EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health security

The time to act is now:

The urgency of implementing swift and targeted public health measures to slow down and contain the spread of the SARS-CoV-2 Omicron variant of concern

AGREED BY THE HEALTH SECURITY COMMITTEE ON 8 DECEMBER 2021

INTRODUCTION

As of 8 December, many uncertainties still exist on key characteristics of the SARS-CoV-2 Omicron variant of concern (VOC). In particular, the impact of the virus' mutations on **transmissibility**, **disease severity** and **immune escape**. Together, these will strongly determine the type and intensity of the specific public health measures to be taken for ensuring an accurate response, in the EU and globally.

The European Centre for Disease Prevention and Control (ECDC) estimates that in around one to two weeks' time, preliminary results of ongoing studies will be available that may allow for a better assessment of the situation and therefore a more accurate definition of the appropriate response measures. Based on current knowledge, high transmissibility and to some extend immune escape seem likely. Until further and more solid evidence is gathered, countries should **hope for the best, but be prepared for the worst**.

At the same time, data and information are increasingly building up suggesting that Omicron has been circulating in Europe before it was first detected in South Africa. It is likely that **transmission is ongoing**, but that the full extent of its spread is not yet detected nor mapped.

This document, agreed by the Health Security Committee (HSC), sets out the public health measures that countries should focus on and, if possible, should try to implement now, in order to **bridge this period of uncertainty and to understand Omicron's presence in Europe better**. While researchers are racing to understand the exact threat posed by this variant, we need to limit and slow down its spread to the greatest extent possible. The window of opportunity for **Time is of the essence**, not to stop Omicron from the EU, but to buy time for science and to ensure that the next phase of Omicron will be manageable: for our healthcare systems, economies and society as a whole.

PURPOSE OF THIS DOCUMENT

In line with the current legal framework on cross-border threats to health[1], responses to such threats should be coordinated through consultation in the HSC. Hence, one of the HSC's tasks is the coordination of preparedness and response planning of the Member States. This document therefore provides a menu of public health options that Member States might usefully take to respond quickly to the rapidly emerging SARS-CoV2 Omicron variant. These are non-binding recommendations that further build on and are in line with options for responses outlined in a recent threat assessment by ECDC[2], and that countries may wish to adapt further to national circumstances. Moreover, it is crucial that ECDC is able to swiftly collect and analyse emerging knowledge and evidence and has access to all available and relevant data, so that measures can be adapted quickly when necessary. Countries should facilitate data-sharing processes with the ECDC to the greatest extent possible.

The content of this document may provide helpful input into other ongoing discussions, particularly in the context of decision-making processes in other policy areas such as defining travel restrictions and border control measures, including for cross-border workers.

[1] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013D1082&from=EN
[2] https://www.ecdc.europa.eu/en/news-events/updated-threat-assessment-brief-sars-cov-2-variant-omicron

THE NEED FOR A PRECAUTIONARY APPROACH

We are operating in a context where definite facts are lacking and in which the situation changes by the hour. Yet, during this first phase after the detection of a new VOC, the impact of swift and targeted public health measures can be enormous. In this context, the Health Security Committee agrees that the following public health measures – to be implemented as a multi-layered approach - are crucial and should be the focus of EU Member States' efforts until we know more about the Omicron variant.

Detection & Characterisation

Increase testing capacities for rapid identification of SARS-CoV-2 Omicron infection, including the use of new or complementary screening assays.

Swift detection of positive Omicron cases is our main tool for slowing down its spread in Europe. By using specific RT-PCR tests that allow for detecting S-gene target failure (e.g. the Thermo Fischer TaqPath assay), countries can notice early signals of positive cases that are potentially linked to Omicron infections. Such RT-PCR tests can be used as a screening method that allows for quick isolation and contact tracing while sequencing takes place for the final confirmation. This could be particularly relevant for wider, population-based testing approaches aiming to pick up on Omicron transmission that is already ongoing. Moreover, alternative and new methods for Omicron identification have been or are being developed[3], which should be carefully monitored and explored. Besides detection through diagnostic tests, countries should also invest in and share data on possible Omicron circulation in their wastewaters.

Focus testing efforts on incoming travellers, including backward testing, possibly combined with quarantine measures.

