



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health  
**Health Security**

Luxembourg, 16 March 2022

**Health Security Committee**  
**Audio meeting on the outbreak of COVID-19 and the Ukraine Conflict**  
**Summary Report**

**\*EU/EEA only\***

**Chair:** Policy Officer, European Commission, DG SANTE C3

**Audio participants:** AT, BE, BG, CZ, CY, DE, DK, EE, EL, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, LI, DG SANTE, DG ECHO, DG ECHO, DG NEAR, DG ENER, SGUA, JRC DG HR, HERA, SG, ECDC, WHO

**Agenda points:**

**COVID-19 pandemic**

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic – information point
2. The EU common list of RATs and the ‘May 2022 deadline’ – Discussion point

**Support to the Ukraine**

3. Up-date on the nuclear safety situation in the Ukraine – DG ENER and JRC
4. Presentation of the results of the survey on Potassium Iodine by DG SANTE
5. Reallocation of Ukrainian patients between hospitals in the EU – up-date from DG SANTE and DG ECHO
6. Overview of activities to HERA regarding medical countermeasures
7. AOB: HSC questionnaire on healthcare system access for Ukrainian refugees

**COVID-19 pandemic**

**1. Overview from ECDC regarding the current situation of the COVID-19 pandemic**

The current **epidemiological situation** varies among the EU/EEA Member States. However, a general tendency towards decreasing case notification rates has been observed. Many countries recently changed their testing policies and removed or scaled-down widespread testing for SARS-CoV-2. These rapidly changing and diverse testing strategies currently adopted by EU/EEA countries should be considered when interpreting case notification rates and test positivity. Regarding **variants of concern**, Omicron is the dominant variant in all EU/EEA countries. ECDC encourages the Member States to keep **sequencing**. Increasing proportions of Omicron sub-lineage BA.2 has been observed in most EU/EEA

countries. Vaccine effectiveness against infection is reduced for Omicron, no apparent differences are observed for Omicron sub-lineage BA.1 and BA.2.

Regarding **vaccine uptake**, 83.1% of the total population received their primary vaccination course in the EU/EEA. There is still a considerable variation in full primary vaccination coverage ranging from 35.0–94.6% in the adult population among the Member States. The overall uptake of the booster dose is 62.6% (country range: 10.6–87.7%) in the adult population. The flattening of vaccination coverage is observed in all age groups.

ECDC presented a short epidemiological overview on the **Asian Western Pacific region** where an increase of COVID-19 cases has been observed. The highest numbers of new cases were reported from the Republic of Korea and Vietnam. Comparatively, China has had lower case notification rates.

**PT** asked if there is any explanation regarding the increase of cases in Asia. **ECDC** has no data to support hypotheses.

### **1. The EU common list of RATs and the ‘May 2022 deadline’**

During the previous week (10), the Commission asked the HSC to comment on a proposal by the technical working group on how to address the ‘May 2022 deadline’ referred to in the EU common list document. The Commission received 12 responses, which were further discussed by the technical working group on 14 March during an extraordinary meeting.

Today (16 March), the majority of the HSC agreed with the following approach:

- (1) Most Member States (10: AT, CY, DK, FI, FR, HR, NL, RO, SI, SK) agreed to **split the EU common list** - as of 1 June 2022 - into an “A-category” (RATs evaluated through prospective field studies) and a “B-category” (RATs evaluated through retrospective in vitro studies). Countries will be encouraged to use, in particular, those tests included in the A-category.
- (2) The criteria agreed in September will be applied to the whole EU common list as of 1 June 2022. The majority of the HSC agreed (10: AT, CY, DE, FI, FR, IE, NL, RO, SI, SE) that there is **no need to implement a longer grace period**. At this stage, this would mean that 30 RATs are ‘at risk’ of being removed. Only **HR** would strongly support to implement a longer grace period due to the current testing situation in the country.

On Friday 18 March, the new approach agreed by the HSC will be published as part of an updated version of the EU common list. The Commission will actively inform manufactures affected by the new agreement on the need to submit additional data in order to stay on the EU common list of RATs.

