

EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 5 November 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, IS, NO, CH, UK, AD, AL, ME, RS, RKS, UA, MD, XK DG SANTE, DG CNECT, DG ECHO, DG HR, EMA, ECDC, WHO, Council Secretariat, ICC (partially)

Key Conclusions

1. Measures at border - International Chamber of Commerce

A concept note prepared by the International Chamber of Commerce (ICC) was circulated to the HSC. Dr Chester Drum (Cofounder of AOKpass and Special Advisor of ICC) gave an overview of the company's work on pre-departure testing, working with 175 airports across the globe. The AOKpass is working on the recognition of results from both RT-PCR and rapid antigen tests, depending on the national requirements. Dr Drum stressed that the company work is based on the principle of data protection, there is no collection of medical information, all information is authenticated through a secured block-chain mechanism. The company accommodate also people without smartphones with a block-chain solution to verify medical information. Examples of use also include work with immigration offices, partnership with WHO on yellow fever passes in addition to seasonal influenza passes and partnership with Roche diagnostics for SARS CoV-2 antigen testing.

MT asked about data collection via the app that government could use for disease surveillance. Dr. Drum informed that in order to respect data privacy, they are not collecting this data. The HSC Chair asked about evidence of impact, following introduction of use. The app is not collecting data on this, but the airlines have access to data on passengers being approved for boarding. IE asked about how they deal with latency periods. AOKpass are working with the national testing specifications. AOKpass is working with both nationally accredited labs and independently accredited labs.

Follow-up

• The AOK pass presentation and contact details will be shared with HSC members.

2. <u>COVID-19 test / vaccination certificates</u>

The Chair introduced Mr Ain Aaviksoo, EE, Chief Medical Officer of company Guardtime, who gave a presentation on electronic COVID-19 testing and vaccination certificates, a project in collaboration with WHO to facilitate international travel. The project included a first pilot on digital and verifiable international vaccination certificate. So far, COVID-19 test certification is implemented in around 10 countries. Several pilots are currently ongoing in the private sector. The system integrates existing offline patient identity, existing vaccine standards, a list of authorised issuers (healthcare providers or labs) and existing vaccination data standards (IHR/FHIR). This information is integrated into a smart vaccination certificate. Information is then sealed with a digital signature and presented as a QR-code. Verifiers can then confirm the authenticity via the QR code upon presentation. The system is operational in two settings both on mobile device and on paper. WHO highlighted the importance of covering public health monitoring.

The Chair asked about the timing for the system to be operational. In many domains other than health care, this system is already operational since more than a year for instance to verify universities diplomas and it is also used by one of the Russian air carriers.

The actual preparation for this pilot is currently ongoing in EE and possibilities are explored for collaboration with FI, LT and LV. The Chair invited WHO to comment. WHO stressed that this would be very important for the monitoring of the effectiveness and impact of vaccination. WHO foresees also the need for monitoring coverage, therefore technical solutions to this end are welcomed.

The Chair observed that a smart solution is needed not only to monitoring vaccination status and uptake coverage but also to provide a solution to facilitate access to economic and social life.

Follow-up

• Collect reactions from countries on this app also to ascertain what kind of certificate or format of certificate would be useful and what is used in other countries. The presentation and contact details will be shared.

3. Circuit breaker strategies

Circuit breaker measures and strategies were discussed amongst the HSC. The Chair gave an overview of the term, which was introduced by the UK SAGE advisory group. ECDC referred to its Guidelines for the implementation of non-pharmaceutical interventions (NPI) against COVID-19 published in September in which it identified main interventions to focus on to address wide-spread transmission.

ECDC is also working on a more specific guidance document outlining more specific response options depending on a given situation. ECDC provided an overview of the ongoing work and emphasised the need to use facemask, contract tracing (particularly in target groups) and testing. ECDC observed localised outbreaks and, because of less compliance in certain settings, infections in younger age groups are increasingly becoming an issue. ECDC acknowledged the potential of population wide screening via use of rapid-antigen tests and they are currently looking into these strategies. SK, CZ and LU shared their experience with population wide screening. HR, IE, IT, DE, NL, FR, ES, and BE gave an update of recent measures, including on quarantine, use of rapid antigen tests in symptomatic patients and certain specific settings.

The Chair enquired whether ECDC would update their guidance on the wearing of masks. ECDC acknowledged that FPP2 masks are more effective, however surgical masks are, inter alia, easier to use. ECDC does not foresee the need to update their guidance.

Follow-up

- The Chair urged all HSC members to share national experiences, particularly evidence of the impact of measures with the group.
- Countries with population wide screening to provide updates on the results and impact.

4. <u>Aligned COVID-19 vaccination plans</u>

On 15 October, the Commission published a Communication on preparedness for COVID-19 vaccination strategies and vaccine deployment¹, built on the vaccination blueprint prepared with the HSC. On 28 October, a subsequent Commission Communication was published on additional measures², also including effective vaccination.

