



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public Health, Cancer and Health security
Health Security

Preparing for winter 2023/2024 to address respiratory infections caused by SARS- CoV-2 and other viruses

Opinion of the Health Security Committee

19 October 2023

1. BACKGROUND

The 2022/2023 winter season was characterised by **co-circulation of SARS-CoV-2, influenza, and RSV viruses**.

For SARS-CoV-2, periodic waves of transmission were observed, driven by the Omicron BQ.1 variant and subsequent emergence of XBB.1.5, with the highest burden observed among the elderly. The **2022/2023 influenza season** marked the return of influenza virus activity at almost pre-pandemic levels in EU/EEA countries, causing morbidity in vulnerable groups and school-aged children. **Early and high respiratory syncytial virus (RSV) circulation** also affected mainly new-borns and the very young children causing severe disease and mortality. RSV also affects elderly population.

Overall, a high burden of respiratory viruses was observed in 2022/2023. We anticipate that respiratory viruses, such as SARS-CoV-2, influenza, RSV, and others, **will co-circulate during the coming 2023/2024 winter season in EU/EEA countries**.

SARS-CoV-2 remains capable of acquiring mutations that facilitate its continued circulation at unpredictable times throughout the year, with the elderly and those with underlying conditions remaining at a higher risk of severe COVID-19 disease, if infected, compared to the general population. It is challenging to predict how the winter season will develop in terms of circulating viruses and their respective types/subtypes. However, **increased burden of respiratory viruses and pressure on healthcare systems is possible**, as observed in some periods of the previous autumn/winter season.

This highlights the importance of getting **vulnerable groups at highest risk of severe disease and death and health and care workers vaccinated against influenza and COVID-19** in due time according to national recommendations, while **everyone should aim to protect themselves and others from infection**.

2. WORK UNDERTAKEN BY THE HEALTH SECURITY COMMITTEE

Between 2021 and 2023, the ECDC published several guidance documents for longer term considerations to the response to the COVID-19 pandemic and has presented those to the Health Security Committee. Those are listed in Annex (4.2).

In May 2023, the Commission had launched in the Health Security Committee a follow-up survey on COVID-19 vaccination policies, testing and sequencing policies, and the measures following the lessons learnt. The aim of the survey was to assess the state of play in countries as regards COVID-19 vaccination, testing and sequencing as well as to follow up on the state of implementation of the lessons learnt in Member States.

Until 6 June 2023, 26 EU/EEA Member States responded. The results of the survey were presented and discussed at Health Security Committee meetings on 24 May 2023 and 6 June 2023.

In September 2023, the Commission had launched in the Health Security Committee a further follow-up survey on COVID-19 vaccination policies. By 19 Sept 2023, 18 EU/EEA Member States responded. The results of the survey were presented and discussed at the Health Security Committee meeting on 6 September 2023 and 20 September 2023.

The results of both surveys and its discussions in the Health Security Committee form the basis for this *Opinion of the Health Security Committee*.

3. COORDINATED APPROACH IN EUROPE – PROPOSED MEASURES

3.1. Monitoring and Surveillance

The Health Security Committee is stressing the importance that Member States should neither neglect nor abandon COVID-19 monitoring in order to detect new or emerging variants of COVID-19, for example by testing or the use of wastewater surveillance systems.

The responses to the Health Security Committee survey indicated that only a minority of EU/EEA countries are systematically testing patients with relevant respiratory symptoms for COVID-19. A limited number of countries are in the process of implementing the measures proposed in the ECDC guidance on Operational considerations for respiratory virus surveillance in Europe.

The following actions are deemed necessary and recommended by the Health Security Committee during autumn/winter 2023/2024 and beyond:

Actions:

- **In representative, sentinel surveillance sites, maintain COVID-19 testing and sequencing at a level and in a timely way that allows for close monitoring and early detection of new or emerging variants.** Member States are strongly encouraged to follow the ECDC guidance: [Operational considerations for respiratory virus surveillance in Europe \(europa.eu\)](https://ecdc.europa.eu/en/operational-considerations/operational-considerations-respiratory-virus-surveillance)
- **Continue to build and strengthen sustainable surveillance systems (both environmental and clinical based) for monitoring trends and early detection of variants of COVID-19 as well as other respiratory viruses, such as influenza and RSV.** To encourage countries to use the substantial funding from the EU4HEALTH programme for Member States to further invest into the improvement of their surveillance systems.
- **Ensure that well-designed, representative primary and secondary care sentinel surveillance systems are in place as they remain the central surveillance method for acute respiratory infections.** Hospital, ICU admissions and death rates should also be continuously monitored. It remains crucial to report unusual events or clusters of respiratory viral infections through the official communication channels (EpiPulse, EWRS) of the EU.

3.2. Vaccination

Due to the evolving COVID-19 epidemiology in the EU/EEA, the timely identification of target groups for vaccination is essential to protect people at a high risk for severe disease and death. For certain vulnerable individuals such as the very elderly and the immunocompromised individuals, additional doses might be needed to ensure protection.

The majority of EU/EEA countries are rolling out a dedicated COVID-19 vaccination campaign during autumn 2023. While the age group 65 years and above is prioritised in all responding countries, the age group 60-65 years is prioritised in some, and deprioritised in others. Specific population groups, such as health care workers, residents in long-term care facilities and vulnerable individuals irrespective of age are prioritised in all responding countries. General practitioners, pharmacies, vaccination visits and dedicated vaccination centres are the major means of providing vaccination.

