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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health Security and Vaccination

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Health Security Committee

Audio meeting on the outbreak of COVID-19 – Rapid increase of a SARS-CoV-2 variant with multiple spike protein mutations observed in the United Kingdom

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CY, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, CH, UK, AL, MK, RS, XK, MD. AD, UA, DG SANTE, ECHO, DG MOVE, DG RTD, JRC, ECDC, EASA, EMA, Council Secretariat, WHO

Guest speaker: Dr Emma Hodcroft, University of Basel

Key Conclusions

The Health Security Committee met to discuss coordination of actions regarding the spread of the VUI202012/01 variant in the EU and exchange of information regarding infectivity and other relevant biological features.

1. Overview of the situation: presentation and discussion on epidemiology, infectivity and testing characteristics

Dr Hodcroft presented an overview of the current situation regarding the rapidly increasing new variant of SARS-CoV-2 detected in the UK.

- The variant has spread specifically in the South East and London (case numbers have increased in South East England and London even during the lockdown that took place from early November to early December). Nevertheless, the variant can, in small numbers, also be found in Wales and Scotland. Recent travel restrictions may have slowed down the spread inside of England.
- Regarding other countries, DK and AUS reported cases with the new variant (exported from the UK). IT, BE, NL have also reported identification of the variant.
- UK sequences up to 10% of their samples but this is not done in all countries or it takes 1 to 2 weeks to proceed to sequencing.
- PCR tests can pick up on the new variant if they are targeted. Specific PCR primers can be used to detect the mutations associated with the variant. **A coordinated approach in the EU to generate primers and positive controls should be implemented and confirmation by genetic sequencing should be required.**

- Regarding response, **sequencing at EU level is needed** and travel can be a factor in the spread of the variant but bans are not sustainable long term. Several options can be considered, including quarantine (which should be strict).

Following questions from Member States, Dr Hodcroft clarified that for the moment, the vaccines are believed to remain effective against this variant (it will not impede the immune response). On antigen tests, the variant should be detected by RAT. Regarding the South African strain: prevalence is rising and is of concern, but it does not appear to be exported from UK, rather a coincidental mutation. On travel, Dr Hodcroft detailed that **travel bans are a temporary solution and quarantine should be implemented with caution to its respect**. **Targeted PCR testing should be put in place as well as confirmatory sequencing.**

The UK presented an overview of the situation, in particular with regards to response.

- The UK posted the alert on Monday 14/12 on EWRS and has updated it since. Overall, cases have been increasing in the autumn. During lockdown, cases have been growing in the Northern Kent region and seemed resistant to lockdown measures. Investigations showed that the variant, which causes S-gene drop out signal, was more prevalent in Northern Kent. Early December, lockdown has been lifted in tiered way but resurgence of growth was more marked in London and South East England. In November, 25% of the cases in that area belonged to the variant, now up to 50-60%.
- The new variant raises the R-value by 0.4, which has great implications for non-pharmaceutical intervention (NPI) implementation focused on R value. Growth rate based on preliminary data shows that transmission is around 70% faster.
- On 20/12, UK introduced stricter NPI measures, close to lockdown in London and South East England regions.
- The variant may be present in other parts of Europe and has already been reported in some. There is not data on case severity yet. Regarding neutralization assays (against samples to check for reinfection and vaccine protection), clear signals will be available in 2-3 weeks.
- On a question regarding differential PCR, UK responded that most PCR platforms test in the S-gene and N segment among a triple pick up, but in recent weeks 97% of S gene drop out appear to be related to the variant. Dr Hodcroft emphasized that not all countries uses the same PCR primers as the UK. Member States should check if they have the same primers.
- On hospitalisation rates, these have risen in South East England, but they are for now linked to the overall increase in cases. Public Health England is running case control studies. On re-infections, among 1500 samples analysed, only 7 or 9 are reinfections. More will be learned through neutralization assays.
- On measures, the second lockdown was not as strict as the one in March and this is seen in an increased R-value – greater lockdown and public health restrictions are needed for this variant, hence the move to Tier 4 in several regions.

2. <u>Discussion on response measures</u>

ECDC presented possible response measures.

- Timely efforts to prevent and control its spread are needed
- Efforts should mirror those effective in an early epidemic phase
    - avoidance of non-essential travel to and from the affected areas

    - increased testing efforts
    - contact tracing and isolation of confirmed cases with epidemiological link to affected areas
- Public health authorities and laboratories are urged to analyse and sequence virus isolates in a timely manner to identify cases of the new variant
- Countries should notify these and other suspected new variants through EWRS
- Countries should continue to stress the strict adherence to non-pharmaceutical interventions guidance on the avoidance of non-essential travel and social activities
- Laboratories should review the PCR performance and drop-out of the S-gene
- Suspected cases of COVID-19 reinfection should be followed up, closely accompanied by sequencing respective virus isolates from these cases. Similarly, cases with treatment failures using convalescent plasma or monoclonal antibodies should be further studied
- Close monitoring of COVID-19-vaccinated individuals needs to be ensured to identify possible vaccination failure and breakthrough infections. Virus isolates from these cases should be sequenced and characterised genetically and antigenically.

WHO informed that its key messages are similar to those shared by the ECDC. WHO strongly advises countries to look into their own geographical areas and increase sequencing efforts where feasible. Regarding travel, WHO published recently an interim guidance on implementing a risk based approach for international travel.

EASA informed on travel bans that have been implemented by countries. These, as of 21 Dec 2020, include NL, DK, UK, LU, RO, BG, LT, LV, BE, IE, FR, HR and AT.

The floor was opened to Member States to share updates on response measures, concerns and comments.

