EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
**Health Security**

Luxembourg, 13 October 2021

**Health Security Committee**

**Audio meeting on the outbreak of COVID-19**

**Draft Summary Report**

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

**Audio participants:** AT, BE, BG, CY, CZ, DE, EE, ES, FI, FR, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, UK, AL, RKS, AD, SM, DG SANTE, DG MOVE, DG ECHO, DG HR, ECDC, WHO

**Agenda points:**

1. COVID-19 – lessons learned, next steps and future perspectives – Presentation by Professor Peter Piot, followed by Q&A
2. Discussion based on Member States' views received following a survey (please click to access) on the EU Digital COVID Certificate for vaccination
3. Discussion on phasing out of non-pharmaceutical interventions – all participants are invited to contribute and inform the other countries about: possible steps your country is envisaging to take in the next weeks in light of your current national epidemiologic situation and vaccination rate: are you lifting some NPIs or all? Are you still discussing at national level?
4. Pandemic Treaty Process and the EU reflection paper – Information point
5. AOB: Results of the survey on indicators

**1. COVID-19 lessons learned, next steps and future perspectives**

Professor Peter Piot, Handa Professor of Global Health, former Director of the London School of Hygiene and Tropical Medicine in the United Kingdom and Special Advisor on COVID-19 to the President of the European Commission Ursula von der Leyen, addressed the Health Security Committee on the lessons learnt during the COVID-19 pandemic, on the next steps and some future perspectives. Professor Piot thanked the Health Security Committee for their work, especially in their management of uncertainty during the pandemic. Professor Piot highlighted the actions and mechanisms that went well during the COVID-19 response in Europe, including the EU Joint Procurement of personal protective equipment and medical supplies, the EU Vaccine Strategy and the EU Digital COVID Certificate. Among the challenges faced, Professor Piot highlighted Member States' handling of the situation taking unilateral measures and the lack of coordination.

Professor Piot mentioned areas, which require more action to be better prepared for future pandemics, including a revamped legal framework for cross-border health threats, a robust global and European surveillance system, strengthened crisis response mandates for both the European Centre for Disease

Prevention and Control (ECDC) and the European Medicines Agency (EMA), the establishment of the Health Emergency Preparedness and Response Authority (HERA), the investment in manufacturing of medical countermeasures in Africa as well as better coordinated scientific advice. As immediate priorities, Professor Piot emphasized the need for increasing the uptake of vaccines, especially with the surge of variants of concern, and the need to vaccinate the most vulnerable and marginalized populations. He also suggested keeping non-pharmaceutical interventions to control the spread of the Delta variant. He stressed the importance of building public trust and addressing the public's concerns over the vaccines.

Finally, Professor Piot discussed his future perspectives, and recognized that the trajectory of the pandemic depends on the virus but also on people's collective and individual behaviour. In this context, he also presented a project of the International Science Council on future scenarios for the further development of COVID-19 and its impact. To exit the pandemic, and to look beyond, Europe will need to adopt a recovery based on health, but also on aspects of social and economic recovery, therefore taking a 'whole of society' approach to preparedness and prevention.

**PT** asked Professor Piot what the strategy should be for vaccinating children and adolescents in Europe. Professor Piot explained that, ultimately, everybody would need to be vaccinated and it comes down to a cost-benefit analysis of the impact of vaccination on children and adolescents. Based on studies from Member States vaccinating children, there is a clear impact on transmission, but the consideration should not only be about the spread of the virus and more on the impact on mental health and educational achievement. On the one hand, Member States need to be careful about side effects but on the other hand they also have to consider the effect of long-COVID for children and adolescents.

**DE** wanted to know why the Commission had not activated Article 12 of Decision 1082/2013/EU and whether the article was not enough to cover countermeasures. Professor Piot replied that in his capacity as Scientific Advisor he was not best placed to answer this legal question.

The **UK** wanted to know Professor Piot's thoughts on the recent Report from the House of Commons and Science and Technology Committee and Health and Social Care Committee in the United Kingdom on 'Coronavirus: lessons learned to date, examining the initial UK response to the COVID pandemic'. Professor Piot replied that the report illustrates how difficult the decisions were during the start of the pandemic and hopes there will be more reports and reviews that are forward looking and provide for more comparison between countries to further analyse what worked and to help draw lessons.

