EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 24 March 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

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

Audio participants: AT, BE, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, CY, AL, BA, ME, MK, XK, UA, AD, DG SANTE, DG ECHO, DG HR, DG MOVE, COUNCIL, EMA, ECDC, WHO

1. Vaccination roll-out challenges

Background

Last week, a report prepared by the ECDC on vaccine deployment and challenges related to the vaccination rollout was circulated. In addition, the HSC received a list of questions to prepare for the discussion on vaccination challenges ahead of the meeting:

1. What are your strategies to limit discarding unused vaccines and to avoid vaccine wastage?
2. What challenges have you faced in relation to shortages of equipment needed for vaccination (such as syringes, PPE)?
3. What are your strategies when it comes to the different variants of concern and vaccination?
4. What has been the immediate reaction due to the suspension of the AstraZeneca vaccine? How has your county restarted vaccination with the AstraZeneca vaccine?

During the HSC Meeting, the **ECDC** presented its findings on the challenges related to the vaccination roll-out. Among these results, 96% (26/28) of the countries stated that the limited supply of COVID-19 vaccines, and the unpredictable time of delivery from vaccine producers can significantly affect the planning and efficiency of the rollout. According to 50% of the countries, the complex logistics (storage, transport and administration) requires a clear and detailed strategy to avoid wastage of doses. Nearly half the countries (40%) reported challenges around a shortage of equipment, specifically with a lack of dead-space syringes and needles to extract more doses from vaccine vials.

Key discussions

IT mentioned that the government is pushing towards accelerating their vaccination campaign, based on distribution, contact monitoring and increase administration of vaccines. Additionally, they have added new categories for the prioritised groups (including dentists and general practitioners). Currently, IT has 1 932 points of vaccination at national level and has put in place reserve lists to avoid dose wastage. So far, IT has not faced any challenges with regards to the distribution of vaccines because the civil protection is managing the distribution at central level. Concerning the variants of concern, IT has put in place a reserve of 1,5% of the doses for areas with increased transmission.

In order to avoid wasting doses **BE** has reserve lists from other priority groups in all their vaccination centres.

LV reported that they are currently wasting less than 1% of the doses, but in order to avoid the waste they have tried to engage in vaccination of other target groups. LV has concerns over the different variants, there are some challenges related to an anti-vaccination movement mostly in their Russian population, who only trust the Russian SputnikV vaccine and are not willing to take any other vaccine until this one gets approved. As a response LV has been doing proactive media communication in order to build trust in the vaccines.

In some centres in **DE** there has been vaccination of people who work at the centres at the end of the day to avoid wasting vaccine doses. Concerning the variants, DE has distributed additional doses from Germany's share of the EU's additional supply of Biontech vaccine for targeted vaccinations to several federal states at the borders given the high incidence rate of the variants. In accordance with the vaccination Ordinance citizens from other EU countries are eligible, depending on place of residence, workplace such as healthcare workers and social care workers from older peoples' facilities and health insurance.

HU mentioned that they have a complex system to avoid wastage. They have a registration system for citizens to sign-in which helps determine the demand for vaccination and provide their availability to attend the vaccination sites. Given that a large number of people want to get vaccinated in HU, it has been easy to find people to give the vaccine to in order to avoid vaccine wastage. HU has been trying to reach high coverage as soon as possible to help manage the concerns over the variants of concern.

AT gave an update on their approach towards dealing with variants through the collaboration between the EU and BioNTech-Pfizer to accelerate delivery of doses to the area most affected by the variants. There has been no data yet on whether this has been a success in tackling the variants of concern. AT encourages vaccination sites to document the wastage of doses. Prioritization lists are followed, but anyone eligible can be called in order to avoid vaccination wastage.

HR has a reserve list as a back-up plan for people who do not show up for vaccination, yet, despite having this in place, there are still excess doses. To prevent this, anybody who is eligible is vaccinated.

MT sent written comments to the discussion mentioning that with regards to avoiding vaccine wastage, they have created a reserve list with people who can be phoned last minute and within half an hour from the vaccination centre.

EL also sent written comments where they specified that EL is allocating unused vaccines for front line workers such as the armed forces. Additionally, they provide their citizens with the possibility of cancelling or rescheduling vaccination up to three days prior to vaccination. EL mentioned this has been a successful strategy so far, and a number of front line workers have already been vaccinated which has also helped to keep the vaccine waste to a minimum. Following guidance from the ECDC, and updates of several studies, EL is carefully evaluating the evidence and data to adapt their strategy for variants of concern. Vaccination is ongoing, while a growing percentage of the lineage B.1.1.7 (UK variant) is detected throughout the country.

2. AstraZeneca vaccine

Background

The HSC meeting on 24 March was also an opportunity for HSC Member States to give an update on the roll-out of the AstraZeneca vaccine. On 16 March, 20 EU/EEA Member States had suspended the use of the AstraZeneca vaccine following reports on blood clots. On March 18, the European Medicines Agency's (EMA) safety committee has confirmed the benefits of the vaccine in combating the still widespread threat of COVID-19 (which itself results in clotting problems and may be fatal) continue to outweigh the risk of side effects. After the EMA's conclusions, many Member States restarted vaccination with the AstraZeneca vaccine.

