



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 02 February 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

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

Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PT, SE, SI, SK, NO, DG SANTE, DG MOVE, DG ECHO, DG HR, SG, COUNCIL, ECDC, WHO

EU/EEA only

Agenda points:

1. Transitioning beyond the acute phase of the COVID-19 pandemic – discussion paper by ECDC
2. Update of the HSC recommendation on quarantine and isolation
3. Practical implication of the adoption of Council Recommendation 2022/107 – revised indicators for the weekly overview map – presentation by ECDC
4. AOB: Issuance of an EU-recovery certificate according to the DCC-regulation based on RAT from the EU Common List
5. AOB: update EWRS/ePLF implementation

Key messages:

1. Transitioning beyond the acute phase of the COVID-19 pandemic – discussion paper by ECDC

In the last two HSC meetings, the HSC started discussing the transition phase for COVID-19 management and how to enter a “new normality” in the treatment of COVID-19 and possible future variants. The Commission took note that many Member States are opening up and easing their measures (such as Denmark, Ireland, Sweden and other Member States) despite high case notifications. The European Centre for Disease Prevention and Control (ECDC) prepared a paper, which reflects on the risks, as well as the necessary steps to take, when transiting from an acute COVID-19 management to a more long-term disease management for COVID-19. The paper intends to stimulate discussion and to communicate the ECDC’s preliminary priorities as the EU/EEA transits beyond the acute phase of the COVID-19 pandemic. ECDC presented its preliminary draft version to the HSC.

ECDC highlighted that uncertainties remain around the trajectory of the COVID-19 pandemic, including around the duration of immunity, cross-protection and new variants. Overall, strategic objectives for managing COVID-19 in the future must be agreed upon to ensure a common approach. Operational discussions surrounding implications for a wide range of public health activities are needed, including but not limited to surveillance, risk communication, pandemic preparedness, early warning, vaccination, medical countermeasures, non-pharmaceutical measures, and infection prevention and control measures. The development of long-term strategies to control COVID-19 and other respiratory diseases should be based on the lessons learned from the pandemic. In the long-term, with sufficient planning, preparation and foresight, the EU/EEA Member States can be better equipped to manage sustainably the additional long-term challenge created by COVID-19, which is in addition to numerous other infectious disease threats. Participants were invited to comment on the draft document.

IT thanked the Commission for initiating this important discussion, as well as ES for bringing up the subject (presentation by ES took place on 26 January 2022). IT agrees that the transition beyond the acute phase of COVID-19 should be discussed with Member States and the Commission. It is important to carry out actions in a coordinated way between the Member States. IT believes the transitioning should happen in a prudent way without rushing as Member States are still in a serious epidemiological situation. It is important to emphasise that qualifying the situation as endemic does not mean that COVID-19 no longer poses a threat to public health. IT perceives the document as comprehensive and complete, as it touches on all essential subjects. IT made a few observations, including: 1) the need to start thinking about incorporating COVID-19 vaccination in the general, national vaccination policies; 2) the need for action to detect new variants; and 3) the need to address lessons learned (long-term policies).

ES thanked the ECDC for preparing the document. The document addresses all topics of interest, and ES will review the details of the document to add comments. ES is considering the next steps to take in monitoring and controlling COVID-19. ES agrees with IT that the epidemiological situation is still of concern and that Member States are still in a pandemic phase. ES pointed out that it is important to stay cautious. ES also noticed very different COVID-19 measures in the different EU Member States and it would be good to have a more coordinated approach. ES agrees with IT that further discussion needs to take place regarding COVID-19 vaccination becoming part of national vaccination schedules, but expressed caution to discuss now, as it is unclear whether this would be necessary. Regarding surveillance, sentinel surveillance would probably be a good option in the near future. However, the current sentinel surveillance systems are not yet sufficiently adapted for the surveillance of acute respiratory infections. ES considers it important to assess the level of incidence, but this no longer needs to involve direct case detection. ES is thinking about using sick leave as a proxy variable, as it correlates well with current levels of infection, and it is a way of assessing the level of incidence. ES is also considering wastewater surveillance, which also correlates well with the number of cases. As it is a respiratory disease, ES still expects outbreaks, but considers they should be controlled in vulnerable groups and different situations. ES agrees that further discussions are needed.

FR agrees with the recommendations in the document. FR emphasised the importance of being ready in the case of possible new emerging variants. The **Commission** clarified that the discussion during the meeting was dedicated to discuss beyond the acute phase, and that during the next HSC meeting, the discussion will be on possible scenarios with new emerging variants.

NO thanked the ECDC for this valuable and timely document. NO believes there is a need, in the current phase, for more research into the effectiveness of non-pharmaceutical interventions (e.g. masks, restaurant restrictions, etc.). Secondly, NO believes that the document should possibly discuss the issue of capacity resilience and preparedness in hospitals – for possible future winter surges – for both influenza and COVID-19. This will be important to avoid the re-introduction of social distancing measures that have an impact on society. Thirdly, there is a need in the document to engage in a discussion on the role of travel measures in the next phases, including a critical discussion about if/when Member States can dispense of the EU Digital COVID Certificate, especially taking into account the EU epidemiological situation. Finally, NO suggested that ECDC could review the knowledge on the relative importance of vaccine-induced immunity and infection-induced immunity, to assess, which is preferable, and the role of hybrid-immunity. This is important especially when considering that perhaps in some parts of the population, vaccines may not be the preferred solution, and infection-induced immunity may be (e.g. in some low-risk populations).

