



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 10 February 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, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, UK, BiH, RS, XK, UA, MD, AD, DG SANTE, DG DG ECHO, DG HR, EMA, ECDC, WHO

#### Key Conclusions

##### **1. Priorities and contra-indications for COVID-19 vaccinations – European Reference Networks** – *Nicoline Hoogerbrugge, ERN Genturis*

The **European Reference Networks (ERNs)** presented priorities and contraindications for patients with rare disease in relation to vaccines. The ERNs currently recommends adult patients with the following rare disease to be part of the priority groups for COVID-19 vaccination: respiratory and cardiovascular problems, immunodeficiency, cancer, endocrine diseases and other rare disease patients (e.g. rare eye disease, epilepsy, metabolic disease).

##### Follow-up:

- *The HSC to submit questions or comments in writing, to be forwarded to the ERNs.*

##### **2. Response to COVID-19 including new variants, elimination strategy, exit from lockdowns – HSC**

Experience with elimination strategies of COVID-19 indicates that these strategies appear to be successful in several jurisdictions, including New Zealand, Australia and several Asian countries; albeit with occasional outbreaks linked to travel that need to be managed rapidly and effectively. Evidence suggest benefits of rapid elimination are also a lower risk of health sector overload, fewer overall deaths from COVID-19, and positive impact on health inequalities.

However, elimination strategies are associated with a greater upfront economic cost and cost-effectiveness of such strategies should be examined taking into consideration vaccination rollout.<sup>1</sup> Eliminating SARS-CoV-2 is harder when we want to achieve it in large, densely

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<sup>1</sup> <https://necsi.edu/minimizing-economic-costs-for-covid-19>

populated areas. Therefore, some experts suggest a segmentation strategy, to first implement elimination in a smaller area, such as states, municipals levels, and scale it up. By gradually expanding the COVID-free areas, people are more likely to follow the same step. The Commission asked the HSC if there is any interest to examine how an elimination strategy could be applied in EU settings, potentially inviting external experts.

**ES** is currently in a soft lockdown and is awaiting the results of vaccine effectiveness studies before implementing further relaxation of measures. The first measures to be relaxed probably concern nursing homes, as they have been in a very strong lockdown for months.

**DE** noted the expected extension of lockdown measures. The discussion of COVID-19 elimination strategies is controversial in Germany, such strategy seems difficult to implement. There is currently no discussion about other purposes of vaccination certificates than for medical reasons, as not enough people have been vaccinated yet. DE informed on a publication concerning variants<sup>2</sup>.

#### Follow-up:

- *Member States to inform on national response measures via the HSC and EWRS, in particular on the planned exit from lockdowns and planning for the next months, information on parameters and thresholds for decision making on social distancing measures and reopening.*
- *The HSC to inform on their position / interest to examine on how an elimination strategy could be applied in EU settings.*

### **3. Vaccine deployment monitoring, stress test results – ECDC**

The ECDC and the Commission organised a stress test of the logistical aspects of COVID-19 vaccination deployment plans, with the participation of 12 EU/EEA Member States. The focused simulation exercise was conducted in two rounds in December 2020 and in January 2021. Information was collected regarding pre-deployment, distribution and risk communication.

The stress test provided an opportunity for the countries to test their vaccination deployment plan in a realistic scenario, to work through all the elements of deployment and to identify and improve any problems when necessary. The countries concerned reported that they had learned lessons from the initial rollout test and that therefore adapted their processes. The same test has been carried out with the Balkan countries; a report on the results will be published in the following weeks.

#### Follow-up:

- *Member States to continue to provide the ECDC with vaccine deployment data.*
- *ECDC to publish written report about the stress test carried out with the Balkan countries.*

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[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/DESH/Bericht\\_VOC\\_05022021.pdf?\\_blob=publicationFile](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/DESH/Bericht_VOC_05022021.pdf?_blob=publicationFile)

#### **4. Viral genome sequencing**

ECDC provided information on the results of their survey on detection and characterisation capability and capacity for SARS-CoV-2 variants within the EU/EEA. 29 out of 30 EU/EEA countries responded to the survey as of 22 January. At the time, 26 out of 29 countries actively investigated the emergence of new covid-19 variants. The other three countries are now investigating as well. 14 Countries reported a turn-around time of 48 hours or less of PCR pre-screening results shared with public health authorities. 5 Countries reported a turn-around time within 5 days and 2 countries reported results after more than 7 days. Most countries still have to increase their sequencing capacity in order to reach the recommended target by the Commission. Some countries already scaled up their capacity in the meantime. The ECDC is in contact with the countries who have a very low sequencing capacity. The ECDC designed a service contract that contains additional services besides sequencing (shipment, bioinformatics analysis, etc.). The ECDC will send a letter to countries to explain the new service contract.

#### **Follow-up:**

- *ECDC will send document to the Member States to explain their services regarding sequencing.*
- *SANTE and ECDC are working with other Commission services to further support Member States, the HSC continues to be updated.*

#### **5. Use of rapid antigen tests, final summary for agreement**

The Commission provided a draft document on RAT, bringing together three elements where Member State agreement is required, as called for by the Council Recommendation of 21 January. These elements are:

- **A common list of rapid antigen tests**, meeting specific criteria;
- **A selection of RAT on the common list**, for which MS will mutually recognise their test results for public health measures; and
- **A common standardised set of data** to be included in the COVID-19 test results certificate

The document was circulated to the HSC in advance of the meeting. DE, IT and PL requested to send the position/observations/suggestions in writing after the meeting.

#### **Follow up:**

- *Member States to send their comments/agreement by 11 February.*

#### **6. AOB - Certificate for recovered persons of Covid-19**

The topic of a potential EU medical certificate to attest the full recovery of confirmed patients was discussed at the IPCR on 8 February. International examples like the US CDC, does not recommend re-testing in the three months after a positive result. Some Member States have already such rules in place, but the potential impact of the new variants calls for caution. Some countries would support discussion on a Commission proposal.

**DE** raised specific questions on this issue, noting that people may still have a positive test result weeks after a COVID-19 illness, and that according to current scientific knowledge, it is unclear

what implications a survived COVID-19 disease will have concerning immunity. Therefore, the usefulness of a medical certificate should be further examined. A certified COVID-19 disease is currently irrelevant for entry into Germany and current regulations refer to a negative test result and quarantine.

**ECDC** recommends that travellers do not need to have a negative RT-PCR test before travel, if they have a positive RTPCR test within the last 90 days and a letter stating completion of isolation. For the attestation of recovery of COVID-19 cases in relation to exemptions to travel after COVID-19 infection, important elements for assessment by health professionals include: access to the SARS-CoV-2 RTPCR result, and a statement regarding completion of isolation requirements. ECDC identifies the need for agreement among Member States regarding the official attestation

A standardised EU medical certificate format would be beneficial, in consideration of the multiple languages, in terms of which health professionals can make the assessment, how it should be performed and certified, and the mechanisms for mutual recognition.

**DE** expressed concerns regarding the implementation of general exemption of recovered individuals from pre-departure testing within 90 days after COVID-19 infection. One PCR-test would not be enough, a clinical observation would be necessary to ensure the person is no longer contagious.

People arriving in **FR** from overseas France (Martinique, Reunion etc.) need to have a negative PCR-test upon arrival. However, if a person tested positive more than 15 days ago and the positive PCR test is not older than two months, a document can be provided as proof of no transmission and the person will be allowed to take a flight to France.

Follow-up:

- *Countries to provide comments on the ECDC guidance and inform the Commission on their national position regarding a common EU approach for a certificate for recovered persons, by 15 February for further discussion in the next HSC meeting.*