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

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Health Security Committee

Audio meeting on the outbreak of COVID-19 – Joint Health Security Committee and EU National Immunization Technical Advisory Group (NITAG) collaboration meeting

Summary Report

Co-Chairs: Wolfgang Philipp, European Commission, DG SANTE C3, Kari Johansen, ECDC

Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PL, PT, SI, SK, NO, IS, CH, UK, BiH, RS, XK, DG SANTE, ECHO, ECDC, EMA, WHO, CDC

Guest speakers: Susan Hopkins, Public Health England; Jonathan Van-Tam, Deputy Chief Medical Officer; Tyra Grove and Kare Molbaek, Statens Serum Institut; Erik Alm and Cornelia Adlhoch, European Centre for Disease Prevention and Control; Marco Cavaleri, European Medicines Agency; Hanna Nohynek, Department of Health Security in the Finnish Institute for Health and Welfare

Key Conclusions

The Health Security Committee met in a collaboration meeting with the EU National Immunization Technical Advisory Group (NITAG).

1. Spread of the UK-variant of SARS-CoV2 in the UK – up-date, recommendations for response

Dr Hopkins presented an overview of the current situation regarding the rapidly increasing new variant of SARS-CoV-2 detected in the UK.

- The UK has high sequencing capacity, which allows to sequence 10,000 samples per week, and could be increased in the next weeks to 20,000 samples.
- The first sample of the variant can be traced back to September and there has been an increase in the cases with the variant since the end of November and beginning of December 2020.
- The variant has spread specifically in the South East England and London (case numbers have increased in South East England and London even during the lockdown that took place from early November to early December) but has over the last weeks of the year continued to spread throughout England Nevertheless, the variant can, in smaller

numbers, also be found in Wales, Scotland and Northern Ireland. In addition, the spread of the new variant started in younger age groups but again in the last few weeks of the year it spread further in all age groups.

- There seems to be a clear correlation between the new variant and increase of cases overall, hospitalised and in intensive care.
- Biological performance of this new variant is being investigated to understand binding capacity to upper respiratory epithelial cells, virus growth curves in vitro and neutralizing antibody capacity and results are expected in the coming 1-2 weeks. Especially the latter assays will be key to understand whether cross-immunity occurs between the different virus variant strains and guide the understanding of whether these new variants have an impact on vaccine effectiveness.
- To mitigate further spread of the UK strain and reduce burden on the health care system school closure also of the primary school for children up to 11 has been implemented.
- Following questions from Member States, Dr Hopkins clarified that one of the measures that can be taken by Member States is sequencing of the variant in order to assess it, and that it is better to look at the whole sequence rather than looking only for the specific mutations. Increasing sequencing in Europe and globally is highly recommended to understand if the strain has spread further. Dr Hopkins further explained that the new variant follows a similar trend to the age distribution of other variants, but that there have to be larger mitigation efforts to bring the number of cases down as fast as possible. On Rapid-Antigen Tests (RAT), the new variant is similar to other variants, which means there is no influence on the sensitivity of RAT on the new variant, a report on this can be found at www.gov.uk
- Professor Van-Tam emphasized that given that sequencing is rarely done in real time, it is difficult to calculate the transmissibility of the new variant. On vaccines, it is now unlikely that there will be any changes in the results as the vaccines produce poly-clonal antibody responses. Professor Van-Tam stressed the importance of mobilizing internationally to keep an eye on strain selection and antigenic variations of the vaccines. On the new variant, it seems it did not arrive as a result to vaccine pressure, but this is something that has to be monitored in the coming weeks as more people start getting vaccinated. The new South African strain has been identified in the UK, 12 whole genome sequences ready.

2. UK variant identified in up to 5% of sequenced samples in Northern Jutland and Zealand

Dr Grove from Statens Serum Institut, Denmark presented the work from the Danish team on the new variant and an update on the epidemiological situation

- In Denmark, there has been a sharp increase of cases since the end of November and beginning of December
- On 11 December, Denmark established a national lockdown, with teleworking, with university students sent back home, closing restaurants and bars, but keeping kindergartens open. On 16 December, Denmark had its peak, and has seen the effect of the restrictions ever since the lockdown started
- There has been an increase in hospitalizations and there has been a high PCR test capacity.
- Approximately 20% of PCR positive samples have been sequenced, and by mid-December, nine cases were detected with the UK variant, but they had no clear link to the UK.
- The new variant has now been detected in all regions and it is estimated that the new UK variant will dominate by mid-February.

- Further restrictions were set in place on 5 January, including recommendations for social gatherings, limits on social contacts, and a change in the physical distance (from 1m to 2m).
- There has been an increase in sequencing capacity to 5,000 a week, and the aim is to sequence 12,000 a week by the end of January.
- As of 6 January, 63,000 people have been vaccinated with the Corminaty vaccine, and the current recommendation is a 6-weeks interval between the first and second dose to follow the FDA and WHO SAGE recommendations. However, they will monitor the UK studies on further spacing of the two doses to allow more people to be vaccinated if the epidemiological situation is worsened.
- Modelling has shown that to significantly decrease number of hospitalised cases a reduction of R to <0.7 will be needed.
- Following questions from Member States, it was clarified that in Denmark, there has been contact tracing of the cases, and in case the UK variant has been found an extra telephone call has been given to the patient to ask about their exposure and close contacts.
- CH mentioned that they have been conducting backward and forward contact tracing and that sequencing is being done 2 to 3 days after the positive PCR test.
- BE commented on their public health measures and that currently there is mandatory testing and quarantine for everyone returning from abroad, and that there is a need to reconsider the EU approach to testing and travelling.
- In IE, there has been a resurgence of cases associated with the new variant from the UK, and they agree that there needs to be a clear case definition and a need to collect data through the Early Warning and Response System (EWRS). There are travel restrictions from both the UK and South Africa and there have been 38 cases with the variant arriving from the UK.
- The ECDC commented that there is no data available yet to consider any changes on their current recommendation on the duration for the quarantine, but they will work with Member States and conduct studies on incubation period. The ECDC recommended sequencing and community testing to rapidly detect cases so they can be isolated. The ECDC will get back on the question about case definition as they are discussing with the WHO.
- Dr Hopkins mentioned that the UK has travel restrictions for nationals/citizens arriving from South Africa and contact tracing around positive cases.

