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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 24 May 2023

General Working Group of Health Security Committee

Audio meeting on immunisation

Summary report

Chair: Head of Unit, European Commission, DG SANTE B2

Audio participants: AT, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LV, NL, PL, PT, SE, SK, NO, IS, LI, DG SANTE, DG ECHO, HERA, SG, ECDC, EMA

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Main messages:

1. Mpox

1.1 Epidemiological update and overview of the ECDC mpox technical guidance document – presentation by ECDC

ECDC gave an epidemiological update on mpox. Since the start of the outbreak and as of 3 May 2023, 21 223 confirmed cases have been reported from 29 EU/EEA countries. Six deaths have been reported in the EU. On 14 April 2023, ECDC [published](#) Public Health Considerations for mpox in the EU/EEA. The document contains information on vaccination, surveillance, testing, contact tracing, infection prevention and control practices, case management, risk communication and community engagement.

ECDC highlighted that vaccination is considered as an important complementary intervention to other measures. The limited evidence available indicates that the vaccine provides protection against mpox. Infection can still appear after one vaccine dose but is clinically less severe. Evidence indicates that two doses provide highest vaccine effectiveness. Mass vaccination against mpox is currently not required nor recommended. Primary preventive vaccination and post-exposure preventive vaccination strategies may be combined focusing on individuals at substantially higher risk of exposure and close contacts of cases, respectively. Individual level vaccination should not replace other protective measures. Vaccination strategies will need to be kept under review and adapted to the situation in each country according to epidemiology of disease as evidence on effectiveness is accumulated.

ECDC recommends establishing event-based and indicator-based surveillance and testing capacities that are able to timely identify cases/clusters, to monitor epidemiological characteristics and affected population sub-groups, and to rapidly detect changes in outbreak trends. ECDC recommends leveraging existing HIV and STI (sexually transmitted infections) programmes and services to integrate mpox testing and surveillance activities and encourages Member States to define mpox as a nationally notifiable disease. Additionally, ECDC encourages Member States to sequence a representative sample of mpox specimens and share sequences in public repositories, particularly when sudden clinical and/or epidemiological changes are observed.

ECDC stressed the importance of easily accessible tests, to increase awareness (especially among high-risk groups) and to promote sexual health. Ambulatory cases should be advised to avoid close contact with others. Patients should ideally remain in isolation until they do not experience systemic symptoms and their skin has completely healed. Isolation not necessary for cases experiencing limited number of lesions in areas that can be covered by clothing. Hospital cases should be admitted to a single well-ventilated room with bathroom. Close collaboration with civil society and community based organisations are important, as well as the use of trusted communicates and trusted channels.

Surveillance is ongoing: and currently, mpox cases are reported monthly through TESSy (the European Surveillance System for all countries of WHO EURO Region), monthly Joint mpox Surveillance Bulletin with WHO Europe is published, ad hoc reporting through event-based surveillance (EpiPulse/EWRS), updated ECDC factsheet for health professionals on mpox.

On the **Commission** request ECDC is going to check the possibility to publish this document in several languages.

DK asked if ECDC has any considerations on who should decide whether a person has many or few skin

lesions. ECDC replied that patients are urged to seek healthcare and then proceed with the doctor's advice.

2. COVID-19

2.1 Epidemiological update on COVID-19 including an update on SARS-CoV2 variants –presentation by ECDC

ECDC gave an epidemiological update on COVID-19: all indicators remain low and are either stable or decreasing. XBB.1.5 is still considered as the dominant variant in the EU/EEA. Regarding vaccination uptake in the EU/EEA: almost 85% of the 60+ population received a first booster/additional dose and almost 50% of the 80+ population received a second booster/additional dose. ECDC mentioned that the number of countries reporting data fell compared to previous weeks, making it difficult to analyse the situation in those countries.

