

Meeting of the EU scientific advice platform on COVID-19

Meeting Report

Thursday 19/08/2021 at 17:00

1. COVID-19 Epidemiological update

ECDC provided an update on the **epidemiological situation** in the EU. The situation is stabilising in terms of case notifications (EU average of 205/100 000 population, stable for two weeks) as well as hospital and ICU admissions (stable for 11 weeks). The only increase is observed in the 14-day death rate (7.4 deaths per million population, compared with 6.3 deaths the previous reporting week). Forecasts anticipate stable trends in cases and slightly increasing trends in deaths for the following week.

Vaccination campaigns are ongoing throughout Europe. Commissioner Kyriakides informed that 605 million doses have been delivered so far to EU Member States. Over 76% of the adult population received at least one dose and 67.8% is fully vaccinated. The Commissioner emphasised the importance of continuing vaccination to ensure a coverage as high as possible. ECDC provided additional details on specific groups. In the EU, 85% of the 80+ population is fully vaccinated, the proportion in long term care facilities is 80%, while the coverage among healthcare workers is slightly below 80%. The priority remains to focus on reaching a high vaccination coverage as soon as possible.

In terms of **variants**, Delta has taken over almost completely and is estimated to account for 97.2% of cases.

ECDC also informed about ongoing discussions with the European Medicines Agency (EMA) on the current available evidence to inform decisions on the administration of **possible additional vaccine doses**, for specific groups, specific vaccines or specific age cut offs.

2. COVID-19 vaccination – State of play

EMA informed about the ongoing review of effectiveness data available and the assessment of possible indications of waning immunity as well as the impact of variants of concern on vaccine effectiveness. Data from Israel seems to indicate a decrease in protection from infection after mRNA vaccination over time. However, protection from severe diseases seems to remain high. Companies are expected to provide additional data from clinical trials with homologous boosting in September/October.

Some studies show that an additional dose may be beneficial for certain Immunocompromised patients for whom the current primary series does not seem to trigger

a sufficient immune response. Such additional doses do not constitute a booster as they do not aim at restoring the level of immunity previously achieved by vaccination after it waned, but rather a completion of the primary series. When considering booster doses, elderly and residents in long term care facilities may be priority groups as a consequence of immunosenescence and a high risk exposure. However, there are currently no strong signals observed with the Delta variant of severe diseases following breakthrough infection. EMA and ECDC will continue to review available evidence and observe carefully any possible increase in severe diseases among specific groups following breakthrough infections.

Experts updated on the situation in their country, on non-pharmaceutical measures in place and on progress with vaccination programmes. They discussed the issue of additional doses for immunocompromised patients and possible booster doses for specific groups that are possibly more at risk. Some experts indicated that they do not observe similar decreases in effectiveness as the one reported from Israel, and raised different possible explanations. Overall, recent epidemic waves experienced in different countries seem to result in much lower rates of hospitalisations and ICU admissions than earlier waves that occurred prior to vaccination roll out. Experts also briefly exchanged views on vaccination for adolescents and children, following Germany's vaccine advisory committee's updated recommendation that all individuals 12-17 years of age should get vaccinated against COVID-19. Experts also stressed the importance of clear communication on breakthrough infections and the fact that the proportion of vaccinated people among infected people naturally increases as vaccination coverage goes up. It is important to explain that it does not mean a decreased effectiveness (ultimately, with a 100% vaccination coverage, all cases would occur among vaccinated individuals), but rather illustrates progress in the vaccination rollout.

3. AOB

The next call will take place on 2 September 2021 at 17:00.

Participation

1. Professor Alemka MARKOTIC (Croatia)
2. Dr Zoe PANA (Cyprus)
3. Professor Roman CHLIBEK/Marika MADAROVA (Czechia)
4. Professor Irja Lutsar (Estonia)
5. Professor Taneli PUUMALAINEN (Finland)
6. Dr. Hans-Ulrich HOLTHERM (Germany)
7. Professor Silvio BRUSAFERRO (Italy)
8. Professor Aura TIMEN (The Netherlands)
9. Professor Andrzej HORBAN (Poland)
10. Professor Henrique DE BARROS (Portugal)
11. Professor Diana Loreta PAUN (Romania)
12. Professor Pavol JARCUSKA (Slovakia)
13. Dr Milan KREK (Slovenia)
14. Dr Fernando SIMON (Spain)
15. Dr Anders TEGNELL (Sweden)

European Commission:

- Commissioner Stella KYRIAKIDES (Chair)
- Prof. Peter PIOT, Special Advisor to the President of the European Commission
- Anna Carnegie, Policy Advisor to Prof. Piot
- Annukka Ojala, Deputy Head of Cabinet of Commissioner Kyriakides
- Roberto REIG RODRIGO, Member of Cabinet of Commissioner Kyriakides
- Emilios Demetrios EMILIOU, Member of Cabinet of Commissioner Kyriakides
- Thomas VAN CANGH, Policy Assistant to the Director General, DG SANTE
- Sigrid WEILAND, Scientific Assistant to the Special Advisor to the EC President on COVID-19
- Peter WAGNER, Secretariat General

ECDC

- Andrea AMMON, Director
- Bruno CIANCIO, Head of Surveillance, PHE Manager
- Lucia PASTORE, Head of Vaccine Preventable Disease Programme
- Edoardo COLZANI, Senior Expert, Vaccine Preventable Diseases

EMA

- Marco CAVALERI, Head of the office Anti-infectives and Vaccines
- Alexis NOLTE, Head of Human Medicines Division
- Ivo CLAASSEN, Head of Veterinary Medicines