## **Support to the Ukraine (UA)**

### **2. Up-date on the nuclear safety situation in Ukraine –DG ENER and JRC**

DG ENER and the EU Joint Research Centre (JRC) gave a presentation on the nuclear safety situation in Ukraine. Ukraine is a developed nuclear country with 15 nuclear reactors, grouped in four places in the south and west of the country. The biggest nuclear site has been taken over by the Russian military. The conflict resulted in some damages to some of the nuclear reactors. Nuclear sites are operated by highly trained and qualified staff, which is difficult within the current conflict situation, especially when taken over by military forces. The Commission follows the developments closely, together with the group of nuclear regulators in the EU. The Commission is also looking at modelling, scenarios and preparedness.

### **3. Presentation of the results of the survey on Potassium Iodine (KI) by DG SANTE**

During the previous HSC (9 March), FR raised the point on Potassium Iodide and about Member States' preparedness but also on the possibility of having a coordinated approach. Following this discussion, the Commission sent out a survey and received 23 replies. Most Member States have public health guidelines/recommendations on Potassium Iodide in place. In LT, LU and SE, all inhabitants have received Potassium Iodide tablets from the local governments (or through the primary healthcare system etc.). In 13 countries, central/de-centralized stocks will be distributed to the population ad hoc in case of need. In five countries, Potassium Iodide is available for purchase in pharmacies and the population can access it there without restriction/under prescription/when government gives the order.

### **4. Reallocation of Ukrainian patients between hospitals in the EU – up-date from DG SANTE and DG ECHO**

A **Standard Operation Procedure** is prepared to guide transfers of patients from one Member State into another country (or EEA countries). The present document does not refer to medical evacuations from Ukraine or Moldova, but this is considered as well. The recently activated **Temporary Protection Directive** covers the medical care. Upon arrival, the patient should request the temporary protection in the receiving country, when granted, the health care cost can be covered following the national health regulation. If the patient is evacuated to other EU/EEA country, a new temporary protection request should be done to ensure access to the receiving country's health system.

The decision to **request assistance** using the Union Civil Protection Mechanism (UCPM) is made by the competent national authorities of the sending countries. The **national competent authorities for UCPM** will post a request for medical evacuation in the Common Emergency and Information System (CECIS). The Emergency Response Coordination Centre (ERCC) will ensure the follow-up of the request. Transport of relatives may not be part of the medical evacuation, using specialized transport assets. A parent/guardian will be accepted in case of a medical evacuation of an under-age patient. The International Organization for Migration (IOM), receiving financial support from the EC, will support relocation of citizens and residents from Ukraine, including non-urgent patients.

**WHO** has sent medical teams and coordination in Ukraine, Poland and Moldova to coordinate with national partners. WHO has several partnerships with medical institutions in neighbouring countries for the handover of patients. WHO faces several **challenges**, including transfer logistics, confidentiality of medical information, guarantees of service delivery at recipient health facilities, and accommodation for families.

The **COM** informed that a specific meeting with the neighbouring countries of Ukraine to help organise the transport of patients from inside Ukraine to EU territory takes place on 16 March.

**LT** asked how families will be transported. The **Commission** responded that by making use of emergency transport, only the patient will be transferred. When the patient is a child, one family member can come along. Other relatives can make use of other transport services.

**DE** thanked the Commission for the important and clear presentation and asked for more clarification regarding the process. The **COM** explained that all requests for patient evacuation and transfers will go

through **CECIS**. Once the evacuation/transfer is agreed, the communication will continue in **EWRS**, where exchange of confidential health data can take place.

**FI** asked about the procedure evacuation procedures and if the patient will remain in the receiving country. The **COM** replied that this issue is currently discussed.

**AT** thanked the Commission for the helpful presentation.

The **Commission** informed the HSC that they can submit their feedback on the Standard Operation Procedure by Friday 18 March, 2020.

#### **5. Overview of activities to HERA regarding medical countermeasures**

**HERA** provided the HSC with an up-date about its work to support Ukraine and respond to their needs for medical countermeasures. HERA works closely together with DG ECHO on stockpiling and coordinating essential medical countermeasures. HERA also met with WHO, which is coordinating the international provision of medical countermeasures, to avoid unnecessary purchases. HERA identified the specific needs for COVID-19 but also general childhood vaccines for refugees. HERA is in contact with the European Medicines Agency regarding any possible future shortages in the supply chain, and to organise a Joint Procurement if needed.

#### **6. AOB: HSC questionnaire on healthcare system access for Ukrainian refugees**

On 4 March, the Council approved the **Council Implementation Decision** introducing temporary protection for displaced persons from Ukraine. This Directive includes access to healthcare. The Commission will send the HSC a survey on this topic after the meeting.