



Opinion of the Health Security Committee for a common EU approach in response to the COVID-19 situation in China

5 January 2023

COVID-19 situation in China

The number of COVID-19 cases reached record levels in mainland China. There continues to be limited data on COVID-19 cases, hospital admissions, deaths as well as ICU capacity and occupancy in China. High levels of SARS-CoV-2 infections and increased pressure on healthcare services in China are anticipated due to low population immunity and the relaxation of non-pharmaceutical interventions. According to the China CDC website daily brief of 3 January 2023, 5 258 COVID-19-related deaths have been reported for mainland China. These numbers may not reflect the real situation related to the change in the Chinese response strategy at the beginning of December. Information on intensive care units (ICU) is not available.

China has started depositing SARS-CoV-2 sequences in GISAID EpiCoV in more useful numbers. From 1 December 2022 to 4 January 2023, China has deposited 773 sequences, out of which 756 sequences were being deposited since 25 December 2022. These sequences mainly belonged to the lineages (including their sub-lineages) BA.5.2 (34%), BF.7 (33%), BQ.1 (14%), BA.2.75 (5%), XBB (3%), BA.2 (2%). No new variant has been detected. Therefore, based on the current information, the variants circulating in China are already circulating within the EU/EEA and no new variants have been detected.

The Health Security Committee regrets the lack of reliable data on COVID-19 cases, hospital admissions, deaths as well as ICU capacity and occupancy in China.

The Health Security Committee notes the latest European Centre for Disease Prevention and Control (ECDC) assessment for the European Union (EU) / European Economic Area (EEA) from 31 December 2022. ECDC stated that given higher population immunity in the EU/EEA, as well as the prior emergence and subsequent replacement of variants currently circulating in China by other Omicron sub-lineages in the EU/EEA, a surge in cases in China is not expected to impact the COVID-19 epidemiological situation in the EU/EEA. ECDC also noted that there is currently no data suggesting the emergence of new variants of concern in China.

Due to the rapid increase of COVID-19 cases in China¹, the Health Security Committee held urgent ad hoc meetings on 29 December 2022 and the 3 January 2023 to provide an update on the epidemic situation, consult among the members about measures taken or considered and to discuss a common and coordinated approach at the European level. There, participants stressed the importance of such coordination.

A common EU approach in response to the COVID-19 situation in China

According to the Council Recommendation (EU) 2022/2548 of 13 December 2022 on a coordinated approach to travel to the Union during the COVID-19 pandemic, where necessary to address a severe worsening of the epidemiological situation, either in the Member States or in third countries, Member States, should decide, in a coordinated manner in the Council and in close cooperation with the Commission, to reintroduce appropriate requirements for travellers prior to their departure.

Furthermore, if one or more Member States reintroduce restrictions based on Council Recommendation (EU) 2022/107, regarding travel within the Union, Member States should discuss, in close cooperation with the Commission and the ECDC, whether similar restrictions should be introduced under this Recommendation regarding travel from third countries to Member States.

¹ In addition to implications regarding further potential increase of COVID-19 cases following population movements as a result of upcoming festivities.



According to Article 21 of the Regulation on serious cross-border threats to health 2371/2022² that entered into force on 26 December 2022, Member States shall consult each other and coordinate within the Health Security Committee and support the EU Integrated Political Crisis Response Arrangements in the event of a serious cross-border threat to health. This document also supports the technical implementation of IPCR operational conclusions following the IPCR Working Level Roundtable on COVID-19, held on the 4th of January 2023.

In this context, the Health Security Committee proposes the following steps for a staged, phased and proportionate, common approach. This is with the view to take a precautionary approach and with the aim to detect as early as possible a new SARS-CoV-2 variant in the EU/EEA.

1. Where appropriate, EU/EEA countries should consider introducing/ stepping up wastewater monitoring, in particular those waters stemming from airports with international flights and/or aircrafts after long-haul flights, with a particular focus on passenger flights arriving from China. A protocol for the sampling of wastewater from aircraft will be developed by the Commission services and Union agencies.
2. Where appropriate³, EU/EEA countries should consider introducing a traveller-based SARS-CoV-2 genomic surveillance programme on a random basis at international airports by increased monitoring and sequencing, with a particular focus on passenger flights arriving from China.
3. All EU/EEA countries should continue to carry out epidemiological and virological surveillance, aiming to enhance the number and representativeness of sentinel sites and increase the number of tests performed, where appropriate and in accordance with guidance and support from the European Centre for Disease Prevention and Control⁴. Where appropriate, EU/EEA countries may additionally encourage the sequencing of hospitalised/ICU cases with a history of recent travel from China and the appropriate sharing of such data as part of enhanced monitoring.
4. The EU Integrated Political Crisis Response Arrangements should issue a Council Conclusion recommending that all travellers on international flights to and from the EU/EEA, but especially vulnerable passengers, people with respiratory symptoms and travellers with China as country of origin should wear a medical mask or FFP2/N95/KN95 respirators and that all EU/EEA countries issue advice to incoming and outgoing international travellers coming from or destined for China, regarding personal hygiene and health measures, and to aircraft and airport personnel.
5. Where appropriate⁵, EU/EEA countries are encouraged to consider the requirement for a pre-departure negative antigen test according to the EU common list of COVID-19 antigen tests⁶ (taken preferably not more than 48h hours before entry) or a negative Nucleic Acid Amplification Test (NAAT) COVID-19 test (taken preferably not more than 48h and at latest 72 hours before departure to EU/EEA countries). Where appropriate, EU/EEA countries may also complement such measures by implementing COVID-19 antigen tests from the EU common list⁷ or NAAT tests undertaken randomly at arrival in EU/EEA countries.
6. All EU/EEA countries should continue to aim to increase COVID-19 vaccination coverage, in particular in population groups with low coverage levels and in respect of vulnerable groups, together with further offering of vaccines from EU Member States.
7. Based on up-dated risk assessments from the World Health Organization and the ECDC, the EU Integrated Political Crisis Response Arrangements should deliberate if point 2 of Council Recommendation (EU) 2022/2548 should be triggered for China. Here, travellers arriving from China to the EU (if possible, also if travelling via a 3rd country) would be required to show a pre-departure negative antigen test according to EU common list of COVID-19 antigen tests⁸ or a negative Nucleic Acid Amplification Test (NAAT) COVID-19 test⁹.

Annex – Specific EU/EEA positions

² <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2022:314:FULL&from=EN>

³ Notably in the instance of direct passenger flights arriving from China and as regards national legislation.

⁴ <https://www.ecdc.europa.eu/en/publications-data/operational-considerations-respiratory-virus-surveillance-europe>

⁵ Notably in the instance of direct passenger flights arriving from China and as regards national legislation.

⁶ As per the December 2022 HSC list of RAT tests.

⁷ As per the December 2022 HSC list of RAT tests.

⁸ As per the December 2022 HSC list of RAT tests

⁹ Both, an antigen taken preferably not more than 48h hours before entry and a Nucleic Acid Amplification Test (NAAT) taken preferably not more than 48h and at latest 72 hours before departure to EU/EEA countries.



EUROPEAN COMMISSION
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Public health
Health security

The Polish Ministry of Health position is to abstain from endorsement of "Opinion of the Health Security Committee for a common EU approach in response to the COVID-19 situation in China".