**2. Discussion on the EU Digital COVID Certificate for vaccination**

Before the meeting, the COMM conducted a survey among the Member States on the acceptance of the EU Digital COVID Certificate (EUDCC) of vaccination for the purpose of travel and participation in social life. Many Member States have now made the decision to offer booster doses or additional doses, and an additional question was included on Member States' plans to offer an extension of the validity of the EUDCC for vaccination after administration of a booster vaccination or additional dose. Some Member States indicated that the validity period for the purpose of travel and for participation in social life is one year from the date of full vaccination. Most Member States indicated they have not set a maximum validity period for the EUDCC for vaccination. On the extension of the validity of the EUDCC after an additional or booster dose, most Member States indicated there are no plans for this yet, or it is still under discussion, given that booster doses are currently being rolled out. Some Member States would like to have further discussion on this to find a common approach at EU level.

**DE** indicated they were interested in having discussion on this topic because they would like to prevent that people will denied entry because of the validity of their vaccination certificate. DE was also interested in knowing how countries were introducing booster doses and their considerations for the validity of the certificate. As there are no deviating national regulations in DE, the validity of the certificates is dependent on validity period of the current EUDCC with the regulation expiring in summer 2022.

The **COMM** mentioned that the questions are pertinent and long-term consideration needs to be given to the validity of the certificates. The COMM announced there would be a report coming out the week of 18 October on the implementation of the EUDCC, which discusses different topics, especially in relation to the need for more evidence on the immunity of the vaccines.

**SK** was interested in knowing whether Member States were using two certificates, a recovery certificate and a vaccination certificate, for patients who had recovered and are recognized as fully vaccinated.

The **COMM** clarified that if a person has a recovery or EUDCC based on recovery, then the certificate is valid for 180 days. Several countries have reported that recovered patients get one dose of the vaccine (regardless of it being coded as a second dose) and suggested that questions on technical issues should be brought up for discussion in the eHealth Network (eHN).

The **UK** asked whether the certificates include people who are unable to get a second dose because of an adverse event to the first dose. The UK also wanted to know if there was a list of the different country decisions on one or two doses for recovery. The COMM mentioned there was a list at the beginning of the summer, which would need to be updated.

**IT** mentioned the EUDCC is widely used for participation in social life and as of 15 October, the EUDCC will be used for people going back to work. The validity of the EUDCC in IT is 12 months after the last dose, and agreed there should be a collective discussion to align further on this point. In IT, the recovery certificate is accepted but with one dose between three to six months and the recovery certificate is only valid for six months.

The COMM invited Member States who had not yet sent a reply to the survey to do so.

**3. <u>Discussion on the phasing out of Non-Pharmaceutical Interventions (NPIs)</u>**

In the same survey, the COMM asked a couple of questions on the phasing out of NPIs, such as the use of masks, and any upcoming plans Holiday season (1 November, and end of the year celebrations). Most Member States reported they have started to discontinue some NPIs. Some NPIs that are being discontinued include the use of masks, and physical distancing. Some Member States indicated they are using a COVID-19 certificate to access specific settings and activities and some Member States indicated mask wearing is no longer necessary in schools. Four Member States mentioned they have removed measures altogether. In relation to the Holiday season, most Member States indicated this would depend on the epidemiological situation, and there are no specific plans at the moment.

**IT** commented they are taking into account the epidemiological situation to decide on the discontinuation of NPIs. As of 07 October, theatres, cinemas, and concerts in areas with low transmission resumed at 100% of capacity, but a EU DCC is needed to participate. Physical distancing in museums is no longer needed and the capacity for indoor sports has been increased to 60% and for outdoor sports to 75%. Ventilation for these activities needs to be guaranteed.

**NO** mentioned that 85% of people 18+ have been vaccinated and COVID-19 vaccines are now being offered to adolescents 12+. Immunocompromised people are offered a third dose and those 65 years and older receive a booster dose at least six months after the second dose. Schools reopened mid-august after the summer holidays and there was an increase in cases then, however the number of cases has decreased since the beginning of September. NO moved to "normal everyday life with increased emergency preparedness" on 25 September. Hospital admissions have decreased and are now stable. NO has four indicators (the number of patients in hospital; the number of patients in intensive care units; the age distribution of patients; and response capacity in the municipalities) for analysing the situation and has increased preparedness to be able to quickly take action if needed. The municipalities will continue to play an important role in responding if outbreaks put the capacity of the health service under pressure.

