EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 11 December 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, UK, AL, MK, XK, UA, MD, DG SANTE, DG CNECT, DG ECHO, ECDC, Council Secretariat, WHO

Key Conclusions

1. Options for cross-border verifiable COVID-19 vaccination certificates

The Chair informed about the European Council conclusions adopted on 10 December calling for developing a coordinated approach to vaccination certificates.

DG SANTE and CNECT introduced ongoing work on vaccination certificates. A coordinated approach would allow digital solutions working cross-border. Work with the eHealth network has started. The first step is to agree on a code-structure, a string that would codify a minimum data set. Information contained would be similar to what countries are developing e.g. when and where the vaccine was received, information about the producers of the vaccine and about the vaccinated person. As next steps, technical specifications to procure support for the Member States are being developed. Collaboration with WHO is ongoing.

DE will continue to rely on WHO template certificate for vaccines and prophylaxis, does not plan to have a complementary certificate. Instead, Germany has a digital system under development to monitor the acceptance of vaccines taking place, which will allow Germany to collect information on the vaccine received and the vaccination centre in order to trace possible side effects.

NL is not looking at providing a proof of vaccination, but will follow the development. NL is focusing more on the input of certification rather than the technological aspect. NL stressed the importance of an agreement at political level concerning this topic.

FR is not in favour of a “health immunity passport”. France finds it important that medical and personal data are safe. In addition, free movement of persons should not be conditional to a certificate.

RO raised questions on how the certificate interferes with lifting of travel measures and its voluntary nature. HR asked if countries plan to ask for a written consent prior to vaccine.

The Commission noted national competence in this regard. There are several Member States, who have started to work on a monitoring solution e.g., FR. The Multiannual Financial Framework and the Recovery and Resilience Facility provide the opportunity for Member States to receive funding related to digitization of the health care system and immunisation information systems in particular. The Vaccination Steering Group is supportive to the approach that the Commission is proposing.

Follow-up:

- *SANTE and CNECT will continue to work with the eHealth network and keep the HSC informed.*
- *The HSC to provide feedback to HR if countries will ask a written consent prior to the vaccine.*

2. Further recommendations on the use, validation and mutual recognition of rapid antigen tests

On 10 December, the European Council adopted conclusions on COVID-19, in which EU leaders called on the Commission to present a proposal for a Council Recommendation on a common framework for rapid antigen tests (RAT) and for the mutual recognition of test results. The Commission started preparing elements to set out a framework for the use, validation and mutual recognition of RAT, and the HSC provided initial feedback. This included the possibility for countries to have access to the raw data used and obtained for validation studies, the different ways of sampling, including self-testing, and agreed common criteria for validation studies.

Prior to the meeting, a document that sets out the main points included in the proposal for a Council Recommendation was circulated to the HSC. Member States are expected to provide insights into the practical elements of this exercise; what is needed from a MS perspective regarding the use, validation and mutual recognition of RAT.

Follow-up:

- *The deadline for the countries to submit their final feedback in writing is on Monday 14 December before 15:00h.*

3. Quarantine and isolation

Following discussions in the HSC, SANTE circulated a draft proposal for a common EU approach regarding isolation for COVID-19 patients and quarantine for contacts and travellers. The document was revised according to comments from countries. The paper recognizes that the Member States have the full responsibility to decide isolation and quarantine measures according to the socio-cultural, epidemiological and economic situation of their countries. Recommendation to isolate severe COVID-19 cases for a minimum of 14 days and mild/moderate cases for a minimum of 10 days were kept. Regarding quarantine for contract a period of at least 10 days (hence a national recommendation of 14 days is also included) with an option to shorten it, to 7 days if a RT-PCR test taken on that day is negative was proposed.

As regards travel related quarantine, the document refers to the Council Recommendation 2020/1475 and make some general recommendation e.g. suggesting that quarantine and testing

requirements for travellers should be proportionate, non-discriminatory, clearly communicated and easily followed and that travel-related quarantine could also be limited to 7 days with a negative RT-PCR test. The parts on cross-border contact tracing and communication remain. Comment on the revised version were received from some countries.

NL provided input on the document last week, and noted that NL has a current quarantine of 10 days for people who were in close contact and people who have received a signal through the corona-tracing app. NL decided that as of 1 December, these people will be tested on day 5. If the tests results are negative, the quarantine measures can be lifted. The same policy will be applicable for travellers coming from risk areas.

Follow-up:

- *The deadline for the countries to submit their final comments will be on Tuesday 15 December.*

4. ECDC/EASA Guidelines for COVID-19 testing and quarantine of air travellers

The Chair asked ECDC to respond to questions and concerns from several Member States about the recent addendum to the EASA/ECDC guidelines on air travel.

ECDC noted that the document provides guidelines for persons who have/decide to travel, and therefore to ensure that this happens as safely as possible and to mitigate the risks of transmission. The ECDC has been consistent over time and the report contains no fundamentally new information. Besides, the guidelines are options for countries to consider and not mandatory measures.

DE stressed that quarantine and testing reduce the spread of COVID-19 in Member States and is one measure among several. Many countries currently recommend not travelling. Another measure to prevent travelling would be to close borders, which is much more difficult and out of proportion compared to testing and quarantine requirements.

The ECDC stated that it remains unclear, which measure contributes in which percentage to the incidence rate. Therefore, it is difficult to argue about one measure that would increase the incidence rate of the general population without considering the whole picture.

