## Opinion of the Health Security Committee for a common EU approach in response to the COVID-19 situation in China

5 January 2023

Second Update on 15 February 2023

## **COVID-19 situation in China**

The number of COVID-19 cases reached record levels in mainland China around the end of December 2022 but have been decreasing since. The surge, likely a consequence of the combination of low population immunity in China and the relaxation of non-pharmaceutical interventions resulted in increased pressure on healthcare services.

According to the China CDC report published on 8 February 2023, since 9 December 2022, the number of positive nucleic acid and rapid antigen tests reported from mainland China increased gradually with a peak on 22 December (6.94 million positive nucleic acid and 337 000 positive antigen tests). The highest positivity rate for the nucleic acid tests was 29.2% on 25 December 2022 while the highest positivity rate for the antigen tests was 21.3% on 22 December 2022<sup>1</sup>. The number and rate of positive tests (nucleic acid and rapid) has been decreasing after that. On 6 February 2023, 9 000 positive nucleic antigen tests were reported (1.5% positivity rate) and 784 positive antigen tests (positivity rate 0.4%).

Hospitalised cases peaked in early January 2023, around one week after the peak in cases. COVID-19 related deaths among hospitalised cases also peaked during the first week of January 2023. Both hospitalisations and deaths have been decreasing since. On 6 February 2023, China reported 60 000 hospitalized cases, 2 000 severe cases and 102 deaths in hospitals.

Overall, from 3 January 2020 and until 13 February 2023, approximately 98 million COVID-19 cases were reported to WHO from China (including Taiwan and Special Administrative Regions)<sup>2</sup>.

As of 10 February 2023, of the total 11 179 sequences submitted from China in GISAID EpiCoV, 4 170 had recent sample collection dates between 1 January 2022 and 7 February 2023. 4.9% of these sequences are reported local cases, 0.1% are imported cases and 95% are not reported as either local or imported. These sequences mainly belonged to the lineages BA.5.2.48 (61.4%), BF.7.14 (27.1%), BA.5.2.49 (6.9%). Other lineages (including their sub-lineages) circulating in minor proportions include - BA.5.2 (3.5%), BF.7 (0.4%), BA.5.1 (0.4%), BA.2.75 sub-lineages including BN.1 and CH.1.1 (0.2%) and BQ.1 (0.1%).

Several new sub-lineages of Omicron have been assigned from sequence data released by China, which is expected as the virus accumulates random mutations. Most of these lineages carry no spike protein changes compared to previously known lineages, while a few sub-lineages of BF.7 carry single spike protein changes. None of these changes are likely to provide the virus with a substantial transmission advantage and none of the associated lineages show signs of rapid expansion.

The Health Security Committee takes note of the regular information sharing by the Chinese CDC since early January 2023, and calls for the continuation of timely and frequent sharing of reliable data on the COVID-19 situation, in particular in relation to COVID-19 cases, hospital admissions, deaths as well as ICU capacity and occupancy in China.

The Health Security Committee notes the latest European Centre for Disease Prevention and Control (ECDC) assessment for the European Union (EU) / European Economic Area (EEA) from 31 December 2022. ECDC stated that given higher population immunity in the EU/EEA, as well as the prior emergence and subsequent replacement of variants currently circulating in China by other Omicron sub-lineages in the EU/EEA, a surge in cases in China is

Chinese Centre for Disease Control and Prevention, COVID-19 Clinical and Surveillance Data — December 9, 2022 to February 6, 2023, China. <a href="https://weekly.chinacdc.cn/fileCCDCW/cms/news/info/upload/a02c956c-9323-4666-a80f-160cfed2ac7d.odf">https://weekly.chinacdc.cn/fileCCDCW/cms/news/info/upload/a02c956c-9323-4666-a80f-160cfed2ac7d.odf</a>

<sup>&</sup>lt;sup>2</sup> COVID-19 WHO dashboard: https://covid19.who.int/region/wpro/country/cn.

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not expected to impact the COVID-19 epidemiological situation in the EU/EEA. ECDC also noted that there is currently no data suggesting the emergence of new variants of concern in China. ECDC's assessment<sup>3</sup> is still valid as of 14 February 2023.

Due to the rapid increase of COVID19 cases in China<sup>4</sup>, the Health Security Committee held urgent ad hoc meetings on 29 December 2022 and the 3 and 30 January 2023 to provide an update on the epidemic situation, consult among the members about measures taken or considered, and to discuss a common and coordinated approach at the European level. There, participants stressed the importance of such coordination.

**On 13 February 2023,** the Health Security Committee met again to discuss the latest developments in relation to the COVID-19 situation in China and the current travel measures in place in the EU. Based on these discussions, the Health Security Committee notes that:

- Overall by the end of week 5, 2023 (week ending 5 February), the COVID-19 epidemiological situation in the EU/EEA remained stable. Rates of case notification (all-age and among those aged 65 years and above), hospital, ICU admission and COVID-19-related deaths remained at the lowest levels observed in the past 12 months.
- According to China CDC's latest update on 8 February 2023, the number of positive nucleic acid and antigen tests continue to decrease following the peak around the end of December 2022.
- There is a continuing decreasing trend in hospitalisations and deaths in China.
- From the samples taken from travellers in several airports in Europe that were positive for SARS CoV-2 and genotyping performed only variants already circulating in Europe were identified.

Based on the available epidemiologic data that China CDC provided on a regular basis in the past weeks, the Health Security Committee recommends to Member States:

- To phase out the requirement for a pre-departure negative antigen test the latest by the week starting on 27 Feb 2023.
- 2. To **phase out traveller-based SARS-CoV-2 genomic surveillance programmes**, where existing, the latest by the middle of March 2023.

In the light of the fact that the WHO recently confirmed that COVID-19 continues to constitute a public health emergency of international concern (PHEIC)<sup>5</sup>, the Health Security Committee encourages Member States to consider:

- 1. To continue wastewater surveillance near airports, and, where aircraft wastewater sampling is performed, to analyse samples from international flights in general.
- 2. To enhance the number and representativeness of sentinel sites for SARS CoV-2 and increase the number of tests performed, where appropriate and in accordance with guidance and support from the European Centre for Disease Prevention and Control<sup>6</sup>. Where appropriate, EU/EEA countries may additionally encourage the sequencing of hospitalised/ICU cases with a history of recent international travel and the appropriate sharing of such data as part of enhanced monitoring.
- 3. To recommend to travellers on international flights, but especially vulnerable passengers, to wear a medical mask or FFP2/N95/KN95 respirators and to make advice regarding personal hygiene and health measures available to international travellers and to aircraft and airport personnel.
- 4. To continue to aim to increase COVID-19 vaccination coverage, in particular in population groups with low coverage levels and in respect of vulnerable groups, together with further offering of vaccines from EU Member States.

https://www.ecdc.europa.eu/en/news-events/impact-surge-china-covid-19-cases.

In addition to implications regarding further potential increase of COVID-19 cases following population movements as a result of upcoming festivities.

https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

https://www.ecdc.europa.eu/en/publications-data/operational-considerations-respiratory-virus-surveillance-europe