EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 26 May 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Stefan Schreck, European Commission, DG SANTE C ADV01

Audio participants: AT, BE, CZ, CY, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, NO, CH, UK, AL, AD, XK, ME, DG SANTE, DG JUST, DG CNECT, DG MOVE, DG ECHO, DG HR, DG REFROM, COUNCIL, ECDC, WHO

Key Messages

1. **EU Digital COVID Certificate (EUDCC) – information/discussion point**

COM (DG JUST) gave a presentation on the EU Digital COVID Certificate (previously called the Digital Green Certificate). There are many different free movement restrictions in place across the EU. MS require various types of documents. Absence of standardised and secured formats cause **problems for acceptance and fraud**. Guiding principles for the certificate include free movement in the EU, data protection, and non-discrimination (allowing for the acceptance of vaccination, test and recovery certificates).

SE wanted to know which MS will use the certificates and whether the certificates can be used at national level. **COM** responded that the regulation is intended for travelling purposes. However, the certificate can be used at national level if there are national legal basis in place.

DE had a question regarding the acceptance of the EUDCC by other countries. **COM** responded that the acceptance of the EUDCC depends on the countries of destination (national regulations). However, the European COUNCIL has asked the COM to adapt the Recommendation on a coordinated approach to intra EU level. This revision will be presented soon and COM asked MS to provide their input.

DK asked about the technical solution for two different types of vaccines used (combination with AZ). **COM** replied that the EUDCC will show which vaccine the individual received and the number of doses within a series of doses of the vaccine. A vaccination certificate will be issued after each vaccination indicating which vaccine was administered. But the second vaccination certificate will not contain the information of which vaccine was administered in the first round.

IT asked if transits are considered in the Regulation. **COM** responded that additional restrictions should not be added unless it is justified for public health reasons.

EE wanted to know if COM has already been in contact with third countries regarding the acceptance of the EUDCC in third countries. **COM** responded that they have been approached by a lot of third

countries. All the information is publicly available, also to third countries – regarding the structures and verification. No decisions have been taken at this stage. COM is also in contact with WHO and ICAO.

DE had a question regarding the guidelines for the aviation industry and on which basis should the EUDCC be accepted, would it be based on the country of destination or country of departure. **COM** replied that the acceptance of a certificate for waiving restrictions depends on the Member State of destination. COM is in contact with airlines that need to be able to read the certificates.

RO also wanted to know what happens at the border if a person with EUDCC is not valid, and whether those persons would be denied entrance. The **COM** responded that a refusal could take place (depending on why the certificate is not valid) but that it would be more appropriate to submit a person to a test upon arrival.

ES asked if the airlines will have access to the data of the EUDCC. The **COM** replied that the QR code will be used for verifying the Certificate.

ES noted that the EUDCC should make it easier for Member States, but that it should not be the only certificate to be accepted. Vaccination or testing cannot be made compulsory, this is up to the Member States. The **COM** responded that as of the first of July, all MS will issue the EUDCC format with a phasing period of six weeks, during which certificates not issued in the format of the DCC should be accepted. After that period, if a citizen who e.g. is vaccinated before the entry into force, can prove by other reliable means that s/he is vaccinated, a Member State should accept the certificate.

AT asked if it can be visible on the EUDCC when someone is recovered + received their first vaccine. Besides, AT pointed out that there is still no harmonised approach available on how to deal with children and adolescents. The **COM** mentioned that the status of a recovered person + 1 vaccine has to be further discussed. Regarding the acceptance of children and adolescents, this currently depends on the MS. **ES** mentioned that under the current legislation in Spain: children under 6 years old coming with their parents or other adults are not requested to test at the moment. For adolescents, vaccination is not available yet, but they can have a recovery or test certificate. **SI** would like to know where these two points raised by AT can be further discussed in order to find consensus. **EE** supports Slovenia's suggestion.

COM concluded by referring to the upcoming revision of Recommendation 2020/1475 and asked MS for input in particular concerning the lifting of restrictions for vaccinated and recovered persons, vaccination of recovered persons, the length of validity of tests and acceptance of tests for travels (NAATS or also RATs).

Follow up:

- *The COM will present the results from the short EUDCC survey held among the HSC during the next HSC meeting.*

2. Heterologous combinations of vaccine doses for COVID-19 ("mix and match")

ECDC recently published a technical report with an overview of country recommendations for Vaxzevria, including a scoping review of evidence for decision-making. Several EU/EEA countries are considering **heterologous vaccination schedules** for COVID-19 and are therefore requesting evidence for effectiveness and safety. ECDC presented ongoing and planned studies as well as evidence available on this topic. Key conclusions included: vaccines against SARS-CoV-2 are targeting the same antigen (spike protein) and mixing vaccines could potentially boost immune responses in the process, preliminary evidence shows good effectiveness but indicate a potential increase in mild adverse effects, there is a need for further evidence on safety and effectiveness on the **mixing and matching of** vaccine schedules.

