



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health Security and Vaccination

Luxembourg, 2 March 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, IS, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, CH, UK, AL, BiH, ME, MK, XK, UA, MD, AD, COUNCIL, DG SANTE, DG CNECT, DG ECHO, DG HR, DG MOVE, DG JRC, EMA, ECDC, WHO

Key Conclusions

1. Update on response measures, elimination strategy

The Commission prepared and circulated to the HSC a discussion paper to provide an overview of experiences implementing elimination strategy outside the EU and to further support discussions in the HSC on a potential application in the EU setting.

Experience with elimination strategies of COVID-19 indicates that these strategies appear to be successful in multiple jurisdictions, including New Zealand, Australia and several Asian countries; albeit with occasional outbreaks linked to travel that need to be managed rapidly and effectively. An elimination strategy applied at the EU level could be based on a segmentation strategy, where the elimination strategy is first implemented in smaller areas and then scaled up. Such a strategy would consist of three phases with a lockdown phase, an intermediate phase followed by expanding COVID-19 free zone. However, elimination strategies entail highly stringent lockdowns, which can collide with competing societal interests, such as well-being and education, and may disproportionately affect disadvantaged groups. Moreover, they are also notably associated with a greater upfront economic cost, and a cost-benefit analysis would be necessary to assess the cost-effectiveness of the policy in light of the vaccination rollout.

From the evidence gathered until now, one of the apparent positive aspects of the elimination strategy is that even if the virus mutates, non-pharmaceutical interventions – and therefore elimination strategies – would still be effective. Therefore, in theory an elimination strategy could allow MS to decrease the burden on healthcare systems either while getting closer to achieving herd immunity or, in the case of vaccine-resistant variants, during the development time that would be needed for vaccines to be modified.

The Commission asked the HSC if there is any interest in further examine how an elimination strategy could be applied in EU settings, potentially inviting external experts.

BE thanked the Commission for the interesting document, emphasising the need to identify indicators that would facilitate such a strategy's implementation, if necessary.

DE was in favour of further discussion but mentioned the potential geographical and political difficulties associated with implementing such a strategy in the EU setting. Moreover, **DE** and **SE** mentioned the lack of an EU competence for health.

NL noted that it would be interesting to explore this strategy more broadly and not simply in relation to COVID-19.

Follow-up:

- *Member States to provide further comments by 14:00 on 8 March.*

2. Possible uses of vaccination certificates

On 1 March, President von der Leyen announced that the Commission would introduce a legislative proposal on a digital green pass providing travellers with proof of vaccination against COVID-19. The aim of the green pass is to gradually enable safe travel—for work or tourism—within the EU and abroad. The pass would also need to include other information, such as the results of recent COVID-19 tests or proof of immunity. A package of measures focused on travel is due to be adopted on March 17, ahead of a meeting of EU leaders on March 25 that aims to set a common direction towards Europe's safe opening. The Commission prepared and circulated a paper to the HSC members prior to this meeting to facilitate the discussion.

SE currently has no plans to adopt special rules for individuals who are vaccinated. **SE** also emphasised the importance of continued discussion at the EU and WHO levels to establish a common minimum standard.

FR mentioned the importance of avoiding a situation where each country develops its own system and advocated the need for collaboration among Member States to establish a common certification. While France is considering a national health pass that would facilitate contact tracing and perhaps vaccination, its plan would not allow citizens to benefit from special rules.

DE mentioned that debate is ongoing and that it has made no decision on other usages than for medical purposes. **NL** and **DE** emphasised the importance of ethical considerations.

EE informed the HSC about the ongoing development of a national digital solution and supported work at the EU and global level on a trust framework for the verification of certificates. In Estonia, vaccination status is only considered in the context of public health measures (exemptions to quarantine and testing in case of travel or close contact).

3. Certificate for persons recovered from COVID-19

Based on feedback received from 12 Member States, the Commission prepared a background document, which it circulated to the HSC for discussion regarding a common approach for an EU medical certificate to verify the full recovery of confirmed patients. The document proposes

a common EU standard for evidence of recent recovery from COVID-19 infection for the purposes of infection prevention and control.

