



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 23 February 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

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

Audio participants: AT, BE, BG, CZ, CY, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LT, LV, LU, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, LI, CH, UK, AL, BA, AD, MC, DG SANTE, DG MOVE, DG ECHO, DG JUST, DG HR, COUNCIL, ECDC, EMA, WHO

EU/EEA only

Agenda points:

1. Epidemiological update on Omicron – presentation by ECDC
2. HSC survey results on the domestic use of digital COVID certificates – presentation by DG SANTE
3. Adoption of delegated act on the issuance of RAT-based recovery certificates – presentation by DG JUST
4. Lifting COVID-19 restrictions – presentation by EU/EEA countries and discussion
5. AOB: new call for tenders

Key messages:

1. Epidemiological situation in the EU/EEA update – presentation by ECDC

The overall epidemiological situation in the EU/EEA is characterized by a high, but sharply decreasing overall case notification rate. Only three countries reported an increase compared with the previous week. Although the Omicron wave was peaked in most countries in terms of reported case rates, an impact on mortality is being observed, with increasing trends in death rates forecast in half of the countries in the next two weeks. Transmission continues to increase in the elderly, which is of particular concern. Increasing case rates among those aged 65 years and above were reported by a third of the countries, and this age shift has led to a gradual increase in the proportion of Omicron cases reporting severe outcomes. It is important to note that ongoing changes in testing strategies in some countries, including greatly reduced population testing and a focus on severe cases, affect the reliability and comparability of reported all-age case rates as an indicator.

The map on European regions mirrors the decreasing trends of cases, but testing strategies are different and therefore data should be compared in a careful manner. The composite score with intensity and

severity as of last week it is still of high concern, seven of very high concern, many countries get into lower categories. OMICRON is predominant in EU 98 %, Delta is 1.5%. The BA.2 sub lineage is dominant in Denmark, also in Sweden and Norway. No data indicate any differences between BA.2 to BA.1. Vaccination uptake in total population is 71%, with 48.3% of the population having received a booster dose (range across countries: 9-69%). Younger age groups have higher increases in vaccination uptake, while older age groups have a flattening trend.

2. HSC survey results on the domestic use of digital COVID certificates – presentation by DG SANTE

The rules for the issuance and acceptance of EU certificates are set in the Regulation for the EU Digital COVID Certificate and the original purpose of the EU Digital COVID Certificates is for cross-border movement. However, several MS also use the same certificates at domestic level, for a variety of reasons. The use of such certificates and their regulation at national level is the responsibility of the countries.

The COM ran a survey on the domestic use of these certificates to have an overview of which countries are using them and how, as well as whether countries have plans to change or discontinue the usage of the certificates. 27 EU/EEA Member States replied to the survey. Most countries use EU DCC for domestic purposes but in different manners (to participate in events, work, in healthcare / nursing homes, long term care facility settings). Some countries are suspending the use of the EUDCC during February/Mar 2022 (LV, NL, SI, SK, LI). The primary purpose for domestic use of EU DCC is as a public health measure to regulate and restrict contact and transmission while movement or access to crowded venues or workplaces. Some Member States reported using the EUDCC domestically as a measure to encourage vaccination uptake.

The survey also addressed the use of recovery certificates and testing certificates. The use of these certificates follows closely the use of the vaccination certificates domestically.

3. Adoption of delegated act on the issuance of RAT-based recovery certificates – presentation by DG JUST

In the past weeks MS in the HSC expressed favourable opinions to issue recovery certificates based on rapid antigen tests. After an expert group consultation, the COM prepared a Delegated Act to make this possible also considering an ECDC opinion. The Commission Delegated Regulation on the issuance of recovery certificates on the basis of rapid antigen tests has been adopted 22 Feb 2022 and enters into application on 24 Feb 2022, following the publication in Official Journal on 23 February.

Following the delegated act, Member States are allowed to issue recovery certificates on the basis of RATs in EU common list (and carried out by health professionals/skilled testing personnel). There is no obligation to do so, such as where countries have sufficient testing capacity, Member States can continue issuing recovery certificates based on PCR tests only. Nevertheless, all Member States must accept recovery certificates based on RATs, including those certificates issued by third countries subject to an equivalence decision. Member States could issue certificates of recovery retroactively based on tests carried out as from 1 October 2021.

The publication can be found [online](#).

4. Lifting COVID-19 restrictions – presentation by EU/EEA countries and discussion

Several Member States were invited to present on their current plans to lift non-pharmaceutical interventions (NPIs).

NL gave an overview on their epidemiological situation, where infection rates remain quite high, and there are people still self-isolating and in quarantine, but despite the high number of infections, hospital admissions remain stable. 86% of the adult population has been fully vaccinated and 61% has been boosted. Given the high level of protection, the NL has decided to relax some of the COVID-19 restriction, the decision is not to lift all the measures at once, but to do it in three stages. The first stage has been effective since 15 February and it included advice on work from home, longer hours for service establishments, and higher limits on capacity for events. From 25 February, more restrictions will be relaxed including the use of facemasks and social distancing inside venues with no more than 500 people. The recommendation for self-isolation is 5 days unless the person no longer experiences COVID-19 symptoms for at least 24 hours. To ensure safety during travel, facemasks are still mandatory in public transport and at the airport. The mandatory quarantine for travellers from high-risk areas will be lifted and it will be discouraged to travel to areas with high incidence rates. From 15 March, the government will review measures including the use of masks, and will discuss a long-term strategy plan to lift the rest of the measures.

