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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 28 October 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Flash Report

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

Audio participants: BG, CZ, EE, HR, LT, LV, PL, RO, SI and SK, ECDC

Agenda points:

1. Up-date from ECDC on the current epidemiologic situation and trends in the 10 EU countries invited
2. Tour-de-table - current situation at country levels regarding COVID-19 vaccination and roll-out of the COVID-19 vaccination campaign
3. Brainstorming – options for increasing the COVID-19 vaccination coverage in the participating countries
4. Conclusions and next steps

Introduction to the meeting

The purpose of the meeting was to invite Member States with a deteriorating epidemiological situation and/or with a low vaccination uptake in order to understand where they are facing challenges and what practices they have put in place to increase vaccination uptake and to address vaccine hesitancy.

The aim of the meeting was to take stock of the current situation and brainstorm about good practices and possible support the European Commission or the European Centre for Disease Prevention and Control (ECDC) could provide to these Member States.

1. Up-date from ECDC on the current epidemiologic situation and trends in the 10 EU countries invited

The ECDC gave an overview of the epidemiological situation across the EU/EEA Member States, with particular focus of the situation in the Member States with an increase in notification and death rates. The ECDC highlighted that vaccination rates across the EU/EEA Member States are varied and that over the last weeks there has been a levelling off in the vaccination coverage across all age groups.

2. Tour-de-table - current situation at country levels regarding COVID-19 vaccination and roll-out of the COVID-19 vaccination campaign

Member States were then invited to participate in a tour-de-table where they focused on their efforts to increase vaccination uptake, but also on the challenges they have been facing. The COMM also invited Member States to indicate any areas where the COMM and the ECDC could help them.

LT indicated they are currently experiencing the fourth wave in the pandemic, with hospitalization rates rising. As of 13 September, LT introduced the national certificate, which allows participation to certain activities only to people who can present it. Since the certificate was introduced, vaccination rates have gone up. To make vaccination more accessible, LT deployed mobile vaccination teams and vaccination is also available in pharmacies and in general practitioner offices. LT launched a vaccination awareness campaign, with the help of influencers and politicians, and made available national and local hotlines for patients to call about side effects, and efficacy of vaccines. LT has also started to offer financial benefits to elderly 75+ who have not yet been vaccinated. LT identifies challenges in increasing the uptake of vaccination among the Russian speaking minorities, and transport workers.

PL gave an overview of their media campaigns, which have included athletes, actors and influencers. Experts are also invited to address questions on vaccine efficacy and safety. PL has a website that is readily accessible with links for people to find any sort of information required to understand vaccination and to register for an appointment. PL has also put in place specific campaigns for the different age groups, including outdoor activities, and with messages from local influencers. PL indicated they have received over 700.000 calls on their hotline with questions about the national vaccination campaign. Local events have also been organized to increase uptake and mobile vaccination teams have been deployed. Vaccination is also being coordinated with schools to increase the uptake of vaccination among adolescents 12 years and older.

The epidemiological situation in **SI** has been unfavorable for the last weeks, with cases increasing in younger age groups and with hospitalizations and intensive-care unit (ICUs) admissions increasing. Vaccination in SI is available in vaccination centers, community care centers, GP offices, and other public places and mobile teams have been deployed without the need of an appointment. For the vulnerable and elderly populations, and for people living in remote areas, community nurses have been going to their homes to administer doses. SI has a dedicated webpage with information on the COVID-19 vaccines, and has used the radio, TV, social media and press to advertise vaccination. To address concerns, SI has encouraged people to use trustful sources and has been answering questions with the help of experts. SI has engaged with local organizations, including the Red Cross, to carry out activities at the local/community level.

EE indicated their epidemiological situation is deteriorating with infection rates and hospital admissions increasing. Vaccination is available in hospitals but also in family doctor clinics, pharmacies, mobile vaccination points and other specific points such as shopping malls. With the help of healthcare students, EE personally called hesitant patients to help answer their concerns and provide more information on the vaccine and where to get vaccinated. Information is also available on their official webpage, where people can find the available vaccination centers, schedules, and can monitor the epidemiological situation at local level.