The common EU standard shall meet the following criteria:

- Be based on the results of an RT-PCR test for SARS-CoV-2 carried out by a recognised laboratory.
- A positive result on a sample taken from a person more than 20 days and less than 90 days prior to the date in question may be taken as evidence of recent recovery from COVID-19 infection for routine infection prevention and control purposes.
- Additional evidence, such as a note from a doctor is not required for routine purposes but may be requested in particular situations – such as if the person has ongoing symptoms or has a recent positive test for COVID-19.

FR considers a positive result on a sample taken more than 15 days and less than 60 days prior to the date in question as evidence of recent recovery from COVID-19.

SE argued that it might be difficult to reach a common position on this issue.

BE noted that it would be important to establish an objective for this approach because it may be valuable in one context but not in others.

NL The timeframe **NL** currently uses for a positive test result is; minimum of 2 weeks old and maximum of 8 weeks old. **NL** currently only uses such a policy for people who test positive for COVID-19 for a prolonged period of time after infection (and who are therefore not able to comply to the negative test certificate required for incoming travellers).

Follow-up:

- *Member States to provide further comments by 14:00 on 8 March.*

4. Mass testing: use of lateral flow tests, testing school children

Five countries (**BE**, **HR**, **IT**, **SI** and **CH**) currently utilise or recommend rapid antigen tests for various settings including schools, and **SK** is also planning to do so. On 23 December, ECDC published guidance on ‘COVID-19 in children and the role of school settings in transmission’. Overall, the ECDC recommends an appropriate combination of non-pharmaceutical interventions in educational facilities to limit SARS-CoV-2 transmission.

FR informed the HSC of its intention to test 300.000 children per week with PCR tests. **SE** reported that it has planned no screenings in schools. Meanwhile, **NL** has begun a pilot exercise for mass testing in schools.

The Chair provided an update on the rapid antigen tests financed by the Emergency Support Instrument. All parties signed the donation contract, and deliveries can now commence for the first Member States.

5. ECDC guidance for COVID-19 quarantine and testing for travellers

ECDC is preparing guidance for travellers on COVID-19 quarantine and testing. This document provides options to EU/EEA countries regarding quarantine and testing of travellers in the

context of the COVID-19 pandemic and the emergence of SARS-CoV-2 variants of concern, regardless of the mode of conveyance.

Follow-up:

- *ECDC to share a draft on 4 March and to publish the document on 8 March.*

6. Monitoring of SARS-CoV-2 in mink

On 18 February, EFSA published a report on the monitoring of SARS-CoV-2 infection in mink. The report advocates strict and frequent monitoring of farm personnel, all people in contact with the animals, and the household members of the aforementioned individuals. The Commission has already established measures for ensuring structured reporting of occurrences of SARS CoV-2 in mustelid and raccoons.

7. AOB: Preparedness for the next influenza season – vaccines availability

The Commission reminded Member States to ensure adequate national stocks of seasonal flu vaccine, as the time to place orders with producers is now.

8. AOB: Threat Assessment Brief: First identification of human cases of avian influenza A(H5N8) infection

On 20 February, the ECDC published a Threat Assessment Brief, which assessed the risk of infection related to avian influenza A(H5N8) virus for the general population and the occupationally exposed. On 20 February 2021, Russian authorities reported the detection of influenza A(H5N8) virus infection in seven poultry workers. No transmission to humans has been reported from EU/EEA countries or any other country globally related to A(H5Nx) viruses since the first introduction to Europe in 2014. This is the first report providing direct virological evidence of a zoonotic transmission of highly pathogenic avian influenza A(H5N8) virus from birds to humans. There has been no evidence of human-to-human transmission. The risk of infection related to avian influenza influenza A (H5N8) virus for the general public is assessed as very low, and for occupationally exposed people as low. The disease severity has been described as asymptomatic or mild, so the impact based on severity is very low.

The current Chair announced that a new Chair will preside starting with the next meeting and thanked the HSC for its cooperation throughout the years.