Although the Omicron VOC is already present in Europe, given the current lack of knowledge on its characteristics and potential impact, reinforced testing measures of travellers – regardless of their vaccination status – are particularly relevant during this phase of the Omicron outbreak. Testing and quarantine measures will be fully effective (and ensure greater citizen compliance) if coordinated and implemented at EU level in a harmonised manner. However, it should be noted that the window of opportunity for making a real impact on slowing down the transmission of Omicron from outside the EU is brief, and that countries should consider when the focus of their public health efforts should move from travel-specific measures to population-broad measures.

In case of travellers coming from a virus variant area of Omicron or an area with known community transmission[4] of Omicron, countries should require a proof of a negative RT-PCR test, if legally possible. If this is not the case, an antigen-test included in the EU common list of COVID-19 rapid antigen tests as agreed by the HSC[5] should be used. Ideally, a pre-departure test should be taken and, when possible, another test should be taken upon arrival. In addition, these travellers should, if legally possible, quarantine for a minimum of 7 days and ideally 14 days since arrival, with a further negative test before release from quarantine. Backward RT-PCR testing of travellers who returned during the past 14 days from affected countries should also be considered, especially to (re-)define the timeline of a possible earlier spread of the variant in Europe.

Enhance genomic sequencing, with the overall goal of ensuring that the required number of samples are sequenced that would allow for picking up on a 1% Omicron proportion.

The identification of Omicron is a testament to the public health benefits of swift and comprehensive genomic sequencing to track viral evolution and the emergence of variants. In line with the ECDC guidance on sequencing[6], countries should ensure that the necessary capacities are in place to sequence the number of positive samples required to pick up on a 1% circulation of the Omicron

[3] For example, Omicron-specific detection by PCR
[4] ECDC defines *community transmission* as follows: "Countries/area/territories experiencing larger outbreaks of local transmission defined through an assessment of factors including, but not limited to: Large numbers of cases not linked to transmission chains; High proportion of SARS-CoV-2 positive cases from sentinel lab surveillance; Multiple unrelated clusters in several areas of the country/territory/area". See: https://www.ecdc.europa.eu/en/covid-19/surveillance/surveillance-definitions
[5] https://ec.europa.eu/health/sites/default/files/preparedness_response/docs/covid-19_rat_common-list_en.pdf
[6] https://www.ecdc.europa.eu/en/publications-data/guidance-representative-and-targeted-genomic-sars-cov-2-monitoring

variant in their population. If necessary, Member States can make use of EU support programmes and joint procurement programmes run by ECDC and the European Commission to strengthen their sequencing capacities and to secure access to sequencing equipment and raw materials.

Ensure (retrospective) sequencing of: cases with a travel history to areas with suspected Omicron community transmission; unusual or severe clinical presentations; reinfections.

While much is still unknown about the Omicron VOC, comprehensive sequencing efforts are required for all cases with a travel history to a risk area 14 days prior to a positive test result – this thus may require retrospective sequencing. Moreover, in the context of possible ongoing transmission as well as the importance of acquiring knowledge on Omicron's possible impact on disease severity and immune escape, efforts should be made to sequence samples of cases with unusual or severe clinical presentations as well as break-through infections. Samples from outbreaks, clusters and other events with unusual high transmission – such as mass events - should also be sequenced.

Contact tracing

Prioritise timely and complete contact tracing efforts of both probable and confirmed cases of SARS-CoV-2 Omicron infection.

To slow down the spread of Omicron, it is of utmost importance for countries to strengthen contact tracing efforts of both 'probable' and 'confirmed' Omicron cases[7]. Timely and complete contact tracing is of particular importance in the context of travel, and countries should consider a precautionary approach that comprises all close contacts (i.e. passengers and cabin crew members) that have travelled on a flight with a confirmed or probable case. Sufficient contact tracing capacities – human resources as well as equipment - should be made available by countries to ensure swift and comprehensive contact tracing. Data sharing and the use of passenger locator forms in the context of travel are key in this regard.

Ensure "enhanced contact tracing measures", which include backward contact tracing and stricter management of contacts.

