.8	Monaco	471.5
Brazil			Puerto Rico	440.5
Burundi	Bosnia and Herzegovina	674.9	Ukraine	461.0
Canada	Curaçao	2452.8		
Cape Verde	Isle of Man	611.5		
Chile	Jordan	928.3		
Colombia	Kosovo	638.8		
DRC	Lebanon	585.1		
Ecuador	Montenegro	853.4		
Eswatini	North Macedonia	710.7		
Ethiopia	Palestine	555.2		
French Guiana	San Marino	1216.1		
Guyana	Serbia	960.6		
Kenya	Wallis and Futuna	907.0		
Lesotho				
Malawi				
Mozambique				
Namibia				
Nigeria				
Oman				
Pakistan				
Panama				
Paraguay				
Peru				
Philippines				

Qatar				
Republic of South Africa				
Rwanda				
Seychelles				
Somalia				
Suriname				
Tanzania				
Turkey				
United Arab Emirates				
United States of America				
Uruguay				
Venezuela				
Zambia				
Zimbabwe				

¹ Based on 14-day incidence of 380 per 100,000 (being 2.5 times the 14-day incidence of 152 per 100,000 in Ireland for week 10)

B. Based on recommendation 2 - Restriction of travel from EU/EEA countries with prioritisation of Mandatory Hotel Quarantine as follows:

1. VOCs		2. Very high incidence		3. High incidence ¹	
Austria	491.5	Bulgaria	713.2	Lithuania	389.1
Belgium	550.6	Croatia	551.4	Romania	399.0
France	801.9	Cyprus	618.8		
Italy	489.4	Czechia	808.7		
Luxembourg	470.2	Estonia	1007.3		
		Hungary	1117.9		
		Netherlands	571.7		
		Poland	988.8		
		Slovenia	673.1		
		Sweden	739.2		

¹ Based on 14-day incidence of 380 per 100,000 (being 2.5 times the 14-day incidence of 152 per 100,000 in Ireland for week 10)