RO is also experiencing a fourth wave with the number of daily COVID-19 cases increasing. Restrictive measures have been rolled-out including the mandatory use of masks. Discussions are ongoing on the possibility to adopt the Digital COVID Certificate. RO asked the COMM if they could provide support on

how to limit the spread of mis- and disinformation as this is one of the main reasons for vaccine hesitancy. The **COMM** mentioned there is online material, in all languages, which can be used for different activities.

CZ mentioned vaccination is picking up pace, due to the fact that tests are no longer free and are becoming more limited.

LV reported their main challenge they are facing is that vaccine coverage in elderly populations is lower than that of the working age population. To increase uptake of the elderly populations, LV is offering vaccination at home, especially for people with mobility issues. LV has mandated public workers to get vaccinated and has introduced more restrictions for unvaccinated people, including a curfew. LV has also offered to reduce the electricity bill to encourage people to get vaccinated. Another challenge LV is facing is the vaccination of minorities, especially the Russian speaking population.

The case notification and hospitalization rates in **HR** have been increasing and the vaccination rate is not high. HR has had a campaign since the beginning of the vaccine rollout, but the slogan ('Think of others, get vaccinated') they have used has received some complaints from experts, arguing the campaign should take a more personal approach. Experts are active in the campaign and present constantly in local media to explain the epidemiological situation, and the need for vaccination. HR has opened vaccination centers where people can go without an appointment and has deployed mobile teams for people with mobility issues. HR mentioned that the current epidemiological situation has served as a trigger for more people to get vaccinated. HR indicated they are concerned about particular groups that have been spreading misinformation online.

The **COMM** suggested HR could check with the Commission Representation in HR to see if they could help with being more active on social media to promote vaccination.

SK has not been seeing an increase in hospitalizations as compared to last year. Local measures can be put in place depending on the local incidence levels. SK indicated the vaccination levels are geographically split, and there has been a slowdown in the number of daily vaccinations. Vaccination is available in mass vaccination centers, through mobile teams in social care homes, in GP offices, and in shopping malls. SK put in place a communication campaigns with focus on social media but indicated there are inconsistencies with the communication some politicians are spreading. To increase uptake, SK launched a lottery but indicated there is no visible impact of it on vaccination.

BG has deployed mobile units to increase vaccination uptake and has had an intense information campaign. BG is working with GPs to equip them with information for them to encourage their patients to get vaccinated. As of 19 October, BG introduced the use of the COVID Certificate nationwide, which has helped boost the vaccination rate. BG indicated prominent politicians have recently raised concerns over the safety of vaccines with short shelf life. Noted to this end that the manufacturers also have a role to play in building more trust in vaccines, by avoiding deliveries to Member States of doses with short shelf life, as well as by assuming liability for their vaccines: issues, which have provoked discussions in the society. BG wanted to know whether there is an overview on the impact of the national use of the Digital COVID Certificate to limit the spread of the disease. Additionally, BG asked for the help of the European Commission and the ECDC to help increase trust in the vaccines.

3. Brainstorming – options for increasing the COVID-19 vaccination coverage in the participating countries

During the HSC Meeting of 27 September, the ECDC presented their technical report on “Facilitating COVID-19 vaccination acceptance and uptake in the EU/EEA” and gave a summary of the 5Cs model: confidence, complacency, constraints, calculation and collective responsibility. During the meeting, the ECDC provided more concrete examples on how to use the 5C model and highlighted the importance of increasing trust at local level. The ECDC highlighted the need to continue acting at local and community level and co tailor the needs of the population to address their specific concerns.

Furthermore, the ECDC explained they have started bilateral meetings with the public health authorities and some health ministries in BG, EE, LT, LV, and RO to take stock of potential problems in the stagnating vaccination campaigns and to identify how the COMM and the ECDC can help them. The ECDC will continue having these meetings with the rest of the Member States in the coming weeks. The ECDC’s director will also visit some of the Member States and have specific press conferences and to discuss at local level more on the challenges each Member State is facing.

4. Conclusions and next steps

The COMM made it clear that both the COMM and the ECDC stand ready to help Member States address their challenges and help with their communication campaigns.

The COMM will circulate a set of questions to the participants; focusing on concrete measures Member States have put in place and what activities Member States are planning to incorporate in their campaigns to address the challenges.