EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 04 August 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Martine Ingvorsen, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CZ, DE, DK, EL, FI, FR, HR, HU, IE, IT, LV, MT, NL, PL, PT, RO, SE, LI, NO, CH, UK, AD, DG SANTE, DG MOVE, EASA, EMA, ECDC, WHO

Agenda points:

1. Vaccination for adolescents – presentation by EMA, ECDC, IT, DK
2. Issues with contact tracing in airplanes when passengers change seats on flights – presentation by AT, ECDC, EASA, DG MOVE
3. AOB points

Key Messages

1. <u>Vaccination for adolescents – presentation by EMA, ECDC, IT, DK – information/discussion point</u>

Following the European Medicines Agency's (EMA) authorisation of two COVID-19 vaccines (Comirnaty (from BioNTech-Pfizer) and Spikevax (from Moderna)) for adolescents, the Commission asked Member States to share their approach and experience in this regard. This topic was previously discussed with presentations from DE, FR and IT back in May 2021. In light of the new school year that is coming up, the Commission asked the Member States to share their plans to extend vaccination to adolescents.

EMA provided an overview on their recent approvals of the two COIVD-19 vaccines in adolescents. As of 28 May 2021, EMA's human medicines committee has recommended granting an extension of indication for the COVID-19 vaccine **Comirnaty** to include use in adolescents aged 12 to 15 years. The vaccine is already approved for use in adults and adolescents aged 16 and above. As of 23 July 2021, EMA's human medicines committee recommended granting an extension of indication for the COVID-19 vaccine **Spikevax** (previously COVID-19 Vaccine Moderna) to include use in adolescents aged 12 to 17 years. The vaccine is already authorised for use in people aged 18 and above. The recommendation was based on the risk assessment of the clinical studies conducted. Given the number of children involved in the studies (ranging between 2 000 and 4 000 children), there are not enough subjects to detect any new uncommon side effects to estimate the risks of known side effects. However, the common side effects are the same as seen in the past for the overall population, moderate side effects (e.g. tiredness, joint-pain, headache, nausea, etc.) which disappear after a few days after vaccination. EMA continues to monitor the safety of the vaccines, also in the adolescent population. EMA is mitigating measures that are continuously implemented, including updates on the product information, when new information arises,

In terms of extending the vaccine to younger age groups below 12 years old, there are plans to have studies that will take six months. For the other vaccines (AstraZeneca and Jansen), the companies are having some plans to use the vaccine in younger population. However, as far as EMA is aware, the studies are not sufficiently advanced to submit the data for scientific evidence yet.

The **European Centre for Disease Prevention and Control** (ECDC) provided an overview on the re-opening of schools and vaccination of adolescents. The vaccination of adolescents against COVID-19 should be considered in the broader context of the COVID-19 vaccination strategy for the whole population, including its overarching goals, the status of implementation, and its priorities. The vaccination of adolescents at high risk of severe COVID-19 should be considered a priority, as with other age groups. Regarding the current vaccine deployment among adolescents, 19 EU/EEA countries reported that they are vaccinating adolescents aged 12 to 18 years. Six countries indicated that they are only vaccinating adolescents 12 to 18 years of age with risk factors.

FR commented on their vaccination strategy. FR also mentioned they noticed an increase in cases among adolescents in the south-west of France – related to holiday resorts. On 28 July, the national health authority approved the Moderna vaccine for adolescents aged 12 to 17 years.

DE clarified that every adolescent is able to receive the vaccine in DE (with consent of their parents). However, there is only a scientific recommendation for those that are at risk. This week, the federal states and the federal government declared that adolescents can receive the vaccine also for example in vaccination centres and not only in doctor´s offices.
PT recommends vaccination for adolescents aged 12 to 15 years with high risk factors. PT established a list with factors that are considered as high risk. However, all adolescents aged 12 to 15 years can be vaccinated, but a medical prescription is required. Concerning adolescents aged 16 and above, they will start to be vaccinated in the week of 9 August.

The **Commission** is aware that some Member States are vaccinating adolescents with underlying risk factors, while others are vaccinating the entire group. A short questionnaire requesting information about vaccination of adolescents in the Member States was shared with the HSC Members. An overview was provided during the meeting. Of the reporting countries, in 17 EU/EEA Member States, vaccination is open to all adolescents, in one country only for adolescents aged 16 years and above, and five countries only recommend vaccination for adolescents with underlying health risks. In 11 EU/EEA countries, adolescents need the consent from their parents/guardians and five countries adolescents need to be accompanied by a parent/guardian. The vaccination of adolescents take place mostly in the regular vaccination centres or in schools. Further detailed information on the state of play on vaccinating adolescents will be circulated after the meeting with the HSC. Member States are invited to submit their final input by **5 August** EOB, if they have not already done so.

