EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 06 April 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19, other communicable diseases and the Ukraine Conflict

Draft Summary Report

The meeting brought together over 100 participants.

EU/EEA only

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, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, LIE, DG SANTE, DG ECHO, DG HR, HERA, SG, COUNCIL, ECDC, EFSA, WHO

Agenda points:

Covid-19 and other communicable diseases

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic + forecast
2. Fourth dose of COVID-19 vaccination – discussion point
3. COVID-19 pandemic: scale up/down testing for SARS-CoV2 – presentation by Belgium
4. European Joint Action on Vaccination (EU-JAV) – update by coordinator Prof. O. Epaulard
5. COVID-19 pandemic: international contact tracing - point raised by Austria
6. Update for ReOpenEU spreadsheet of vaccine acceptance

Support to Ukraine

7. WHO's work related to the Russian military assault on Ukraine – presentation by WHO
8. Standard Operational Procedures (SOP) for patient transfers was published in EWRS and CECIS – information point (document attached)
9. Information note on 'Testing for tuberculosis infection and screening for tuberculosis disease among refugees arriving in European countries from Ukraine' – presentation by ECDC
10. Vaccination status of Ukrainian displaced persons – information point

Communicable diseases

11. Salmonella Typhimurium outbreak – ECDC/EFSA, DG SANTE
12. E. coli outbreak occuring in France linked to the consumption of frozen pizzas

Summary:

Covid-19 and other communicable diseases

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic + forecast

ECDC gave an update on the epidemiological situation of the COVID-19 pandemic. ECDC observed a continued **increase in the 14-day case rate** for the third week in a row. The increasing trend appears to be slowing down, and this could be due to a further reduction of testing rates. A proportionally **higher increase continued to be observed among people aged 65 years and above**, for whom testing is likely to have remained more constant. The rate among 65+ years is now as high as the previous peak observed during the initial Omicron wave in this age group. **ICU admissions and occupancy levels continue to remain low**. The EU/EEA **death rate continued to decrease**. **Progress on vaccination has stagnated** in most EU/EEA countries. A **new SARS-CoV-2 early variant signal** (a BA.2 sub-lineage with substitutions S:L452R and S:F486V) has been detected. The genomic evidence alone is not strong enough to draw definite conclusions of the public health impact of this signal.

2. Fourth dose of COVID-19 vaccination – discussion point

On 29 March 2022, German Health Minister Karl LAUTERBACH called European Member States for a coordinated approach, based on scientific evidence, regarding the administration of a fourth vaccination dose (second booster following the primary vaccination cycle) for people 60+ years.

ECDC summarised the scientific evidence for a fourth vaccination dose. EU/EEA and national surveillance data show no evidence of rapid decline of vaccine protection against severe outcomes. Studies suggest that vaccine effectiveness against severe outcomes remains high after the first booster (third dose), however with some waning starting after more than three to four months. Data from Israel indicate that a second booster (fourth dose) may reduce severe illness and mortality in individuals over 60 years, however this reduction is from low absolute risks. Studies with longer follow-up time are needed to investigate the duration of protection after the first booster dose, and patterns of waning in different age groups, especially in the elderly and fragile groups.

ECDC and EMA's COVID-19 task force have concluded that it is too early to consider administering a fourth dose of mRNA COVID-19 vaccines in the general population. However, a fourth dose (or second booster) can be given to **adults above 80 years of age** given the higher risk of severe COVID-19 in this age group and the protection provided by a fourth dose. There is currently no clear evidence in the EU that vaccine protection against severe disease is waning substantially in **immunocompetent adults between 60 and 80 years of age**. Administration of a fourth dose of mRNA vaccines to **immunocompromised individuals**, whose immune system may have mounted a suboptimal response to earlier vaccination, is already recommended and should be part of the current vaccination campaigns. ECDC and EMA will continue to closely follow the vaccine effectiveness and epidemiological data, along with the progress in the development of adapted vaccines and will update the advice accordingly.

The Commission asked Member States to report on their current practices regarding the administration of a fourth vaccination dose.

On 5 April, **IE**'s NITAG recommended a second booster dose for those over 12 years old who are immunocompromised (five doses) and all persons over **65 years** of age (four doses).

DE recommends four doses (two dose primary vaccination series plus two booster doses) for individuals over **70 years**, residents of long-term care facilities and people at risk of developing severe illness in support facilities, and workers in medical and nursing facilities (especially in direct contact with patients and residents).

FR recommends a second booster dose to individuals over **80 years** of age, including residents of independent living facilities and assisted living facilities in this age group; nursing homes or retirement homes residents (regardless of their age) and immunocompromised patients. It is recommended for every person that is severely immunocompromised and has already received a booster, to receive a second booster dose three months after the first one.

The **PL** Government is considering introducing a fourth dose of the COVID-19 vaccine in the **general population**. Currently the second booster dose is administered for immunocompromised persons over 12 years of age. Another dose can be taken five months after the third dose.

