



# Opinion of the Health Security Committee for a common EU approach in response to the COVID-19 situation in China

5 January 2023

*Updated on 1 February 2023*

## COVID-19 situation in China

The number of COVID-19 cases reached record levels in mainland China in December 2022 but have been decreasing since. However, the surge has resulted in high levels of SARS-CoV-2 infections and increased pressure on healthcare services in China due to low population immunity and the relaxation of non-pharmaceutical interventions.

Between 12 December 2022 and 27 January 2023, approximately 90 million COVID-19 cases were reported to WHO from China<sup>1</sup>. Since 9 December 2022, the number of positive nucleic acid tests and the positivity rate reported from provinces had been increased gradually, with the number of positive tests (6.94 million) peaking on 22 December and the positivity rate (29.2%) peaking on 25 December 2022<sup>2</sup>. The number and rate of positive nucleic acid tests has been decreasing steadily after that, with the lowest number of 15 thousands and the rate of 5.5% on 23 January 2023. The same trend has been observed for rapid antigen tests.

The peak in hospitalised cases occurred early January 2023, which was around one week after the peak in cases. Moreover, during the first week of January 2023, there was a peak in COVID-19 related deaths among hospitalised patients, which has been decreasing since. On 26 January 2023, China reported 215 958 hospitalized cases and 26 156 severe cases. Overall, between 20 and 26 January 2023, 6 364 COVID-19 related deaths were reported.

From 1 December 2022 to 29 January 2023, China has deposited 9 990 sequences in GISAID, out of which 9 975 sequences were deposited since 25 December 2022. These sequences mainly belonged to the lineages (including their sub-lineages) BA.5.2 (69%), BF.7 (27%), BQ.1 (1.3%), BA.2.75 sub-lineages including BN.1, CH.1.1 and others (0.9%), XBB (0.6%).

Several new sub-lineages of Omicron have been assigned from sequence data released by China, which is expected as the virus accumulates random mutations. Most of these lineages carry no spike protein changes compared to previously known lineages, while a few sub-lineages of BF.7 carry single spike protein changes. None of these changes are likely to provide the virus with a substantial transmission advantage and none of the associated lineages show signs of rapid expansion.

The Health Security Committee takes note of the increased trends in information sharing by the Chinese CDC since early January 2023, and calls for the continuation of timely and frequent sharing of reliable data on the COVID-19 situation, in particular in relation to COVID-19 cases, hospital admissions, deaths as well as ICU capacity and occupancy in China.

The Health Security Committee notes the latest European Centre for Disease Prevention and Control (ECDC) assessment for the European Union (EU) / European Economic Area (EEA) from 31 December 2022. ECDC stated that given higher population immunity in the EU/EEA, as well as the prior emergence and subsequent replacement of variants currently circulating in China by other Omicron sub-lineages in the EU/EEA, a surge in cases in China is not expected to impact the COVID-19 epidemiological situation in the EU/EEA. ECDC also noted that there is currently no data suggesting the emergence of new variants of concern in China. The content of ECDC's assessment<sup>3</sup> is still valid as of 30 January 2023.

<sup>1</sup> COVID-19 WHO dashboard: <https://covid19.who.int/>.

<sup>2</sup> Chinese Centre for Disease Control and Prevention, COVID-19 Clinical and Surveillance Data — December 9, 2022 to January 23, 2023, China.

<sup>3</sup> <https://www.ecdc.europa.eu/en/news-events/impact-surge-china-covid-19-cases>.



Due to the rapid increase of COVID-19 cases in China<sup>4</sup>, the Health Security Committee held urgent ad hoc meetings on 29 December 2022 and the 3 January 2023 to provide an update on the epidemic situation, consult among the members about measures taken or considered, and to discuss a common and coordinated approach at the European level. There, participants stressed the importance of such coordination.

On 30 January 2023, the Health Security Committee met again to discuss the latest developments in relation to the COVID-19 situation in China and the current travel measures in place in the EU. Based on these discussions, the Health Security Committee notes that:

- While declining trends in epidemiological indicators are observed across different regions in China, a possible impact on the COVID-19 situation of the Chinese New Year and Spring Festival activities, which were held from 21 to 27 January 2023 and which were accompanied by significant increases in intra-country mobility as well as social gatherings, can only be assessed as of mid-February.
- The current travel measures, as elaborated on in this Opinion, should remain in place in Member States until a surge in COVID-19 cases due to the Chinese festivities end of January 2023 can be ruled out. In case the epidemiological situation allows for these measures to be modified, Member States are aiming to do so in a coordinated approach and, if possible, at the same time.

The Health Security Committee will reconvene during the first or second week of February 2023 – depending on when the Chinese CDC will share the latest epidemiological information on the COVID-19 situation in the country -, to assess whether the travel measures put forward in this Opinion can be modified.

