EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 23 March 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19 and the support to Ukraine (UA)

Summary Report

***EU/EEA only* – the meeting brought over 80 participants together**

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

Audio participants: AT, BE, BG, CZ, CY, DE, DK, EE, ES, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, DG SANTE, DG ECHO, DG HR, HERA, COUNCIL, ECDC, EMA, WHO

Agenda points:

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic - ECDC
2. Testing for COVID-19 – ECDC
3. Draft document from ECDC "Best-practices and tools used by EU countries in the transition and de-escalation phase of the COVID-19 pandemic" (attached) – short presentation by ECDC and for countries' review and comments (not for distribution)
4. COVID-19 non-pharmaceutical intervention and vaccination strategy – tour de table
5. AOB: State of play – standard operating procedures to reallocate Ukrainian patients from EU countries neighbouring Ukraine throughout the EU/EEA
6. AOB: Possibility to support medical evacuation of Ukrainian patients via air to different EU countries- Norway
7. AOB: Notification of a vaccine-derived polio case in Germany
8. AOB: Reminder: please complete the HSC questionnaire on health care system access for UA refugees

Summary:

1. Overview from ECDC regarding the current situation of the COVID-19 pandemic – information point

ECDC gave an epidemiological update on the current COVID-19 situation. High notification rates are observed in parts of **all continents**.

At the end of week 10, the epidemiological situation in the **EU/EEA** was characterised by a break in the sustained decreasing trend in case rates that had been observed in previous weeks. **Hospital admissions**

and occupancy by COVID-19 cases continued to decrease overall. However, increased transmission, particularly among elderly patients, is followed by increases in hospital indicators reported by several Member States. Some Member States that planned to lift COVID-19 restrictions decided to maintain them in response to the increased transmission. As of week 10, three countries (Iceland, Ireland and the Netherlands) were categorised as of **very high concern**. **Vaccine uptake** appears to be stagnant in the EU/EEA population. In terms of **variants of concern**, Omicron remains the dominant variant in all EU/EEA countries. The Omicron BA.2 sub-lineage continues to show increasing trends in most EU/EEA countries.

In relation to the Russian war of aggression against UA, several UA neighbouring countries have a lower vaccine uptake compared to other EU countries. This might be an issue to take into account for incoming refugees, as there is an overall lower COVID-19 vaccine coverage among the UA population.

2. Testing for COVID-19 – presentation by ECDC

The HSC has discussed the need for continuing systematic testing and sequencing for COVID-19, in order to monitor the pandemic situation and to be able to detect new variants of concern. ECDC is currently running a survey to understand the current surveillance status/strategy, any foreseeable potential barriers to this approach, and country-specific priorities. ECDC presented the preliminary results. Countries have been **adapting their testing strategies**, e.g. by focusing testing in severe cases and in people with risk factors for severe disease. The **objective of longer-term COVID-19 surveillance is gradually shifting** from identifying and reporting all cases, to obtaining reliable estimates on the intensity of community transmission, the impact of severe disease, vaccine effectiveness, and ensuring that a sufficiently high number of samples is sequenced for the detection new virus variants. As a result of changing testing strategies, comparisons of case notification rates between countries could become unreliable, which will also have an effect on the maps in support of the Council Recommendation on a coordinated approach to travel measures in the EU (in short "travel maps"); ECDC produces in accordance with the Council Recommendation on a coordinated approach to facilitate safe free movement during the COVID-19 pandemic and replacing Recommendation (EU 2020/1475).

FR mentioned that their screening activities related to COVID-19 will continue. Positive self-tests and rapid antigen tests should be confirmed by a PCR test.

BE has a scale up/down testing method in place. The method includes three levels with different testing approaches in the population, depending on the virus circulation in the country.

ES welcomed the presentation by ECDC and reported having sent their input. ES mentioned that the EU "travel maps" provided by ECDC are no longer relevant, as the testing strategies differ within the Member States, and therefore, the maps do not provide a good overview of the situation. Additionally, many Member States lifted restrictions for incoming travellers, and therefore, they no longer make use of these maps.

IE agreed with ES that the maps are becoming irrelevant as countries no longer foresee COVID-19 related entry restrictions. IE also stressed that if Member States no longer carry out tests, the indicators used to make the maps should be revised.

