



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 15 December 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Deputy Head of Unit, European Commission, DG SANTE C3

Audio participants: AT, BE, CY, CZ, DE, DK, EE, FI, FR, HR, HU, IE, IT, LV, LT, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, LI, UK, AD, BA, SM, DG SANTE, DG JUST, DG MOVE, DG ECHO, DG HR, SG, COUNCIL, ECDC, WHO

Agenda points:

1. Update on the Omicron variant – presentation by ECDC and MS
2. Validity Delegated Act – information point
3. New communication tool for the Health Security Committee – the CIRCABC platform
4. AOB: Lyme disease
5. AOB: vaccination communication campaign announced by EurActiv

Key messages:

1. Update on the Omicron variant – information point *present: EU/EEA countries and observers*

ECDC presented their latest [Rapid Risk Assessment](#), published on 15 December. The probability of further spread of the Omicron variant in the EU/EEA is very high; as a consequence, the impact on the **overall level of risk to public health** associated with the further emergence and spread with the Omicron variant is very high. ECDC **strongly recommends** rapid reintroduction and strengthening of non-pharmaceutical interventions. Vaccination remains a key component of the multi-layered approach to delay the spread of the Omicron variant, while addressing the ongoing circulation of the Delta variant. Plans to increase healthcare system preparedness and hospital surge capacity should be considered.

The representative from the **Council** asked if the modelling done by ECDC is focused only on the impact of non-pharmaceutical measures and booster doses and if it takes into account the need for closing vaccination gaps. **ECDC** responded that it focused on the booster rollout, although, in the Rapid Risk Assessment, ECDC does present a modelling of the population average vaccine effects, which takes into account current vaccine coverage per country, the impact of waning of the first and second dose, the booster dose on top of that, and the impact of the Omicron variant.

DE asked if ECDC recommends travel restrictions within the EU. **ECDC** responded that the impact of restricted travel measures will not be great, but might slow down the spread of the new variant and therefore provides for more time to increase booster doses vaccine uptake in the countries. However, the (re)introduction of non-pharmaceutical measures might already achieve the slowdown of the spread that countries aim to achieve. **COM** added that travel restrictions are further discussed in the IPCR meetings.

Several countries intervened regarding the introduction of their new measures. They shared information on their epidemiological situation, knowledge gathered about Omicron and public health measures.

SE mentioned an increased number of cases. SE is scaling up the testing and sequencing capacity and aims to sample all positive PCR tests, with a priority for hospitalised cases and travellers.

IT asked if SE found clusters among cases. **SE** responded to have detected some clusters, but is not able to provide further details at this stage.

UK gave a short epidemiological overview on the state of play. UK noticed a short doubling time of Omicron cases in the country. So far, the UK detected 11 hospitalised cases with Omicron. It remains unclear if these patients are in the hospital because of Omicron, or with Omicron. One death is identified, but it remains unclear if the patient passed away with Omicron, or as a result from Omicron.

HU asked if the UK has any information with regards to the average incubation period of the Omicron variant. **UK** does not have concrete data, but thinks that there is a shorter incubation period compared to Delta.

DE asked if the UK envisages to increase non-pharmaceutical measures. **UK** voted through the non-pharmaceutical interventions that were agreed in collaboration with the UK Government last week (week 49).

AT asked if the UK identified any changes in severity of disease in children and if any changes are identified related to the duration of infectiousness in confirmed cases. **UK** has no information on these two topics at the moment.

NO gave an update on the situation of Omicron. Virological surveillance in NO involves whole genome sequencing, immunological and antigenic characterisation of SARS-CoV-2. NO has almost 1500 confirmed Omicron cases and mentioned an outbreak in a restaurant with 60 confirmed cases that were infected at the same day. NO introduced new measures: enhanced measures to test, isolate, trace and quarantine; enhanced use of non-pharmaceutical interventions (social distancing, wearing of masks, working from home, regulations for events, ban on serving alcohol at public venues); booster vaccines will be offered to people aged 45 and above; stricter (testing) measures to keep school and kindergartens open; universities must prepare to offer digital teaching.

DE asked if the adults infected in the outbreak were fully vaccinated or boosted. **NO** responded that the majority was fully vaccinated (most had received their second dose about three months ago).

In the **NL**, cases are decreasing compared to the last weeks. However, the NL detected quite some Omicron cases, therefore, the NL introduced several new measures, including a curfew for stores and events; early Christmas holidays for schools; and accelerating the booster campaign.

FR is not planning to introduce new measures.

The following topics were discussed with the EU/EEA countries ONLY

2. Validity Delegated Act – information point

The HSC was informed that on 14 December, the specially convened expert group regarding the delegated act procedure met to discuss the draft delegated act pursuant to the EU Digital COVID Certificate Regulation on the validity of vaccination certificates. The draft delegated act as shared with the Member States would introduce a standard acceptance period of 270 days for vaccination certificates after completion of the primary vaccination series. While the expert group showed a general support for this approach, at the meeting Member States raised certain specific points related to the date of entry into application; a possible shorter acceptance period under certain circumstances; the situation of persons under the age of 18 for whom there is no booster recommendation yet; and certain legal questions regarding the empowerment to adopt the delegated act. The COM informed that it was now reflecting upon these points raised and will get back to the Member States with an updated draft as soon as possible. A more specific timeline could not be given at this stage. At the same time, the COM informed about the preparation of an Implementing Act to amend the technical specifications and rules for the encoding of vaccination certificates, discussed in a dedicated comitology committee. Both acts are discussed in different formal fora so the members of the HSC were encouraged to liaise with their delegates.

3. New communication tool for the Health Security Committee – CIRCABC platform

The COM informed the HSC about the use of the CIRCABC platform. This platform will be used to share the presentations from meetings and any other HSC documents. The platform also gives the HSC members the opportunity to connect with each other.

4. Passenger Locator Forms (PLF) – information point

The HSC was informed that it was decided not to proceed to the vote on the draft implementing act in the Cross-border health threats committee, as several Member States voiced their reservations to the proposed mandatory use of PLFs and on-boarding to the PLF exchange platform. On 14 December, the Committee members were asked to provide their written comments to the draft implementing act (by 17 December). The comments will be used for further reflections on the revision of the implementing decision on the passenger locator forms.

5. AOB: Lyme disease

Pursuant to a complaint about non-reporting of surveillance data on Lyme disease, the COM recalled the reporting obligations that still stand from EU legislation (Commission Implementing Decision (EU) 2018/945 of 22 June 2018 on the communicable diseases and related special health issues to be covered by epidemiological surveillance as well as relevant case definitions) and to remind MS to report on all diseases to ECDC in a timely and complete manner.

6. AOB: vaccination communication campaign announced by EurActiv

HU asked the Commission more information about the information according to an [article](#) published at EURACTIV that “the European Commission is currently preparing massive awareness campaigns in close coordination with governments in eastern and southeastern Europe over the need to get vaccinated”. The Commission clarified that this article is not entirely correct. Instead, the COM referred to the recently published [press release](#), which mentioned the Commission support efforts for **RO** with regards to the vaccination communication campaign.

Another HSC meeting was expected next week.