**FR** indicated no NPIs have been lifted before 15 October. Testing and monitoring of school students continues. NPIs are used cautiously and very much targeted based on scientific evidence and indicators given the risk of new variants of concern that may arise.

**ES** mentioned that 88% of the targeted population has been fully vaccinated. Hence, in Spain the use of the EUDCC for social life does not make sense because almost everyone is vaccinated and only one region is currently using the EUDCC for social life. The trend for the past 12 weeks has been decreasing number of cases. Social distancing and wearing masks is still compulsory by law but several measures are being lifted and more measures will be lifted in the coming weeks. The trend in schools has stabilized following a wave of cases in the age group 12+. ES opened up quite a lot during the summer for tourism and there was no specific impact in transmission because of tourism.

**SE** reported that on 29 September they lifted many of the measures imposed to mitigate the spread of the virus, including: caps on events, service at restaurants, and work from home. General recommendations still stand until further notice. There are requirements for activities regarding measures to mitigate the possible spread of infection including social distancing and hygiene. The legislation in SE remains in force to allow for the re-introduction of measures.

**HU** gave an overview of the situation and indicated NPIs were lifted from May until July given the increase in vaccination coverage. Wearing masks remains mandatory for healthcare facilities but in most other places, this is no longer the case. The EU DCC is mandatory only in events with large amounts of people. There was an increase in COVID-19 cases in late August, and cases associated with the re-opening of schools in September. The situation is now stable, and HU does not exclude the possibility to implement NPIs if the epidemiological situation deteriorates.

**IE** expressed concern over their current epidemiological situation in which they are experiencing an increase in the 14-day notification rate. In the week of 18 October, IE will make a decision on the discontinuation of NPIs. The use of masks will be kept until the spring of 2022.

**4. <u>Pandemic Treaty Process and the EU reflection paper – Information point</u>**

The EU Reflection Paper on the Pandemic Treaty Process drafted by the COMM was shared with the HSC Members. This paper was used to discuss the initiative for a Pandemic Treaty with the EU Member States with the aim of forging a common understanding of the main elements of a possible agreement on pandemic preparedness and response.

The EU has made a major contribution to the global pandemic response. The EU has also been a driving force in supporting the WHO's leadership role, advancing the WHO reform process and building consensus on a Resolution on strengthening WHO preparedness for and response to health emergencies, adopted by the World Health Assembly (WHA) that took place between 24 May and 1 June 2021. In the run up to the WHA, the establishment of an international agreement on pandemics was also discussed. The aim of such an agreement (which would be legally binding under international law) is to forge high-level commitment, and international cooperation towards a more robust global health architecture.

**NO** supported the COM, stands by the initiative, and advocates for a binging pandemic treaty. NO also agreed there was a need to enhance EU preparedness to later help upscale world preparedness.

**FR** supported the objective of an international agreement, which should pay close attention to equity and solidarity and agreed that the EU should play an active role on the international health architecture.

**ES** supported the work towards a Treaty but considers that modifying the international health regulation articles might also be looked at, given that some of them could being slightly modified to help in implementing the planned Treaty. ES concluded that the Treaty is necessary, and like FR, it should help reduce global inequities and inequalities and should have a global perspective.

The **COMM** thanked the Member States' support and agreed that advancing on the Treaty this was a priority for Member States and the Union alike. The COMM clarified ES point as it would be possible to amend the international health regulations in the context of the wider agreement.

**5. <u>AOB: Results of the survey on indicators</u>**

The COMM updated the HSC on the specific HSC meeting for EU and EEA countries on 11 October regarding the indicators of the traffic light map related to the revision of Council Recommendation 2020/1475. The COMM will discuss this in the next HSC meeting depending on the discussions of the Council's response to crises, integrated political crisis response mechanism (IPCR) meeting on 18 October. COMM noted that DE, SE and NO indicated they would be interested in being part of a working group if it were set up.