EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 01 September 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, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PT, RO, SE, SI, NO, CH, LI, UK, SM, AD, AL, DG SANTE, DG MOVE, DG ECHO, SG, JRC, RTD, COUNCIL, EMA, ECDC, WHO

Key Messages

1. Update on the delta variant and other variants of interest (ECDC) – discussion point

The European Centre for Disease Prevention and Control (ECDC) gave an update on the SARS-CoV-2 variants, specifically on the Delta variant, but also on other emerging variants and variants of interest. The case notification rate has been stable during the past three weeks in the EU/EEA. The Delta variant is expected to take over in the remaining EU countries where the Alpha variant is still found in a considerable portion of the positive samples within the coming weeks. The geographic distribution of the beta variant remains below 1% in all countries reporting data. This is the same for the Gamma variant (except Luxembourg with a proportion of 2.4%). New Delta sub-variants (B.1.617.2+E484Q and B.1.617.2+Q613H) and the new C.1.2 variant were added to the list to be monitored by ECDC, there are currently no concerning signs related to these variants.

MT asked if there is any visibility at ECDC level regarding the situation with the C.1.2 variant, and whether this variant is considered as a variant of concern and of presence in Europe. **ECDC** explained that the variant is only detected in less than 1% among the sequences worldwide. Therefore, the variant is currently not considered as a variant of concern. ECDC will continue to monitor the C.1.2 variant.

DE asked if the new Delta variant sub-types are more infectious than the Delta variant. **ECDC** replied that there is no evidence that B.1.617.2+E484Q and B.1.617.2+Q613H are more infectious. ECDC is monitoring these sub-variants.

2. Update on booster vaccines – discussion point

Booster vaccines are currently under discussion in all Member States. On 20 and 30 August, the National Immunisation Technical Advisory Groups (NITAG) group had meetings on the topic of booster vaccines.

ECDC explained that despite recent evidence of reduced vaccine effectiveness against infection and mild-to-moderate disease, COVID-19 vaccines currently authorised in the EU/EEA still show high effectiveness

against hospitalisation, severe disease and death caused by SARS-CoV-2 infection including the Delta variant. However, preliminary evidence of vaccine effectiveness reduction against infection and hospitalisation has been reported in some categories of immunosuppressed individuals and elderly frail adults. ECDC mentioned eight factors to be considered when discussing the need for booster doses: 1) priority groups; 2) booster type; 3) booster timing; 4) co-administration of other vaccines; 5) booster for previously infected; 6) measurement of immune protection; 7) communication (which is complex, also related to vaccine hesitancy; 8) vaccine equity and supply.

ECDC prepared a draft document on 23 August, entitled "Interim public health considerations on additional doses for COVID-19 vaccination", which summarises available evidence on the need and safety of booster doses. At this stage, ECDC recommends that providing all eligible individuals with the recommended dose regimen should remain the current priority for COVID-19 vaccination programmes. It is important to **distinguish between 'booster' doses** for people who **responded adequately** to primary vaccination and additional doses for those with weakened immune systems who did **not respond adequately**. The option of **administering an additional vaccine dose to people who may experience a limited response to the primary series of COVID-19 vaccination**, such as some categories of immunocompromised individuals (e.g. solid organ transplant recipients), **should already be considered now**. Consideration could also be given to providing an additional dose as a precautionary measure to elderly frail individuals, in particular those living in closed settings (e.g. residents of long-term care facilities). Available evidence at this time shows **no** urgent need for the administration of booster doses of vaccines to fully vaccinated individuals in the general population. More solid data are needed to inform future policies on booster doses. The ECDC document was published on 1 September 2021.

The **European Medicines Agency** (EMA) will be assessing data of booster doses from Pfizer in the coming days, followed by data from Moderna later in September. EMA is also reviewing data among immunocompromised patients.

DE announced that they have published a new vaccination ordinance on 1 September 2021, which foresees the right to a booster vaccination, and plans to first administer booster vaccines to vulnerable groups of the populations such as those in Long term care facilities or older than 80 years (comment: as of 6/9 the federal states health minister decided to administer booster vaccinations to people older than 60 years if the first vaccinations were administered more than six month ago).

FI asked about the authorisation of booster vaccines by EMA. **EMA** will be assessing data of booster doses from Pfizer in the coming days, followed by data from Moderna later in September. EMA is also reviewing data among immunocompromised patients.

FR will start a booster vaccine campaign for the vulnerable population in September.

3. Influenza + COVID-19 vaccines (ECDC) – discussion point

Germany was interested in discussing the possible effects on effectiveness and safety aspects of co-administering influenza and COVID-19 vaccines at the same time. In Germany, the Robert-Koch-Institute and Paul-Ehrlich-Institute are currently reviewing the scientific data together in order to formulate recommendations. The Standing Committee on Vaccination (STIKO) is also reviewing the available data, with the view of publishing a recommendation in September. Furthermore, the relevant authorities in Germany will be co-operating on a campaign for the influenza vaccine, which will also promote vaccination against COVID-19

ECDC explained that the US-approved co-administration for the influenza and COVID-19 vaccines is based on the fact that co-administration generally does not pose any particular problems. At this stage, there is no evidence available in terms of safety and effectiveness regarding co-administration of the vaccines. However, no complications are expected. **EMA** is reviewing studies regarding co-administration of influenza with COVID-19 vaccines.

