EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 16 February 2022

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, BG, CZ, DE, DK, EE, EL, FI, FR, HU, HR, IE, IT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, LI, DG SANTE, DG MOVE, SG, COUNCIL, ECDC, EMA, WHO, Canada

EU/EEA only

Agenda points:
1. De-escalation of COVID-19 measures – presentation by Canada
2. Update on the epidemiological situation in the EU/EEA – presentation by ECDC
3. Results from the Passenger Locator Form (PLF) survey – presentation by DG MOVE – discussion point
4. AOB: Healthy gateways Joint Action - presentation by coordinator
5. AOB: SHARP Joint Action - presentation by coordinator THL
6. AOB: Third Joint controller meeting

Key messages:

1. <u>De-escalation of COVID-19 measures – presentation by Canada</u>

The Public Health Agency of Canada gave a presentation to the HSC on its approach to opening and de-escalating current COVID-19 measures, the epidemiological situation in Canada, and the steps taken to an after-event analysis/evaluation of unintended consequences of public health measures, including work on future scenarios. In Canada, approaches to surveillance and case management are shifting. Provincial governments have begun to lift many public health measures using staged approaches dependent on jurisdictional situations. Canada expects ongoing evolution of the SARS-CoV-2 virus, and on the need to plan for a range of potential outcomes. The country aims to work towards a more sustainable, balanced approach towards recovery and public health mitigation measures, their impact, and how to minimise the measures in the future. The plan would be to take fewer actions, such as school and business closures that are harmful and to take different actions that can target high-risk areas and prevent severe hospital outcomes that put hospitals in jeopardy. Three positional scenarios requiring a risk-based approach for consideration were presented, as well as types of models used to inform decision making. Regarding the transition to the next phase of pandemic and preparation for

future scenarios, Canada emphasised the need to focus on managing COVID in the short term, with higher risk tolerance and more risk management tools, including vaccines and treatments, as well as preparedness for potential future waves, including those driven by immune-escape variants of concern. In this regard, Canada identified several key areas for consideration, including, among others, vaccination and therapeutics, security of supply, human resources in the health sector, surveillance and sentinel systems, etc. No clear triggers are identified to move between phases of the transition, as the longer term trajectory of the pandemic remains unknown. Canada also stressed the importance of risk communication, including on the remaining unknowns in all scenarios.

PT and **ECDC** asked about the triggers identified by Canada to move between the different phases. **Canada** replied that they have thought about indicators and triggers throughout the pandemic. Canada dislikes the idea of a single threshold to base a decision on. Canada collectively thought about the healthcare capacity (both hospitalisation and ICU), the domestic epidemiology (age group, risk population), and also considered the ability and capacity for public health response (public health measures and indicators). Canada mentioned the need of a new way forward, a broader population based approach. This means looking at indicators differently, to enable less severe outcomes to protect healthcare and at the same time without having to put broad restrictive measures in place. This would mean that triggers and thresholds shift as well. Canada is currently looking into these needed shifts. Canada will share post work on indicators and criteria with the HSC after the meeting.

ECDC asked Canada about their testing strategy and their plans moving forward and how this will be used in the de-escalating phase and whether contact-tracing remains part of Canada's approach. **Canada** replied about the use of contact-tracing but recognised it is very intensive work, and therefore are planning on moving towards a more sustainable, long-term approach. Regarding surveillance strategies, Canada is thinking on how to shift COVID-19 surveillance into the surveillance of other respiratory viruses (e.g. waste water surveillance, sentinel systems, etc.) Canada is working towards a more responsive surveillance, including schemes and sampling approaches, and on ways to include the surveillance of vaccine effectiveness as well as the use of surveys.

2. Update on the epidemiological situation in the EU/EEA – presentation by ECDC

ECDC reported that the overall notification rate in the EU/EEA varies between countries: while a decreasing or stable trend in case rates is observed in several countries, others continue to see an increasing trend. There is a considerable variation in full primary vaccination coverage in targeted population ranging from 29.5% to 84.9% in the total population. There is also variation in the uptake of booster doses/additional doses, ranging from 8.2% to 66.7% in the total population. ECDC currently classifies the Omicron variant as a variant of concern (VOC) for the EU/EEA and all its sub-lineages are included within the Omicron variant. The BA.2 sub-lineage of Omicron shows increasing trends in several countries. The BA.3 sub-lineage of Omicron is a rare sub-lineage with a low number of sequences reported world-wide.

EDCD also presented on **COVID-19 vaccine effectiveness in adolescents 12-17 years** and interim public health considerations for administration of a booster dose in this age group, where the ECDC recommends at this stage that the priority should continue to be given to administering booster doses to priority groups according to national recommendations and to the completion of the primary vaccination course in the eligible population.

