EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 7 July 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Stefan Schreck, European Commission, DG SANTE C ADV01

Audio participants: AT, BE, CZ, DE, DK, EL, ES, FI, FR, HU, IE, IT, LT, LV, NL, PL, PT, RO, SE, SI, SK, LI, NO, CH, UK, AD, XK, DG SANTE, DG EAC, DG MOVE, DG ECHO, DG HR, SG, COUNCIL, ECDC, WHO, UEFA

Agenda points for today:

1. EU guidelines on the safe resumption of activities in the cultural and creative sectors - (presentation by DG EAC)
2. UEFA – preventing spread of the virus (presentation by UEFA, hosting countries etc.)
3. ESI Mobility Package – How to use the Transport Broker (presentation by DG ECHO)
4. Update of EU common list of RAT (outcomes technical working group) – for agreement
5. Weekly ECDC up-date on variant spread and on its enhanced surveillance activities
6. Cross-sectoral approach to disaster risk management in the EU (presentation by DG ECHO)
7. AOB points

Key Messages

1. EU guidelines on the safe resumption of activities in the cultural and creative sectors - (presentation by DG EAC)

As follow up to the Communication on safe and sustained re-opening of 17 March 2021, DG EAC developed **two guidelines:**

1) General principles and indicators for the safe reopening of the cultural sector – including vaccination coverage; settings and context: careful assessment of risk; coordination and communication measures; and robust surveillance and continuous monitoring.
2) Recommendations on health protocols for cultural establishments – including Member States (MS) strategic, phased approach, starting with gradual re-opening and restricted numbers of participants; preparedness plans for cultural establishments; NPI recommendations and training of staff, etc.

2. UEFA – preventing spread of the virus (presentation by UEFA, WHO, hosting countries)

UEFA presented the measures they are taking, and have been taking, to minimise the public health risks related to EURO 2020. **WHO** presented the activities carried out by their UEFA EURO 2020 Task Force and stated that EURO 2020 is not a driving factor for new cases of SARS-CoV-2, but contributes to this in terms of pre- and post-match activities, which include travelling, where infections can happen. **DE, DK** and the **UK** have been hosts to matches and shared their experiences. The HSC noted that

measures around both the matches and pre- and post-match activities are/have been very different from one country to another, and that EURO 2020 has in some countries, but not others, led to a significant number of new cases of SARS-CoV-2 infections

DK mentioned they have allowed spectators travelling from EU countries into the stadium with proof of either a negative test, recovery certificate, or full vaccinated certificate. DK mentioned 105 suspected cases after hosting four football matches. Out of these 105 cases, 77 were infected with the Delta variant. Spectators has assigned seating to track and trace cases were needed. DK stressed that football supporters in general did not behave in compliance with the COVID-19 rules.

DE currently notices a slow increase of incidence rates. DE mentioned having different travel restrictions in place: different rules/exceptions for people coming from risk or high incidence areas with regards to fully vaccinated persons. There are no exemptions of quarantine (14 days) for travellers coming from a high risk area with a variants of concern.

Concerning UEFA only a few cases were detected that might be related to the matches. DE stated that the matches did not influence the COVID-19 incidence rate, as the hygiene concept allowed only the entry of around 14.000 spectators and there are natural fluctuations.

UK only allows spectators residing in the common travel area together with the proof of a negative test, full vaccination certificate, or proof of immunity. However, UK mentioned exemptions: 125 guests + 1000 supporters from outside the common travel area for each team at the final is allowed. Testing measures and private transport between the airport and stadium will be in place.

PT asked about the experiences related to contact tracing of assigned seating and the app, and whether or not it has worked. **DK** responded that they registered all the seating in the stadium, individuals that were sitting next to a case were contacted and instructed on what to do

PT asked about the experience of UEFA regarding the corporate areas (drink services, on how are they behave before and after the matches). **UEFA** mentioned it is complex to say which infections happened inside the stadium and which infections happened outside the stadium. UEFA mentioned a study performed in the UK which pointed out that the arrival to the stadium and what is happening outside the stadium is more risky for contamination. UEFA also increased their messages and visibility to follow the COIVID rules to people who were watching the matches from home. Regarding the corporate spaces, there was food service, but no alcohol consumption, everybody was seated in a specific table, and less guests were allowed compared to a normal event. Distance between the tables depended on the countries COVID-19 measures and restaurant requirements.

