



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 10 August 2022

Health Security Committee

Audio meeting COVID-19, Monkeypox and Influenza

Summary report

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

Audio participants: AT, CZ, DE, DK, EE, EL, FI, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, SE, SK, NO, LI, CH, UK, AD, BA, RS, SM, DG SANTE, DG ECHO, DG ENER, DG ECFIN, HERA, SG, ECDC, EMA, WHO

Agenda points:

COVID-19

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2. Follow-up: HSC survey on implementation of Communication of 27 April – preparing for the autumn/winter

Monkeypox

3. Epidemiological update and reporting – presentation by ECDC
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5. Information about a survey on monkey pox vaccination – information by ECDC
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AOB

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Key messages

COVID-19

1. Epidemiological update and variants under monitoring and of concern – update by the ECDC

ECDC gave an update on the current epidemiological situation in the EU/EEA. The overall 14-day case notifications remain high in the EU/EEA. However, the overall case notification rate is decreasing, as well as the case notification rate amongst people aged 65 years and older. This could indicate that we reached the peak of the current wave. However, the epidemiological situation remains heterogeneous, increasing

trends were observed in 10 countries. Compared with the previous week, decreasing trends in cases, decreasing trends in hospital admissions, and stable trends in deaths are the forecast for EU/EEA overall.

Regarding SARS-CoV2 variants, BA.2.75 has been mainly detected in India where it is quickly increasing in proportion (the variant was designated as variant of interest by ECDC as of 14 July 2022). Some cases have also been detected in the EU. India expects BA.2.75 to become dominant over BA.5 in the country. A recent preprint from Japan indicates that BA.2.75 is associated with significant reduction in neutralising activity by BA.2 and BA.5 convalescent sera. There is also an indication that BA.2.75 may have slightly increased infection severity compared to BA.2 (but still much lower compared to Delta). Further studies are needed to understand better the properties of the variant. ECDC assigned the XAK Recombinant (of variant BA.2) as “variant under monitoring” as of 28 July 2022. This variant is detected at low levels in various EU countries.

ECDC reminded the HSC about the priority areas for building surveillance capacity and the importance to plan for expansion of sentinel sites for syndromic surveillance and to plan for high volume, representative, year-round genomic surveillance, integrated in the overall respiratory virus monitoring strategy.

2. Follow-up: HSC survey on implementation of Communication of 27 April – preparing for the autumn/winter

The Commission launched a survey as follow-up to the Communication of 27 April. Many Member States were, early July, still discussing many of their measures. Therefore, the Commission sent the HSC several follow-up questions regarding the countries national upcoming fall/winter plans. Several countries shared their current state of play during the HSC meeting. Several countries started or are planning to start with a campaign for a fourth vaccine dose for specific population groups (e.g. 80+, 50+, immunocompromised patients) and the up-date is mixed. For example NL reported that 50% of the target group got already the 4th dose, but only 3% in Estonia (that also started the campaign later). Multiple countries mentioned the observation of “COVID-19 measures fatigue” among the population, making them carefully consider possible reintroducing of measures.

SE reported that people aged 80+ started receiving their fourth dose earlier this year and a fifth dose will become available later this year. Challenges are experienced to reach the younger population for a booster dose. The national surveillance system on COVID-19 is well integrated. SE has currently no testing recommendation in place for the general population. It is still under discussion to give the COVID-19 and influenza vaccine together. Regarding public health preparedness and response measures, there will be some legislative changes related to ventilation standards in schools. There is ongoing monitoring and evaluation of the situation. SE recommends staying at home if you have symptoms and avoiding crowded places. Restrictions have been developed for several threshold-based COVID-19 scenarios.

AT planned a new vaccination communication campaign for the fourth dose. One of the current major challenges is the fatigue of the population towards COVID-19 measures. The existing influenza surveillance system was expanded during the start of the pandemic. Discussions are still ongoing to give the COVID-19 and flu vaccine together. There is no plan to extend ventilation/air quality measures as the cost-benefit ratio is not beneficial at this stage. A Variant Management plan has been developed for several threshold-based COVID-19 scenarios.

NL has started the fourth vaccination campaign. There is a change in the attitude of the population towards vaccination (more challenging: fatigue - we have to vaccinate again). There are no plans to combine the influenza and COVID-19 vaccination campaign due to different timing (influenza in

November, COVID earlier). COVID-19 testing is still available at national public health institutions. The government is currently promoting better ventilation systems for schools. Based on the epidemiological situation, the government can be advised to reintroduce measures (there are four scenario management plans).

CH started giving a fourth dose to vulnerable groups and people aged 80+. People aged 60+ will receive their fourth dose in the autumn. There are no plans to combine the COVID-19 and flu vaccination. Regarding the surveillance system, a sentinel system and waste water system are in place. There are currently no non-pharmaceutical interventions, CH noted population fatigue towards those measures, and there is now more focus on citizens' responsibility.

