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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health Security and Vaccination

Luxembourg, 11 January 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, CH, UK, AL, BiH, ME, MK, XK, UA, MD, AD, DG SANTE, DG CNECT, DG ECHO, DG HR, DG MOVE, DG JRC, EMA, ECDC, WHO

Key Conclusions

1. Risk assessment and response to new COVID-19 variants and support with whole genome sequencing

The Chair noted that information on the new variants was discussed at the last meeting of the HSC held jointly with National Immunization Technical Advisory Groups (NITAGs), in particular concerning the variants emerged in the UK and South Africa for which evidence suggests increased transmissibility. It is expected that more genome sequencing analysis will be done globally with the appearance of new variants, and this has to be brought in context also with the effectiveness of the produced vaccines and as communication topic to the public. Genome sequencing of SARS-CoV2 isolated from COVID-19 positive patients is essential in order to precisely identify variants and better understand the epidemic in countries as a basis for adjusting control measures.

DE raised – in addition – the question of a novel circulating lineage of SARS-CoV-2 in the state of Rio de Janeiro Brazil originated from B.1.1.28 lineage, which is being discussed in the context of higher infectivity and the effect on vaccination.

The **ECDC** expects to receive new neutralisation assay data from the UK. The ECDC is looking into the Brazilian variant at the moment, including concerns regarding sequence.

The **ECDC** conducted a laboratory survey (06/12/2020) that focused on overall laboratory response to COVID-19; data was received from 19 laboratories from 14 Member States, LI and UK. Four countries reported support needs in sequencing, the ECDC has followed up with those countries individually. The ECDC will continue to provide this service; countries are invited to contact the ECDC.

Timely sequencing of a representative and sufficient number of SARS-CoV-2 isolates is of utmost importance to detect and monitor variant viruses, thus allowing the assessment of their impact on observed epidemiology and the implementation of adequate public health measures. Therefore, a new laboratory survey is planned for the week of 13 January 2021 on the capacity to detect and characterise variant viruses, with special focus on: purpose of variant screening, sampling frame and target isolates, methods for screening, characterisation of viruses, sequencing capability and capacity, self-assessment of capacities.

The **ECDC** explained that the genome sequencing activity is currently outsourced, the contractor laboratory is based in Italy. The shipment needs to be prepared and payed by the country, the sequencing service itself is payed from the ECDC contract. Countries can submit either cDNA or RNA. Results will be available in 3-5 days. The capacity is negotiated with the country and contractor based on the needs.

IT asked if the ECDC would develop maps of countries/areas where cases infected with new variants have been detected, including intensity of infection, to inform public health measures. In addition, IT mentioned to have increased the genome sequencing in the country.

DE is currently doing genome sequencing in the country, noting the need for a central risk assessment.

ECDC referred to GISAID as the repository for sequence data, ECDC is in the process to develop maps to upload to the ECDC webpage with number of reported cases. TESSy is the database to submit the variant case numbers. The sequence information can be submitted to international databases such as GISAID.

The Commission asked countries about their views on organizing support to genome sequencing at EU level. Variants emerge and circulate relatively frequently. The assessment of the neutralising power of antibodies from vaccinated individuals against the emerging variants will become a routine activity to prepare for.

DE noted that it is important to cooperate with other countries.

IE asked if it is possible for the ECDC to introduce case definition, using the S-gene dropout to screen potential cases of the UK variant. ECDC responded that using the S-gene drop out as indicator would lead to a lot of probable cases as other variants also have S-gene dropouts. Therefore, S-gene dropout would not directly reflect the UK variant. The ECDC will discuss this with the laboratory network.

AT asked if there are any specific recommendations from countries or the ECDC on the isolation of new variants or quarantine of contacts and the implications regarding contact tracing. ECDC noted that that the UK variant is more transmissible, but the other characteristics of the virus do not seem significantly changed (duration of infectiousness, severity, etc.). Therefore, the current non-pharmaceutical countermeasures should be applied, but they would need a much higher compliance to achieve the same results.

<u>Follow-up:</u>

- *Member States to post on EWRS any particular needs that they have in order to improve sequencing capacity. This could include equipment, training, materials, or links to laboratories outside of the country, which could carry out sequencing.*
- *The deadline of the ECDC laboratory survey is 18 January 2021, distributed through ECDC national focal points and the HSC.*

- *ECDC to continue work on case definition on the UK-variant.*
- *Discussion will continue on further activities, such as on systematic analysis of COVID-19 dominant variants.*

2. Update on response measures, mid-term strategy for the months after lockdowns

The Chair asked countries to update on response measures, as well as mid-term strategies regarding social distancing measures, introducing regional or full lockdowns or any recommendation/restrictions in place regarding winter sports.

FR has no lockdown at the moment, but has a curfew at 20.00h-06.00h in place (will stay in place until 20/01/2021). Cultural/sports will remain closed until 20/01/2021; restaurants/bars remain closed until mid-February.

Follow-up:

- *Countries to provide update on response measures through the EWRS.*

3. Quarantine and isolation

The Chair noted that the draft paper "Recommendations for a common EU approach regarding isolation for COVID-19 patients and quarantine for contacts and travellers" was revised after written comments from the HSC, including references to national rules. The revised version was agreed by the HSC.