ECDC noted that as most countries provide measures in bundles, it is quite difficult to see the effect of just one measure. Nonetheless, the ECDC is working on it. Moreover, there is an analysis available form another group published in The Lancet, examining relative effects of the different bundles of measures. The ECDC will share this article with Germany.

IE stressed that it disagrees with the ECDC and pointed out that the ECDC document includes inconsistencies, contradicts advice at national level, and is quoted by the media saying that travel is not a problem, and that people do not have to go in quarantine or to be tested. Therefore, IE asks the ECDC to change the document and to urge not to travel.

ECDC noted that regarding imported COVID-19 cases, there is a considerable body of published evidence pointing in the same direction and consistent with the ECDC/EASA report. Moreover, as there is no international WHO mandate in place to restrict travel, we need to ensure that when travel occurs, is done in a safe way.

Follow-up:

- *The comments (written) of IE will be taken into account and followed up.*

5. Vaccination of citizens living abroad

As the vaccination campaign for Covid-19 is currently being prepared and planned in many countries, BE raised the topic for discussion how citizens living abroad on a permanent basis (EU/third countries) can be vaccinated.

BE noted that the most obvious way forward seems that Belgians living abroad receive a COVID-19 vaccine from the local authorities (if they match the criteria for priority groups). In this case, BE asked WHO if there is any sort of obligation, code of conduct or a recommendation on this aspect, saying that each country should vaccinate all its inhabitants, including foreigners. BE is waiting for WHO's reply.

DE has the same concerns as BE, also regarding commuters (healthcare professionals) who live outside of Germany but work in Germany.

SANTE noted there has been a discussion with BE, LU, FR and CH. They generally agreed for persons to receive the vaccination in the country where they reside and have a health insurance.

IT noted that vaccination plan is still under development. However, all residents who are registered in the national health system are treated in the same way.

Follow-up:

- *SANTE asks the MS to keep SANTE informed about the national vaccination plans*

6. Update on joint procurement of rapid antigen tests and discussion on monoclonal antibodies

Regarding the joint procurement rapid antigen tests (RAT), a call for tenders was published on 20 November 2020, inviting more than 80 manufacturers and distributors. Products covered include RAT with sensitivity and specificity higher than 90%, using visual and device read technologies. 31 countries, including 26 EU Member States, EEA and acceding countries are involved in this procedure. The deadline of the call was 3 December, so currently the evaluation is taking place. When the evaluation is completed, contract signatures are anticipated before the end of the year, with placing of orders and first deliveries in January 2021.

Regarding developments on therapeutics, several pharmaceutical companies are working on monoclonal antibodies as possible therapeutics for COVID-19 patients. The Commission has spoken to several companies in the last days and learnt that some are in advanced stages and may submit the information EMA needs to make an assessment for a marketing authorization soon. Several countries are already in contact with some companies to discuss possible bilateral agreements. Countries that signed the joint procurement agreement were asked to nominate a representative for a steering committee and 22 countries replied. The first meeting of the steering committee will take place on Monday 14 December.

Regarding the recently reported shortages of personal protective equipment, participating countries can order a large number of gloves, as well as coveralls, googles, face shields, FFP2, FFP3 and surgical masks under existing joint procurement contracts.
Member States and other countries can order these essential medical supplies over the course of 1 year. They can be delivered within 6 months after the contract expiry.

Depending on the equipment, the delivery delays are may vary between 2 and 20 weeks, yet, delivery is defined upon placement of each firm order. Some contractors informed us about improved delivery delays comparing to their initially submitted offers.
So far, more than 10 countries have ordered several millions of gloves, coveralls, goggles, FFP and surgical masks. The quality of deliveries has so far been 100% compliant.
Moreover, additional countries might use the existing contracts, mainly either by means of resale or donation. For example, a contract amendment has been signed allowing 5 countries to order coveralls; another contract amendment for laboratory equipment is under preparation.

Follow-up:

- *Countries who have not nominated a representative for the Steering Committee for a possible joint procurement or advance purchase agreement for monoclonal antibodies, but would be interested to contact the joint procurement secretariat.*
- *Commission to keep the HSC informed on the joint procurement of RAT.*
- *Commission to inform the Specific Procurement Procedure Steering Committee of the signature of the new joint procurement framework contract for gloves under SANTE/2020/C3/055, Lot 20.*
- *Countries to:*
    - *Order personal protective equipment under the existing and upcoming joint procurement framework contracts*
    - *Inform the Commission about any difficulties when placing orders in timely manner*
    - *Express interest in any new JP*

7. AOB – contact tracing apps and vaccination (DG NEAR)

Regarding the use of contact tracing apps, the Commission reminded in particular the Western Balkan countries, that the source codes of EU COVID apps are freely available on Github. In addition, various publications of the Commission is available on this issue.

Regarding vaccination, countries may be aware that discussions are currently ongoing with Member States to set up an EU coordinated donation mechanism for COVID-19 vaccines and the Western Balkans, as well as the Eastern partners, have been identified as a priority group for possible donation/ transfer of vaccines from the EU advance purchase agreements. In the framework of these discussions, the question of the preparedness of the receiving countries will need to be assessed. In this context, the Chair reminded observers in the HSC, of the importance of preparing vaccination strategies as soon as possible.