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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 24 November 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Head of Unit, European Commission, DG SANTE C3

Audio participants: AT, BE, CY, CZ, DE, EE, EL, ES, FI, FR, IE, IT, LT, NL, PL, PT, RO, SE, SI, SK, NO, DG SANTE, DG JUST, DG MOVE, DG ECHO, SG, HR, COUNCIL, ECDC, WHO

Agenda points:

1. ECDC Rapid Risk Assessment – presentation by ECDC
2. Validity of vaccination certificates
3. AOB: Exchange of passenger data using the PLF exchange platform (ePLF)
4. AOB: Onboarding Community meeting on 24 November

Key messages:

1. ECDC Rapid Risk Assessment – presentation by ECDC

The European Centre for Disease Prevention and Control (**ECDC**) published on 24 November the 17th update to the Rapid Risk Asssessment which provides an assessment of the current SARS-CoV-2 epidemiological situation in the EU/EEA, and projections for the end-of-year festive season and . The ECDC was invited to give an overview of the Rapid Risk Assessment. The new update takes into account increases COVID-19 in case notifications, hospitalisations and intensive care unit (ICU) admission for SARS-CoV-2 that have been observed in October and early November in the majority of the EU/EEA countries. The surge in cases has been driven by the circulation of the Delta variant, in the context of insufficient vaccine update and a widespread relaxation of non-pharmaceutical interventions (NPIs). The ECDC also sees a significant additional risk of intensified transmission given the upcoming end-of year festive season. The new RRA provides options for response to Member States including vaccinating the priority groups that remain unvaccinated or not yet fully vaccinated, as well as increasing vaccination coverage in all eligible age groups but particularly in the elderly, vulnerable and healthcare workers. Given the current presseures to the healthcare systems, non-pharmaceutical interventions should be implemented or reinforced to reduce contacts, especially with the upcoming festive season.

IT asked for the ECDC's opinion of anticipating the booster dose before six months after primary vaccination. The ECDC clarified that their recommendation aligns with the timing from the European Medicines Agency, therefore the booster dose should be given six months after primary vaccination.

DE wanted to know whether the ECDC had any modelling on boosting adolescents aged 12 years and older. The ECDC is currently undertaking work looking at childhood vaccination which will be published in an upcoming publication. There is no ECDC consideration yet for this age group as the current recommendation focuses on the possibility of giving a booster dose to adults 40+ as this is where there is significant impact in reducing transmission.

2. Validity of vaccination certificates

During last week's HSC meeting there was a discussion on booster vaccines and the validity of the EU Digital COVID Certificate (EUDCC). The Commission has decided to launch the process to start preparing a delegated act to define a validity period of vaccination certificates carried by travelers as part of the EU Digital COVID Certificate. In this context, the Permanent Representatives of the EU/EEA Member States received an invitation on 22 November asking them to nominate experts from the fields of public health and/or digital health to participate in a dedicated expert group meeting which will take place on 26 November.

For the purpose of this HSC Meeting, Member States were sent a few questions to steer the discussion on the validity period of the certificate, and other considerations such as mix-and-match regimes, validity differences between a single-dose regime and a two-dose regime and the validity period after administering a booster dose. Similar discussions will also be held at the eHealth Network meeting that will take place on 24 November. The **COM** gave an overview of the replies received from Member States on questions about the validity period of primary series vaccination as well as on boosters, and the decisions that have been made so far.

FR indicated they currently do not have an expirtation date for the certificates, other than the technical validity of the EUDCC. FR highlighted the importance of differentiating the validity of the boosters with the validity of the primary series vaccination. In FR, as of 15 December, people vaccinated with a Janssen vaccine will need a booster to keep their health pass valid, and will be invited to receive a booster dose two months after a single-dose vaccination. The EUDCC in this case will automarically be updated to include the new validity. FR argued there is not enough scientific data on the immunity and waining of vaccines and further discussion needs to take place to identify the validity period.

AT indicated their validity period for all certificates will be reduced to 270 days, including single-dose vaccines. For recovery certificates, people vaccinated 21 days after the recovery certificate receive a certificate which has the same validity as if they were vaccinated with two doses. As of January 2022, the single-dose regime vaccination certificate will no longer be valid. Vaccination certificats can be issued for mixing-and-matching regimes as long as the the vaccines are approved by the European Medicines Agency. Discussions are ongoing on the validity period of the booster doses.

ES has not established an expiry date on the vaccination certificates, and at the moment they are valid as indicated in the regulation (end of June 2022). Furthermore, ES highlighted the importance of considering the immunity conferred by vaccines as there is not enough evidence on the waning of immunity , versus effectiveness which is affected by other factors. ES also expressed concerns over the type of message that limiting the validity of certificates would shed on the efficacy of the vaccines. Furthermore, ES stressed the importance of keeping and controlling NPIs to help with the effectiveness of the vaccines. Another concern by ES is on the administrative issues that the validity of the certificate would bring. Regarding one-dose vaccination of recovered persons, ES highlighted that evidence points towards a very good response in those persons, perhaps even higher than the standard two-dose regimen.