With regards to the **use of facemasks** in the community in the context of the Omicron VOC, ECDC updated its guidance, recommending a public health policy for wearing facemasks in public spaces in

areas with community transmission when the public health objective is to limit community transmission. An additional option is to focus on the use of facemasks in specific settings to protect vulnerable people from severe COVID-19, such as the elderly and people with underlying medical conditions.

3. Results from the Passenger Locator Form (PLF) survey – presentation by DG MOVE – discussion point

To take stock of the PLF discussion held between the Commission and EU Member States in December 2021, the Commission launched a survey on the European Exchange Platform for Passenger Locator Form data (ePLF) platform. This survey was created as a joint project between DG MOVE and DG SANTE in order to better assess the needs of Member States when it comes to cross-border contact tracing. DG MOVE presented the results of this survey, 23 Member States submitted their input. The main findings include: 1) the need for improved efficiency (a platform allowing for faster handling of bulk notifications for the exchange of passenger data in relation to COVID-19 cross-border contact-tracing); 2) the need for an additional functionality involving the possibility to exchange securely formatted Excel or text files; 3) the use of a single platform (connection of the PLF exchange platform to the EWRS for cross-border contact tracing). The results of the ePLF survey will feed into the discussion to further develop cross-border contact tracing in the EU.

FR encounters some issues and currently is using both the digital PLF and paper forms. FR asked how other Member States are using the PLF forms, and whether it is mandatory to use digital forms. If so, FR asked if these countries received any complaints about passengers who are unable to use the digital forms. If countries use both forms, how do they manage them, as airlines do not always ask for the forms, even though it is mandatory.

SE believes that use of the ePLF platform should remain voluntary. SE has not taken any steps to start using the PLF. One of the main reasons is that the implementation of the PLF raises a number of important questions and concerns, as well as legal issues. SE prefers to continue using the Early Warning and Response System for contact tracing purposes.

DG MOVE responded that there are no legal issues regarding the use of the PLF exchange platform, as it is part of the Early Warning and Response System decision. However, DG MOVE respects that some countries do not want to use PLF, but would encourage them to still connect to the system, to at least receive notifications from other Member States. **SE** still remains hesitant to connect to the system.

4. AOB: Healthy gateways Joint Action - presentation by coordinator

The HSC was informed about the main achievements of the Healthy Gateways Joint Action (May 2018-April 2022), to which 27 EU Member States and the UK are participating. The Healthy Gateways Joint action is the EU action on preparedness and response at Points of Entry (ports, airports, ground crossings). It is composed of an agile network of experts that has supported DG SANTE, DG MOVE and EU Member States during the COVID-19 response by rapidly developing guidance, providing expert opinions and advice. The general objectives of the EU Healthy Gateways include: 1) supporting cooperation and coordination between EU Member States; 2) improving capacities at points of entry; 3) preventing and combatting cross-border health threats coming from the transport sector. The presentation listed numerous achievements of the Joint Action to deliver support to points of entry, e.g. through standard operating procedures, protocols, simulation exercises, etc. It is considered essential that these achievements remain continuously implemented at national level, operated and maintained in both the short-term immediately after the Joint Action ends in April 2022, and over the long-term for

integration of outputs at a European level. The final conference of Healthy Gateways will be held on 11 March 2022 in a hybrid format in Athens.

5. AOB: SHARP Joint Action - presentation by the Finnish Institute for Health and Welfare (THL)

The HSC was also informed on the progress under the SHARP Joint Action aims to strengthen preparedness in the EU against serious cross-border threats to health, and support the implementation of International Health Regulations (2005). The SHARP Joint action network is composed of 22 EU MS, three EEA countries and other Western Balkan countries (Serbia, Bosnia Herzegovina and Moldova) and United Kingdom. The SHARP Joint Action work is to strengthen member's existing capacities as well as supporting improvement in those countries where International Health Regulations (IHR) capability gaps exist. The SHARP Joint Action was fully active for approximately eight months before the pandemic began; thus, there has been a delays in all activities, as almost all partners have been involved in their national COVID-19 crisis responses. A no cost extension of 12 months was recently approved, which means that the closing date of SHARP will be 31 March 2023. More information on SHARP results and planned activities can be found on the SHARP website.

6. AOB: Third Joint controller meeting – information point

The third meeting of the Joint Controllers group will take place in March 2022. The Joint Controllers Groups is a sub-group of the HSC's Working Group on Early Warning and Response System, ensuring data security and date protection of personal data for the Early Warning and Response System and digital Passenger Locator Form platforms.