4. Coding of booster vaccines in EUDCC

During the last weeks, the eHealth Network discussed how additional booster doses should be coded in the EU Digital COVID Certificate. It agreed that a booster vaccine should be reflected in the Digital Certificate shown as 'three-out-of-three' (3/3) dose regimen. This does not mean that for others the certificate would now read two out of three (2/3). Certificates for those persons who received two doses will continue to read two-out-of-two (2/2). If, at a certain point the certificate is no longer valid because too much time elapsed from the last vaccination, the person would be informed about the need of a booster and the validity of the certificate would be checked by the verifying app.

DE suggested having one QR code for all administered vaccines instead of separate QR codes and certificates for each dose. The **Commission** explained that this is a complex change and may need to be raised at higher political level. No other Member States commented.

ES has not made a decision on boosters yet. Immunity appears to be long lasting according to the increasingly available data. ES will probably decide in the coming weeks on third doses as primary vaccination for some groups and booster dose for some older groups.

MT expressed its congratulations to the eHealth forum for establishing what is clearly becoming a global standard - the EUDCC. Seeing the exponentially growing list of third countries seeking mutual recognition is very heartening for the re-establishment of safe global travel.

5. Acceptance of vaccines for travel purposes – discussion point

During the Health Security Meeting of 11 August, the topic of the **acceptance of vaccines for travel purpose**s was discussed and a survey was shared to know whether incoming travellers that have received the full dose of one of the COVID-19 vaccines listed in the survey are to be considered as 'fully vaccinated' for the purpose of entering the country without having to undergo a COVID-19 test and/or to quarantine. The list of vaccines included vaccines currently under the **WHO (Emergency Use List) EUL/PQ** evaluation process, vaccines not granted authorization but in rolling review, and vaccines without a granted authorizations.

For the majority of vaccines, Member States have indicated they do not accept these vaccines and travellers must undergo a PCR and/or quarantine upon arrival. While nine Member States indicated they accept the Sinovac/Sinopharm vaccine and only five member States indicated acceptance of the Sputnik vaccine. Two Member States report to accept all COVID-19 vaccines that are currently being used or are in rolling review. Six Member States sent no reply to the survey. Some Member States are still having discussions as to the acceptance of these vaccines, and others are waiting for the approval of these vaccines by the European Medicines Agency.

DE mentioned that as of 31 August 2021 the combination of Pfizer and Moderna will be accepted. DE does not recommend the combination, but other countries such as Canada, make official use of this combination.

BE highlighted that on 27 August 2021, the WHO published technical specification and implementing guidance on the digital documentation of COVID certificates and vaccination status, and wanted to know how the Commission is planning to apply this guidance. The Commission answered they would have a discussion with the WHO on 1 September on this topic.

6. AOB: Coordination from EU about evacuated Afghans related to health checks needed by Member States?

The Commission is aware that several EU Member States are supporting the evacuation of EU citizens and refugees from Afghanistan. The EU Civil Protection Mechanism (UCPM) is supporting repatriation but so far, no requests for health or psychosocial care were received from Member States. The Commission shared the World Health Organization Statement 29th Polio International Health Regulations (IHR) Emergency Committee that concluded that the risk of international spread of poliovirus remains a Public Health Emergency of International Concern. With particular reference to the risk of international spread of Wild Polio Virus appears to continue in Afghanistan, as a result of the increasing civil war and population movement, including migrant movement into Pakistan. No EU Member States requested further coordination by the HSC.

FR mentioned having a specific COVID-19 protocol in place for all travellers.

7. AOB: Reporting of vaccination status of hospitalized COVID-19 patients (ECDC)

On 11 August 2021, the Commission asked Member States to report on the vaccination status of hospitalised patients with COVID-19. The **ECDC** commented that only six Member States report the COVID-19 cases indicating the vaccination status (including date of vaccination) which is key to understand the level of protection at the time of infection. During the meeting, the **COM** and **ECDC** reminded Member States to submit their data via TESSy, so that analysis of the effectiveness of vaccines to prevent hospitalisations can be performed.

8. AOB: Mink Farm outbreak – information point

ES gave a brief update on a recent outbreak of COVID-19 in a mink farm. Spain currently provides COVID-19 samples from mink farms every 15 days. The farm where a recent case was detected had only two mink farmers working on the farm, both of whom had been fully vaccinated and tested negative. The contamination must have taken place in the last week of July 2021, when there was a high infection rate in Spain. The case is being followed up.