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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 09 March 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

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

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

Agenda points:

1. Epidemiological update on Omicron – presentation by ECDC
2. Moving to a new phase in the COVID-19 pandemic discussion with the Member States – Presentation by ECDC, discussion point with Member States
3. Survey results on the validity of vaccination certificates for minors – presentation by DG SANTE
4. Updated Council Recommendations on travel into the EU – presentation by DG HOME
5. AOB: AOB: Restructuring of the EU common list of COVID-19 rapid antigen tests
6. AOB: NITAG tender
7. AOB: Joint Action on surveillance
8. AOB: Availability of Iodine-131

Key messages:

1. Epidemiological update on Omicron – presentation by ECDC

ECDC provided an epidemiological update on the Omicron variant of concern. The Omicron variant has peaked in most EU/EEA Member States, however, the number of cases remain high. Free testing has ended in most Member States, leading to a decreased reliability for testing as an indicator. ECDC encourages Member States to maintain free/accessible testing to continue monitoring COVID-19 cases. Recently, the vaccination rate in EU/EEA countries is stagnant. Currently, on average, 75.1% of the total population in the EU finished the primary vaccination course and the average uptake rate among people aged >60 is 92.1%. While hospitalisation rates are decreasing, an increase in Omicron cases is observed in older age groups. ECDC will continue to monitor this, as severe illness can be expected in these vulnerable groups. Increasing trends of the BA.2 lineage are observed in several countries, and this sub-

lineage is already dominant in DK, SE, NO and AT. The BA.3 sub-lineage remains rare in the EU/EEA. A new SARS-CoV-2 variant has been found in white deer in Ontario, Canada and one human has been case detect with the same variant, but no onward spread has been confirmed.

The **Commission** asked whether the ECDC had seen any specific trends related to the low vaccination uptake in Member States, and if this was at all related to the less severe outcomes of the Omicron variant or because Member States are entering a phase of relaxing the COVID-19 measures. **ECDC** explained that it is probably a combination of the mentioned examples. ECDC observed that national vaccination campaigns had already slowed down even before the Omicron variant. The Omicron wave then resulted in a high number of infections, which resulted in people having to wait longer to get their booster doses. However, ECDC has no evidence to substantiate these reasons.

2. Moving towards a new phase in the COVID-19 pandemic - discussion with Member States – Presentation by ECDC

At the beginning of 2022, the HSC started discussions about moving towards a new phase for the management of the COVID-19 pandemic, which would move from managing transmission towards the management of severe outcomes. Many Member States have relaxed their measures to control COVID-19, or have completely opened public life. ECDC presented two papers in February, one about considerations towards a transition to a new normal, and their implications, and the second on lessons learned from the response to Omicron and possible ways on how to respond to new variants of concern. ECDC has conducted interviews with a selection of countries (HR, IT, MT, PT, ES, NL, still pending: DK, FR), to assess their experiences during the immediate response to the Omicron variant wave, with the rationale and aim to learn from them on how they are planning for the transition/ de-escalation of measures in the framework of the current COVID-19 situation. In general, countries' current plans for the next 6 to 9 months about COVID-19 response include: the lifting of measures, the strengthening of surveillance systems, including the establishment of the sentinel surveillance system and wastewater surveillance. Member States will continue to protect their vulnerable populations. Structures created during the previous waves of the pandemic will be maintained. All Member States expect the re-emergence of the virus in the autumn/winter months and ultimately the virus becoming endemic. Several other countries intervened during the HSC meeting about their current situation and plans for the coming months.

IE is experiencing challenges related to the uptake of booster vaccines. Primary vaccination uptake among the younger age groups is low. A forth dose of a COVID-19 vaccine is offered to immunocompromised individuals. IE is currently strengthening its genome surveillance and water surveillance systems. To maintain contact-tracing capacity, IE has strengthened their regional public health services to increase their responsiveness. The degree of contact tracing will depend on the risk assessment of the circulation of variants. IE recently lifted their national restrictions for incoming travellers. The EU COVID Digital Certificate remains in place.

AT is currently evaluating vaccine uptake and their surveillance systems. On 5 March, AT lifted most of the COVID-19 restrictions. Travellers are still required to show a COVID-19 certificate upon arrival. AT has a surveillance and wastewater surveillance system in place, both systems will be maintained. Contact tracing takes place at national level and continues to exist. AT does not conduct international contact tracing as not many other countries currently do so.

On 3 March, DE's amended entry regulations came into effect. Travellers are still required to show an EU Digital COVID certificate upon arrival. DE continues to monitor variants at national level. DE emphasised the importance of identifying variants in and outside the country, especially for the autumn/winter months. DE is considering reorganising their surveillance system. In terms of vaccination, DE is focusing on increasing the uptake of pregnant women and refugees. The total number of cases in the country remains high. DE considers that it is at the beginning of the transition phase.

FR introduced vaccination with the NOVAVAX vaccines to increase vaccination coverage, especially among those who have been hesitant. FR keeps a stock of additional vaccine doses available for the population when needed. Surveillance of variants is maintained, including genome surveillance and sequencing. A legal emergency brake remains in place in case new variants arise.