The following actions are deemed necessary and recommended by the Health Security Committee for autumn 2023/2024:

Actions:

- **Focus countries' current vaccination campaigns for COVID-19 on protecting those aged over 60 years and other vulnerable individuals irrespective of age (such as those individuals with underlying comorbidities and immunocompromised individuals) to reduce the risk of infection and severe disease and death.** To follow ECDC guidance provided in the report [Interim public health considerations for COVID-19 vaccination roll-out during 2023 \(europa.eu\)](#), and updated on 07 Sept 2023 the vaccination recommendations [Epidemiological update: COVID-19 transmission in the EU/EEA, SARS-CoV-2 variants, and public health considerations for Autumn 2023 \(europa.eu\)](#).
- **Assess and report factors that have previously limited booster vaccine uptake and address them to maximise vaccination coverage.** Countries may request from the ECDC country support for increasing the uptake of vaccination.
- **Plan vaccination campaigns for influenza according to the national target groups to reduce the burden of influenza in the elderly and protect, vulnerable groups and health care workers.**
- **Consider the need for combined autumn vaccination campaigns against COVID-19 and influenza,** since this approach could be more efficient in terms of administration, logistics and costs.
- Continue to build and strengthen sustainable multi-country networks **for monitoring COVID-19 and influenza (and in the future RSV) vaccine impact and effectiveness.**
- **Facilitate easy access to vaccination services.** Most Member States indicated that general practitioners, pharmacies, and vaccination visits in care homes are the most used methods for providing vaccination, but countries should also reflect on reopening vaccination centres.
- **Communicate proactively with clear messages delivered through trusted channels and messengers according to the target group.**

3.3. Implementing Lessons Learned

The ECDC published on 2 May 2023 a technical document on "Lessons from the COVID-19 pandemic - May 2023", which summarises the lessons identified from the public health stakeholders in four major action areas: (1) Investment in the public health workforce; (2) Preparing for the next public health crisis; (3) Risk communication and community engagement; and (4) Collection and analysis of data and evidence.

The results from the HSC survey indicate that, out of above action areas, highest priority for the Member States is updating their preparedness plans and maintaining/transforming their surveillance systems. However, less priority is given to hire more personnel, budgets etc. and even less priority is given to risk communication and community engagement strategies and training.

Preparing and supporting the public health staff at regional and national levels, including public health laboratories is most important, as those manage the public health systems in the Member States, and deal with the detection and control of communicable diseases and health promotion activities.

The following actions are deemed necessary and recommended by the Health Security Committee for autumn 2023/2024:

Actions:

- **Prepare for the possible need to increase ICU capacity, including providing support for paediatric hospitals and ICUs. Take preventive measures to avoid outbreaks in healthcare settings.** The simultaneous circulation of different viruses poses a significant challenge for the management of large numbers of patients with respiratory viral infections and may lead to **outbreaks in healthcare settings**.
- **Ensure knowledge of appropriate infection prevention and control (IPC) guidance among all relevant healthcare staff, both in primary care and hospitals...** IPC practices mitigate the spread of respiratory viruses within healthcare facilities that are especially at-risk during times of peak respiratory virus circulation and hospital admissions.
- **Raise awareness of clinicians to consider early the use of available prophylactic drugs and antiviral treatments for COVID-19, RSV and influenza to prevent progression to severe disease.**
- **Develop risk communication messages for the public and health and care workers for the currently ongoing and fall epidemics. This should be performed ahead of time, including appropriate messaging on the vaccination strategy messaging.**
- **Remind the public regarding respiratory etiquette, appropriate and frequent hand washing and maintaining good ventilation in closed spaces.** Using all possible information channels to disseminate messages is recommended and community engagement activities can be considered in areas with more severe outbreaks.
- **Ensure intersectoral collaboration between the health sector and other involved sectors is in place, particularly if public health and social measures ((PHSM) also called non-pharmaceutical interventions (NPIs)) are considered.** Those can include advising for the use of surgical masks and/or respirators in healthcare and/or crowded settings, encouraging/ recommending teleworking, allowing students and workers with

respiratory symptoms to stay home and/or telework. Important lessons from the implementation of PHSM/NPIs during the COVID-19 pandemic include the need to plan the measures well with involved sectors and stakeholders, monitor their implementation and effects in the society and implement each measure for short timeframes, as needed.

4. ANNEXES

4.1. Acknowledgements

The Health Security Committee gratefully acknowledges the contributions of its Members in the General Technical Working Group of the Health Security Committee by providing timely information on national COVID-19 responses.

Furthermore, the Health Security Committee gratefully acknowledges the contributions of the ECDC in publishing and presenting to the Health Security Committee the below guidance documents as well as the contributions in designing and analysing parts of the respective surveys. Timely up-dates from the European Medical Agency are also appreciated.

4.2. ECDC guidance

The ECDC published several guidance documents for longer term considerations to the response to the COVID-19 pandemic and has presented those to the Health Security Committee. Those include the following:

Preparedness

- [Long-term qualitative scenarios and considerations of their implications for preparedness and response to the COVID-19 pandemic in the EU/EEA](#) (22 Aug 2022)
- [Lessons from the COVID-19 pandemic](#) (02 May 2023)

Vaccination

- [Interim public health considerations for COVID-19 vaccination roll-out during 2023](#) (05 Apr 2023)
- [Facilitating COVID-19 vaccination acceptance and uptake in the EU/EEA \(europa.eu\)](#) (15 Oct 2021)

Surveillance

- [Operational considerations for respiratory virus surveillance in Europe](#) (18 Jul 2022)
- [Epidemiological update: COVID-19 transmission in the EU/EEA, SARS-CoV-2 variants, and public health considerations for Autumn 2023 \(europa.eu\)](#) (07 Sep 2023)

Measures

- [ECDC expert consultation on the implementation and evaluation of non-pharmaceutical interventions](#) (14 Dec 2022)
- [Considerations for infection prevention and control practices for respiratory viral infections in healthcare settings](#) (06 Feb 2023)