The World Health Organization declared earlier this month that COVID-19 is no longer a public health emergency. However, **continuous surveillance remains important**. ECDC stressed that surveillance of SARS-CoV-2 should transition to sustainable integrated surveillance of respiratory viruses. Sequencing of positive specimens should continue to allow detection of new variants. Vaccination strategies and campaigns in the spring or autumn 2023 should focus on protecting those aged over 60 years and other vulnerable individuals irrespective of age (such as those with underlying comorbidities and the immunocompromised). ECDC also emphasised that it is now the time to review what went well and what not, to identify lessons from the response to the COVID-19 pandemic through structured after-action reviews (from the Member states) and to amend accordingly the preparedness plans.

ES mentioned that the slide with the vaccination overview could better focus on the 60/80+ groups instead of the entire population. **ECDC** replied that they were indeed discussing this earlier and that they agree with the suggestion from **ES**.

SE highlighted that they are not sure if the information on the slide about the additional doses is correct. **ECDC** will be in touch with **SE** to check the correct vaccination coverage.

2.2 Survey results on the implementation of ECDC guidelines on COVID-19 vaccination, testing and lessons learned – presentation by SANTE B2

The ECDC recently published several guidance documents for longer-term considerations to the response to the COVID-19 pandemic. The Commission launched a follow-up COVID-19 survey on vaccination policies, testing and sequencing policies, and the measures following the lessons learnt.

During this meeting, survey results on vaccination strategies and campaigns were presented. The majority of countries do not perform, nor plan to perform health economic assessments for COVID-19 vaccine strategies. Most Member States do not roll out a spring vaccination campaign. Countries that are conducting spring vaccination campaigns mainly prioritise elderly (60 years and above). Vaccinations are usually administered by general practitioners or with the use of mobile vaccination units and during vaccination visits, for example in long term care facilities. A great majority of the Member States reported that even if it is too soon to assess final vaccine uptake rate, they observe generally low rates of uptake.

SANTE presented survey results on reported plans for autumn vaccination campaigns. The majority of Member States have plans or still discuss details. These campaigns which are already planned, will target

the whole population, or will be specifically directed to elderly. Member States plan to use similar means of vaccination during autumn campaigns, as they are using during spring campaigns, and so vaccines will be mainly administered by general practitioners. Most Member States plan to roll out combined COVID-19 and influenza vaccination campaigns. Several countries asked for additional guidance from ECDC on different aspects including: primary vaccination, boosters, new variant updated vaccines, targeted groups and interval between vaccination.

PT and **HR** mentioned that they completed the survey after the deadline. The **Commission** ensured that the late responses will still be reflected in the final report. The Commission will leave the survey open until the end of this week (28 May).

ES mentioned that the reasons for no vaccination are personal opinions unless there is a study backing them up.

PT mentioned that they believe the reasons are relevant to understand similarities or differences on the Member States approaches.

ECDC mentioned that after the announcement of WHO on the vaccination proposition and guidance, Member States might move from vaccination campaigns towards vaccination routine programmes. The WHO statement referred to the antigen composition for Covid-19 vaccines. ECDC mentioned that it would be good to receive more information about this from EMA. As is might impact vaccination policies for the autumn.

3. AMR

3.1 Overview of the Commission proposal for a Council recommendation on stepping up EU actions to combat antimicrobial resistance (AMR) in a One Health approach - presentation by SANTE B2

The Commission informed the HSC about the recently proposed EU Pharmaceutical package, comprising the proposals for revised EU pharmaceutical legislation, a proposal for a Council Recommendation on antimicrobial resistance (AMR) and a communication. The materials had been already circulated to the HSC at the time of presentation of the proposal. This agenda item was to provide additional information, especially on the Council Recommendation, given that AMR is part of the remit of work of the HSC, stressing that the negotiations on its adoption take place in the Council. The Commission outlined the structure and main elements of the proposed Council Recommendation, going over all sections. The Commission also flagged the main next steps, notably the foreseen adoption of the Council Recommendation still under the Swedish Presidency.