The **NL** recommends a fourth dose for people over **60 years**, people living in nursing homes, adults with Down syndrome and adults with immunodeficiency.

In **SK**, a fourth vaccine dose (or second booster dose) is currently administered to immunocompromised patients (18+) only. It can be administered as early as three months after a third vaccine dose, and an mRNA vaccine for second booster recommended. Discussions are ongoing..

IT recommends a second booster dose in immunocompromised and transplant recipients.

SI recommends a fourth dose for immunocompromised persons (without age limit).

SE informed the HSC that a fourth dose is offered to everyone over 65 years of age.

FI is currently offering the fourth dose immunocompromised individuals (18+), to individuals over **65 years** of age, in the elderly living in special housing, and those who receive home care or home nursing.

BE is working on the scientific advice for a second booster. A coordinated EU approach would be welcomed. A second booster is currently limited to immunocompromised persons.

LIE recommends a fourth dose for immunocompromised persons.

RO recommends a fourth dose to all immunocompromised persons over 12 years of age.

PT is interested in knowing if other countries have a strategy in place to increase testing to better help detect clusters.

3. COVID-19 pandemic: scale up/down testing for SARS-CoV2 – presentation by Belgium

In a previous HSC meeting, BE mentioned having a scale up/down testing method in place. The method has three different levels, with two different scenarios, depending on the severity of disease caused by the circulating variant. The switch between the three levels is based on quantitative and qualitative data analysis. The level in place influences the COVID-19 measures related to testing, isolation and screening of COVID-19.

4. European Joint Action on Vaccination (EU-JAV) – update by coordinator Prof. O. Epaulard

The European Joint Action for Vaccination (EU-JAV) held its closing conference on 9 March 2022 and officially ended on 31 March 2022. EU-JAV updated the HSC on the outcomes of its work, which has been carried out by 20 partner countries and eight Work Packages over the last three years, aiming to increase vaccination uptake in Europe from several practical angles. The EU-JAV had a budget of EUR 5.8 million and focused on five major topics: vaccine confidence, complacency and convenience; digital immunisation information systems; prevention of shortages by anticipating needs and sharing stockpiles; vaccine research priority-setting framework; and communication and training. The EU-JAV started its work before the COVID-19 vaccination strategy was put in place and therefore more work needs to be done to understand the impact of COVID-19 vaccines.

5. COVID-19 pandemic: international contact tracing - point raised by Austria

AT noticed over the last few weeks that some Member States explicitly asked to suspend sending index and contact person's information. AT wanted to know whether it is acceptable for all Member States to suspend notifications if explicitly asked for and whether it would be possible to get a statement from the Commission's side or to amend the legal basis Article 9 (1) of Decision 1082/2013/EU. The **Commission** clarified that the use of the Early Warning and Response System (EWRS) is regulated in Article 9 that states that "*National competent authorities or the Commission shall notify an alert in the EWRS where the emergence or development of a serious cross-border threat to health fulfils the CBHT criteria".* The only part on cross border contact tracing that is voluntarily is the use national passenger locator form and the transmission by the e-PFL platform, supporting cross border contact tracing for travellers and exposed persons. The Commission mentioned that the new cross border regulation is currently under negotiation with the Parliament, the Council and the Commission. An agreement is expected to be reached in the following months. Therefore, no specific amendment for Article 9(1) will be made in the meantime, as the entire regulation will be revised.

AT made an additional referral to Article 44 of the 2005 International Health Regulations (IHR) regarding the feasibility of capacity maintenance within Member States for the obligatory collaboration of states in cross border health threats.

6. Update for ReOpenEU spreadsheet of vaccine acceptance

The Commission informed the HSC that a table indicating the positions of the countries regarding non-EU authorised vaccines, in the context of waiving COVID-19 measures for travellers, has now been published on the Re-open EU website. It includes all the updates received from the Member States last month.

Support to Ukraine

7. WHO's work related to the Russian military assault on Ukraine – presentation by WHO

As a result of the Russian military assault on Ukraine, the World Health Organization (WHO) has observed **disruption of access to preventive and curative services** due to the widespread destruction of water, sanitation infrastructure and health facilities, a widespread interruption of supply lines due to violence, and limited access to basic commodities, especially water, food and hygiene articles are a particular concern for older people, people in care institutions and remote locations, in areas affected by the widespread and increasing violence in the country. Close to 1 000 health facilities are close to conflict lines or areas of shifting control. The health system is vulnerable to infrastructural damages, severe interruptions in critical services and limited medical supply. Treatments of chronic conditions have almost stopped as a result of limited or no access to medicines, facilities and health professionals. Treatment interruption for Tuberculosis, HIV and Hepatitis may lead to increase in morbidity and drug resistance. Mental health disorders are reported to affect one in five people in post-conflict settings. Health partners have already delivered more than 180 tons of medical supplies to Ukraine. The WHO Health Cluster continues to scale up operations, coordinating with more than 80 international and national partners.