ECDC agreed with ES and IE regarding the "travel maps". The **Commission** replied that a short survey will be sent to the HSC, to assess if all Member States agree with ES and IE. If this is the case, the Commission could communicate the position of the HSC to the Council.

The **Commission** asked the ECDC if the survey shows an increased focus on self-testing. **ECDC** explained there is no focus on self-testing, as it is challenging to collect this data (as it has to be registered).

The **Commission** encouraged the Member States to complete the ECDC survey if they have not done so yet.

3. Draft document from ECDC "Best-practices and tools used by EU countries in the transition and de-escalation phase of the COVID-19 pandemic"

ECDC performed a series of dialogues with selected EU countries to discuss their approaches towards transitioning into the post-acute phase of the pandemic and/or de-escalating measures, including their plans for specific key areas. The synthesis and sharing of the experiences and the approaches have been summarised in a technical document (draft version shared with HSC on 22 March) and linked with tools that ECDC developed during the pandemic which can be used to support the transition/de-escalation process. Main findings include: ongoing shift from an acute emergency phase approach towards a post-acute phase; continued monitoring of pandemic trends and key indicators; moving away from widespread screening towards approaches focused on testing for diagnostic purposes as well as targeted and representative sentinel surveillance; importance of maintaining sequencing capacity; and based on the experience of the consulted countries, future preparedness planning should focus on developing flexible and adaptable systems that can be applied to different pathogens of pandemic potential.

The **Commission** encouraged Member States to send their comment to the HSC mailbox or directly to the ECDC.

4. COVID-19 non-pharmaceutical intervention and vaccination strategy – tour de table

While the majority of the EU/EEA countries are lifting all COVID-19 restrictions, other Member States that planned to lift COVID-19-related restrictions decided to maintain/reintroduce measures in response to increased COVID-19 transmission. Many countries provided an update on the lifting of non-pharmaceutical interventions. It seems that the requirement to wear face masks in public transport and in healthcare/ long-term care facilities remains in place in most Member States.

DE mentioned that restrictions related to non-pharmaceutical interventions fall under the responsibility of the federal states (Länder) within the country. DE is focusing on protecting the vulnerable groups, therefore, masks are still in place in public transport, in hospitals, etc. Additional COVID-19 measures can be imposed in hot spots where there is an elevated prevalence or increased transmission risk of COVID-19. The current regulation is in place until 2 April. Afterwards, restrictions might change.

LV will lift their non-pharmaceutical interventions as of 1 April. Mask wearing will stay in place in public transport and in public institutions.

In **AT,** the epidemiological situation is not as good as expected. Since lifting most COVID-19 related restrictions, the number of new cases increased. At the same time, hospitals face shortages of medical

staff. AT reintroduced mandatory FFP2 masks in indoor settings. AT expects new measures as of 23 March. The mandatory COVID-19 vaccination law has been suspended and will be re-evaluated in three months. The law will probably be reinforced.

In **FR**, as of 15 March, facemasks are no longer mandatory in schools and in work places. Facemasks remain mandatory in public transport and for staff working with vulnerable groups (hospitals, long-term care facilities, etc.).

In **IE**, facemasks are no longer mandatory, but required in public transport.

In the **NL**, facemasks are no longer mandatory as of 23 March (facemasks remain required in airplanes).

IS lifted all COVID-19 related restriction in February. Mask use is voluntary, however, IS is considering the reintroduction of measures as cases have been increasing.

In **BE**, facemasks are only required in public transport and in healthcare settings. Strong recommendations for wearing facemasks in high-risk settings remain (visiting vulnerable people, no possibility for social distancing, big gatherings, etc.).

ES lifted most COVID-19 measures, except for wearing facemasks, which ES is currently discussing. As of April, facemasks are most likely no longer mandatory in schools.

In **EE**, it is no longer required to show the EU Digital COVID Certificate. The restrictive opening hours of restaurants and clubs have been lifted. The government of EE will discuss the lifting of facemasks during week 13.

IT is currently working on the draft to lift restrictions, including changes related to mandatory use of facemasks (will probably only remain required in public transport, public gatherings, hospitals, elderly centers).

LT is currently considering to end requiring the use of facemasks in indoor settings (except for healthcare and long-term care institutions and public transport). Other restrictions have been lifted. Remote work is still recommended.