DK presented its vaccination strategy. There has been a decision on booster doses and the phasing out of the vaccination program during the spring of 2022. DK currently has a high daily infection rate, but there are high levels of immunity in the population. Currently, 84% of the total population has been vaccinated, and the rate is even higher among elderly groups (96% fully vaccinated). Following the onset of the Omicron variant of concern, many more people have been infected with this variant leading to higher immunization rates. A fourth dose (second booster) will not be administered to the elderly as evidence shows they are protected after the third dose. Booster doses will also not be administered to the population under 18 given that at the time of the meeting the EMA had not approved a booster dose for this age group. DK will continue to monitor the situation and change their decision if necessary and will plan to return vaccination programs in the fall to prepare for the winter.

AT asked how Member States were planning to deal with new variants, and whether regulations in Member States would remain in place in the coming months.

DK clarified they have a legal framework and national preparedness plan which allow for quick reaction in case of new variants and outbreaks.

In **LT** there is a high level of immunity by vaccination and natural infection. LT's current peak period is coming to an end, ICU occupancy remaining stable. 80% of the population has been vaccinated or has recovered. Face masks and distancing are still required, for retailers, events, services. In public transport, and events medical face masks or respirators are required. Children in schools must still wear masks or respirators. Work from home is recommended and there are general requirements such as sanitation and disinfection. As of 23 February, quarantine for close contacts is no longer required, but there are national recommendation, and isolation is mandatory for confirmed cases and suspected cases. Travelers from EU/EEA do not need EU DCC as from 15 Feb 2022 and are no longer required to quarantine. Third countries leisure travelers without EU DCC are not allowed into the country until 31 Mar 2022. LT has a national preparedness plan in place in case of new variants and outbreaks.

CZ extended its isolation period from 5 to 7 days for cases, but quarantine is not required anymore for contacts. In addition, one refunded PCR test per month paid by the social system is provided to vaccinated people, no more preventive tests at work and schools, public mass gatherings limitation is canceled, and no COVID-19 pass is required anymore for the restaurants/public places. CZ does not have any plans for new variants yet, but will send more information once they have it.

NO had an increase in cases due to the Omicron variant of concern with a moderate rise in hospitalizations, but with patients spending less time in care. Testing data became too unreliable as the testing strategy changed and given that the ICU admissions are going down steadily, NO decided to relax their measures. As of 12 February most restriction measures were lifted, such as distancing, facemask obligations and no requirement for isolation. The disease burden and burden on society from the Omicron-driven wave is considered manageable. NO is working on a long term strategy for surveillance and preparedness and is discussing different scenarios which COVID-19 could take based on other respiratory diseases. NO is also consulting with a wide variety of audiences on a variety of themes to address the next phase, and expects the next wave to happen sometime in the autumn/winter. NO mentioned they have no plans for boosting children and they are currently discussing the need to booster adults during autumn.

CH has a similar situation as NO and for that reason has decided to lift measures. Last year CH had a defined plan in three phases that should take the pandemic into an endemic situation. 70% of the total population has been fully vaccinated (78% of the population over 12) and 41% of the population has received a booster dose. Measures were put in place in December 2021 given the Omicron wave, but as of 03 February, given the stable epidemiological situation, CH relaxed some of the measures. These include: recommendations (instead of obligation) to work from home, facemasks and certificates are no longer required (in shops, at work). There are no more measures at the borders but masks are still required for public transport and for accessing long-term care facilities and hospitals. In the next steps, if the epidemiological situation allows it, CH plans to lift all remaining measures, including all requirements to wear masks, and isolation measures. CH is planning a mid-term and long-term strategy and has started consultation with different actors.

IS has also been lifting measures domestically and at its borders. Between 23 Feb and 25 Feb, all restrictions at the borders will be lifted. No pre-registration, no certificates, not tests, no distinction for vaccinated/unvaccinated travelers will be required/applied. Within the country, all domestic restrictions will be lifted in three steps, face masks will be voluntary, more RAT than PCR will be used, as the capacities are limited. No vaccination passports are required. Quarantine is not applied and isolation is only a recommendation. IS is ready to respond to new variants, and will make an after action review to think about different plans for different scenarios. IS has no decision on a fourth dose (second booster) but is recommending it to people with underlying diseases and immunocompromised individuals.

UK – The work in the coming months will be governed by 4 principles: (1) living with COVID-19, lifting restrictions. From 24 Feb 2022 all legal restrictions will end. Contact tracing will end; no isolation of COVID-19 cases. Use of voluntary certificates, but not obligatory. (2) Protecting the most vulnerable – targeted vaccination will continue. (3) Maintaining resilience: preparedness and contingency tool kit for reemerging of cases/new variant (4) Securing for the future: lessons learnt from the COVID-19 crisis, innovation and research. Living and managing the virus, with safer behaviour is promoted. For new variants or outbreaks, maintaining surveillance and lab infrastructure is planned.

5. AOB: new call for tenders

HaDEA has published on 21 February 2022, a new call for tenders on methodologies to assess the performance on vaccination programs. The aim of this call for tender is to support Member States in monitoring the performance of national vaccination programs and services, and the successful tenderer will need to map existing methodologies to monitor the performance of all vaccination programs in EU Member States and draft recommendations with a view to improving the identified methodologies.