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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 27 April 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19, other communicable diseases and the Ukraine Conflict

Draft Summary Report

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

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

Agenda points:

Support to Ukraine

1. Update on the transfer of patients and set-up of medical hubs by UA, MD and bordering countries (DG SANTE)
2. Capacities to host Ukrainian emergency patients and other topics – HSC survey (DG SANTE)

COVID-19 and other communicable diseases

3. Overview on the current COVID-19 pandemic situation (ECDC)
4. Introduction of Rapid Risk Assessment "Increase in severe acute hepatitis cases of unknown aetiology in children in the European Union, European Economic Area, United Kingdom, and the United States" (ECDC)
5. Commission communication on "COVID-19 – Sustaining EU preparedness and response: Looking ahead" to be published on 27 April (DG SANTE)

CBRN threats

6. EU strategic reserves for chemical, biological and radio-nuclear emergencies (CBRN) – DG ECHO

Any other business

7. AOB: Information for the Joint action 2022 Work Plan on Antimicrobial Resistance (DG SANTE)
8. Availability of anti-TB medicines in the EU

Support to Ukraine

1. Update on the transfer of Ukrainian patients through bordering countries

The Commission up-dated the Health Security Committee about its work to facilitate the reallocation of Ukrainian patients from neighbouring to other EU and EEA countries.

Poland, Slovakia and Romania also provided up-dates about their current work and capacities.

2. Capacities to host Ukrainian emergency patients and other topics – HSC survey

A survey was shared with the HSC to understand the situation in Member States given the different topics that are emerging around the military aggression of Russia on Ukraine. The survey gathered information on the hospital capacities of the EU/EEA Member States, in particular information on available beds for different types of patients, access to healthcare and vaccination strategies.

COVID-19 and other communicable diseases

3. Overview on the current COVID-19 pandemic situation

The European Centre for Disease Prevention and Control (ECDC) gave an update on the epidemiological situation regarding COVID-19. The situation continues to be mixed, with some Member States still reporting concerning trends in severity indicators or death rates (FR, MT, CY and IS). As the testing strategies continue to differ, the data must be interpreted with caution. There has been an overall decrease in the number of cases across all 30 EU/EEA Member States and a decreasing trend in cases among people aged 65+ is observed in 22 out of 25 Member States. The number of deaths continues to decrease as well as the hospital occupancy and the intensive care unit (ICU) indicators remain at relatively high numbers but are stable. The sub-lineage of the Omicron variant BA.2 continues to be dominant across the EU/EEA. There has not been a change in the vaccination rate compared to the previous weeks, with 83.3% of the total population having completed the primary course and 65% having received an additional dose of the COVID-19 vaccine.

The ECDC gave an overview of the situation in China where there has been an increase in cases since March, with almost 60 000 new cases in the last 14 days. Although there is limited national information on hospitalisations, there is data from 36 hospitals in Shanghai which have reported an increase of 103% in hospital outpatients and about 14 000 deaths have also been reported in the last 10 days. The cases are mostly among elderly people. China is moving away from its 'zero COVID' strategy to a 'zero-COVID in social settings' strategy to avoid cases found outside the quarantine system.

The main variant type in Shanghai is the BA.2 Omicron sub-lineage and the region has seen an increase in the number of cases starting at the end of March. Shanghai is now under a strict lockdown, and is going into its fourth week. Deaths in Shanghai are reported mostly among people 70 years and older and most reported as caused by an underlying disease. In Beijing, the cases are increasing and residential buildings have been put in lockdown and citizens are preparing for further lockdowns. Residents and workers have to report for three COVID-19 tests during the week of 25 April.

Several vaccines have been approved in China, including Vero Cells (Sinopharm), CoronaVac (Sinovac), Zifivax, Convidecia (1 shot), KCONVAC, and Covilo. 19.7% of people aged over 80 in China have received a COVID-19 vaccine booster as of 17 March, and just 50.7% of that age group have completed their primary vaccinations. For mainland China, people aged 60-69, 56.4% have received a booster shot while that falls to 48.4% for those aged 70-79. Vaccination coverage decline with age (as seen in Hong Kong - 2-dose vaccination coverage was 63% among persons aged 60–69 years, 45% among those aged 70–79 years, and 18% among those aged 80 years and older)

HERA asked about the transmissibility of the sub-lineages BA.4 and BA.5, to which the ECDC replied they would have a meeting with the Expert Group on Variants on 28 April to discuss relevant information on them and whether they would need to be reclassified.

4. Introduction of Rapid Risk Assessment “Increase in severe acute hepatitis cases of unknown aetiology in children in the European Union, European Economic Area, United Kingdom and the United States”

Following an increase in acute hepatitis cases of unknown aetiology in children, the ECDC drafted a Rapid Risk Assessment (RRA) where it presents the available information on the cases, the epidemiological findings, options for response, potential control measures, and next steps. The draft of the RRA and its findings was shared with the HSC and the RRA will be published on 28 April.

As of 25 April, 111 cases have been reported across 10 EU/EEA Member States. The ECDC reminded Member States that there is a specific item in EpiPulse where they can enter information on any related cases. The increase in acute hepatitis in children was first reported by the United Kingdom on 5 April, following an increase in severe acute hepatitis cases among previously healthy children since January. On 12 April, further cases were under investigation, many cases jaundiced with preceding gastrointestinal symptoms (vomiting, diarrhoea), but there are no identified common exposures yet.

