



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 21 July 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Ingrid Keller, European Commission, DG SANTE C

Audio participants: AT, BE, BG, DE, DK, EE, EL, FI, FR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, LI, NO, CH, UK, AD, AL, XK, DG SANTE, DG MOVE, DG HR, EEAS, EMA, ECDC, WHO

Key Messages

1. Vaccine hesitancy/acceptance (presentation by ECDC, Coalition for Vaccination, European Joint Action for Vaccination (EU-JAV), EU survey results, MS)

Vaccination is ongoing in Member States and large shares of the population has received two doses – or at least one dose – of a COVID-19 vaccine. However, there are reports that vaccine supply is exceeding the demand in some Member States and there is a risk that vaccine uptake will reach a plateau – or “glass ceiling” – soon. Suboptimal uptake of vaccines among **healthcare workers (HCW)** and workers in **long-term care facilities (LCFW)** is a particular concern.

European Coalition for Vaccination

Prof Dr Frank Ulrich Montgomery, president of the Standing Committee of European Doctors and co-chair of the **European Coalition for Vaccination**, presented information regarding the work of the Coalition for Vaccination. The Coalition aims to support the delivery of accurate information to the public, combating myths around vaccines and vaccination, and exchanging best practices on vaccination. The Coalition published a manifesto to encourage healthcare workers to get vaccinated; and highlights three **reasons** for vaccine hesitancy: cautiousness, complacent, convenience; and four ways to **overcome** vaccine hesitancy: 1) transparency and information; 2) information campaigns to reach “the right people”; 3) bringing the vaccine to healthcare workers; 4) introduction of occupational restrictions to be considered for unvaccinated healthcare workers.

European Joint Action for Vaccination (EU-JAV)

Mr Timothée Dub, representative of the Work Package 8, gave an overview on vaccine hesitancy related work in the frame of EU-JAV. He noted that EU-JAV started before the COVID-19 pandemic hit. It aims to strengthen cooperation between European countries to fight vaccine-preventable diseases and to deliver and share concrete tools for stronger national responses to vaccination challenges.

This Work Package focuses on barriers and enablers behind suboptimal vaccination coverage, by mapping and creating sustainable mechanisms for reviewing research-based knowledge, including analyses of cultural, social and behavioural determinations behind low and high vaccination coverage. EU-JAV conducted two surveys in late 2019 and early 2020, one among representatives from the

countries participating in the joint action (the EU27, UK, Bosnia and Herzegovina, Norway, Iceland and Republic of Serbia) and one among non-governmental stakeholders. The results confirmed that confidence, complacency and convenience are considered as the three main determinants of vaccine hesitancy.

Some **main messages of the EU-JAV surveys** include: the main determinant of suboptimal vaccine uptake is the lack of confidence in vaccine safety; regarding specific groups linked to suboptimal vaccine uptake, healthcare workers are listed as second group after immigrants; when it comes to target specific population groups, healthcare workers seems to be a **low priority group**; barriers to working on vaccine hesitancy and uptake are often related to organisational limits and lack of funding. EU-JAV main recommendations call for a need for better understanding on how to define vaccine hesitancy, a holistic approach rather than focus on vaccine confidence, better targeting of different population groups, and the need for long-term plans.

European Centre for Disease and Prevention (ECDC)

ECDC gave a presentation on **challenges in acceptance of COVID-19 vaccines**. Vaccine uptake in the EU/EEA is steadily progressing. However, countries report several challenges related to COVID-19 acceptance, including varying levels of vaccine refusal, hesitancy towards the Vaxzeria vaccine, and younger generations that are less willing to get vaccinated. In 2022, the ECDC will launch a **new project** which envisages to develop an e-learning course on addressing online vaccine misinformation, for risk communication and public health experts. The project will focus on four key strategies: 1) monitoring misinformation on social media; 2) pre-emptive intervention to reduce people's susceptibility; 3) debunking misinformation; 4) evaluating the effectiveness of interventions. This project will focus on training the trainers, including health professionals, on communication to increase vaccine acceptance among patients.