Key discussions

During the HSC Meeting, Member States were invited to provide their input on whether they continued to have vaccination with the AstraZeneca vaccine on hold, or whether they had restarted vaccination.

NO reported they have suspended the vaccination as a precaution and are waiting for the Institute of Public Health and the Norwegian Medicines Agency to investigate the cases and determine any associations between the AstraZeneca vaccine and the cases of blood clotting. They also mentioned they are in close contact with the DK Health Institute to investigate the cases.

FR mentioned they have restarted vaccination with the AstraZeneca vaccine after EMA's statement recommended the vaccine only for people aged 65+ and are waiting for further advice on people who are under 65.

DK gave an update on their situation. The AstraZeneca vaccine has been suspended since 11 March for 14 days. They are currently still evaluating, among four different options, what to do after the 14 day suspension is over. DK established an expert group to carry out investigations on the cases and are looking at Danish registries to make sure all the possible cases are taken into account.

DE mentioned they would follow the EMA recommendation using the AstraZeneca vaccine. They re-started vaccination on 19 March and are carefully following EMA's examination and their own data.

SE has currently stopped giving vaccines from AstraZeneca and are waiting for further advice.

NL suspended the AstraZeneca vaccine for a short-time and in the meantime their Medicines Agency is evaluated the situation. They have since re-started vaccination with the AstraZeneca vaccine. NL developed guidance for health care professionals to know what to do in case of complication due to the AstraZeneca vaccine. NL has also distributed a list of Q&A related to the AstraZeneca vaccine to their call centres and it has one specific line for healthcare professionals to call in case of any adverse effects related to the Astra Zeneca vaccine, and one for the general public to answer the most frequent questions.

FI decided to suspend the vaccination programme with AstraZeneca from 19 March until 29 March, and has found two cases of severe thromboembolic events after the conclusions from the EMA's safety committee.

EL sent written comments and mentioned that they have not suspended the AstraZeneca vaccines. A pharmacovigilance committee of their National Organisation of Medicines (NOM) has been formed and evaluates all the data. An official statement was immediately released by NOM, reassuring the public while waiting for the EMA announcement. In EL all potential side effects are reported in the form of a yellow card.

3. HSC Paper on vaccination, testing and recovery certificates (agreed)

Background

The final version of the HSC discussion paper on possible uses for COVID-19 vaccination, testing and recovery certificates has been disseminated to the HSC. It includes the last comments received from MS last week. **The document is now considered agreed by the HSC.**

Suggestions to further reference scientific publications were not included. Colleagues at ECDC will continue to publish their scientific reports and reference the relevant publications.

4. Update of the common standardised data set to be included in COVID-19 test result certificates (agreed)

Background

Last Friday, the HSC reached agreement on the update to annex II regarding common standardised data set to be included in COVID-19 test result certificates. The HSC agreed document has been updated accordingly and is available online since Monday.

Key discussions

IT would like to review the document again now the comments of the other MS are implemented. The Commission responded that the final review was last week, however, IT is welcome to send their written feedback in case there are any more comments to the final version.

5. AOB

Common list of RAT

Based on requests from several MS, the Commission has opened discussions on a possible update of the common list of rapid antigen tests as well as those of which MS will mutually recognise their test results. The Commission, together with JRC, is currently working on putting in place a more structured approach for updating the common RAT list.

Follow up:

- *MS are encouraged to provide updates in particular regarding the results of new validation studies that may have become available and that would enable other tests to be added to the list -by* ***COB today.***
- *The Commission will present a proposal to the HSC in due time.*

Joint Procurement Agreement (JPA)

The Commission recalled the availability of personal protective equipment, ventilators, laboratory equipment, Intensive Care Units medicines, rapid antigen tests and various equipment for large scale vaccination under joint procurement contracts. It is to be noted that, **several contractors have confirmed the availability of Low Dead Volume syringes/needles for Q2 2021**. Moreover, future therapeutic – monoclonal antibodies - will be made accessible following the conclusion of the respective processes.

Joint procurement **contracts for goggles, face shields, masks, ventilators, coveralls and laboratory equipment will be expiring in coming months. MS can still place orders**. Deliveries can take place within up-to 6 months after the contract expiry. **The quality of deliveries has so far been 100% compliant**. Please **inform the Commission about the orders placed in timely manner**.

Moreover, additional countries might use the existing contracts, mainly either by means of resale or donation, or being included in the contract (subject to agreement by the relevant contracting parties).

Following a recent consultation of the JPA Steering Committee on the future steps:

- There was a common agreement to set-up of the **Dynamic Purchasing System** for standard goods, such as personal protective equipment, medical equipment, and testing/laboratory equipment.
- There were no **needs expressed for JPs in the immediate future**.

The Commission invites countries to:

- ***Where applicable, provide to the Commission by 31 March COB*** *(via the JPA Steering Committee) a* ***notification of the completion of national procedures approving the JPA or a confirmation that such approval is not necessary.***
- ***Provide timely information*** *to the JPA Steering Committee* ***about firm*** *orders and the Commission about the* ***quality and quantity of supplies.***
- ***Communicate*** *more* ***proactively*** *on the availability of these contracts* ***at national level****, so that all potentially concerned authorities at national and regional levels are fully aware.*

[Prepared by D. Pietersz]