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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 17 November 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Deputy Head of Unit, European Commission, DG SANTE C3

Audio participants: AT, BE, CZ, DE, DK, EE, EL, ES, FI, FR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, NO, CH, UK, AD, DG SANTE, DG MOVE, HERA, SG, COUNCIL, EMA, ECDC, WHO

Agenda points:

1. Technical Report: “Contact tracing in the European Union: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases – fourth update” – Presentation by ECDC
2. Current 4th wave of COVID-19 in Europe – up-date on measures taken by Member States
3. Booster vaccines and the validity of the EU Digital COVID Certificate – Presentations by ECDC, SANTE B3 (up-date on the work of the eHealth network regarding coding of booster vaccines in the EU DCC), Member States
4. EU 'traffic-light map': Results survey and report from a working group meeting
5. Update on the expert group on variants of concern – Presentation by HERA
6. AOB

Key messages:

1. **Technical Report: “Contact tracing in the European Union: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases – fourth update” – Presentation by ECDC**

On 28 October, the European Centre for Disease Prevention and Control (ECDC) [published](#) a Technical Report with the 4th update on recommendations for Contact Tracing in the European Union. Contact tracing remains an essential public health measure. In conjunction with active case finding and testing, and in synergy with other measures, such as physical distancing. Contact-tracing supports early diagnosis and can interrupt onwards transmission through rapid identification and management of secondary cases. The technical report includes two new recommendations:

1. Differentiation between the **management of vaccinated contacts** (symptom monitoring/ distance/masks until day 14/avoid contact with vulnerable people/stay home from work if with vulnerable people) versus **unvaccinated and partially vaccinated contacts** (quarantine with PCR test on day 10).

2. Revised recommendations for **contact tracing in school settings** (test only closest contacts of confirmed case; if 2 or more cases (including the index case) in a class are found, test the whole class; if additional cases are found in a class, consider to quarantining the whole class).

2. Current 4th wave of COVID-19 in Europe – up-date on measures taken by Member States – all countries are invited to intervene

Case notification rates are rising across the EU, and in some Member States health systems are under pressure. At the same time, vaccine uptake still needs to be increased, and vaccine hesitancy has already been discussed in the Health Security Committee. To curb the current wave of new cases, some Member States have (re)introduced non-pharmaceutical measures. Health Security Committee members shared their current epidemiological situation and measures.

AT shared its epidemiological situation and their step-wise approach on implementing COVID-19 measures based on the intensive care unit occupation rates. AT currently has the last step of this approach in place, which includes lockdown for non-vaccinated, 2G (*i.e. proof of either vaccination or recovered*) and FFP2-obligation for most setting. AT introduced new entry measures as of 17 November (*entry by 2,5G: either vaccination, recovery, or PCR test. For 3G either vaccination, recovery, PCR test or an antigen test*). Vienna has stricter measures in place compared to other regions. The **COM** asked how AT will monitor the lockdown for unvaccinated citizens. **AT** explained that the police will check this during ID controls and random checks.

DK sees a significant rise of infected cases and hospitalised cases with COVID-19, with more than 3,000 daily cases. In DK, around 76% of the population is vaccinated. DK is currently recommending a booster shot to elderly and vulnerable groups; the booster campaign started already on 1 October. DK will also recommend children 5-11 years old to get vaccinated once this is approved.

In **SK**, the situation has been severe during the past weeks, with more than 8,000 daily cases. The intensive care unit occupancy is extremely high, 80% of the hospitalised patients are unvaccinated. Therefore, the government proposed new measures: stricter non-pharmaceutical interventions (such as FFP2 masks worn indoors), employers are allowed to ask for the vaccine/recovery certificate.

In **EE**, the overall situation has been severe, but has started to improve slowly. The need for hospital treatment is slowly declining, despite the overall rate still being high. EE introduced new measures including stricter non-pharmaceutical interventions, all activities and public events should end at 23h00. Indoor events can only be attend by persons with a recovery or vaccine certificate (no test). The police carries out inspections for wearing masks and having a COVID-19 certificate. Testing strategies are implemented at schools (self-tests). EE still focuses on increasing its vaccination rates. Access to vaccination has been improved for vulnerable people and people with mobility issues.

IE reported having 9£% of the adult population fully vaccinated. IE has seen an increase of cases, as well as in the hospital and at intensive care units. More recently, the government has announced new COVID-19 measures. Everyone who is able to work from home, should work from home. People who have been in close contact, are required to take three antigen tests, which are provided free of charge by the government. IE recommends boosters doses for the elderly.