EU survey results

The COM conducted a survey among HSC Members/observers to get direct indication from Member States if/which challenges are encountered in terms of insufficient uptake of COVID-19 vaccines, and if/which practices have been put in place to address those challenges.

So far, 22 EU/EEA Member States replied to the EU survey. Key messages include: Population groups most concerned by Member States regarding insufficient uptake of COVID-19 vaccines include young people, socio-economically vulnerable groups and workers in long-term care. The percentage of healthcare workers **refusing vaccination** is estimated between 2 to 30 % and 2 to 50 % in long-term care workers. COVID-19 vaccination for healthcare workers and long-term care workers is **mandatory** in four Member States, it is under discussion in three Member States, and it remains not mandatory in 14 Member States. 13 Member States mentioned that they are cooperating with **associations of healthcare workers** to increase COVID-19 vaccine uptake. Awareness campaigns, meetings with medical administrations, healthcare institutions, trainings and training material for healthcare workers, and vaccination at hospitals and long-term care facilities were mentioned most by the countries as practices to **address insufficient uptake** of COVID-19 vaccines among healthcare workers and workers in long-term care facilities. 12 Member States reported **breakthrough** outbreaks of COVID-19 in vaccinated persons in hospitals and in long-term care facilities. Member States are still accessing the factors of the breakthroughs. Member States also shared some of their most common practices to target specific population groups to address insufficient uptake, including media and social media campaigns, mobile teams, vaccination without prior vaccination, pop-up desks to help with vaccine appointments and vaccination centres and vaccination at transport hubs and shopping centres.

Mandatory vaccination for healthcare workers in Greece, Italy and France

- In **Greece**, mandatory vaccination for healthcare workers has been decided and announced on 12 July. Personnel working in LTCFs, either public or private, must have received at least one dose of vaccine until 16 August 2021. HCWs of public and private sector (hospital, clinics, diagnostic centres, etc.) along with administrative workers must have received at least one dose of a COVID-19 vaccine until 1 September 2021.
- In **Italy**, mandatory vaccination of health professionals and other health operators applies until the complete implementation of the vaccination plan, and in any case no later than 31 December 2021.

Failure to vaccinate can lead to the suspension of duties involving interpersonal contacts. So far, 93% of the healthcare workers are fully vaccinated.

- In **France**, 30-40% of the healthcare workers have not yet been vaccinated. To alleviate this situation, president Macron decided to make the COVID-19 vaccination mandatory in healthcare workers by 15 September 2021.

2. Update of EU common list of RAT (outcomes technical working group)

On 20 July, the technical working group met for the last time before the summer break. The fifth update of the EU common list RAT will be shared with the HSC on 21 July, for agreement by written procedure. This procedure was chosen in order to give more time to the experts to assess the large number of test submissions as the next assessment will be at the end of August. If no comments are received, the fifth update is considered on **23 July** and published on the EC web-site.

Furthermore, it was agreed earlier this month that experts should also start reviewing lab-based antigenic tests against the set criteria. However, the legislation of the EU Digital COVID Certificate does not refer to these types of tests. The COM is therefore investigating how these tests should be presented and published. A decision on this will be made in September. The corresponding text of the HSC document on the RAT common list will be amended accordingly.

3. EU4Health work plan 2021: Antimicrobial resistance – EU immunisation initiative - crisis preparedness – surveillance - European Health Emergency Preparedness and Response Authority (HERA)

The pandemic has major implications for patients, medical and medical staff and health systems in Europe. The new EU4Health programme that started in 2021 has four main goals: 1) to improve and foster health in the Union; 2) to tackle cross-border health threats; 3) to improve medicinal products, medical devices and crisis-relevant products; 4) to strengthen health systems, their resilience and resource efficiency. The EU4Health programme will pave the way to a European Health Union by investing in urgent health priorities: 1) the response to the COVID-19 crisis and reinforcing the EU's resilience for cross-border health threats; 2) Europe's Beating Cancer Plan; and 3) the Pharmaceutical Strategy for Europe. Other areas, such as health systems' digitalisation, reducing the number of antimicrobial-resistant infections and improving vaccination rates will also be boosted. The EU will expand successful initiatives like the European Reference Networks for rare diseases and continue to pursue international cooperation on global health threats and challenges.