In addition to sending out the questionnaire, the Commission invited some Member States to present their approach to vaccination of adolescents.

Italy gave an overview on the approach to vaccinate adolescents in their country. Italy extended the indication of the Comirnaty vaccine for children aged 12 years and above on 31 May and for Moderna on 27 July. The Ministry of Health issued recommendations to regions to include this group in the vaccination campaign, especially in relations to "very fragile" subjects. In Italy, adolescents are vaccinated using the same facilities and modalities as for the general population. Vaccination among adolescents was particularly reinforced before starting the final High School examinations. The possibility to introduce mandatory vaccination for teachers is under discussion. The National Committee on Bioethics on vaccination for COVID-19 in adolescents believes (opinion issued on 29 July 2021) that vaccination on adolescents can safeguard their health and help contain the expansion of the virus from a public health perspective, in particular in view of the coming school year.

Denmark provided an overview on their strategy to vaccinate adolescents. As of 12 June 2021, the Danish Health Authority recommends COVID-19 vaccines for all children aged 12 to 15 years, as part of the general vaccination programme. Vulnerable adolescents have had the opportunity to get

vaccinated from the beginning of the approval of the vaccines. Currently, both Comirnaty and Spikevax are used to vaccinate children aged 12-15. The recommendation to vaccinate adolescents is based on several aspects. Primarily, to strengthen the immunity of the population - especially in the light of the more infectious Delta variant; to benefit society, schools and adolescents themselves; to contribute to stopping the chain of infection while protecting the elderly, vulnerable family members and other people for whom the vaccine is less effective; the immunity in the population of adolescents will allow for a more normal life without frequent testing, track and tracing, school closures, etc. Denmark explained that although the use of mRNA vaccines are considered to be safe and effective in Denmark, it is not based on the risk-benefit for the individual. General and paediatric practitioners did not directly support the recommendation of the Danish Health Authorities to vaccinate adolescents. Paediatric practitioners wanted to see more data before they could support the vaccination for children aged 12-15. With updated data and with supporting data from the United States about the safety of vaccination for adolescents, paediatric practitioners have now agreed that the vaccines are safe and effective. Denmark expects the vaccine uptake to accelerate in this group.

FR asked about the position of the Commission regarding the World Health Organization (WHO) recommendation to prioritise vaccination in low and middle income countries over vaccinating the younger population. The **Commission** responded that it is Member States competence to follow and implement these recommendations and highlighted that many Member States have already started to donate vaccines to low and middle income countries. **FR** added that in their opinion, the two expects do not exclude each other.

2. Issues with contact tracing in airplanes when passengers change seats on flights – presentation by AT, ECDC, EASA, DG MOVE

Austria reported problems with defining contacts of COVID-19 'positive cases' among airplane travellers, who having moved their seats, later forgot their seating position. A correct seat number is the starting point of contact tracing on aircrafts. Therefore, Austria asked whether other Member States had similar experiences and in which manner such cases were dealt with.

The **Commission** reminded Member States about the European Union Aviation Safety Agency (EASA) and ECDC Guidance on Aviation Safety Protocol[1] defining measures to assure the health safety of air travellers and aviation personnel now that the airlines resume regular flight schedules following the severe disruption caused by COVID-19.

ECDC presented the contact tracing guidance[2] that classifies contacts on aircrafts based on level of exposure: high-risk exposure (close contact) and low-risk exposure. Passengers considered as **highly exposed** are passengers who were seated in the same section of the aircraft as defined by seat configuration[3], in addition to travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. If during contact tracing one or more additional COVID-19 case are discovered in the same flight, then all passengers on the aircraft should be considered high-risk exposure (close) contacts and traced appropriately. Passengers considered as having **low exposure** are all other passengers in the aircraft and the other cabin crew. When contact tracing investigations identify contacts or a potential source in another country, public health authorities should collaborate across borders and exchange data in a secure way, through the Early Warning and Response System (EWRS) selective messaging or the Passenger Locator Form (ePLF) exchange system.

[1] European Union Aviation Safety Agency and European Centre for Disease Prevention and Control. COVID-19 Aviation Health Safety Protocol. Operational guidelines for the management of air passengers and aviation personnel in relation to the COVID-19 pandemic. Cologne and Stockholm: EASA and ECDC; 2021. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/Joint%20EASA-ECDC-Aviation-Health-Safety-Protocol-issue-3-17-June-2021.pdf

[2] European Centre for Disease Prevention and Control. Contact tracing: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases in the European Union – third update. Stockholm: ECDC; 2020. Available at: https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-contact-tracing-public-health-management-third-update.pdf

[3] Input from civil aviation representatives may be needed to define this on a case-by-case basis. Depending on the configuration it may in fact mean all the passengers in the particular flight.