RO lifted the state of alert on 8 March, and on the same day, COVID-19 related restrictions were lifted. It is still recommended to wear a facemask in closed spaces, crowded areas and schools. An evaluation will be made in 2-3 months and if necessary, some restrictions will be reintroduced. Decision are taken by a National Committee for Emergency Situations.

5. AOB: State of play – Standard Operating Procedures (SOP) to reallocate Ukrainian patients from EU countries neighbouring Ukraine (UA) throughout the EU/EEA

The Standard Operating Procedures for the transfer of patients was reviewed following comments and questions received from eight countries and an additional consultation with the Ministry of Health of UA, WHO EURO and Kyiv offices, and DG ECHO and NEAR. From 9 to 22 March, there were 36 requests made for the transfer of patients, using the Common Emergency Communication and Information

System (CECIS). Currently, the Commission is in close cooperation with WHO and the Ministry of Health from UA and Moldova (MD), on the criteria for the evacuation of patients to the EU Members States. The Commission expects a list of patients to be evacuated from UA and MD, including patients with serious illness. The national authorities and WHO will be able to use DG NEAR grants for the transfer of patients to the EU borders. The Commission encourages neighbouring countries to set-up designated reception centres/hospital "hubs", such as a hub established in PL, to receive patients, which then would be transported to other EU countries.

DE asked if the Commission could publish the distribution of relocated UA patients. The **Commission** replied that it is not possible to publish this information publicly. However, it is possible to share which patients have been reallocated to which country. The Commission will discuss which platform would be most suitable to share this information, most likely in Early Warning and Response System (EWRS).

FR agreed with DE regarding the importance to have an overview of the reallocated UA patients.

NO received their first patients earlier this week (12). NO is interested to hear more about the demand side, as just a few patients are listed in CECIS. Since limited information is provided in CECIS, NO often has to make use of the national system/local team to inquire additional information. NO would like to hear the experiences of other countries that already received UA patients. NO is also interested by the work done in the hubs in collaboration with WHO. NO has a medical team ready on stand-by to transfer UA patients.

SE and **LV** are also interested in a meeting to discuss patient evacuation processes and experiences, as proposed by NO.

The **Commission** replied that additional data on patients can be exchanged through the EWRS selective exchange mechanism between the sending and receiving countries. The Commission agrees with NO, SE and LV that it would be a useful to have a specific meeting with the countries that received patients, in order to share their experiences. The Commission is currently preparing a guidance on how to deal with offers and requests. A specific meeting on hubs will be held on 24 March.

6. AOB: Possibility to support medical evacuation of Ukrainian patients via air to different EU countries- Norway

The first RescEU medical evacuation plane has entered into service to help transfer chronically ill patients fleeing UA. The flight has been financed by the EU and is hosted by NO, a Participating State to the EU Civil Protection Mechanism. Among the millions of people fleeing the war in UA, chronically ill patients are the ones that urgently need specialised medical care. To coordinate the best possible care for these patients, the EU Civil Protection Mechanism expanded its reserve with a new medical evacuation airplane. The new medical evacuation plane is ready to address shortcomings in case of emergency needs for patients affected by highly infectious diseases and is part of rescEU, the common European reserve of resources.

NO is able to assist the transfer of patients, also to other Member States. NO mentioned that transport capacity is one of the major challenges in these operations. NO also asked the Commission to clarify the role of Emergency Response Coordination Centre (ERCC)/ECHO in the transport processes, as well as the role of the medical evacuation teams as described in the Standard Operating Procedures.

The **Commission** expects a large list of patients to be transferred from MD and UA. The Commission expressed the need for EU solidarity to transfer the patients. The Commission will cover 75% of the patients transfer costs. The latest version of the Standard Operating Procedures distinguishes the difference between national evacuation teams and the teams sent to prepare the evacuation (international teams).

7. AOB: Notification of a vaccine-derived polio case in Germany

On 19 March, Germany posted information in EWRS about a polio case detected on 18 March in an already vaccinated child with a travel history to Pakistan. Germany shortly updated the HSC about this polio type 1 case. The case sample will be analysed further in the coming days.

8. AOB: Reminder: please complete the HSC questionnaire on health care system access for UA refugees

The Commission received replies from 14 Member States on the survey regarding health care system access for Ukrainian displaced persons. The deadline is extended to 29 March. All EU countries are encouraged to respond.