The COM presented a brief overview of the **actions** that will be implemented under the 2021 Work Plan of EU4Health that are in the remit of the HSC. These are actions concerning Antimicrobial Resistance, vaccination, Crisis Preparedness, Surveillance, and preparatory actions for the European Health Emergency and Response Authority (HERA):

- **Antimicrobial Resistance:** several calls for proposals are included with action grants supporting training activities, implementation and best practices.
- **Vaccination:** to identify obstacles to vaccination uptake, supporting EU Member States in their decision-making on national vaccination plans and the provision of a communication system to respond to the latest vaccine misinformation myths or trends. Several activities are still carried out in the framework of implementing the Council recommendation on strengthening the collaboration on vaccine-preventable diseases from December 2018.
- **Surveillance:** an integrated surveillance and early detection Joint Action will be set-up aiming to upscale national integrated surveillance systems based on the lessons learned of COVID-19 response, in close collaboration with ECDC. Other contracts will be launched after the summer to support the Data protection impact assessment of the Early Warning and Response System (EWRS); the feasibility study to link the contact tracing data from European Federation Gateway Service & Passenger Locator Form to the EWRS selective exchange and the electronic Passenger Locator Form platform, and the sustainability of the European Digital Platform for Passenger Locator Forms (EU_PD_LF).
- **Crisis Preparedness:** this contract will support strengthening of the preparedness capacity and capability and develop training programmes for health specialists to support the enhancement of preparedness capacities, including pandemic preparedness plan, and a comprehensive and transparent framework for reporting and after action-reviews. The Preparedness reporting will

be based on agreed indicators, in line with the European Health Union proposal on cross-border health threats and the International Health Regulation core capacities. It is planned to host such online reporting on EWRS.

- **HERA:** several calls for tender will be launched to fund preparatory actions for HERA. These include topics like flexible manufacturing capacities to improve access to COVID-19 therapeutics at Union level; intelligence gathering and analysis to provide the basis for the methodology to be employed for intelligence gathering and threat assessment as well as analysis work of the future HERA (call for tender [launched](#)); the development of an interactive mapping platform and the identification of current development and future production of COVID-19 therapeutics. The COM encourages active participation of Member States and EEA countries in the implementation of all activities to be launched under the 2021 EU4Health Work Plan.

4. HSC visibility of participants – for agreement

Following the request from some HSC members to have access to the participant list during the HSC meetings, a short survey was conducted among the HSC members/observers. Following the replies from the questionnaire, the COM suggested to make the list of participants visible during HSC meetings if **no** external parties are present. Members/observers did not object to this suggestion during the meeting. The Chair invited possible written comments until **21 July** COB.

5. AOB points:

- The potential impacts/risk to health of the recent floods (ECDC)

ECDC is working on a **rapid risk assessment** on the potential impacts to health of the recent floods in parts of Western Europe, addressing several risks, such as water- and food-borne diseases, including tetanus. Affected Member States are welcome to send requests for support from the ECDC.

- Update Passenger Locator Form new implementing act - Cross border Threats to Health committee meeting

Passenger locator forms (PLF) are digital tools to ensure **interoperable exchange of travel data and to enhance cross border contact tracing**. The ePLF exchange platform was set up to enable secure, timely and effective exchange of PLF data between the national EWRS competent authorities, following the Commission Implementing Decision (EU) 2021/858. On 6 July, the Cross border Health Threats Committee was convened and the written vote was closed on 20 July, with a **favourable opinion** for the adoption of the new implementing act to allow the transmission of PLF data not only of the infected passenger but as well of the exposed persons. The PLF exchange platform will be **launched** in the following days. The PLF requirements like the deadline for completing the form before departure is defined by the national authorities. The COM supports the exchange of data for effective cross-border contact tracing. This week, two national PLFs were successfully connected (Italy and Malta) using the EUdPLF (EU digital passenger locator form) created by the EU Healthy Gateways Joint Actions. Spain is finalising the legal requirement for direct connection to the ePLF exchange platform and other countries are expected to follow.