3. <u>Europe and global up-date on SARS-CoV-2 variants of concern (South African and UK variants), recommendations for response, fast identification of new critical variants and framework for their characterisation</u>

The **European Centre for Disease Prevention and Control (ECDC)** presented their Rapid Risk Assessment and an update on the situation from other EU countries

- As of 6 January 2021, 43 countries globally have reported the UK variant (19 in the EU/EEA) and 11 countries globally have reported the South African variant (4 countries in the EU/EEA)
- The majority of UK variant cases in the EU/EEA have a direct link with the UK.
- Only DK and NO have sequenced and published more than 1% of their cases since September 2020
- The ECDC expressed concern in the sequencing efforts as they are now targeted to find specific variants in e.g., imported cases, which reduces the representativeness of sequences from other countries.

- The overall risk of introduction of the new variant is high for EU/EEA countries and the impact in terms of hospitalisations and deaths assessed as high, in particular for risk groups.
- The ECDC recommended options for response including: performing timely, targeted and representative sequencing of community cases to detect variant viruses early and monitor the incidence; enhancing testing, contact tracing and isolation of suspected and confirmed cases; and maintaining and strengthening non-pharmaceutical interventions in accordance with the local epidemiological situation and national policies.
- Additionally, the ECDC reassured that together with the WHO, and the European Commission, help can be given to countries in cases where there are capacity limitations for sequencing.
- AT gave an update of their situation with the new variant and asked whether or not any country in the EU is monitoring sewage waters for traces of the new variants. On this point, the ECDC mentioned they have implemented monitoring sewage waters in their rapid risk assessment as an option as a source for research but its not recommended for national surveillance. Dr Hopkins added that in the UK, they have been studying points for widespread detection in sewage to detect the new variant and that the challenge is ensuring that the right amount of samples is collected and methods for differentiation between strains.

4. Up-date on COVID - 19 vaccines in general and their authorisation processes, up-date on mRNA vaccines in view of recent changes in the UK schedule, state of play in general on possible need for booster doses or updates of vaccines if needed

European Medicines Agency (EMA) provided an update on the current state of play of the COVID-19 vaccines.

EMA has issued recommendations to authorize the COVID-19 vaccines from BioNTech-Pfizer and also from Moderna. The technical specifications are available on EMA's web-site. Contrary to the BioNTech-Pfizer that requires storage at -70 C, the Moderna vaccine only requires -20 C and can also be stored at fridge-temperature for some weeks. The Moderna vaccine is approved for person 18 and older, while the BioNTech-Pfizer vaccine is approved for persons 16 and over. Both vaccines have overlapping characteristics.

EMA is currently waiting for the neutralization data from the UK and South Africa to understand the level of cross-immunity. Standardisation of both B-cell and T-cell assays to assess respective immunity profile in naturally infected and vaccinated individuals would be helpful and increase comparability of results developed by public health, academic groups and vaccine developers.

5. WHO – SAGE recommendations for COVID-19 vaccination: summary from meeting on 5 January

The World Health Organization (WHO) and their Scientific Advisory Group of Experts on Immunization (SAGE) met and a summary was provided of their meeting from 5 January and interim recommendations on the use of the Pfizer/BioNTech vaccine

- The product specific recommendations lay on values from their framework from Mid-September, keeping six main principles in mind: human well-being; equal respect; global equity; national equity; reciprocity; and legitimacy
- The recommendations are based on evidence and they concentrate on: the general goal and strategy for the use of the vaccine; prioritization for use; intended use; additional

guidance on interval between the two doses; interchangeability and co-administration with other vaccines

- Additional guidance on the interval between the two doses in a situation of community transmission and with limited supply of vaccines is being finalized.
- It is recommended to use the same product for both doses, and to keep in mind possible allergic reaction and the need to conduct risk assessments where needed.
- Additionally, the WHO recommends a certain time (15 min) for observation after each vaccine dose is administered
- Vaccination for specific populations was discussed, where it is recommended to vaccinate older populations, but people under 16 years of age should generally not get vaccinated as there is not enough evidence for these age group yet. The formulation "generally" was used to allow for certain groups <16 to be vaccinated such as individuals with Downs syndrome. Additionally the vaccine is recommended for people with co-morbidities, immunocompromised people, people with HIV (unless they are severely immunocompromised).
- For pregnant women, the vaccine is not recommended until more data is available.
- The WHO recommends that the vaccination programmes be offered to anyone, irrespective of a person's medical history.
- The added protection of vaccinating previously infected individuals is yet to be established. However, individuals with a confirmed COVID-19 infection may defer vaccination for 6 months. This will make more vaccine available for non-infected.
- On international travel, all vaccinations are carefully recommended but the WHO does not recommend introducing a required proof of vaccination for entry to a country.

The Chairs concluded the meeting summarizing key discussion points and noted that the tour de table and further discussion on the vaccines will be done next week in the next HSC meeting. Additionally, it was announced that a survey on vaccination certificates will be launched to the NITAGs, the HSC members and the e-Health Network to monitor what countries are doing in this respect.