The **Commission** (COM) reminded the MS to **Decision 1082/2013/EU obligation to report on EWRS /IHR** the UEFA cases.

3. ESI Mobility Package – How to use the Transport Broker (presentation by DG ECHO) – information point

DG ECHO presented the two support modalities for cargo transport of **COVID-19 vaccination-related equipment and therapeutics** that is based on first-come, first-serve approach. There is no deadline, and EUR 20 million have been used as provisional budget: for the use of 1) EC transport broker on behalf of MS and 2) grant agreements for transport organised by MS.

EU MS Authorities at national, regional, and local level, as well as public bodies, can apply for the two support modalities. In order to be **eligible** for the support modalities, several conditions apply, including: the transport has to be directly related to the response to the COVID-19 emergency; it should be of public benefit and fit in the national response plans; it should be cross-border; it should be consistent with sound financial management; and it has not received any other type of EU funding.

DG ECHO can be contacted for any further questions, discussions or solutions.

4. <u>Update of EU common list of RAT (outcomes technical working group) – for agreement</u>

On 6 July, the Technical Working Group on COVID-19 diagnostic tests met for the fifth time. Following another round of extensive and detailed discussions, the experts agreed on the next proposal to the HSC for a possible third update of the EU common list of rapid antigen tests. In addition to the update of the common list, there were five broader points pending decision. To provide further context to the discussions held at the Technical Working Group, a survey was sent out to the HSC addressing these points. DG SANTE presented the outcomes of the HSC survey (12 MS responded) as well as the conclusions by the working group on each of these points. The survey included the following questions:

1) What are your views on the possible inclusion of rapid antigen tests that are not collected from nasal, oropharyngeal or nasopharyngeal specimens (e.g. saliva, sputum and/or faeces)?
2) What are your views on the possible inclusion of rapid antigen self-tests in the EU common list? Should they be considered in the context of the digital COVID-19 certificate or would it require the publication of a separate list?

3a) What are your views on the possible inclusion of laboratory-based antigenic assays (e.g. enzyme immunoassays such as ELISA or automated tests) in the EU common list?

3b) If you believe that laboratory-based antigenic assays should be included, is there a need to validate them/define criteria for their inclusion? Or should all laboratory-based antigenic assays be automatically included due to their higher overall clinical performance?

4) Is it necessary to introduce a "grace period"? If so, what should the length of such a period be?
5) Is it relevant to highlight in the RAT common list which tests are mutually recognised by MS (current criterion: at least three MS should be using the test in practice)?

RO mentioned a particular test used in Romania based on salvia and wanted to know if this test remains on the list. The **COM** responded that, for now, no saliva tests will be included in the list. **RO** asked if it could be specifically mentioned that the RAT common list only includes naso-pharyngal/oral-pharyngal/nasal swabs, for example in the clinical performance. The **COM** proposed writing it in the disclaimer at the top of the common list.

DE agreed with all proposals and proposed a "grace period" of four weeks for the deletion of tests. DE would like to establish specific criteria for the deletion of tests.

IT welcomed the introduction of the lab-based antigenic assays, as it is of great importance. IT had no particular objections to the proposals of the Technical Working Group.

AT agreed with the most proposals of the Technical Working Group. However, AT suggested a longer "grace period" of six to eight weeks. AT agrees with the removal of the test if it is no longer in line with the newly agreed criteria by the working group.

FR welcomed the work of the Technical Working Group and wanted to know if the update takes into account the testing for variants of concern. The **COM** responded that the working group have reviewed the proteins targeted by the different tests on the list, ensuring that this is not a protein that is influenced by the variant.

