European Commission's advisory panel on COVID-19

Report – videoconference Thursday 27/05/2021 at 15:00

The President briefly recalled the latest European Council discussions on COVID-19 and summarised the main results of the recent Global Health Summit which entailed a commitment to multilateralism, including open supply chains, an understanding on the need to build up interoperable early warning systems, as well as agreement to work within the flexibilities on intellectual property offered by the WTO TRIPS Agreement to boost manufacturing capacity. The EU will soon come forward with a proposal to make the procedure to issue compulsory licenses more simple. She also informed the panel that the EU had worked with Member States and industrial partners in Europe towards pledges for at least 100 million vaccine doses to be shared by the Member States and 1.3 billion doses to be made available at no-profit or lower cost to low-income countries and middle-income countries, respectively, by the end of the year. All the while, the EU continues to be the only democratic region that is exporting vaccines at large scale at about 50% of its production.

1. Scenario for the further development of COVID-19 and implications for the vaccination strategy

There was consensus among the panel that the likely long-term scenario for COVID-19 was an endemic virus that would require booster vaccination, possibly on a recurrent basis.

The panel considered the mRNA and protein subunit platforms as the most suitable technologies for future vaccination needs in the EU. mRNA has a good track record on safety and efficacy as well as the ability to adapt to new variants. Protein subunit vaccines are likely to display the same characteristics.

Variants of concern were seen as the most significant factor which would determine future immunisation programmes. It is possible that the risk groups to be considered will be broader than for seasonal influenza. One area where more data is needed beyond the immune-escape potential of variants is the severity of the disease among previously inoculated people. It could be explored to combine boosters against COVID-19 in the future with the seasonal influenza vaccination.

The Panel noted that there is no definitive evidence, yet, on the maximum duration of protection from vaccination or recovery. Indirect evidence includes reactions to the vaccine among people who had been infected up to a year ago suggesting an ongoing immune response to circulating variants. There is also data indicating that protection against reinfection has not waned since the emergence of new variants. A decision on booster vaccination will, however, have to be made quickly.

Observing an accelerated decrease in cases some experts noted that the protection against transmission from vaccines may exceed previous assumptions.

On heterologous schemes, the evidence suggests that a "mix and match" approach is a viable course of action.

Panel members noted that non-pharmaceutical interventions (masks, social distancing) would remain necessary for some time. As mobility increases over the summer and until widespread vaccination coverage is achieved, this will pose a public communication challenge.

Panel members cautioned that it is likely that cases will rise again in Europe during the autumn. This is because not everybody will have been vaccinated and due to the persistent presence of the disease elsewhere in the world. The level of a rise in cases would depend on how far the spread can be suppressed over the summer as well as vaccine sharing efforts with the neighbourhood and the rest of the world.

Experts also noted that new variants, including with immune-escape mutations, will continue to be expected. Unvaccinated and partially vaccinated (such as those having received only the first dose of a two-dose regimen) populations drive escape variations in viruses.

2. Vaccination of teenagers and children as well as possible need to revisit priority groups for vaccination

The Panel unanimously agreed that vaccination of children and adolescents would probably be beneficial in the likely scenario of an endemic virus to control community transmission. However, the benefits to children would be indirect given their low likelihood for severe disease.

In this context, it was noted that the advantages for children of non-interrupted education and social lives were evident already now with the mental health toll of isolation and disruption that can be observed among young people today.

Furthermore, as more and more older people are vaccinated the relative infection pressure on schoolchildren in particular is increasing. Cohorts of unprotected children combined with waning immunity over time among vulnerable people could lead to severe outbreaks and higher risk of variants appearing among younger populations.

There was some suggestion that future vaccination programmes should consider not just vulnerable population groups but also those which have a high-likelihood of spreading the disease (with agent-based modelling), which will vary geographically and due to socio-economic factors.

The President concluded by observing the consensus among panel members that children should be included in future vaccination plans. There is sufficient supply of vaccines for this in the future under the negotiated agreements and the new contract with BioNtech/Pfizer already covers adapted vaccines for new variants.

For a future meeting with the advisory panel she considered it necessary to have a deeper discussion on variants and the trigger to start the adaptation process and how to structure the vaccination strategy in the medium and long-term.

Participants in the audioconference:

- European Commission: President Ursula von der Leyen, G. Rossides, S. Gallina, P. Delsaux, J. Bray, I. Valero, R. Kuhne.
- Dr Andrea Ammon (ECDC Director)
- Prof Peter Piot (London School of Tropical Medicine)
- Prof Arnaud Fontanet (Institut Pasteur)
- Prof Lothar Wieler (Robert Koch Institute)
- Prof Kåre Mølbak (Statens Serum Institute, Copenhagen)
- Dr. Miklós Szócska (Director of The Health Services Management Training Centre of the Semmelweis University)
- Dr. Fernando Simon (Coordination Centre for Health Alerts and Emergencies, Spain)

Excused:

- Prof Marion Koopmans (Erasmus MC)
- Prof Christian Drosten (Charité)
- Prof Maria-Rosario Capobianchi (National Institute of Infectious Diseases, Rome)