Meeting of the EU scientific advice platform on COVID-19

Meeting Report

Thursday 08/09/2022 at 16:30

1. COVID-19 – Epidemiological, vaccination and therapeutics update

ECDC updated participants on the epidemiological situation. The overall COVID-19 notification rates in the EU/EEA are decreasing since over six weeks suggesting that the EU/EEA is beyond the peak of the summer wave mainly driven by BA.4 and BA.5. Correspondingly, hospitalisation and ICU admission/ occupancy rates remain low and death rates are also decreasing.

EMA informed the participants that the first Omicron adapted bivalent COVID-19 vaccines (Comirnaty Original/Omicron BA.1 and Spikevax Bivalent Original/Omicron BA.1) have been authorised on 1st of September. They are approved for use as boosters as of the age of 12 years after primary vaccination with any of the currently authorised vaccines. The regulatory approval allows the administration of booster doses with an interval as short as 3 months after the previous dose, if deemed needed. Longer intervals may be considered in vaccination campaigns, based on real-world evidence of high level of protection against severe disease restored after the first booster dose and maintained for at least four months. Intervals longer than four months could be considered, for obtaining a stronger immune response. However, this needs to be balanced with waning protection and the local epidemiological situation. HERA informed the participants that the delivery of the adapted vaccines to Member States started the same week. EMA is currently evaluating one adapted vaccine matching the original strain and Omicron BA.4 and BA.5 subvariants, which could be adopted still in the first half of September.

Several experts stated that communication to the population about vaccination needs became quite complex with the availability of several different vaccines (monovalent and adapted bivalent). In this regard, EMA and ECDC referred to their joint statement on booster vaccination with Omicron adapted bivalent COVID-19 vaccines of 6 September which is intended to help Member States with communication. Commissioner Kyrikaides emphasised that it important to speak about 'omicron-adapted vaccines' without referring to the differences between Original/Omicron BA.1 and Original/ Omicron BA.4 and BA.5 as both are expected to expand the immunity against variants of concern that recently emerged and are circulating, especially Omicron and related lineages. Prof. Piot suggested to use the term 'annual vaccination' in the future, as for influenza, rather than the term 'booster'. Also the switch from the conditional to a standard marketing authorisation for the existing monovalent mRNA vaccines will be an important progress regarding the communication with the public.

Commissioner Kyriakides stressed that the period of relatively low case numbers should be used to protect the most vulnerable ones. Experts exchanged information about vaccination campaigns and the plans for the roll-out of the adapted vaccines. Several countries already started vaccination campaigns for the elderly and fragile during summer with the available vaccines. The importance of planning for the vaccination against influenza early-on, in particular for the elderly and fragile in view of this year's influenza season in Australia was emphasised, and several countries are establishing facilities for the parallel administration of vaccines against influenza and COVID-19. Some experts reported that their country will start with the administration of the Omicron adapted vaccines already next week, beginning with the high risk groups, healthcare workers and pregnant women.

The expert of Estonia informed about the results of a study according to which a relatively high percentage of people (6%) is infected with SARS-CoV-2, without however resulting in high hospitalisations rates.

2. Monkeypox – State of play Update by the European Centre for Disease Prevention and Control (ECDC)

ECDC reported that numbers of monkeypox cases have been decreasing over the past weeks, which could be partially due to delays in testing, but is more likely the result of the efforts on communication with the communities showing positive effects on behaviour. This is also in line with the observations by WHO. So far, too few people are vaccinated to explain the decrease in case numbers. HERA informed participants that an additional 170.00 vaccine doses have been purchased, which will be distributed to Member States.

EMA reported on ongoing studies and emphasised the need to ensure that data from clinical trials are comparable, in particular in view of currently declining case numbers. Carefully designed studies are needed to examine the effectiveness of vaccination and the best use of the antiviral treatment Tecovirimat, and EMA can support such studies financially.

The experts of several countries confirmed the decrease in monkeypox cases, including in the big cities, and that the intense dialogue with risk groups, in particular the MSM population, and with non-governmental organisations contributed to this positive trend. The vaccine Imvanex is mostly applied post-exposure and Croatia is planning to also use intradermal vaccination.

3. The future of COVID-19 vaccines – what next?

HERA reported that they have been in touch with their US counterpart BARDA and that the Coalition for Epidemic Preparedness Innovation, which is receiving funding under the research and innovation framework programme Horizon Europe, is working on the development of next generation vaccines against SARS-CoV-2/ corona virus as a priority. Research and innovation projects for the developments of such vaccines as well as for influenza vaccines will also be funded under Horizon Europe. Proposals submitted under a topic on vaccines 2.0 of the 2022 work programme are currently in the evaluation phase. HERA is also investigating possibilities to fund innovative projects together with the European Investment Bank.

HERA will organise a conference in November with all interested parties to agree on the features of generation vaccines.

4. Conclusions and suggestions for future agenda points

Experts agreed to discuss questions related to long COVID in one of the next meetings. The next meeting is scheduled on Tuesday 18 October (16h00-17h30).

Participation

Member States participants:

1. Professor Markus Mueller (Austria)
2. Professor Steven VAN GUCHT (Belgium)
3. Professor Alemka MARKOTIĆ (Croatia)
4. Dr Zoe PANA (Cyprus)
5. Professor Helene PROBST (Denmark)
6. Professor Toivo MAIMETS (Estonia)
7. Dr. Gerit KORR (Germany)
8. Professor Sotiris TSIODRAS (Greece)
9. Professor Miklós SZÓCSKA (Hungary)
10. Professor Silvio BRUSAFERRO (Italy)
11. Professor Uga DUMPIS (Latvia)
12. Dr Charles MALLIA-AZZOPARDI (Malta)
13. Professor Andrzej HORBAN (Poland)
14. Professor Henrique BARROS (Portugal)
15. Professor Diana PAUN (Romania)
16. Dr Mario FAFANGEL (Slovenia)
17. Professor Fernando SIMÒN (SPAIN)
18. Professor Anders TEGNELL (Sweden)

European Commission:

19. Stella Kyriakides, European Commissioner (Chair)
20. Professor Peter Piot, Special Advisor to EU Commission President
21. Sandra Gallina, Director General, DG SANTE
22. Pierre Delsaux, Director General, HERA
23. Giorgos Rossides, Head of Cabinet of Commissioner Kyriakides
24. Daphne Von Buxhoeveden, Member of Cabinet of Commissioner Kyriakides
25. Maria-Luisa Llano-Cardenal, Cabinet Expert, Cabinet of VP Schinas
26. Thomas Van Cangh, Policy Assistant to the Director General, DG SANTE
27. Sigrid Weiland, Policy Officer – Strategy and Coordination Unit, DG SANTE
28. Jaroslaw Waligora – Team Leader Health Security, DG SANTE
29. Wolfgang Philipp – Acting Director, HERA
30. Clément Williamson, Policy Assistant to Director General, HERA
31. Anne Auffret, Policy Assistant to Director General, HERA
32. Hannah Herzig, HERA

ECDC:

33. Andrea Ammon, Director

EMA:

34. Emer Cooke – Executive Director
35. Marco Cavaleri, Head of the office Anti-infectives and Vaccines