



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 14 July 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Stefan Schreck, European Commission, DG SANTE C ADV01

Audio participants: AT, BE, DE, DK, EE, EL, FI, FR, , IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, LI, UK, AD, XK, DG SANTE, DG GROW, DG MOVE, DG HOME, DG ECHO, DG INTPA, DG HR, EASA, EEAS, ECDC, WHO

Key Messages

1. Fourth update of EU common list of Rapid Antigen Tests (RAT) (outcomes technical working group) – for agreement

The Commission (COM) updated the HSC on the technical working group on diagnostic tests for COVID-19, which met for the sixth time on 13 July. The experts proposed a fourth update for the EU common list of RAT (no objections were raised by the HSC):

The **fourth proposal** for the EU common list of RAT includes:

- An addition of 18 new RATs, meeting the criteria set by the Council Recommendation and agreed by experts two weeks ago;
- Removal of one test from Tody Laboratories, a rapid antigen test based on oral fluids – experts reviewed the submitted dossier and validation data and concluded that this test is *not* based on nasopharyngeal/oropharyngeal/nasal swab but saliva based. In use in RO, validated by ES.
- An update of eight entries of tests already included (e.g. other countries using/have validated the test or new validation study data that have become available)

In addition to the fourth proposal, three other topics were discussed:

Lab-based antigenic assays will soon be included in the EU common list. In preparation of this, the COM asked the HSC to indicate whether these types of COVID-19 tests are used, and if so, whether this will be in the context of travel / the Digital COVID Certificate. So far, the COM received seven replies: three countries are using or discussing the use of these assays, also in the context of travel and the EU Digital COVID Certificate; four countries are not using these tests or not using them in the context of travel. The **COM** will send an email to the HSC asking whether these tests should be included as part of Annex I or as a separate annex.

Saliva based rapid antigen tests are *not* included in the EU common list, as agreed last week. The COM will send an email to the HSC asking whether saliva lab-based antigenic assays should also *not* be included.

Regarding the **grace period of eight weeks**, DE proposed to shorten it. However, no unanimity was reached by the HSC. The grace period will remain eight weeks until a further decision has been made by the technical working group.

2. Weekly up-date on variant spread and on the ECDC's enhanced surveillance activities: information point

ECDC mentioned an increased case notification rate and increased weekly testing rate. Regarding vaccination, 83.6% of the doses distributed have been administered. The median vaccine uptake for the full vaccination course in adults (18+) is 43.5% and 78.5% in people aged 80+. The Alpha (B.1.1.7) variant is still dominant but decreasing among the EU/EEA countries, while the Delta (B1.617.2) variant is increasing.

ECDC mentioned several **challenges related to the variants of concern**:

- Sequencing levels vary widely within the EU and globally and sampling may not be representative
- Several weeks between sample collection and availability of sequencing results
- Time delay: two to four weeks to declare a new variant as a variant of concern
- If the new variant is already present, implementing stringent travel measures will only slightly delay the spread of the new variant in the country

3. COVID-19 in children and the role of school settings in transmission - second update

So far, ECDC has published three publications on children and the role of school settings in the transmission of COVID-19. The latest [report](#) (8 July) includes ECDC modelling: the models estimate that closing secondary schools has a larger effect on community transmission of SARS-CoV-2 than closing primary schools or day nurseries; and an update on the assessment of susceptibility of infection to children: children appear to be equally susceptible to SARS-CoV-2 infection compared to other age groups (low confidence), although severe disease is much less common in children than in adults.

PT wanted to know more on the experiences of asymptomatic testing for students, teachers and other school personnel. **ECDC** mentioned that the report recommends regular testing of students.

4. Seminar and matchmaking events on therapeutics – (presentation by DG GROW)

On 12 and 13 July, the Commission's EU Task Force for Industrial Scale-Up of COVID-19 vaccines and therapeutics hosted a new pan-European [matchmaking event](#) on COVID-19 therapeutics. This seminar and matchmaking is one of the actions announced in the Communication on Covid-19 Therapeutics Strategy. The event aimed to help accelerate and upscale the development and production of COVID-19 therapeutics in the EU and enhance the participation of companies in the EU value chains for COVID-19 therapeutics, speed up connection between organisations and companies and help with production planning. The event was dedicated to matchmaking among participants from clinical research organisations, hospitals health academia, treatment developers, public procurers, manufacturing companies, funding providers and suppliers across the COVID-19 therapeutics production value chain, including companies involved in packaging, storage, shipping and distribution and production of accessories such as syringes and vials.

As encouraged by Commissioner Breton and Commissioner Kyriakides during their opening remarks, EU companies need to step forward and join forces to develop and produce COVID-19 therapeutics since, even if most EU citizens are vaccinated, with a virus still circulating, people will need to be treated. The connections built during this first matchmaking event on COVID-19 therapeutics will prove relevant for future opportunities under the HERA Incubator.

5. Salmonella Braenderup outbreak update (ECDC)

A rapidly evolving foodborne outbreak of > 300 cases of S. Braenderup ST22 was detected in the EU/EEA linked to Galia melons imported from Honduras. The population at higher risk were women aged between 25-64 years. There is no further risk of infection from the imported melons from Honduras, but there is possibility for secondary transmission at a decreasing frequency.

6. AOB points

- AOB : reminder on reporting obligations

The COM reminded Member States of their reporting obligations under **Decision 1082/2013/EU** on serious cross-border threats to health. **Article 9** on Alerts and Implementing **Decision 2017/253** requires national competent authorities to report any alert to the Early Warning and Response System (EWRS) when a serious cross-border threat to health occurs or develops that meets the following criteria:

- it is unusual or unexpected for the given place and time, or it causes or may cause significant morbidity or mortality in humans, or it grows rapidly or may grow rapidly in scale, or it exceeds or may exceed national response capacity; and
- it affects or may affect more than one Member State; and
- it requires or may require a coordinated response at Union level.

The COM referred to **Article 6** on epidemiological surveillance, which requires national competent authorities to provide information to other competent authorities, by reporting through the epidemiologic surveillance networks, and using case definitions where possible, in accordance with Implementing **Decision 2018/ 945**.

- AOB: Evacuation of (under age) COVID-19 patients and high risk contact e.g. in summer camps – point suggested by Belgium

BE explained that it is experiencing difficulties with youth camps where Belgian residents (under 18 years of age, minors) are participating in other European countries with positive cases, and are concerned on their possibility to return to Belgium. BE has so far always emphasised the need to adhere to local measures, which means that isolation and quarantine should preferably be done locally. BE wants to know the experiences and views regarding the local implementation of isolation and quarantine for minor travellers without their parents from other Member States. In addition, BE requested Member States to report similar situations in EWRS.

- AOB: Further work on vaccine hesitancy

COVID-19 vaccine hesitancy will be discussed in the next HSC meeting. In some Member States, the supply of vaccines is now higher than the demand and there is a risk that they reach a plateau – or “glass ceiling” – for the uptake. An EU survey concerning challenges around insufficient uptake of COVID-19 vaccines will be sent out to the HSC on 14 July, the provided answers will form the basis for discussions at the next meeting on 21 July.