IT has a high vaccination coverage, the EU Digital COVID Certificate is mandatory to access public places (transportation, restaurants, etc.). On 19 November, a meeting will be held to discuss further measures.

The epidemiological situation in **SI** is severe. SI hopes to have reached the plateau for new cases, as there are a lot of COVID-19 patients hospitalised and at the intensive care units. SI introduced new COVID-19 measures including mandatory use of masks in public spaces, proof of vaccination, recovery or test should be showed for work, to attend social activities and to make use of the healthcare system. In week 46, SI introduced massive testing in schools. SI provides booster doses for all above 65+ and vulnerable groups. SI also sees an increase of vaccine uptake for the first dose.

3. Booster vaccines and the validity of the EU Digital COVID Certificate

The topic of boosters is now top of the agenda in many Member States. More than 7 million individuals in the EU/EEA have already received an additional dose following the primary vaccination course. Some EU/EEA countries are now issuing booster doses to those most vulnerable to severe disease and death, e.g. the elderly and residents in long-term care facilities, to improve protection after completing the primary schedule.

a. Vaccine effectiveness, booster doses and vaccine certificates - Presentation by ECDC

ECDC presented a summary of **evidence for vaccine effectiveness** of COVID-19 vaccines, highlighting that evidence shows a **reduction of vaccine effectiveness** against mild infection and moderate disease at four to six months after completion of full vaccination compared to seven to fourteen days after full vaccination. The **vaccines are achieving** what they are supposed to do - protecting people from getting severely sick and dying from COVID-19. Vaccines are not as effective at blocking the circulation of the virus. Vaccinated people can still be infected, act as carriers, and may transmit the infection to others, especially to those who are unvaccinated or partially vaccinated. This makes increasing vaccination uptake even more important as the impact of vaccinated persons transmitting the virus is much higher when they are surrounded by unvaccinated persons compared to vaccinated persons. **Vaccine certificates** are proof of having been vaccinated, and not proof of immunity.

ECDC [published](#) a new document on 11 November, on the **overview of the implementation of COVID-19 vaccination strategies and deployment plans in the EU/EEA**. All 30 countries recommend an additional dose as an extension of the primary series to those with weakened immune systems and are also recommending booster doses for waning immunity to different population groups.

ES mentioned that the country observed that the vaccine effectiveness is more stable over time. It seems vaccine effectiveness for hospitalisation and ICU occupation remains stable in ES. **ECDC** responded they have made the same observation in ES.

b. Booster vaccines and the validity of the EU Digital COVID Certificate – Presentation by SANTE B3

The COM will **soon adopt technical rules** on the **uniform encoding of COVID-19 booster shots** in the EU DCC. MS can already issue EU DCC for booster shots and some MS have already started doing so. According to the Trust Framework of EU DCC, there is a **technical expiration date** on each EU DCC, which was introduced due to security reasons. This technical expiration date is **not** connected with the length of validity of the EU DCC regulation or with topics related to the length of immunity provided by vaccination. The **eHealth Network** is currently discussing how to handle the reissuance of certificates in the best possible way as well as the issue of validity of certificates in view of the coding. The COM informed the HSC that the discussion on the validity of vaccination certificates is becoming very politically sensitive and the COM is exploring all options for further coordination on this matters to then come to the HSC with concrete proposals.

Andorra asked what the EU COVID Digital COVID Certificate will show for a person who recovered from COVID-19, received only one shot, and will now receive a booster dose. The **COM** responded that

according to the current agreement, a person who recovered from a COVID-19 infection and received one shot will show 1/1, once they receive a booster dose, it will show 2/2.

SK asked if someone who received a non-EU approved vaccine (e.g. Sputnik), and an EMA approved booster vaccine, will be considered fully vaccinated/accepted for the EU Digital COVID Certificate. The **COM** will come back on this.

c. Comments from HSC members about their national policies on providing booster vaccines

FR started administering booster vaccines for high-risk groups, people in long-term care facilities, and healthcare workers. People aged 65+ who had their second dose six months ago, will need a booster dose from December onwards to maintain their health certificate.

AT is planning to shorten the COVID-19 vaccination certificate 2/2 to 9 months, starting from 6 December. **AT** will administer a second dose for the Janssen vaccinations starting in January 2022.

DE agreed on measures for booster shots in certain groups in higher risks. The German NITAG recommends an mRNA vaccine as an additional dose for those with immune deficiency regardless of the previously received vaccine. Booster vaccination is recommended e.g. for persons in long-term care facilities and personnel in contact with high risk patients, an additional dose is recommended for people vaccinated with the Janssen vaccine. Currently, there is no requirement to receive an additional or booster dose to keep the fully vaccinated status. The validity of the EU Digital COVID Certificate depends on the validity period of the EU Digital COVID Certificate regulation.

