



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 24 August 2022

Health Security Committee
Audio meeting on Monkeypox, COVID-19 and Polio
Summary Report

Chair: Policy officer, European Commission, DG SANTE C3

Audio participants: AT, BE, CZ, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, UK, BG, DG SANTE, DG HR, HERA, SG, ECDC, EMA, WHO

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4. ECDC survey on monkeypox vaccine acceptance in Europe - Preliminary results by ECDC

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Monkeypox

1. Epidemiological update and reporting on monkeypox- update by ECDC

The ECDC gave an epidemiological update on the monkeypox outbreak. Currently, 16 750 cases have been confirmed in 29 EU/EEA countries. Most cases are reported among men between 18 and 60 years old.

DK asked whether any countries are planning to conduct a study on the effectiveness of the vaccine against monkeypox.

PT asked if ECDC can mention their day and time for their research calls. ECDC plans to have a research call every two weeks. The next call is scheduled on 1 September, ECDC will send the Member States an invitation.

FR asked if any further data on the profile of women and children among the cases are known, especially with regards to the circumstances of contamination. **ECDC** responded that few cases have been detected among women and children. Most cases are related to the household situation. There are very few outliers of cases.

2. Monkeypox vaccine - update by EMA

On 18 August 2022, the European Medicines Agency Emergency Task Force advised that national authorities may decide as a temporary measure to use Imvanex as an intradermal injection at a lower dose. EMA presented the latest data on Monkeypox vaccination and in particular the possibility, for Member States to use this intra-dermal injection technique in a context where vaccine doses are scarce. Data on effectiveness are expected to be collected during the outbreak.

IE mentioned that it is true that intradermal injection is unusual for vaccines, but that there are health professionals who are familiar with the technique so they will use it in order to cover a wider population.

NO asked if EMA considers the intradermal injection to be used both for post-exposure and pre-exposure vaccination or only for pre-exposure. **EMA** responded that both approaches could be used, but post-exposure injection is what most countries are currently following. EMA emphasised that we are in an emergency situation and they exceptionally recommend the intradermal injection.

3. Results of the HSC survey: Monkeypox vaccination strategies in the EU – presentation by DG SANTE

On 12 August, the Commission launched a second HSC survey on monkeypox. 26 EU/EEA Member States responded. The purpose of the survey was to follow-up on the discussions during the last HSC meetings around the monkeypox outbreak and possible strategies to respond to this outbreak, such as vaccination, community engagement and medical counter-measures. The questionnaire targeted three main subjects: vaccination strategies, vaccine purchasing and vaccination reporting. The overview of the survey outcomes can help with national decision making for the individual Member States to update their national policies on vaccines as medical countermeasures for monkeypox.

4. ECDC survey on monkeypox vaccine acceptance in Europe - Preliminary results by ECDC

ECDC partnered with the Grindr and Hornet to conduct a survey on the acceptance of monkeypox vaccination among men who have sex with men (MSM) through smartphone-based online dating apps. The survey included 14 questions and was translated in 25 languages, 32 457 responses were received. 4 out of 5 respondents would likely/probably get vaccinated for monkeypox if offered.

FR asked whether the collected data will be available to Member States. Data on the willingness to be vaccinated is important. **ECDC** mentioned that the Member States' focal points receive the survey data – HSC members must therefore contact their national focal points.

IE thank both ECDC and SANTE for the surveys, emphasising the usefulness of the outcomes.

ES thanked ECDC and SANTE for the survey results, this is important information for decision making processes. ES mentioned that the survey results must differ between the countries, it would be important that it is possible to separate the data per country for national decision making. ECDC will start with the comparison between the countries.

This topic will be followed up in the next HSC meeting.

COVID-19

5. Epidemiological update on COVID-19– update by the ECDC

The ECDC gave an update on the current epidemiological situation in the EU/EEA. The overall 14-day case notifications remains high in the EU/EEA (495.3 cases per 100 000 population) (week 32). The 14-day COVID-19 death rate has been decreasing for one week (14.1 deaths per million population). Hospital and ICU admissions in the EU/EEA have decreased over the past three weeks, while hospital and ICU occupancy indicators have remained stable. Continued decreasing trends in cases, decreasing trends in hospital admissions, and decreasing trends in deaths are forecast for the EU/EEA overall by the end of week 34.

With regards to COVID-19 and schools (autumn 2022), ECDC recommends to maintain safe school environments and minimise absences, it will be important to promote COVID-19 measures such as vaccination of pupils and staff, promoting good respiratory and hand hygiene, improved ventilation in school premises and staying home when experiencing respiratory symptoms, are vital tools to reduce virus transmission.

6. HSC survey on implementation of Communication of 27 April – preparing for the autumn/winter – information point by DG SANTE

Early July, the Commission launched a survey among the HSC as a follow-up to the actions put forward in the Commission Communication of 27 April. Back then, many countries indicated that plans and strategies were 'under development' or that 'discussions were ongoing'. Therefore, also in light of the upcoming autumn and winter period, the Commission will soon launch a follow-up survey addressing the same topics (e.g. vaccination, surveillance, Non-Pharmaceutical Interventions, communication).

Ahead of the launch of the survey, the Commission sent the HSC two questions to get some initial input from countries' regarding their current thinking and strategies in light of the upcoming months. An active discussion took place in the HSC. The majority of countries has communication strategies in place or is in the process of developing them to inform the public that a next wave during autumn/winter is likely. Emphasis is put by countries on the behaviour of the population/individual responsibility and the impact it can have on preventing another wave (ensure you are fully vaccinated, wear a mask and follow hygiene rules, etc.). Various countries are planning or expecting to reintroduce mask wearing (particularly in public transportation) – this seems to be the first NPI to be implemented again (if the situation requires doing so). Some countries are actively approaching hard-to-reach groups to better understand their views (in particular against vaccination), and to integrate this knowledge in their communication campaigns and adapt messages accordingly.