Regarding movement and seat changes, passengers should be reminded to remain seated in their allocated seat as much as possible. In the case of "positive cases" in travellers that were allowed to change seats and forgot their seating position, the section should be identified, and the passengers of that sections should be contact traced. If no section can be identified, all passengers may need to be contact traced. As example of what are the airplane sections, the first, business class and economic class are difference sections of the same airplane, as the travellers share the same services on board.

EASA has set up a charter to ensure that the transport operators implement the air safety recommendations and to monitor cases on a weekly basis. So far, EASA did not receive any reports on difficulties from airlines regarding infected passengers who changed seats. Changing seats must be approved by the crew. Policies by the transport operators to avoid changing seats is recommended. Where possible, airlines are orient to spread passengers as much as possible when assigning seats and this explains that in some cases the company modifies the seat previous selected.

DG MOVE highlighted that once in a plane, passengers shouldn't be allowed to change seats at their own initiative. This is contrary to the EASA/ECDC guidance. If the seat is changed by the airline and therefore there is an inconsistency between the Passenger Locater Form pre-filled by the passenger and the actual seat number, the airline should ask the passenger to correct/re-submit the form. This could entail: changing it directly in the EU digital Passenger Locater Form (Member States can decide that certain information such as the seat number can be corrected up to a certain moment, like before arrival); changing it digitally in the relevant national PLF system if that is possible; or asking the passenger to fill another PLF on paper ahead of boarding the plane.

LV commented that charging seat might limit passenger changing their seats. The **Commission** answered that this is more a commercial policy/decision to be taken.

IT asked whether EASA/ECDC intends to update the document in light of the higher transmissibility Delta variant. At this moment, **ECDC/EASA** do not intend to update the document as the general contact tracing information remains valid. However, **ECDC** does have additional information available on how to consider the variants of concern and vaccination uptake. This information is published[4] on their website with an overview of all contact tracing related documents.

3. AOB points

AOB - Outbreaks among adolescents (EWRS reported cases)

The Commission mentioned that recent cases of COVID-19 linked to cultural events, such as music festivals, scout camps and language courses were notified by Member States in the EWRS. The Commission thanked Member States for reporting these cases as this is considered highly important. In this respect, the Commission reminded Member States about the EU guidelines for the safe resumption of activities in the cultural and creative sectors in the context of COVID-19[5], published in June. It is important that these guidelines are followed when Member States start reopening their cultural sectors.

HR recently received many notifications of COVID-19 positive tested cases of people who attended the music festival Zrće[6]. Regarding the organisation of the big event, epidemiological measures to limit the spread of COVID-19 have been taken and supervision was performed. Big gatherings are limited to 2000 people in HR. In addition, the EU Digital COVID Certificate (DCC) or a negative test is required to enter these types of events. Rapid antigen tests can also be performed at the events.

AOB – Monoclonal antibodies – contract with Elly Lilly

In relation to the joint procurement for monoclonal antibodies with Elly Lilly, the Commission reminded DK, IT, SK and IT to send the details of their contact person and a confirmation on the information provided in the framework contract uploaded to CIRCABC.

[4] Contact tracing for COVID-19 (europa.eu)
[5] https://ec.europa.eu/culture/sites/default/files/2021-06/COM-2021-4838-covid_en.pdf
[6] https://zrce.eu/partykalender/bavaria-goes-zrce/ and here the COVID-19 measures: https://zrce.eu/einreise-kroatien-corona-2020/

AOB – Passenger Locator Form update

The Commission informed the HSC that as of 2 August, a new country, Slovenia, was connected to the electronic Passenger Locator Form platform. Slovenia is therefore now able to exchange cross-border contact tracing data with other Member States having a national Passenger Locator Form. For now, there are three countries connected, Italy, Malta and Slovenia, and several other countries will join in August (FR, LT and ES).

AOB – Joint NITAG/HSC meeting

Some countries are reporting declining effectiveness of vaccines for the DELTA variant[7] and therefore introduced a third booster dose in their vaccination schedules. Israel is giving a third booster dose for its elderly population[8], the UK seems to plan a third booster in their autumn vaccination campaign[9] and Germany is discussing a third booster[10]. The Commission therefore informed the HSC that a joint NITAG/HSC meeting will be organised on booster vaccines in early September, to exchange views and experiences of Member States on this topic.

[7] https://www.tagesschau.de/ausland/asien/israel-studie-impfungen-delta-101.html
[8] https://www.tagesschau.de/ausland/asien/israel-corona-impfungen-101.html
[9] https://www.tagesschau.de/ausland/europa/corona-grossbritannien-127.html
[10] https://www.tagesschau.de/inland/auffrischungsimpfungen-101.html