### **A common EU approach in response to the COVID-19 situation in China**

According to the Council Recommendation (EU) 2022/2548 of 13 December 2022 on a coordinated approach to travel to the Union during the COVID-19 pandemic, where necessary to address a severe worsening of the epidemiological situation, either in the Member States or in third countries, Member States, should decide, in a coordinated manner in the Council and in close cooperation with the Commission, to reintroduce appropriate requirements for travellers prior to their departure.

Furthermore, if one or more Member States reintroduce restrictions based on Council Recommendation (EU) 2022/107, regarding travel within the Union, Member States should discuss, in close cooperation with the Commission and the ECDC, whether similar restrictions should be introduced under this Recommendation regarding travel from third countries to Member States.

According to Article 21 of the Regulation on serious cross-border threats to health 2371/2022<sup>5</sup> that entered into force on 26 December 2022, Member States shall consult each other and coordinate within the Health Security Committee and support the EU Integrated Political Crisis Response Arrangements in the event of a serious cross-border threat to health. This document also supports the technical implementation of IPCR operational conclusions following the IPCR Working Level Roundtable on COVID-19, held on the 4th of January 2023.

In this context, the Health Security Committee proposes the following steps for a staged, phased and proportionate, common approach. This is with the view to take a precautionary approach and with the aim to detect as early as possible a new SARS-CoV-2 variant in the EU/EEA.

1. Where appropriate, EU/EEA countries should consider introducing/ stepping up wastewater monitoring, in particular those waters stemming from airports with international flights and/or aircrafts after long-haul flights, with a particular focus on passenger flights arriving from China. A protocol for the sampling of wastewater from aircraft will be developed by the Commission services and Union agencies.
2. Where appropriate<sup>6</sup>, EU/EEA countries should consider introducing a traveller-based SARS-CoV-2 genomic surveillance programme on a random basis at international airports by increased monitoring and sequencing, with a particular focus on passenger flights arriving from China.
3. All EU/EEA countries should continue to carry out epidemiological and virological surveillance, aiming to enhance the number and representativeness of sentinel sites and increase the number of tests performed, where appropriate and in accordance with guidance and support from the European Centre for Disease Prevention and Control<sup>7</sup>. Where appropriate, EU/EEA countries may additionally encourage the sequencing

<sup>4</sup> In addition to implications regarding further potential increase of COVID-19 cases following population movements as a result of upcoming festivities.

<sup>5</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2022:314:FULL&from=EN>.

<sup>6</sup> Notably in the instance of direct passenger flights arriving from China and as regards national legislation.

<sup>7</sup> <https://www.ecdc.europa.eu/en/publications-data/operational-considerations-respiratory-virus-surveillance-europe>.



of hospitalised/ICU cases with a history of recent travel from China and the appropriate sharing of such data as part of enhanced monitoring.

4. The EU Integrated Political Crisis Response Arrangements should issue a Council Conclusion recommending that all travellers on international flights to and from the EU/EEA, but especially vulnerable passengers, people with respiratory symptoms and travellers with China as country of origin should wear a medical mask or FFP2/N95/KN95 respirators and that all EU/EEA countries issue advice to incoming and outgoing international travellers coming from or destined for China, regarding personal hygiene and health measures, and to aircraft and airport personnel.
5. Where appropriate<sup>8</sup>, EU/EEA countries are encouraged to consider the requirement for a pre-departure negative antigen test according to the EU common list of COVID-19 antigen tests<sup>9</sup> (taken preferably not more than 48h hours before entry) or a negative Nucleic Acid Amplification Test (NAAT) COVID-19 test (taken preferably not more than 48h and at latest 72 hours before departure to EU/EEA countries). Where appropriate, EU/EEA countries may also complement such measures by implementing COVID-19 antigen tests from the EU common list<sup>8</sup> or NAAT tests undertaken randomly at arrival in EU/EEA countries.
6. All EU/EEA countries should continue to aim to increase COVID-19 vaccination coverage, in particular in population groups with low coverage levels and in respect of vulnerable groups, together with further offering of vaccines from EU Member States.
7. Based on up-dated risk assessments from the World Health Organization and the ECDC, the EU Integrated Political Crisis Response Arrangements should deliberate if point 2 of Council Recommendation (EU) 2022/2548 should be triggered for China. Here, travellers arriving from China to the EU (if possible, also if travelling via a 3rd country) would be required to show a pre-departure negative antigen test according to EU common list of COVID-19 antigen tests<sup>8</sup> or a negative Nucleic Acid Amplification Test (NAAT) COVID19 test<sup>10</sup>.

#### **Annex – Specific EU/EEA positions**

The Polish Ministry of Health position is to abstain from endorsement of “Opinion of the Health Security Committee for a common EU approach in response to the COVID-19 situation in China”.

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<sup>8</sup> Notably in the instance of direct passenger flights arriving from China and as regards national legislation.

<sup>9</sup> As per the current updated version of the EU common list of COVID-19 antigen tests, as agreed by the HSC.

<sup>10</sup> Both, an antigen taken preferably not more than 48h hours before entry and a Nucleic Acid Amplification Test (NAAT) taken preferably not more than 48h and at latest 72 hours before departure to EU/EEA countries.