Meeting of the EU scientific advice platform on COVID-19

Meeting Report

Thursday 08/07/2021 at 17:00

1. COVID-19 Epidemiological update focusing on variants and impacts of large public events

Commissioner Kyriakides started the meeting by reporting on the increase in COVID-19 notification rates for the EU/EEA due to the impact of large events and the spread of the delta variant, which reinforces the need to proceed with the vaccine roll-out as quickly as possible to reach as high a percentage of fully vaccinated adults as possible. Currently, 65% of the EU/EEA adult population received at least one vaccine dose and 43% are fully vaccinated.

ECDC provided an update on the epidemiologic situation. For the first time since three months there is an increase in the overall notification rate in the EU/EEA, driven by an increase in a few countries so far. The proportion of the delta variant continues to increase whereas a marked drop in the proportion of the alpha variant is observed, which is down to 50% among countries that reach the recommended sequencing threshold. The median for the delta variant is up to 24%, showing a wide range reaching over 60% in some countries. ECDC confirmed the expectation that the delta variant will become dominate in the EU/EEA by end of August.

Based on available evidence, one vaccination dose does not sufficiently protect in particular the vulnerable population against severe disease and death caused by infection with the delta variant. Full vaccination of all groups at increased risk of severe COVID-19 should thus be achieved as early as possible to reduce the risk of again overloading the health systems. At present there is still a large divergence between EU/EEA countries regarding vaccination rates with some countries reporting an uptake of at least one vaccine dose among adults of only about 17% and an uptake of full vaccination of about 15%.

Experts exchanged views on the epidemiological situation in their country and on causes for increased notification rates in particular amongst adolescents. Drivers are the increasing spread of the delta variant, the relaxation of non-pharmaceutical interventions (NPI) combined with behavioural aspects, specifically the non-compliance with NPI such as social distancing measures and mask wearing, but also increased testing in the context of travelling and nightlife. Regarding the latter, the question was raised how to reflect the increased testing rates in the reporting on the infection rates.

Prof. Piot underlined that the situation can differ a lot between countries and provided an up-date from the UK where the number of new cases per day now mounted to over 30.000, the highest since January.

In the context of the EU digital COVID certificate, questions were raised by the experts concerning the fact that some Member States do not recognise vaccination with vaccines, which have not been authorised by EMA yet and the non-acceptance of rapid antigen test results (even if combined with serological tests) for proving recovery from COVID-19. ECDC will discuss these issues with the Commission and the Integrated Political Crisis Response and get back on this during the next meeting.

2. COVID-19 vaccination – State of play

EMA is closely following and analysing emerging evidence concerning the efficacy of the authorised vaccines against the delta variant. The clinical data from the Astra Zeneca trial with Vaxzevria which analysed neutralising activities against different Variants of Concern after an extended interval between the first and second dose of up to 45 weeks or a third booster dose, is of high importance in this regard.

EMA is in discussion with the developers of all vaccines authorised in the EU regarding possible third boosting doses and a second dose for the Janssen vaccine. Antibody titers are quite stable (for at least 6 months) and seem to neutralize most variants, including in particular the delta variant. Both Moderna and Pfizer are preparing for homologous booster doses, for which a very good increase in the immune response could be demonstrated.

EMA will assess the already available evidence regarding the duration of immunity, with a view to possible booster vaccinations. However, further data are needed, to decide if and when a booster will actually be needed, and whether it could possibly be combined with an influenza vaccine. EMA emphasized that it would be important to be informed by Member States about their plans in this regard. Concerning heterologous schemes (so-called 'mix and match'), the results of the COM-CoV study to be published in the 2nd half of July might provide important insights. EMA would very much welcome additional information on the experience of Member States with heterologous schemes. Dr Simón, ES, reported on preliminary encouraging results on heterologous vaccination combining Vaxzevria and mRNA vaccines.

EMA continues to monitor closely safety issues. Regarding very rare events of myocarditis and pericarditis following vaccination with mRNA vaccines (Comirnaty and Spikevax) the conclusion of the Pharmacovigilance and Risk Assessment Committee (PRAC), which resulted in the inclusion of myocarditis and pericarditis as new side effects in the product information for these vaccines, was published on 9 July[1]. EMA also updated the platform on the status of the four vaccines that are currently under Rolling Review (CureVac, Novavax, Sputnik, Sinovac). With respect to CureVac, EMA will assess all available clinical data to see, if the vaccine can be approved and by when.

Experts also asked for more information about treatment with Remdesivir which will be discussed in one of the next meetings of the advisory platform.

[1] https://www.ema.europa.eu/en/news/comirnaty-spikevax-possible-link-very-rare-cases-myocarditis-pericarditis

3. Recommendations on non-pharmaceutical interventions and mitigation measures for mass gathering events

Due to time constraints it was agreed to postpone this agenda item to the next meeting with a focus on what can be learned from the experience with mass events to improve safety measures.

4. Conclusions and suggestions for future agenda points

The next call will take place on 22 July 2021 at 17:00.
Suggestions for agenda points are the recognition of vaccination with vaccines, which have not been authorised by EMA yet, and of rapid antigen test results in the context of the EU digital COVID certificate as well as the consideration of increased testing in the reports on infection rates.

Participation

Platform participants:

1. Professor Steven VAN GUCHT (Belgium)
2. Dr Angel KUNCHEV (Bulgaria)
3. Professor Alemka MARKOTIC (Croatia)
4. Dr Zoe PANA (Cyprus)
5. Roman CHIBLEK/Marika MADAROVA (Czechia)
6. Professor Irja LUTSAR (Estonia)
7. Professor Sotiris TSIODRAS (Greece)
8. Mr Miklós SZOCSKA (Hungary)
9. Mr Ronan Glynn (Ireland)
10. Professor Silvio BRUSAFERRO (Italy)
11. Dr Charles Mallia AZZOPARDI (Malta)
12. Professor Aura TIMEN (The Netherlands)
13. Professor Andrzej HORBAN (Poland)
14. Professor Henrique DE BARROS (Portugal)
15. Professor Diana Loreta PAUN (Romania)
16. Mr Milan KREK (Slovenia)
17. Fernando SIMON (Spain)
18. Dr Anders TEGNELL (Sweden)

European Commission:

- Commissioner Stella KYRIAKIDES (Chair)
- Giorgos ROSSIDES – Head of Cabinet of Commissioner Kyriakides
- Prof. Peter PIOT, Special Advisor to the President of the European Commission
- Julia SPENCER, Policy Advisor to Prof. Piot
- Karolina Herbout-Borczak, Member of Cabinet of Commissioner Kyriakides
- Ralf Kuhne, Member of Cabinet of Commissioner Kyriakides
- Sigrid WEILAND, Scientific Assistant to the Special Advisor to the EC President on COVID-19
- Peter WAGNER, Secretariat General

ECDC

- Andrea AMMON, Director

EMA

- Marco CAVALERI, Head of the office Anti-infectives and Vaccines