DE expressed its appreciation for the document and the discussion. DE would need more time to go over the details of the document and will come back with comments in writing.

IE thanked the ECDC for the timely and stimulating paper. IE agrees with ES on the importance of clarifying what the objectives should be in the transition period. IE believes that it is important to define the aim, either mitigating severe disease or transmission. IE believes it is of high relevance to be explicit about this, as it has implications for other decisions, such as on vaccination policies or targeting specific groups or the entire population. IE noted that the paper goes beyond technical issues and looks at broader socio-political and socio-economic issues seeking to understand public behaviour and the acceptability of non-pharmaceutical interventions. IE thinks the paper missed on the issue of residual risk and the acceptability of residual risk. IE stressed the need for clear communication to the public that there will be times when it may be necessary to reinstate certain measures. IE agrees with ES to strengthen sentinel surveillance systems, especially as with the introduction of self-tests, less positive cases are being reported. IE agrees with NO on the need for more research on the effectiveness of non-pharmaceutical interventions and on immunity.

BE would need more time to discuss the paper in detail and commented that key remarks already made by ES and IE. In BE, the debate is mainly focused on the residual risk. The discussion in the society and among Belgian politicians is currently much broader than the physical effects of COVID-19 and the impact of it on the healthcare systems. BE is diverging from an epidemiological point of view and assesses the cost impact the pandemic has had on society, and mental health. BE would appreciate further reflection on this point as well. BE mentioned it would be helpful to have a common approach on measures, as they differ very much at this stage among the Member States. BE started reflecting about a system for scaling up and down measures according to the epidemiological context. However, this is quite complex – e.g. once scaling down on testing, it also affects the surveillance and other indicators. It would be beneficial to share operational aspects. In BE, the booster uptake is quite low as many people were infected with the Omicron variant.

FI thanked the ECDC for the document. FI needs more time to look at the details and will send comments in writing.

The **NL** also thanked the ECDC for the document. The **NL** is currently also working on a long-term strategy so this is a very welcomed discussion paper.

ECDC took note of all the comments made by the Member States. It understands that some countries need more time to discuss the paper and will send their comments.

2. Update of the HSC recommendation on quarantine and isolation

The Commission thanked all HSC members for their comments during the last HSC meeting and additional comments received in writing. The Commission tried to address all comments on the document, including adding an additional table to take into account the vaccination status of individuals for considering the quarantine of contacts and isolation of cases. More comments were received during the meeting. The Commission will circulate revised version of the document to the HSC to seek agreement.

3. Practical implication of the adoption of Council Recommendation 2022/107 – revised indicators for the weekly overview map – presentation by ECDC

On 25 January 2022, the Council adopted a revised recommendation on facilitating safe and free movement in the EU during the COVID-19 pandemic. This agreement follows the Commission's proposal of 25 November 2021. With the revised recommendation, the approach on travel restrictions moved to a person-based approach, with the EU Digital COVID Certificate being the major component. Additionally, the calculation of the indicators determining the colour-coding of the maps the ECDC is producing for this Council Recommendation has changed. ECDC presented the changes of the revised map and the new indicators vaccination coverage, and testing rates.

ES asked if Member States have to send additional information to the ECDC. **ECDC** responded that they would continue using the data reported in the European Surveillance System (TESSy). However, some Member States still do not submit data for the vaccine uptake and it would be helpful to receive additional data from those specific countries.

4. AOB: Issuance of an EU-recovery certificate according to the DCC-regulation based on RAT from the EU Common List – request by DE

DE notified that in light of the current wave and the surge of cases across Europe, many Member States are experiencing great pressure on existing PCR testing capacities, which is causing difficulties with the issuing of EU-recovery certificates according to the EU DCC Regulation (2021/953). Under the current rules, the issuance of EU DCC recovery certificates would not be legally possible if the positive test that this certificate is based on is not a Nucleic Acid Amplification Test (PCR test). Countries that lack the capacity to perform a PCR test for every infected person would be unable to provide individuals with a DCC recovery certificate. This would contradict the objective of the EU DCC-Regulation to facilitate free movement during the COVID-19 pandemic. The Commission is already looking into this issue; however, the process to change a regulation takes some time. Therefore, **DE** suggested to adopt an opinion of the HSC or alternatively a recommendation of the COM as an interim solution. **COM** informed that this issue is currently under discussion and a delegated act may be adopted. **COM** notes the time pressure and will discuss internally how to proceed rapidly.

IT, FR, SI and **HR** support DE's proposal. **HU** did not see the urgency of this proposal, as HU considers vaccination to be the most important.

5. AOB: update EWRS/ePLF implementation

The third meeting of Joint controllers of EWRS/ePLF will be held on 16 February 2022, to discuss issues related to data security and data protection of the EWRS/ePLF.

The PLF survey was launched on 31 January 2022 and all MS and EEA countries are invited to complete it by 11 February 2022.