AT requested to the Commission to receive an overview of the weekly requests for the transfer of patients in the EU. AT started receiving UA patients through the EU mechanism. AT received a request from NATO as well about their capacity to receive patients. Therefore, AT would like to know if there is coordination between the EU and NATO. The **Commission** will put a factsheet together to inform the Member States about the transferred UA patients. The Commission informed AT they are currently in contact with NATO.

Regarding incoming UA patients, the **WHO** expects a substantial increase in the number of patients.

8. <u>Standard Operational Procedures (SOP) for patient transfers was published in EWRS and CECIS – information point (document attached)</u>

The Standard Operational Procedures (SOP) for patient transfers was published in EWRS and in the Common Emergency Communication and Information System (CECIS). Following the SOP procedure, to date, 71 requests for medical evacuations were received and 31 Medevacs were successfully conducted through the EU Civil Protection Mechanism. On 8 April, the initial training for the new EWRS users supporting the patient's transfers will be organised by DG SANTE/DG ECHO and ECDC. The invitation and connection details were posted in EWRS for the EU/EEA countries, UA and MD. Participants will learn about the use of CECIS, EWRS and selective exchanges.

The Commission also briefly updated the HSC regarding the **Temporary Protection Directive related to Health care**. The document will be circulated among the HSC.

PT asked whether Member States have experience with receiving patients form a specific pediatric oncology organisation.

The **Commission** mentioned that the SOP defines that national initiatives should be coordinated at national level and NGOs should ask authorisation to their national authorities. When they have the authorisation, the evacuation request can be posted in CECIS and supported by the EU Civil Protection Mechanism.

In the following days, the **Commission** will send out an HSC survey related to health services for UA incoming patients.

9. Information note on 'Testing for tuberculosis infection and screening for tuberculosis disease among refugees arriving in European countries from Ukraine' – presentation by ECDC

Member States requested guidance and advice on screening infectious diseases in the context of the large number of people fleeing Ukraine, including the screening of Tuberculosis (TB).

The ECDC provided a brief presentation on testing for TB infection and screening for TB disease among UA refugees arriving in Europe. ECDC does not recommend universal testing for TB infection/disease of refugees arriving in European countries from UA. Testing for TB infection can be considered for populations from countries with a high TB incidence (threshold >100/100 000). UA is not considered a high-TB incidence country. Additionally, UA reports most TB cases are among men, while most refugees coming to the EU are women and children.

In collaboration with WHO, ECDC developed an information note for the Member States which summarises different guidance reports developed on TB by WHO and ECDC.

- UNHCR/ECDC/IOM/WHO Health Assessment Tool: A tool to support frontline health care workers to guide individual health assessment (5 April 2022)
- Guidance on the prevention and control of COVID-19 in reception centres (18 March 2022)
- ECDC operational public health considerations for the prevention and control of infectious diseases (8 March 2022)
- ECDC guidance on screening and vaccination of for infectious diseases in newly arrived migrants, 2018

10. Vaccination status of Ukrainian displaced persons – information point

DG SANTE and the EU Delegation in UA are consulting with the Ministry of Health of UA, on the vaccination status of the displaced UA citizens. The Commission learnt that the UA health authorities have a vaccination register, which covers all vaccines, including COVID-19 vaccines. A meeting is scheduled for 7 April to learn more about the vaccination register, vaccine coverage per type of vaccines, per age group, and per regions of UA. The Ministry of Health of UA has issued a recommendation requesting Member States practitioners to contact the UA health professionals, when the vaccination status is required. The Commission would like to suggest that the national authorities from the EU/EEA countries request the vaccination status of the persons/patients directly to the Ministry of Health of UA, using the EWRS selective exchange.

Communicable diseases

11. Salmonella Typhimurium outbreak – ECDC/EFSA, DG SANTE

Since 25 March, more than 130 cases of monophasic Salmonella have been identified in seven EU/EEA countries and the UK. The majority of cases are children and a high proportion of cases have been hospitalised. The strain involved is extensively resistant to several antibiotic classes (but susceptible to aminoglycosides, beta-lactams, sulfonamides, trimethoprim, tetracyclines, macrolides and phenicols, as stated by ECDC at the meeting). Available epidemiological information suggests that chocolate products, which are typically consumed by children, are the most likely vehicle of infection.

The Commission convened a meeting of the food safety crisis coordinators on 4 April to assess the situation and organise the follow-up. EFSA is analysing the data shared by Member States in the Rapid Alert System for Food and Feed (RASFF). The Commission asked ECDC and EFSA to produce a joint assessment, who have issued a joint statement in that regard. The company concerned has now initiated recalls of suspected products in several EU countries, under the control of the Member States' food safety authorities. Further, UK, Ireland, Belgium and France have issued public warnings.

12. <u>E. coli outbreak occurring in France linked to the consumption of frozen pizzas</u>

FR gave a brief update about an outbreak of E.coli. Most cases have been reported among children (>5) in northern France. 75 cases are under investigation. Food trace back investigations led to identify frozen pizzas from a particular brand. Those products are being recalled.

The **next HSC** will take place on **27 April.**