The risk of the cases cannot be fully assessed at the moment given the aetiology of illness remains unknown. Current hypothesis is that of an infection or co-infection by human adenovirus is the most likely causative agent. However, other aetiologies (e.g., other infectious or toxic agents) are still under consideration and the disease pathogenesis is still unknown. ECDC suggests Member States to implement enhanced surveillance activities. The impact of the event on the affected population is considered high as some of the reported cases needed liver transplants and one case died. ECDC is now working with the WHO to provide a case definition.

A trawling questionnaire is available on EpiPulse to collate data at national level and for Member States to report any common exposures. Member States are invited to report any cases in Tessy as soon as the cases have been identified.

If enteric adenovirus infection remains the more likely aetiological cause – infection is mostly likely through close contact with an infected person and faecal oral route transmission route is the most likely route. Therefore, Member States should establish control measures in day-care settings and in hospitals and enhance awareness among parents on hepatitis-compatible symptoms.

CY asked whether the trawling questionnaire could be shared in the secure platform CIRCABC. ECDC clarified the questionnaire is available in EpiPulse and will also be shared on CIRCABC.

HERA asked whether there had been any increases in the circulation of adenovirus across Member States. ECDC clarified that there was information only from NL and DK but no more recent data has been shared.

ES and DK reported no increases in adenovirus and IE reported adenovirus is not notifiable but anecdotal information suggests increased activities.

5. Commission Communication on “COVID-19 – Sustaining EU preparedness and response: Looking ahead”

A new Communication on COVID-19 was adopted on 27 April on the next phase of the pandemic, in which the focus is moving from an emergency situation to a sustainable modality. The new Communication offers Member States with a panel of suggested targeted efforts and actions that can be strengthened and implemented in the coming weeks and months. It also provides an overview of policies and strategies that the Commission and EU bodies, such as ECDC, will launch. Case and death rates are decreasing and as the Omicron variant has resulted in cases being less severe. Population immunity, either through vaccines or naturally, has increased. The Communication stresses that COVID-19 will still be around, but the goal is to make use of the situation and move to an approach that protects public health while keeping society resilient and continue with efforts for EU-wide coordination on health preparedness and response.

Key areas the Communication focuses on include: stepping up action to increase COVID-19 vaccination uptake, intensifying the fight against mis- and dis- information; developing second generation COVID-19 vaccines, and therapeutics; adapting surveillance and intelligence gathering strategies and continuing targeted testing and sequencing efforts.

AT asked whether cases still need to be notified during the next phase. The EC clarified that the Communication does not address the notification of cases, but rather suggests actions for Member States to take in their testing strategies and how to deal with targeted testing in case of specific settings, and environments. Member States should be ready to ramp up testing as needed to have reliable information on the situation and to act in a proportional way.

The ECDC published on 27 April a report on [“Transitioning beyond the acute phase of the COVID-19 pandemic - Approaches and tools used by a sample of EU countries in the transition and de-escalation phase”](#), based on interviews with HSC members (DK, ES, FR, HR, IT, MT, NL, PT).

A call for tenders, EU-FAB, was also published on 27 April which has an overall budget of EUR 60 million. As announced in the Communication on the European Health Emergency Preparedness and Response Authority on 16 September 2021, the Commission will set-up EU FAB, a network of ever-warm, single and/or multi-technology production capacities for vaccines and therapeutics. It will ensure heightened supply in case of a surge in demand due to public health emergencies, by reducing the time needed between development and industrial scale-up, and provide for solid supply chains thereto. If needed,

access and use can be activated and made available. During ‘non-crisis’ times, these facilities are used for their regular activities. The call therefore covers reserve manufacturing capacities and manufacturing of vaccines.

CBRN threats

6. EU strategic reserves for chemical, biological, and radio-nuclear emergencies (CBRN)

DG ECHO gave an overview of rescEU which is a last response mechanism that is financed by the Commission, and under which CBRN stockpiling and capacities is included. The current stockpiles include personal protective equipment (PPE) and other medical equipment.

DG ECHO is also launching a project aimed at channelling large-scale in-kind donations from companies in the following areas: medical items (medicines, medical equipment), CBRN (Chemical, Biological, Radiological or Nuclear) countermeasures and shelter. The rescEU warehouse for these donations will be in Belgium, and logistical hubs in Poland, Romania and Slovakia.

DG ECHO and HERA are aiming to develop the rescEU stockpile which is part of the 2022 Work Plan with a budget of EUR 580.5 million. The stockpile will include CBRN specific items and all items encompassed in the CBRN stockpiling legal base, including therapeutics, vaccines, CBRN PPE, support equipment and laboratory supplies.

Any other business

7. Information for the Joint Action 2022 Work Plan on Antimicrobial Resistance (AMR)

The EU4Health 2022 Work programme was adopted earlier this year with a budget of over EUR 800 million and under ‘crisis preparedness’ there is an action dedicated to tackling AMR via a Joint Action with an envelope of 50.3 million EUR. An information day will be organised on 10 May and invitations have been sent out to all competent authorities. The provisional timeline for the Joint action is for invitation letters to be sent to competent authorities in the second half of this year (no public publication for this direct grant) and a deadline of Q1 in 2023.

8. Availability of anti-TB medicines in the EU

In collaboration with the World Health Organization, the European Medicines Agency (EMA) has been working on an initiative that aims to facilitate access to TB medicines in the EU in order to address the availability gaps in Member States. The EMA conducted a survey to understand the availability of anti-TB medicines in the EU.

A survey will be shared with the HSC on the availability of medicines.

Close of the meeting

The chair informed that the HSC meeting will be moving to a bi-monthly basis, with ad-hoc meetings if any urgent matters emerge.