IE started offering booster doses to vulnerable groups and people aged 50+. IE moved away from mass testing and is working on an enhanced surveillance system. There are plans to review the appropriateness of non-pharmaceutical measures and ventilation systems, as well as legislation.

Given that many Member States are discussing and will probably be finalising their plans for the autumn/winter in the coming weeks, the Commission will be **re-launching the survey** to learn about their updated plans (expected to be launched during the week of 22 August).

Monkeypox

3. Epidemiological update and reporting – presentation by ECDC

ECDC gave an epidemiological update on the monkeypox outbreak. So far, 14 163 confirmed cases have been detected in 29 EU/EEA countries. The case notification rate has been decreasing during the past two weeks. This might be due to delays in reporting monkeypox cases by Member States. Therefore, ECDC urges the countries to timely share their data. ECDC anticipates to start with short-term forecasting next week. The Commission emphasised the importance for countries to report timely in TESSy.

DE asked if ECDC will provide any guidelines related to contact tracing, as this can be very sensitive in some countries for certain patients (e.g. related to sexual orientation). **ECDC** responded that EWRS should be used to work with other countries on sensitive data. **SANTE** also emphasised the use of the EWRS selective exchange tool by all EU/EEA countries.

4. Information on encephalitis – discussion among Member States

ES, SE and the UK presented clinical cases on encephalitis in patients with monkey pox during a WHO Meeting of 04 August 2022. During the HSC meeting, SE and the UK shared this information with the HSC. One case was detected in SE and two cases in the UK. There is currently no detailed information available if/how the encephalitis could be related to the monkey pox infection or not. ECDC/WHO and countries are investigating further.

5. Information about a survey on monkey pox vaccination – information by ECDC

The Commission informed the HSC that it would launch a follow-up survey on monkey pox vaccines policies and the running vaccination campaigns together with ECDC. The survey from July showed that several countries had not started vaccinating, hence an up-date is needed.

6. Update on delivery of vaccines and joint procurements – update by HERA

HERA gave an update on their latest activities to monkeypox. HERA identified two medical counter measures: vaccines and an antiviral. HERA invited countries to express needs/suggestions for possible other MCM that may be needed. Regarding the **Tecovirimat joint procurement**, 26 countries expressed interest. The deadline for the prospective contractor to submit an offer is 11 August 2022. The timeline for the conclusion of the contract remains uncertain, as it will depend on the time needed for negotiation. Regarding the **Jynneos vaccine (direct purchase)**, more than 109 000 doses are being delivered to the Member States on a pro-rata basis. The majority of the countries should receive vaccines in August. With regards to **the Imvanex/Jynneos vaccine joint procurement**, 20 countries expressed interest. However, the manufacturer informed HERA that deliveries would be expected in the third quarter of 2023. In terms of **additional clinical data collection** regarding the safety and efficacy of Tecovirimat and Imvanex, the EC works with EMA, Member States and coordinators of the European pandemic clinical trial platforms for a coordinated European approach for the setting up and implementation of large, multinational clinical trials to avoid fragmentation.

IE asked if there are some booster doses available for emergency cases (e.g. very ill patients) and if there is a timeline in place. **HERA** responded that a lot depends on the negotiations, which can take a while. Consequently, HERA is also exploring direct purchase options.

Influenza

7. Availability of pandemic influenza vaccine – update on signed and planned contracts by HERA

HERA gave an update on their signed and planned contracts for the influenza vaccine. A framework contract for the pandemic influenza vaccines was signed with GSK on 27 July. Currently, 12 countries are participating in this joint procurement and the total number of doses to be delivered under this joint procurement is 85 million doses.

AOB

8. Establishment of a new HSC Technical Working Group on EU Digital COVID Certificates (EU DCC) participants in COVID-19 vaccine clinical trials

HSC members will be invited to nominate one national technical expert to participate in a new **HSC Technical Working Group on EU DCC issued to COVID-19 clinical trial participants**. As stated by the Regulation adopted in June, extending the EU DCC until June 2023, persons participating in ongoing clinical trials for COVID-19 vaccines may be issued an EU DCC, as long as the trial has been approved by Member States' ethical committees and competent authorities. Such certificates may be accepted by the Member States in order to waive restrictions to free movement. Moreover, the Health Security Committee is tasked in this Regulation with ensuring coherence over the acceptance of these certificates across the EU. In this context, the Commission is setting up this new technical working group to prepare **guidance** on a coherent approach for the mutual acceptance of EU Digital COVID vaccination certificates issued to clinical trial participants of COVID-19 vaccines. This work is carried out with RTD and other relevant EC services, ECDC, EMA and experts from the Trials Coordination Board, the coordination mechanism for Horizon-funded COVID-19 clinical trials. The deadline to nominate one national technical expert to participate in this HSC Technical Working group is **Friday 19 August 2022**.