Follow-up:

- *The HSC to revert with any final comments by 18:00 on 11 January. Following, the recommendations will be adopted and published.*

4. Progress on COVID-19 vaccination certificates

The Commission provided an update on the work on vaccination certificates, thanking Member States for completing the survey and providing feedback on the vaccination certificate guidelines. The main purpose of the vaccination certificate is to support the healthcare providers (exchange of information of previous vaccinations); other objectives could be further introduced. The Commission aligned the guidelines as much as possible with the guidelines provided by the WHO yellow booklet, showing proof of vaccination. Work continues on the trust framework (infrastructure, validity). In addition, the Recovery and Resilience Facility (RFF) supports the setting up of the electronic immunization information systems, therefore, Member States are able to put this eligible expenditure in the RRF plans.

DE is looking at the introduction of an intermediate and still slim digital certificate specifically for the vaccinations. In addition, a vaccination certificate, which covers the entire vaccination portfolio holders, is planned to be introduced. This solution is not immediately available for the whole population. Therefore, DE is still looking into a short notice solution regarding COVID-19 vaccinations. When it comes to cross-border travel and mobility, the usage of a digital vaccination certificate should not be mandatory. At the same time, a paper vaccination certificate should remain possible.

FR emphasised their position regarding the vaccination certificate, which could be an alternative to quarantine or a COVID-19 test, but FR does not agree with creating an immunity certificate becoming mandatory for travelling.

The Commission is currently processing the comments of the MS, followed by a meeting with the eHealth Network on the adoption of the guidelines on 13 of January. In addition, The Commission asked the HSC on the possibility to capture vaccinations for other diseases/agents beyond COVID-19. DE was in favour to consider including a range of possible vaccinations.

Follow-up:

- *Member States to revert back with comments on the question of the scope of the certificates.*
- *The HSC continues to be updated on the progress regarding vaccination certificates.*

5. Vaccination plans, roll out, strategies regarding COVID-19 vaccines (HSC)

The Chair asked countries on the first experiences with the rollout of the COVID-19 vaccines. A questionnaire was circulated to the HSC including several questions regarding vaccination deployment to identify any problems or challenges for action. Replies from IT, MT, HR, Iceland and UK were already received, the survey will remain accessible in the next days.

SE started vaccination; elderly are a priority group, as well as health care workers, ICU units and nursing home personnel. About 100.000 persons have been vaccinated at the end of the last week with the Pfizer vaccine.

DE vaccinated more than 100.000 people, according to prioritisation criteria, vaccines still need to be carried out in nursing and retirements homes. This processes demands having mobile teams authorised in the processes in these structure. Moreover, DE has 20 plus distribution centres being able to store vaccines, a secondary transport to specific vaccination centres has to be taken into account. With the Moderna vaccine coming available, DE expects an improved/increased vaccination coverage for people from risk groups.

In the **UK**, 2.4 million vaccines have been administered, using both the Pfizer and AstraZeneca vaccine. The Moderna vaccine has been authorised as well, but is not available in the country yet. As of today, 7 massive vaccine centres have been opened.

Follow-up:

- *Member States to reply to the survey, it is important for other MS how the vaccination programs are running to overcome problems/find solutions.*

6. Monitoring of vaccine deployment (ECDC)

ECDC has been updating the TESSy surveillance system to include the option for Member States to report on the vaccination rollout e.g. number of persons vaccinated by age. The explanatory document was circulated to ECDC networks and it is open for comments until 11 January.

The Chair reminded Member States who missed the first stress test on vaccination deployment that ECDC organizes a second stress test on 12 January. On 15 January, ECDC organizes a Webinar to discuss the results of the two stress test and to exchange on current challenges in

vaccine deployment, countries will also share their experiences. The invitation was sent to Member States.

ECDC emphasized the necessity to collect data to i) monitor the performance of the campaign in term of reaching priority groups and access to the vaccine; ii) monitor the acceptability of the campaign; and iii) in the long-term assess the impact of vaccination on observed epidemiology, inform modelling work and decisions on non-pharmaceutical interventions.

The number of distributed and administered doses will reflect the initial efforts of the countries on vaccination campaign deployment. Concerning vaccine coverage data collected in the near future, the key elements are: estimations using information on individual vaccination status at country level; importance of having immunisation information systems or other type of registries in place; mapping on available systems (registry) and coverage data in the EU/EEA Member States to be launched by ECDC in the coming weeks.

The data collection on vaccine deployment aims at monitoring the ongoing vaccination campaigns in terms of distribution and administration of vaccine doses to the target population in order to identify possible shortcomings in the deployment of the vaccines and to monitor vaccine uptake among priority groups. The data collection proposal is developed in collaboration between ECDC and WHO/Europe shared with EU/EEA MS. The data will be collected by the TESSy tool on a weekly basis (**TESSy implementation** is planned to finish latest by 15/01/2021).

Minimum mandatory reporting agreed with WHO-Europe:

- Cumulative number of vaccine doses received and distributed, total and by vaccine brand at national level
- Weekly number of individuals by age group (and ≥ 65 years) receiving first, second and unknown vaccine dose at national level
- Weekly number of healthcare workers receiving first, second and unknown vaccine dose at national level
- To be published in the ECDC weekly surveillance COVID-19 surveillance outputs

ECDC will collect the data through TESSy and will share the data with **WHO**.

Follow-up:

- *Further updates on progress and discussion will follow regarding the frequency of data collection.*
- *A letter from Commissioner Kyriakides is being prepared to Health Ministers including on vaccination deployment.*

AOB 7. Reminder on new main COVID-19 EWRS notification

Given the extensive amount of comments on the main EWRS COVID-19 notification, a new notification was opened called "COVID-19 pandemic" to replace the original one.

Follow-up:

- *Countries to continue to post on the new notification and to update the response measures on the incident management module regularly.*