3.2 Information and update on the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) meeting 14 and 15 November 2023 - presentation by SANTE B2

The Commission provided an update of work ongoing and upcoming under the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR). TATFAR is an EU-US cooperation initiative, established in 2009 and has since grown to include Canada, Norway and the UK. Mexico will potentially join as new member. The US CDC hosts the secretariat. From the EU, the Commission (DG SANTE, RTD, ENV, HERA, JRC) and EU agencies (ECDC, EMA, EFSA) participate in regular exchanges via working-groups. TATFAR has an agreed work plan running until 2026, covering four key areas (1. antimicrobial use; 2. surveillance and prevention; 3. financial incentives, access, research, medical countermeasures; 4. Awareness raising and

dissemination). The HSC was invited to participate in the upcoming in-person meeting in Luxembourg 14-15 November 2023. Keynote speaker – Chris Fearne (Vice-Chair of the Global Leaders Group on AMR, Maltese Deputy Prime-Minister and Minister for Health) has confirmed participation. The official invitation and agenda will follow in writing soon.

4. Zoonotic diseases

4.1 National Action Plan for the strengthening of the Zoonotic disease policy – presentation by the Netherlands

To further reduce the risks of the emergence and spread of zoonotic diseases in the future, the Dutch government has drawn up the National Action Plan to Strengthen Zoonotic diseases Policy. A zoonotic disease framework was put in place, structuring the control of zoonotic diseases based on the existing Dutch structure for the control of infectious diseases. The National Action Plan focuses mainly on prevention, detection, response, international collaboration, and research. The NL aims to first strengthen the public health system and infectious disease control, to strengthen healthcare (to be better prepared, more flexible, and able to scale up easily) and to strengthen security of supply and access to medical products. The NL also stressed the importance (and challenges) of one health data exchange (between veterinary and humane research laboratories) and is planning to establish a guidance document on data exchange and the establishment of a data exchange platform. The NL highlighted the importance of zoonotic literacy and of strengthening the knowledge of zoonotic diseases among general practitioners and veterinarians. The NL stressed the importance to use an integrated one health approach and believes international cooperation is important. The NL hopes to inspire other Member States to also commit to strengthening their pandemic preparedness and zoonotic disease policy.

PT thanked the NL for the useful information, in particular regarding the framework of the areas included in the Dutch documents.

5. AOB

5.1 Multi drug resistant Salmonella Typhi – Pakistan 2018-2023

An outbreak of multi-drug resistant and closely related isolates of Salmonella Typhi has been detected among typhoid fever cases with travel links to Pakistan. Since 2018 and as of today, 73 cases have been identified in the EU/EEA. Among 64 cases with known travel history, the majority (n=62; 97%) are linked to travel to Pakistan. Sequences from cases show extensive antibiotic drug resistance including resistance to third generation cephalosporins (cefotaxime, ceftriaxone) and fluoroquinolones. Isolates also often have resistance determinants to multiple other agents such as chloramphenicol, sulphonamide, trimethoprim, and penicillins but remain susceptible to azithromycin and carbapenems.

In 2019, ECDC published an epidemiological update regarding an increase of extensively drug-resistant Typhoid fever in travelers returning from Pakistan. Australia, Canada, Denmark, Taiwan, the United Kingdom and the United States are among some of the countries reporting detections of extensively drug resistant typhoid fever cases among travelers returning from Pakistan.

ECDC invites countries to respond to the alert and to share with ECDC relevant epidemiological and sequencing data to enable cluster analysis and risk assessment. Healthcare providers should be made aware of the possibility of multi-drug resistant Salmonella Typhi infection in patients returning from

Pakistan. The limited treatment options among such patients should be highlighted among clinicians. Travelers to Pakistan should be reminded of the need for vaccination against typhoid fever before travelling, as well as proper food hygiene and hand washing practices during travel.

Closure of the meeting

- The Commission reminded the HSC to participate in the Observatory Summer School.
- The Commission informed the HSC that an invitation to appoint the members of the Comitology Committee has been sent to the Permanent Representatives.
- Covid-19 survey will remain open for additional contributions till 28.05.2023.
- ECDC is going to check the possibility to publish factsheet for health professionals on mpox in several languages.