The scope of contact tracing measures should be enhanced for all confirmed Omicron cases and, if possible, for probable Omicron cases, particularly during this first phase after the detection of the Omicron VOC. For example, contact tracing measures should aim to trace back contacts over 2 days before symptom onset or a positive test result. Moreover, while awaiting the test result of primary contacts of a confirmed case (e.g. household), contact tracing of secondary contacts should be initiated already. Once identified, secondary contacts should quarantine or apply strict physical distance measures until the primary contact has received a negative test result[8]. High-risk exposure contacts should only be released after a negative RT-PCR test taken on day 14. If contact persons develop symptoms during follow up, public health authorities should immediately start contact tracing of their contacts before their test result is confirmed. In addition, it is recommended to test high-risk exposure contacts by PCR, preferably on day 1 after close-contact identification.

Non-pharmaceutical interventions

Re-introduce, strengthen or maintain non-pharmaceutical interventions, taking into account the uncertainty of the situation regarding Omicron.

The timely reinforced implementation of non-pharmaceutical interventions has been crucial throughout the pandemic but is now more important than ever. Physical distancing, including teleworking and operational modifications that reduce crowding on public transport, along with ensuring adequate ventilation in closed spaces, maintenance of hand and respiratory hygiene measures, the appropriate use of face masks, and staying home when ill remain relevant measures and should be ensured.

[7] For interim case definition for confirmed and probable SARS-CoV-2 Omicron VOC cases – to be used for surveillance and reporting purposes – see: https://www.ecdc.europa.eu/en/publications-data/covid-19-threat-assessment-spread-omicron-first-update.
[8] https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management

Avoid the occurrence of possible 'super spreader events', such as sport events, concerts and large gatherings in the context of year-end festivities.

As shown by recent Omicron cluster outbreaks in several Member States, the limitation or ban of large, potential super spreader events, particularly with international crowds, should be considered. If such events were to take place and the transmission of Omicron is confirmed, countries should put in place swift contact-tracing efforts and further investigate these clusters through genomic sequencing. Countries are encouraged to share data of such investigations with ECDC and other countries as this will help in developing a better understanding of the transmission potential of the Omicron VOC. ECDC can provide guidance and offers sequencing support in these contexts, if required.

Vaccination

Reinforce vaccination efforts, with the utmost priority towards the full vaccination of the unvaccinated population.

Until we better understand the escape potential of Omicron against vaccination and naturally-acquired immunity, reaching full vaccination[9] of the population remains the utmost priority. Omicron may remain vulnerable to current vaccines, and immune responses triggered by vaccination – or prior infection – may well continue to protect people from developing severe forms of COVID-19 or from death. Member States should run renewed campaigns to target unvaccinated people in all eligible age groups, with targeted national strategies to address vaccine hesitancy. As long as people remain unvaccinated, people will continue to get infected, which will give rise to new variants.

Consider a booster dose for those aged 40 years and above, first targeting the most vulnerable and the elderly and then expanding to all adults aged 18 years and above.

Studies have shown that a booster dose provides an extra layer of protection, as they lower a person's likelihood of getting infected with SARS-CoV-2 and developing disease. Moreover, immunity may last longer compared to the primary series, making booster shots a crucial element for bolstering the immune system, potentially also to fend off Omicron. As recommended by ECDC, countries should offer boosters to their population at least six months after completion of the primary series. If considered appropriate, Member States may offer booster doses earlier.

Communication

Ensuring clear, transparent and coherent public communication with targeted messages.

While we are in a situation of great uncertainty, clear, transparent and coherent communication to the public is crucial. The importance of taking a precautionary approach should be stressed, and emphasis should be put on why extra vigilance – at least for this limited period – is of the utmost importance. Communication efforts should in particular focus on the need to get vaccinated, receive a booster and comply with non-pharmaceutical policy interventions. Public information in relation to Omicron and travel requires particular attention, as well as for healthcare professionals to understand what measures to take when patients present themselves with COVID symptoms.

Communication efforts should also take into account and react to the widespread and harmful, in some cases even life-threatening, phenomenon of disinformation/misinformation related to Covid-19, its variants and in particular, vaccination.

[9] ECDC defines *full vaccination* as follows: "Full vaccination is defined according to the instruction of the manufacturer as described in the Summary of Product Characteristics for each vaccine product and as authorised by EMA". See: https://qap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#notes-tab