BE recommends booster vaccines to elderly (65+), vulnerable persons, and healthcare workers. All boosters are currently administered with mRNA vaccines. Persons vaccinated with one dose of the Janssen vaccine have been added to the strategy for a booster dose. Belgian policy makers aim to have a global plan regarding the booster vaccination finalized in the coming weeks depending on available scientific data. The validity of the vaccine certificate remains unchanged.

4. EU 'traffic-light map': Results survey and report from a working group meeting

A short **survey** was circulated among the HSC on the “traffic light map” and on testing strategies, 25 EU/EEA Member States responded to it.

Regarding the “**traffic light map**”, the majority of the MS use the map to **inform** national travel policies and measures, as well as for general COVID-19 policies and measures, to develop their own maps/models, and as a source to follow epidemiological developments in other Member States. Several countries put suggestions forward for **new indicators** to be considered.

The COM debriefed the Health Security Committee of the **special Health Security Committee Working Group** was held on 12 November to discuss the possible revision of the “**traffic light map**”, produced by ECDC for the purposes of Council Recommendation 1475 on a coordinated approach to travel measures in the EU. Key conclusions of the meeting include: the current form of the traffic light map should be discontinued (influenced by testing strategies); there is a benefit in retaining the map, but it should be relevant and unbiased; travel measures that may be linked to it need to consider the person-based approach (availability of vaccines and the EU DCC); the map is one of the sources used by countries when defining travel measures (having access to individual maps of other indicators on the ECDC website is key); the map is used by the general public and should provide a simple overview of the situation; and the current use of the combined indicators needs to change (incidence and vaccination rate seem to be the major determinants of the epidemiological evolution, possibly combined with the mortality rate).

This input is directly feeding into internal Commission processes that are currently ongoing concerning the development of a new proposal for a Council Recommendation on intra-EU travel.

5. Update on the expert group on variants of concern – Presentation by HERA

On 12 November 2021, the European expert group on SARS-CoV-2 variants had its **fifth meeting**. Recent evidence shows reduced vaccine effectiveness against infection and moderate disease due to the Delta variant. Adequate protection against severe disease, hospitalization or death is still present. Variants with ability to escape immunity will probably continue to emerge in the future but this may depend on vaccination coverage globally. This is not the moment to change the vaccine formulation, but manufacturers should be prepared for that possibility. The booster shot will be useful, first for the most vulnerable population groups and maybe in the future for the whole population. Drafting of a paper establishing comparisons between COVID vaccination schedule (and use of boosters) with other vaccines (i.e. influenza) – could be used to alleviate vaccine hesitancy.

Any Other Business

6. AOB: variant update ECDC

The ECDC provided the HSC with a short update on the variants. Delta continues to dominate in the EU/EEA. **Variant AY.4.2** changed from variant under monitoring to variant of interest, as the variant is now present in multiple countries. There is evidence for increased transmissibility (15-20% growth advantage compared to other circulating Delta lineages). There is no evidence of increased severity (based on hospitalization and deaths). **Variant B.1.640** has been added as a variant under monitoring. This variant was detected in France. The outbreak was reported in a school setting in France (Brittany) with around 40 cases, index case has travel history to the Republic of the Congo. Cases have also been detected in Italy, Switzerland, the UK, and the Republic of the Congo, but only in very low numbers so far. Virus characterisation is ongoing in France, pseudo-virus investigations have been triggered in the UK.

7. AOB: Polio

A recent polio case has been detected in ES, from a traveler from Congo to Spain. ES traced 20 close contacts and 22 casual contacts. All 20 close contacts have received a polio vaccine.

8. AOB: UK on certificates for participants in clinical trials

UK highlighted the importance of participants in COVID-19 vaccine trials. If these participants do not receive a COVID certificate, this will lead to less participation and therefore, less data. UK urges the EU to agree for these participants to receive a certificate (and therefore to be allowed to travel to the EU).

9. EU/EEA NITAG webinar to discuss the use of Vaccines Listed for Emergency Use by the WHO

The HSC was informed about a **webinar to discuss the use of Vaccines Listed for Emergency Use by the World Health Organization, in the context of travel restriction and free movement, Thursday 18 November 2021, 16:30 – 17:30 CET**, organized jointly with the ECDC and the EU Commission, SANTE C3. The meeting will be extended to the Health Security Network.

10. Next COMNET meeting, 25 November 2021

The COM informed the HSC about the next **COMNET meeting** on 25 November.