ES mentioned there is a study ongoing related to AZ side effects. ES will share the link of the study once it has been published. In the future, booster shots will probably only include mRNA/protein vaccines.

3. **Gaps in reporting data from individual MSs**

Earlier, a report was circulated with the HSC on the gaps from MS in providing key data to the ECDC. The report has been prepared by the ECDC at the request of the Commission. The need for this report is based on the ECDC's observation of some shortcomings in data reporting for vaccination roll out and on the variants of concern. The report highlights important gaps which the ECDC would like to discuss together with MS and to offer suggestions on how to improve data reporting and what the Commission and ECDC can do to support Member States.

- All EU/EEA countries are encouraged to ensure **timely reporting of weekly vaccine doses to TESSy** at least **twice a week** and on established days for uploading data (**Tuesdays and Thursdays**) to improve the timeliness of the data in the **ECDC vaccine tracker**.
- **Countries with data gaps** are encouraged to **submit complete data on vaccine doses** administered by age groups and other target groups (HCW and LTCF), including the denominators for HCW and LTCF.
- ECDC recommends **two complementary sampling approaches**: representative sampling of SARS-CoV-2 RT-PCR positive cases from existing, population-based surveillance systems; and targeted sampling of SARS-CoV-2 positive cases occurring in special settings or populations.
- **Updated recommendation for reporting of sequence data and linked epidemiological information:** introduction of new TESSy variables; all VOCs and VOIs will be included in a coded value list and updated accordingly; a new variable "SequencingCategory" will allow for the identification of cases which are part of the representative surveillance or targeted surveillance.

Follow up:

- *MS are welcome to send their feedback and solutions by email to the COM*

4. **AOB - up-date JRC database of RAT – action point**

The COVID-19 In Vitro Diagnostic Devices and Test Methods Database of the JRC has been linked to the HSC agreed RAT common list. **As of April**, Member States are able to search in the JRC database for the specific RAT tests that have been included in the HSC agreed list. In addition, the information encoded in the JRC database will be linked to the Digital COVID-19 Certificate that will be **available as of 1 July**. This means that, in the future, whenever a traveller presents a negative COVID-19 Digital Test Certificate that is based on an antigen test, the information will be checked against the data in the JRC database. If the RAT is indeed encoded as being part of the HSC agreed list, a QR code linked to the digital COVID-19 test certificate can be created. **It is therefore crucial that all RATs that are included in the HSC agreed common list are also registered in the JRC database**. If a RAT is being used in practice in countries but is not registered in the database, a digital COVID-19 test certificate cannot be created. At the moment, there are more than 11 RATs not included in the JRC database. After the HSC meeting an overview of the RATs will be sent out. It is the **responsibility of manufacturers** to ensure that their details are uploaded in the database, and the HSC Secretariat will directly reach out to these companies. In addition, it was asked of the HSC members to **urgently ensure that all the RATs that are being used in their countries are included in the JRC database**. If this is not the case, this will result in problems with the creation of the digital COVID-19 test certificate.

AOB - Survey on rescEU stockpiles – action point

On Monday 17 May, the COM has sent an invitation to participate in a survey regarding rescEU medical stockpiles managed by DG ECHO. The COM reminded the MS to participate in the ECHO Survey as the **deadline of May 28** is approaching.

AOB - WHO consultation – action point

COM informed the MS that action is required regarding the WHO web-based consultation on the draft progress report on the implementation of the Action Plan to Improve Public Health Preparedness and Response in the European Region. MS have received a **country- specific survey link** that has been sent to the official email address of national counterparts in each country. The COM asked the MS to submit their response before the **deadline on May 28**. For any questions or concerns regarding this survey, please contact eurocme@who.int

AOB - PLF Implementing act – action point

The written procedure of the committee on cross-border health threats was closed yesterday (25.05.2021) with a favourable opinion. The COMMISSION IMPLEMENTING DECISION amending Implementing Decision (EU) 2017/253 as regards alerts triggered by serious cross-border threats to health and for the contact tracing of passengers identified through the Passenger Locator Form was launched and it is expected to be adopted by the Commission tomorrow (27/05/2021), entering into force as planned on 01 June 2021. The countries with a national digital PLF that wish to participate in the EU PLF platform can fill in the questionnaire via EC-EPLF-PROJECT@ec.europa.eu.