BG reported that has not banned flights but there is a restriction: only citizens and permanent residents are allowed to enter the country when arriving from the UK, and they have to undergo quarantine. BG asked the experts and other countries what approach should be applied towards special categories of people (own citizens, residents), what will Member States that have banned flight from the UK do as a measures after they lift the bans, will PCR test be required or quarantine? BG also asked what type of test should be used and whether targeted PCR will be available.

BE reported being concerned with the situation and emphasized the need for a more broad EU consultation. BE would like a clear EU-view on how to impose general quarantine measures and PCR testing, in an attempt to have a uniform view on how people coming back from red zones should be dealt with (obligatory quarantine and testing).

The Chair noted that quarantine and isolation measures are being discussed for a while now in the HSC for an agreement on aligned approach. This particular case should help to agree on a common proposal in this regard.

FR noted that all travel is banned from UK for 48 hours to ensure strong EU coordination.

LU banned travel for 24 hours from UK. LU noted that they do already a lot of testing and that until first week of December, no UK variant was detected. LU is in favour of enforcing sequencing but understand it is easier for LU as it tests around 10% of the population each week. It takes around 1 week for sequencing with a lag of 3 to 4 weeks. A common approach against this variant is welcome, but travel restrictions might not be the best solution, it needs to come in a package of tightened NPIs, travel restrictions, quarantine and expanded testing and sequencing of isolates.

CH asked if implementation of measures is not coming too late, now that the variant has spread into the EU.

ECDC responded that it is very possible that the variant is wide spread but caution is needed and measures are to be implemented until we know more about the variant. Slowing down the spread is essential.

IE noted that the level of restrictions in place should be strengthened and should be uniform around the EU. Travel should be restricted and NPIs should be strengthened.

NL informed that all air travel from UK is banned with exceptions of cargo until 1st of January 2021. Member States should coordinate where possible a strict ban and request a negative test result for all travellers at least until 1 January 2021. NL requests other Member States to think about a possible coordination for after 1 January 2021. NL will share its sequence on GISAID as soon as possible.

NO posted measures on EWRS. So far, the variant was not detected in NO. NO bans travel from UK for next 48 hours.

DE noted that an IPCR meeting is taking place at the same time. DE seeks to have a coordinated approach for temporary travel ban for all sectors (land, sea, air) for UK and also South Africa. There should be a common understanding for exceptions (nationals coming home). In DE, air travel ban until January is in place.

PL informed of a ban on flight from and to the UK from 22/12 for 7 days. Samples are being gathered for sequencing and increased surveillance regarding people returning from UK also retrospectively is in place.

IT bans travel with UK and Northern Ireland from 20/12 to 6/1/2021. Travellers coming in or in transit who stayed in the UK in the last 14 days are forbidden. People already staying in Italy, must report and be tested by molecular or antigen test through swab. Regions to report in case sequencing picks up new variant. A guidance will be issued (in planning).

EE noted that a ban on flight from/to UK will be in place as of 21/12 until the end of the year.

CY proposes to travellers from the UK to stay 7 days in hotel for self-isolation. On day 7 a molecular test is done. If negative, then stay isolated until 10 days at home. If no symptoms, then released from isolation on day 10.

BE implemented a travel ban for 24 hours that started at midnight. An extra test at day 1 is implemented (one at day 7 is already in place).

EL requires travellers to have a negative PCR test maximum 72 hours before travelling. Measures specifically for the UK are in place since 6 am today until 28 December and require quarantine upon arrival, for 7 days.

MT already has a negative PCR test as requirement. RAT and PCR test at arrival can be done. Past arrivals in the last 10 days are required to come forward for testing.

AT informed of a landing ban for incoming flights starting on 22/12 to 1/1/2021. Guidelines at EU level on measures are welcome as common response and its timeliness are important.

PT informed that restrictions to air traffic from the UK were implemented. Entry into national territory is only allowed to national citizens or holders of residence permits in Portugal and their

families, as well as diplomatic personnel placed in Portugal. Incoming passengers must present a negative RT-PCR test performed within 72 hours before travelling. Citizens who do not present a negative RT-PCR test must be tested upon arrival to national territory. These measures are in place from 21 December to 31 December 2020.

BE noted that there is a need to act ahead of the curve and should focus on preventing further spread. Imposing quarantine and testing of travellers throughout Europe could be the way forward especially for red areas (high risk areas).

LU commented that quarantine might be a good measure. LU is preparing for intensified measures as 2 neighbouring countries (NL and BE) have sequenced the variant. Tightening of the measures should be included in a common approach.

DG MOVE noted that trade should be kept moving. PCR test if imposed should not be at the borders as testing facilities are normally not available and it would cause severe disruptions.

DG RTD noted that other platform are available to share sequences, including EBI-EMBL.

Dr Hodcroft noted that Nextstrain has a tool allowing screening of sequences.

The Chair concluded the meeting summarizing key discussion points and noted that elements on travel and domestic measures should be implemented: an aligned approach for people returning from the UK, avoidance of non-essential travels, testing and sequencing upscaling, sharing of data on sequencing, sharing of measures on EWRS, increased contact tracing, including for people returning from the UK in the past 2 weeks and tighten non pharmaceutical interventions. These points will be included in an HSC recommendation that will be shared on 21 December for agreement.

Follow up:

- *The Commission will draft a set of HSC recommendations for measures to implement with regards to travel, domestic measures (testing, sequencing, contact tracing and non-pharmaceutical interventions).*
- *It will be shared with the HSC for agreement.*
- *Member States should update the EWRS with measures that are being implemented.*
- *MS should share sequences of the virus with other Member States.*