



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY  
  
Public health  
**Health Security**

Luxembourg, 30 March 2022

## **Health Security Committee**

### **Audio meeting on the outbreak of COVID-19 and the Ukraine Conflict**

#### **Summary Report**

#### **\*EU/EEA only\***

**Chair:** Adviser to the Director, 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, SI, SK, NO, IS, LI, DG SANTE, DG ECHO, DG JUST, DG HR, HERA, SG, COUNCIL, ECDC

#### **Agenda points:**

##### **COVID-19**

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic + forecast
2. Delegated Regulation on the exemption of the vaccination acceptance period for minors – presentation by DG JUST
3. AOB: the J&J vaccines as 2-dose – intervention by DE

##### **Ukraine**

4. HSC survey results on cross-border healthcare for UA displaced persons
5. European Reference Networks (ERNs) initiative to support Ukrainian rare diseases patients
6. Increasing vaccination uptake among UA refugees - presentation by ComNet Members

#### **Key messages:**

##### **COVID-19**

#### **1. Overview from ECDC regarding the current situation of the COVID-19 pandemic + forecast – information point**

The ECDC gave an update on the epidemiological situation of the COVID-19 pandemic in the EU/EEA countries. **Increasing trends** were observed in 15 countries. Increasing case rates among people aged 65+ years were reported in 19 countries. Major impacts on intensive care units indicators are not yet observed. The **Omicron sub-lineage BA.2** is now dominant in most of the EU/EEA countries. A flattening of the **vaccination uptake** can be seen in all age groups including in younger age groups. Case notification rates

are **forecast** to increase until 10 April, as compared to the previous week. In the same period, hospital admissions and deaths are predicted to remain stable.

Regarding **post-COVID-19 condition**, this is not only observed after severe disease in hospitalised patients but also after mild cases. Risk factors for the condition include: age, in females and in hospitalised patients for acute COVID-19. Estimates of incidence and duration is highly variable. Evidence points towards COVID-19 **vaccination protecting against post-COVID-19 condition**. However, post-COVID-19 condition is **not fully preventable** by vaccination and therefore cases are expected to continue to occur even in vaccinated people. The impact of COVID-19 treatments is difficult to establish since there is limited evidence available, and because drugs are administered to individuals at risk of severe illness, which is a risk factor for post-COVID-19 condition. ECDC recommends to complete the primary vaccination series, including administration of booster doses, to prevent post-COVID-19 condition.

**FR** asked if it would be possible for ECDC to publish guidelines regarding a possible fourth dose. **ECDC** responded that so far, only limited evidence is available and therefore, ECDC is currently not in a position to provide such guidance. ECDC carefully monitors the data coming from Israel. Moreover, many Member States are already recommending a fourth dose for specific groups (immunocompromised patients, etc.).

## **2. Delegated Regulation on the exemption of the vaccination acceptance period for minors – presentation by DG JUST**

An HSC survey was carried out recently regarding the standard acceptance period (270 days) for holders of an **EU Digital COVID Certificate** for primary vaccination. The question was whether minors should be exempted from this validity period. In the survey, a majority of countries (17/26) was in favor of this exemption. Following an expert meeting that took place last week (12), and the large support from Member States, a [Delegated Regulation](#) exempting minors from the standard acceptance period of primary series vaccination certificates was adopted on 29 March 2022. The regulation will enter into force as of 31 March 2022. A transitional period is given to the Member States until 6 April 2022 to adapt their systems in line with the new regulation.

## **3. AOB: the Johnson&Johnson (J&J) vaccines as 2-dose – intervention by DE**

The Commission is aware that the German authorities no longer consider the COVID-19 vaccine Janssen to be a single-dose vaccine (unlike the EMA recommendation) but that two doses are needed to complete the primary series (“Grundimmunisierung”), with a third dose administered as a booster at a later stage. **DE** explained their reasoning behind this decision during the meeting. The German NITAG decided to give a second dose of the Janssen vaccine already in October 2021. This was initiated due the surveillance system, as more infections were reported among people vaccinated with a 1 dose Janssen vaccine as compared to other available vaccines. Based on a literature search, studies were identified demonstrating a significant difference between the first and second dose, also mentioning the WHO [recommendation](#) (December 2021) that a second dose can be given, two months apart, showing that two doses will provide significantly higher individual protection, while a 1-dose policy might be preferred to rapidly increase vaccine coverage or to vaccinate hard-to-reach populations. A [study](#) published on 29 March 2022, showed that under the dominance of the Omicron variant one dose of the Janssen vaccine has an effectiveness of 25% and a second dose 55% effectiveness against symptomatic COVID-19.

**RO** asked if DE will only issue the EU Digital COVID Certificate to individuals who received two doses. **DE** confirmed that two doses are necessary to receive the primary vaccination for the EU Digital COVID

Certificate. There is a difference between issuing the certificate and the control of it, as other Member States do recognize one dose of the Janssen vaccine.