As there were no objections, the **COM** considered the proposed third update of the RAT common list document as agreed. In summary, this meant that the following was agreed:

1) The inclusion of 24 new tests
2) For now, the inclusion only of RATS based on naso-pharyngal/oral-pharyngal/nasal swabs (no other swabs, e.g. saliva or sputum); and to not include RAT self-tests (the Technical Working Group will continue to monitor new developments and new incoming data)
3) To launch the procedure to start including lab-based antigenic assays (e.g. ELISA)
4) A (interim) grace period of 8 weeks applies whenever updates are made to Annex I, the common list of COVID-19 rapid antigen tests
5) To remove one test that does not meet the criteria; and to update several entries of tests already included in the RAT common list

6) To remove tests for which the device ID is unknown (once the device ID is submitted e.g. by the manufacturer, the test will be considered again by the Technical Working Group)
7) To remove the notion of 'mutually recognised' tests from the list, as all tests included can be considered mutually recognised as they are linked to the Digital COVID Certificate

An interim agreement was reached to apply a "grace period" of eight weeks (starting now with the third update), until discussions will continue in September to, if necessary, reach a new agreement among the HSC.

5. Weekly up-date on variant spread and on its enhanced surveillance activities: information point (presentation by ECDC)

ECDC reported a continuous reduction in the overall notification of COVID-19 cases, related deaths and positive cases. However, a few countries report an increase in number of cases, which is closely monitored by the ECDC. Regarding variants, the Alpha variant remains dominant within the EU, however, the Delta variant is increasing in several countries. Due to the lack of sequencing data and reporting delay from the MS to the ECDC, the prevalence of the Delta variant is most likely higher than reported.

6. Cross-sectoral approach to disaster risk management in the EU (presentation by DG ECHO) – information point

DG ECHO gave a brief overview regarding rescEU as safety-net principle and the additional rescEU response capacities. DG ECHO mentioned that there are (legally) national capacities hosted by MS but with EU obligations.

There is a **new regulation** amending the EU Civil Protection Mechanism legal basis (Decision 1313/2013) to **overcome limitation**s of the UCPM showed during COVID-19; to **reinforce** the UCPM and for it to be **better prepared/informed and faster** responding to any type and scale of disaster; and to **better support** MS when they are simultaneously affected by the same or different types of emergencies.

The main features of the regulation is based on **prevention** to be achieved by: disaster resilience goals; disaster scenario planning; disaster loss data; and the building of linkages with the EU Sustainable Development Goals. In addition the regulation focused on **preparedness and direct procurement**: before, only MS could procure and host rescEU capacities, now also the **COM** can (directly) procure rescEU capacities under specific conditions.

7. AOB points

- **AOB: Update Cross Border Threats to Health committee meeting**

The **Cross Border Threats to Health Committee** met on 6 July 2021, to discuss the Draft Implementing Decision amending Implementing Decision (EU) 2017/253 as regards to alerts triggered by serious cross-border threats to health and for the contact tracing of exposed persons identified in the context of the completion of **Passenger Locator Forms** (PLF) and its annexes. The Committee **agreed** on the proposed amendments to the article 2a - *Platform for the exchange of PLF data*, 2b - *Data to be exchanged* and Annex I- Minimum set of PLF data to be collected through the national PLF. The **final draft implementing act** will be shared with Committee, after the reception of the European Data Protection Supervisor formal opinion expected on **20 July 2021.** The **approval and voting** by the Committee is expected on **23 July 2021**. After this the Implementing Decision will be adopted by the **COM** and will enter into force at the **end of July 2021.**

- **AOB: New German recommendation**

DE informed that adults who received AstraZeneca as a first dose are now recommended to take an mRNA vaccine as a second dose. The **heterologous combination** shows significantly increased antibody levels and may provide better protection.

Closure of the meeting

AT raised a question regarding booster vaccination and how this will be implemented in the EU Digital COVID Certificate. The **COM** has taken note of this point and will come back to it.

The **COM** mentioned that the second special HSC meeting on **correspondence of vaccines for travel** in the frame of the European Digital COVID Certificate will take place on **Friday 9 July.**