# Meeting of the EU scientific advice platform on COVID-19

# Meeting Report

# Wednesday 19/01/2022 at 16:00

## 1. COVID-19 Epidemiological update

The ECDC updated on the current situation. The overall epidemiological situation in the EU/EEA is characterised by an unprecedented rise in cases and a stable death rate at elevated level. An epidemiological situation of high or very high concern was observed in all but one EU/EEA Member State. Omicron was the dominant variant accounting for >50% of sequenced viruses in 15 of the 22 EU/ EEA countries with adequate sequencing volume and is the dominant variant in 10 countries. Considering delays in data reporting omicron may already be dominant in the whole EU/ EEA. ECDC announced the publication of an updated rapid risk assessment for the following week which would take account of additional information on Omicron [link].

Experts briefly discussed observations regarding the prevalence and characteristics of the Omicron sub-lineage BA.2 in comparison with BA.1. So far, DK and NO were the only countries with significant amounts of BA.2 cases and did not see any differences in the number of reinfections.

In view of the big rise in the number of infections combined with an overall reduced severity of the symptoms caused by omicron, experts exchanged experiences with the shortening of quarantine and isolation periods in some EU/ EEA Member States. Some experts reported that their country was already shortening quarantine and isolation periods and others that this possibility was currently discussed. Some experts observed that the high number of new infections is decoupled from the hospitalisation rates and ICU admissions thus presenting even more of a problem for the functioning of the society as a whole than for the health care systems. However, other experts stressed that the impact on hospitalisation was still expected to increase over the coming two weeks because of the still growing number of infections. A number of experts pointed out that the current infection numbers and positivity rates might be distorted by the huge numbers of self-tests.

ECDC informed that the upcoming risk assessment would also contain guidance for shortened quarantine and isolation periods. ECDC further confirmed the need of keeping up sequencing for monitoring the spread not only of omicron but also of future variants and reminded the participants of the support offered by ECDC to countries to increase their sequencing capacities.

Commissioner Kyriakides asked whether the Delta variant could raise again after the decline of the omicron variant. Experts replied that currently the infection numbers with Delta are going down both in relation to Omicron and in absolute terms. Amongst others,

the further development will depend on the cross-reactivity triggered by infections with delta and omicron and on the extent to which omicron can escape the immune system. At this stage it cannot be excluded that Delta will continue to circulate for a longer time, but possibly at low level.

Experts agreed to continue discussions on the shift in certain Member States towards considering the virus as endemic and the possible adjustment of surveillance/management at a later meeting after the decline of the present wave.

## 2. COVID-19 vaccines and therapeutics

Regarding a possible shift to vaccines adapted to Omicron EMA reported that mRNA vaccines are the most advanced in this regard and that first clinical trial data could be available in April 2022.

At a workshop on the global response to the COVID-19 Omicron variant, organised on 12 January under the umbrella of the International Coalition of Medicines Regulatory Authorities (ICMRA) international regulators stressed that clinical studies should be undertaken to support the use of a new vaccine. These studies should be designed to demonstrate that the immune response, measured as neutralising antibodies, generated by the updated vaccine is superior to that achieved with current vaccines. In addition, global regulators encouraged the international scientific community and vaccine developers to look at alternative approaches to monovalent vaccines such as bivalent or multivalent variant vaccines.

On 18 January EMA had published a statement about the use of mRNA vaccines during pregnancy. A lines-to-take document on the safety and efficacy of vaccines for children below sixteen years is in preparation. EMA informed that the application of Pfizer/BioNTech for booster vaccinations in adolescents aged 16-18 is currently assessed whereas the data and hence the application for the age group of 12-15 years have not been submitted yet, which delays the authorisation of boosters for adolescents.

EMA also updated participants about the authorisation of vaccines and therapeutics. The rolling reviews for Vidprevtyn of Sanofi-Pasteur and Valneva (VLA2001) are progressing. For Vidprevtyn the marketing authorisation is targeted for February/ March, for Valneva an opinion is expected in March at the earliest. The initial marketing authorisation of Paxlovid (Pfizer oral antiviral) is expected for the end of January 2022 and an opinion on Lagevrio (molnupiravir) in February.

Regarding the efficacy of monoclonal antibodies (mAbs) against Omicron, EMA informed that according to most recent data most authorised mAbs seem to have lost their activity against Omicron with some exceptions (Xevudy (sotrovimab)).

## 3. AOB

The next meeting is scheduled on 2 February 2022 at 1600 hours.

**Participation**

Member States participants:

1. Professor Markus MÜLLER (Austria)
2. Professor Steven VAN GUCHT (Belgium)
3. Professor Alemka MARKOTIC (Croatia)
4. Dr Zoe PANA (Cyprus)
5. Professor Helene PROBST (Denmark)
6. Professor Irja LUTSAR (Estonia)
7. Professor Taneli PUUMALAINEN (Finland)
8. Professor Arnaud FONTANET (FRANCE)
9. Dr Christophe Bayer (Germany)
10. Mr Miklós SZOCSKA (Hungary)
11. Dr Darina O'FLANAGAN (Ireland)
12. Professor Silvio BRUSAFERRO (Italy)
13. Professor Uga DUMPIS (Latvia)
14. Dr Charles MALLIA-AZZOPARDI (Malta)
15. Professor Aura TIMEN (The Netherlands)
16. Professor Andrzej HORBAN (Poland)
17. Professor Henrique Barros (Portugal)
18. Professor Pavol JARCUSKA (Slovakia)
19. Professor Fernando SIMON (Spain)
20. Dr Anders TEGNELL (Sweden)

European Commission:

21. Stella Kyriakides, European Commissioner (Chair)
22. Professor Peter Piot, Special Advisor to EU Commission President
23. Anna Carnegie, Policy Advisor to Prof. Piot
24. Sandra Gallina, Director General, DG SANTE
25. Pierre Delsaux, Deputy Director General, DG SANTE
26. Giorgos Rossides, Head of Cabinet of Commissioner Kyriakides
27. Kurt Vandenberghe, Member of Cabinet of President von der Leyen
28. Roberto Reig Rodrigo, Member of Cabinet of Commissioner Kyriakides
29. Ralf Kuhne, Member of Cabinet of Commissioner Kyriakides
30. Daphne Von Buxhoeveden, Member of Cabinet of Commissioner Kyriakides
31. Panayiotis Pourgourides, Cabinet Expert, Cabinet of Commissioner Kyriakides
32. Chrystalla Papanastasiou-Constantinou, Member of Cabinet of Commissioner Kyriakides
33. Antoine Corporandy, Trainee – Cabinet of Commissioner Kyriakides
34. Thomas Van Cangh, Policy Assistant to the Director General, DG SANTE
35. Cristina Modoran, Policy Assistant to the Director General, DG SANTE
36. Peter Wagner, Secretariat General

37. Jeremy Bray, Secretariat General
38. Nicolas Pradalie, Secretariat General

ECDC:

39. Andrea Ammon, Director

EMA:

40. Emer Cooke, Executive Director
41. Marco Cavaleri, Head of the office Anti-infectives and Vaccines