The **Commission** asked if the certificate of people arriving from another country, where a single Janssen vaccine is considered as primary vaccination, is considered as valid. **DE** replied that its entry rules are currently reviewed, but for now that it would require two doses of COVID-19 vaccine Janssen for an EU Digital COVID Certificate to be accepted.

## Ukraine

### **4. HSC survey results on cross-border healthcare for UA displaced persons**

On 4 March, the Council approved the Council Implementation Decision introducing temporary protection for displaced persons from Ukraine. As part of the **Temporary Protection Directive** the provision of healthcare is included. The Commission sent a survey to the HSC to understand the practical implications of the measures covered by the Directive by the Member States (23 replies).

The majority of the responding countries replied to have made the necessary national adaptations/legislative provisions for the Temporary Protection Directive. The majority of the Member States provide information to UA displaced persons on how to access the national healthcare system. More than half of the responding countries also provide this information in the Ukrainian language. Some Member States provide specific health assessment to displaced persons from Ukraine upon arrival. Services include, among others,: general health assessment to identify health needs and main health issues; vaccinations (COVID-19 vaccination and other vaccines following the national vaccine scheme for children and adults) (other vaccines include: MMR, DTP, BCG, Polio, hepatitis, etc.); mental health screening (post-traumatic stress); TB Screening; communicable disease management; and the provision of COVID-19 tests – depending on the country of arrival. The Commission will share a document on the results once the survey is completed.

**FI** asked which vaccines are mostly offered by the Member States to the Ukrainian displaced persons. The **Commission** replied that it seems that most Member States follow the same vaccination scheme for Ukrainian displaced persons as for their national citizens.

The **Commission** is working on a document on what should be included under the Temporary Protective Directive

### **5. European Reference Networks (ERN) initiative to support Ukrainian rare diseases patients**

The European Reference Networks (ERN) have built during the last years 27 extensive networks of health care providers for the treatment of specific rare diseases. ERNs are also active in supporting Ukrainian rare diseases patients, focusing on their needs, including diagnosis, urgent and major therapies, surgery, therapy adaptation, medical equipment, and drug access. ERNs works both on a case-by-case basis, as well as together with National Public Health Authorities. [ERNcare4UA](#) offers support by providing medical guidance for triage or transfer, medical advice and recommendations, and medical support and replacement (in the event of a drug or medical supply shortage). ERNs have stressed the need for a rare disease task force, a HUB that would centralise coordination with all stakeholders, including patient organisations.

### **6. Increasing vaccination uptake among UA refugees - presentation by ComNet Members**

The ComNet is a subcommittee of the Health Security Committee. In the context of the refugee inflow to EU Member States due to the Russian aggression on Ukraine, the Commission invited members from the ComNET to share their efforts in terms of communication to increase vaccination coverage rates among Ukrainian refugees, including by working with health professionals. Several Member States mentioned that the refugees receive the same access to healthcare as national citizens. Specific websites have been created to provide the refugees with relevant information, including access to healthcare (often translated into the Ukrainian language).

In **SE**, refugees are sent to the migration agency where they will receive the same rights as national citizens. When persons from Ukraine have applied for protection under the Temporary Protection Directive at the Swedish Migration Agency they are entitled to emergency medical care, emergency dental care, care that cannot be postponed and vaccinations.

**SI** created a [webpage](#), dedicated to Ukrainian refugees, which contains information on well-being, preventive measures and key information on Slovenian health system, as well as information on routine vaccination and COVID-19 vaccination. The content is available in English and should become available in Ukrainian soon.

In **ES**, refugees receive the same access to healthcare as national citizens. ES developed a special vaccination station for Ukrainian refugees and a vaccination schedule for children. Refugees entering the country in a more controlled way (e.g. plane) will be screened upon arrival.

In **AT**, refugees receive the same access to healthcare as national citizens. AT provides the refugees with specific information related to access to healthcare, especially on vaccination offers and recommendations provided by the Austrian NITAG. AT also created a website, which also includes information about doctors that are available to provide healthcare.

**RO** explained that in terms of communication, there are several ways that the authorities are encouraging refugees to get vaccinated, including: on the spot, at the triage, after entering Romania. Medical teams are explaining the benefits of vaccination by interpreters. Moreover, the health authorities, through local authorities and general practitioners, are recommending and encouraging COVID-19 vaccination and/or routine vaccination, such as MMR (Measles, Mumps, and Rubella) and DTaP-IPV (Diphtheria, Tetanus, and Pertussis - Inactivated Poliovirus Vaccine) vaccination.

In **IT**, refugees receive a specific code with which they can access the national healthcare system, including vaccinations (both for COVID-19 and other vaccinations). IT created a [website](#) dedicated to the Ukrainian refugees to provide them with relevant information. The content is available in Italian, English, Ukrainian and Russian.

**BE** and **IE** also mentioned having created a website dedicated to Ukrainian refugees, where they can find all the relevant information on how to access healthcare.