The **COM** reminded Member States that for the ad hoc Expert Group on validity of vaccination certificate they should nominate vaccine and/or vaccination experts but also someone responsible for the administrative and/or IT part of the certificates to make sure there is clear understanding on the validity and how it will be reflected on the certificate.

SE has not defined a validity period because it is important that measures on the validity are evidence-based and practically feasible. It is still early to say how long the validity period should be, but it should at least be 12 months, maybe longer. SE agrees with finding a common approach to avoid making the system too complicated. SE also said it was too early to define the validity period for booster vaccines, but validity should be long enough to give people enough time to get a booster dose before their certificate expires.

RO implements the validity period as set in the Regulation (end of June 2022) and are currently discussing on making the vaccination certificates valid for one year after the second dose of the primary series, and six months for single-dose vaccines. If the regimen was mix-and-match, then the validity period will be the same, at least 12 months. For booster doses, the validity period is 12 months added on to the previous validity.

DE agrees on having a joint EU approach. The validity period is currently being reviewed nationally from a medical point of view. Generally, the issue of how and for whom vaccines are authorised for boosters has to be considered. Consideration also needs to be taken to the transitional period to make sure that each person can actually be offered a booster vaccination.

IT has defined the validity for vaccination certificates for 12 months, but this is currently under review. IT applies the same validity also to single-dose vaccines. The recommendations is that a second dose of an mRNA vaccine be administered to people previously vaccinated with the Janssen vaccine. On mixing-and-matching, IT does not make any distinction in the validity of the certificate. The validity of the booster at the moment is defined as it is for the primary series vaccination. IT is currently administering booster doses to anyone over the age of 40. IT will send written comments to the COM on how the rolling out of the booster doses is being handled.

AT clarified that the issue of the coding of the Janssen vaccine is still under discussion. If a person is recovered and has received one dose of any vaccine, they are coded 1/1, the same way they are coded as if having received only the Janssen vaccine 1/1. AT clarified this needs to be discussed and will nominate an expert for the Expert Group meeting on 26 November to give more information.

BE is now offering additional doses to the entire population. The new certificate issued after the booster dose is valid for 12 months. BE will also discuss this further during the Expert Group meeting.

EE highlighted the need to consider at least two aspects, the immunity conferred by vaccines and agreed with SE on trying to keep the system as simple as possible. EE also agreed on having a common approach at EU level. EE said it would be important to set the validity period because it may send the wrong message to people if suddenly the validity is lowered. The validity in EE currently is 12 months.

In **LT** as of 28 December for the use of the DCC for activities inside LT, the validity is seven months after full vaccination schedule. For travel purposes, LT follows the criteria as set in the Regulation. LT currently does not make a distinction between the validity of a single-dose and 2-dose vaccine schemes. LT is not

planning on determining the validity period of the booster vaccines so they concluded this should not be introduced in the DCC. Booster doses in LT are available for anyone over the age of 18.

PL sent its position in writing which is that the validity period for vaccination certificate, and for the booster, should be 12 months. In the case of the single and two dose vaccine and the mix and match schedule, PL does not see the need to differentiate the validity period and currently applies 12 months. The Polish Government has introduced the possibility of vaccination with a booster dose, which is available since 2 November, for anyone over 18 years of age, six months after full vaccination.

LU sent in wirting their comments, clarifying that their certificate is valid for 12 months and is needed to enter the country via the airport (however, non EUDCC certificates can be accepted under certain circumstances too).

The **COM** highlighted it would be important to have a common EU approach regarding the validity of certificates so that Member States have enough time to implement the booster campaigns and avoid as much as possible EUDCC from expiring.

EE would welcome having further discussions on recovery certificates as so far they are only issued after a positive PCR test. The COM highlighted that this has been discussed preciously and could be further discussed during one of the next HSC meetings.

3. AOB: Exchange of passenger data using the PLF exchange platform (ePLF)

Two of the four connected Member States (IT, SI, ES, MT), namely Italy and Spain, exchanged for the first time passenger data using the PLF exchange platform (ePLF). They have thus inaugurated the platform and paved the way for what will hopefully be a regular use of this tool, by a larger number of Member States.

4. AOB: Passenger Locator Form (PLF) Community meeting on 24 November

The HSC was informed about a meeting which will be on 24 November and is organised by DG MOVE, DG SANTE and ECDC to further discuss with countries that are willing to join the PLF.

5. AOB: Survey on current COVID-19 situation

A survey will be shared with the HSC in the next days to better understand their current COVID-19 situation, the burden of healthcare system, and the related challenges they are facing with the postponement of treatments in hospitals.

6. AOB: Reminder for nominating experts to the Working Group on Validity

The HSC was informed that they are invited to nominate experts for an ad hoc meeting on validity which will meet on 26 November to discuss a draft text for a delegated act on validity of certificates. Nominations of experts have so far been received from all Member States, except CY and HU.

7. Common List of Rapid Antigen Tests

The Commission will share the up-date for the Common RAT List as proposed by the Technical Working Group on Rapid Antigen Tests on 29 November to prepare discussions for the next HSC meeting of 1 December.