On 4 November Commissioner Kyriakides sent a letter to the Ministers of Health in which she stressed various points regarding the forthcoming COVID-19 vaccines. The letter informs about a plan to develop specific elements for a common deployment strategy, including for example checklists for different stages of the deployment chain in order to ensure a coordinated deployment. The letter also details offers support to Member States' efforts regarding communicating in a transparent and factual manner to citizens to combat vaccine hesitancy and gain trust and counter misinformation. The letter also informs about the EMA/ECDC work to coordinate large-scale EU-wide post-marketing studies to assess the safety and the effectives of future COVID-19 vaccines, asking for countries' support by ensuring that essential, real-world data on the effects and safety aspects of the vaccine reaches the European level and all other Member States in real time. Lastly, the letter announces the intention to collaborate with the European Regional Office of the World Health Organization and the ECDC in order to collect data on vaccine coverage and implementation of national vaccination strategies

Roberta Pastore (WHO/EURO) presented the online platform of the Regional Monitoring Mechanism. It is assessing national vaccine deployment preparedness. The mechanism is working with various partners, including ECDC, the World Bank and WHO/UNICEF. Outputs include up to 35 indicators, which will help identify countries potentially needing support and WHO are aiming at monthly monitoring. The online tool went live on 5 Nov 2002.

ECDC will be publishing an interim report on national vaccine strategies. HSC were asked of areas for alignment. Countries were urged to contribute towards the report.

Follow-up

- Countries were urged to contribute towards the ECDC report on national vaccination strategies.
- Countries were encouraged to make use of the new WHO Regional Monitoring Mechanism and to share any information available. WHO was invited to closely cooperate with ECDC in this area.

5. <u>Rapid Antigen Tests</u>

¹ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2020_strategies_deployment_en.pdf

² https://ec.europa.eu/info/sites/info/files/communication-additional-covid-19-response-measures.pdf

I. National validation and criteria for use

The Chair thanked countries for information provided on experience with use of rapid antigen tests (RAT). Information collected was shared amongst the HSC. Six countries have not yet provided DG SANTE with details on the types of tests they are using or considering and were urged to provide this information to the secretariat. Countries were also urged to share information on national validation studies. There is quite some divergence amongst the performance of tests and it will be important to have an alignment in the EU, particularly in view of the mutual recognition of test results. The Chair asked about the ECDC review of the case definition. ECDC informed that they are working on it with priority and liaising with relevant stakeholders.

The use of RAT for confirmatory testing was raised. ECDC reaffirmed that RT-PCR continues to be required for confirmatory purposes. In certain circumstances (for example when RT-PCR is not available), a second RAT can be used for confirmatory purposes. Two Member States confirmed they are using RAT for confirmatory purposes (e.g.; IT at day 10 for confirming absence of infection).

Follow-up

- Countries who have not yet submitted information on rapid antigen test use were urged to provide information.
- ECDC to update on case definition at next HSC.

II. Commission Recommendation on COVID-19 testing – including use of rapid antigen tests

On 28 October, the Commission adopted an additional set of actions to help limit the spread of the coronavirus. The package included a Commission Recommendation on COVID-19 testing strategies³, including the use of rapid antigen tests. The Recommendation is strongly based on the HSC agreed document for a common EU testing approach for COVID-19. It sets out key elements to be considered for testing strategies, such as their scope, priority groups, and key points linked to testing capacities and resources, as well as indications as to when rapid antigen testing may be appropriate. For rapid antigen tests, it includes three recommendations on the need to agree on common performance criteria, scenarios and situations when these tests should be used, the need to share validation data and the need to agree on a framework for the evaluation and mutual recognition of rapid antigen tests.

Further building on the testing strategies Recommendation, the Commission is planning a specific Recommendation on rapid antigen tests. It will elaborate on the situations and criteria to be considered by countries when using these tests.

Follow-up

• Countries were encourage to send updates on their testing strategies / policies and other relevant information, in particular, information on effectiveness, validation studies, and to report on mutual recognition of rapid tests.

IV. ESI direct purchase and Joint Procurement of rapid antigen tests

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 $https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/covid19_testingstrategies_recommendation_en.pdf$

The Chair gave an update on the 100m EUR ESI purchase of rapid antigen tests. DG SANTE is reviewing Member States preferences, test performances and market considerations. Beyond information already submitted, the Member States were asked to inform DG SANTE of any further preferences and key criteria they have for the purchase of rapid antigen tests.

A Joint Procurement will be launched for securing further supplies of rapid antigen tests. A first virtual meeting was held at technical level with the Specific Procurement Procedure Steering Committee on 3 November.

Follow-up

- ESI direct purchase: MS were asked to notify their preferences asap
- Joint Procurement:
 - Participating parties were asked to re-submit needs by 9 November.
 - *Comments on the proposed procurement approach to be sent by 12 November.*

6. <u>AOB</u>

<u>Disinfection robots</u>: Following previous discussions with the HSC, DG CONNECT updated on use of ESI funded disinfection robots for hospital use. DG CONNECT propose an allocation of robots, based on HSC feedback provided, population size and the most recent national epidemiological situation (using ECDC data).

Follow-up

• Interested Member States should get in touch with DG CONNECT by 10 November.

<u>Minks</u>: DK observed minks in almost 200 farms infected with COVID-19. Non-pharmaceutical interventions are being put in-place.

Follow-up

- Competent authorities should liaise with their animal health counterparts.
- Countries to swiftly share any upcoming information (molecular, measures etc.) related to mink driven SARS-CoV-2 transmission, ideally through EWRS.