FR published communication/announcement on 23 August, informing public that new wave is likely. Included messages around new school year + inform public that general recommendations are still to be respected. Masks are strongly recommended (not mandatory), particularly in public transportation. Testing is aligned with national guidance, FR will monitor the situation as it develops in real-time. Currently, no population-wide rollout planned. Instead, adapted boosters to be given to specific population groups. New booster campaign for 60+, healthcare professionals and 18+ at risk (e.g. immunocompromised) – new campaign to be rolled out for all these groups, regardless of number of boosters already received.

In **IE** a number of communication campaigns are ongoing, involving different media platforms. A range of epidemiological reports are regularly published by the Health Protection Surveillance Centre of the health service and by the Department of Health. The health service in IE is currently conducting an awareness campaign in relation to COVID-19, in collaboration with the Department of Health, encouraging people to keep up public health behaviours and to get vaccinated. The campaign has two themes: 1) you never know who is at risk (e.g. conditions that put people at risk aren't always visible and to be aware); 2) your actions help to protect them (e.g. hand hygiene, ventilation etc.). This awareness campaign is currently run across a range of media, with messaging including the promotion of second COVID-19 vaccine booster uptake for eligible groups. An autumn/winter version of these campaigns is in the development stages. As of April, IE offers second boosters to 50+ and healthcare workers. IE intends to offer third boosters to 65+ and 12-64 year olds who are immunocompromised/at higher risk as of September. Also offering second booster to pregnant women. IE will start using adapted vaccine once available.

BE is considering reintroducing masks (in public transportation). Awaiting delivery of bivalent vaccines. BE will start the rollout of next vaccination campaign as of 12 September, targeting most vulnerable groups first.

The **NL** aims to improve vaccination willingness, by drawing attention to the importance of vaccination, even when COVID-19 is less present. The NL is also actively responding to different topics on online forums. Aiming to identify ways to enter into dialogue with certain groups to get insights into their visions and opinions concerning COVID-19 vaccination and to improve the design of the communication strategy and messages. The next vaccination campaign is planned for the second half of September. Rollout will be in phases: first for people at higher risk and elderly (60+), then the rest of the population eligible for a next booster shot will be invited. People will be able to receive their next booster at least three months after their last vaccination/infection.

IT has no concrete plans yet and is waiting for decisions on next measures to be taken. Discussions are ongoing. Communication may change end September or in October. Boosters to be recommended to specific population groups (elderly, long-term care facilities, people with underlying conditions). IT is currently discussing whether or not to extend recommendations to the rest of the population.

In **DE** the communication will be adjusted based on the epidemiological situation. DE is educating their population on advantages of taking preventive measures (e.g. how do vaccines work?). The content used is based on scientific evidence. The German NITAG provides national recommendations. Currently, boosters are offered to 60+, people as of 5 years of age with increased risk. Aim of strategies is to close the vaccination gap.

Additionally to the countries that intervened during the meeting, several other HSC representatives (PT, EE, SE, SK, NO, DK) mentioned their current strategies in the chat. An detailed overview of all strategies

will be combined with the answers of the survey and will be shared with the HSC in one of the following weeks.

Polio

7. Epidemiological update and reporting on Polio - update by ECDC

The ECDC gave a general update on the global polio situation. Wild poliovirus has been eradicated in the five out of six WHO regions (in 2002 in WHO European Region). There are two types of poliovirus vaccines in use (inactivated poliovirus vaccine (IPV) and Oral poliovirus vaccine (OPV)). ECDC monitors polio through indicator and event based surveillance, as well as through early warning systems (EWRS/IHR).

8. Poliovirus detected in London sewage – incident investigation and response by the UK

Environmental surveillance for polio is a key component of UK's commitment to the WHO global polio eradication programme. Sewage samples are collected from London and Glasgow and sent to the National Institute for Biological Standards and Control (NIBSC – MHRA) for testing. Genetically-related polio virus was found in Beckton sewage samples taken between February and August (2022). The most likely scenario is that a recently vaccinated individual entered the UK from a country where oral polio vaccine (OPV) is used - UK stopped using live vaccine in 2004. The virus has continued to evolve and by end May met classification of 'vaccine-derived' poliovirus type 2 (VDPV2), which on rare occasions can cause serious illness, such as paralysis, in people who are not fully vaccinated. The virus has only been detected in sewage samples and no associated cases of paralysis have been reported.

AOB

9. HSC Technical Working Group on EU Digital COVID Certificate (DCC) issued to COVID-19 clinical trial participants

The Commission thanked the 15 countries that have already nominated an expert for the HSC Technical Working Group on EU DCC certificates issued to COVID-19 clinical trial participants. The Commission would be grateful if the remaining countries that wish to participate send the name of their national expert by the end of this week (34). Invitations and further information will be issued shortly.

10. Invasive meningococcal disease

An outbreak of meningococcal diseases type B, including the new ST-3753 variant were notified in two hyper-endemic areas (the Chambéry sector and a sector east of Lyon), Auvergne-Rhône-Alpes region, in France. Due to time constraints, further information on invasive meningococcal disease by France and ECDC will be shared by email with the HSC.

11. Antimicrobial resistance

Concerning antimicrobial resistance (AMR) and the preparation for the upcoming Joint Action on Antimicrobial Resistance, the Commission reminded the HSC that the formal deadline for the nomination of competent authorities to HaDEA is 1 September 2022. Letters have been sent to the competent authority by HaDEA. The Commission hopes that many countries will join the joint action on AMR.