FI is currently discussing the need of administering a fourth dose. In terms of genome sequencing, FI plans to maintain current sequencing capacity for the time being. Incoming travellers from third countries are still required to present a valid COVID-19 certificate. FI would like to discuss with ECDC on how to continue surveillance.

ECDC produced several relevant documents on the level of testing, sampling and sequencing to ensure monitoring of the epidemiological situation including emerging variants:

- [Guidance for representative and targeted genomic SARS-CoV-2 monitoring](#), 03 May 2021
- [COVID-19 surveillance guidance - Transition from COVID-19 emergency surveillance to routine surveillance of respiratory pathogens](#), 18 October 2021
- [Methods for the detection and characterisation of SARS-CoV-2 variants - first update](#), 20 December 2021

In CY informed that, within the age group of 12-18 years, a booster dose is currently given to immunocompromised individuals only.

The **Commission** thanked the participating Member States for their input and encouraged the other Member States to submit further comments in writing.

3. Survey results on the validity of vaccination certificates for minors – presentation by DG SANTE

Most Member States participated in the survey regarding administering or planning booster doses for minors, and the possible exemption for minors from the standard acceptance period of 270 days for vaccination certificates. The majority of countries is in favour of such an exemption for minors. The HSC will be informed after internal discussions in the Commission regarding a possible Delegated Act for such exemption. Member States who have not responded, are still welcome to complete the survey.

4. Updated Council Recommendations on travel into the EU – presentation by DG HOME

EU Member States have a common approach to travel from third countries into the EU. This agreement is set in Council Recommendation 2020/912. On 22 February, the Council updated the Recommendation to facilitate further travel from outside the EU, following a proposal from the Commission. The recommendation is based on a hybrid country- and person-based approach. EMA and WHO vaccines should be equally accepted. Recovered persons should be eligible to travel, a PCR test on top of vaccination/recovery *could* be required, the EU Digital COVID Certificate becomes a pillar for verification, no changes were made regarding expectations to the emergency brake (Annex II).

This Recommendation includes the suggestion that Member States should lift the temporary restriction on non-essential travel for persons vaccinated with an EU- or WHO-approved vaccine (up to 270 days for primary vaccination). The Commission asked the HSC representatives on a few occasions about their country's position on the acceptance of non EU-authorized vaccines. As the recent changes to the Council Recommendation may have altered some countries' position regarding the acceptance of vaccines on the WHO Emergency Use Listing, the Commission asked HSC representatives to update/confirm their position in writing.

5. AOB: Restructuring of the EU common list of COVID-19 rapid antigen tests

The Commission wrote last week to the HSC to provide feedback on a proposal made by the technical working group regarding criteria to be applied when assessing RATs. During the meeting, the COM reminded the HSC to review the proposal by the technical working group and inform the HSC secretariat by 14 March if there are any comments on the proposal. The technical working group will hold an extraordinary meeting on 14 March 2022 to discuss the issue, based on the input received by the HSC.

6. AOB: National Immunization Technical Advisory Group (NITAG) tender

A new call for tenders has been published with the aim to support the activities of the NITAGs via 1) the production of Systematic Reviews and Rapid Literature Reviews, 2) online training for NITAGs and 3) capacity-building activities such as twinning visits and a dedicated digital platform. The duration of the tender 4 years, with an estimated budget of 2 million euros. The deadline for sending offers is 22 April 2022.

7. AOB: Joint Action on surveillance

SANTE and ECDC are working with 23 Member States and Norway to set-up the Integrated Surveillance Joint Action, funded under the Annual Work Plan 2021, with a Commission funding of 5,5M, for a period of 36 Months. The Dutch Public Health Institute (RIVM) will be leading the Integrated Surveillance Joint Action. The third preparatory meeting took place on 08 March with 39 participants, SANTE, ECDC and HaDEA, chaired by RIVM. The main outcome of the meeting was the agreement to reduce the Work Package structure and proceed with meetings per Work Package. This innovative action will focus on:

- assessing Member State readiness for the use secondary data sources for improving surveillance, with emphasis on outbreak detection and pandemic preparedness by improving real-time surveillance;
- extending the sentinel hospital system for integrated surveillance of severe infectious diseases and
- exploring the integration of human and animal health surveillance data, including laboratory diagnostic of zoonotic diseases, paving the way for One Health surveillance.

The first working group meeting for the sentinel hospital for severe infectious diseases Work Package 7 drafting will be held on the 10 March 2022.

8. AOB: Availability of Iodine-131

Upon request from France, the Commission briefly discussed the issue of Iodine-131 availability and possible distribution. The Commission is inviting countries to share some general information on the situation. The Commission would be also interested to know about the recommended dosage for the population (adult/child). **FR** emphasised the importance to find a common approach on this topic and proposed that the HSC could possibly coordinate a common EU approach guidance to cover the Iodine distribution. The Commission will come back to the Member States in writing.