



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 05 January 2022

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

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

Audio participants: AT, BE, CZ, CY, DE, DK, EE, EL, ES, FI, FR, HU, HR, IE, IT, LT, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, LI, UK, AD, RS, SM, DG SANTE, DG MOVE, DG ECHO, SG, COUNCIL, EMA, ECDC, WHO

Agenda points:

1. ECDC update on OMICRON – information point
2. ECDC update on recommendations for quarantine and isolation – information point
3. SANTE presentation of the Member States survey on non-pharmaceutical interventions and length of quarantine and isolation – discussion point
4. AOB: HSC ComNet meeting
5. AOB: Vaccination certificates for participants of clinical trials for booster vaccines

Key messages:

1. ECDC update on OMICRON – information point

ECDC provided the HSC with an epidemiological update on the Omicron variant. All EU/EEA countries have reported COVID-19 cases due to Omicron now. In some countries, Omicron is the dominant variant. Omicron seems to have a significant growth advantage and potential immune escape over the Delta variant. Disease severity in patients with Omicron appears to be lower in individuals compared to those infected with Delta. According to currently available evidence, booster doses will increase protection against severe outcomes caused by the Delta variant, and are expected to increase protection against the Omicron variant. The main conclusions from [ECDC's Rapid Risk Assessment 18th Update](#) on the impact of Omicron remain valid. On 7 January, ECDC will publish an up-dated surveillance report.

EE asked when a booster dose recommendation could be expected for those under the age of 18. EMA replied that this topic is currently under discussion and might be concluded by the end of January.

2. ECDC update on recommendations for quarantine and isolation – information point

ECDC published guidelines for the quarantine of contacts and isolation measures for infected patients earlier last year. The duration of quarantine and isolation is currently being discussed in many Member

States as the number of quarantined contacts and patients in isolation is increasing, especially with the rapid spread of Omicron as it represents a significant burden on society and public life.

Based on a non-systematic screening of literature regarding quarantine and isolation, ECDC indicated that the incubation period seems to be shorter for the Omicron variant. However, they noted that more studies are needed on the incubation period, viral shedding and on vaccine effectiveness. ECDC identified a number of key points that countries should consider when intending to revise recommendations on isolation and/or quarantine: 1) consider the local epidemiological situation, the setting's testing capacity and the socio-economic effects of the pandemic in the specific settings; 2) deciding on how much residual risk of transmission Member States are willing to accept; 3) the shorter the isolation and/or quarantine period the higher the residual risk; 4) different variants have varying characteristics; 5) RADT or RT-PCR performed at a laboratory or by a qualified professional are preferred over self-testing. ECDC concluded that [its current guidance for contact tracing remains relevant](#) and no change is warranted, this should be considered the standard approach when resources allow. ECDC is however mindful that in high burden settings a more pragmatic approach, even though not science-based may be considered, and suggests several scenarios that it will be further discussed with its Advisory Forum. Such a scenario may, for example, foresee to shorten the quarantine requirements for unvaccinated individuals to 5 or 7 days, followed by a test or to limit quarantine for all vaccinated individuals only to the period until a negative result is available and to repeat a test 2-4 days later. ECDC also called on countries to report more detailed data to TESSy e.g. regarding the proportion of contacts reached or the proportion of contacts that develop COVID-19.

IE stressed that the information provided by ECDC is extremely useful for making urgent decisions about quarantine and isolation.

MT asked for clarification on how ECDC defines the incubation period when dealing with clinical symptomatic or asymptomatic cases. MT also asked which other mitigating measures should be considered in case of high or extreme burden caused by the variant of concern. **ECDC** replied that the definition of the incubation period is the time between exposure and the onset of symptoms. ECDC shared new quarantine and isolation measures for essential workers during periods of high or extreme strain due to COVID-19.

ES mentioned that their health system is currently overloaded. Follow-up is therefore not realistic at this stage. Many people test themselves and decide for themselves whether or not to report this to the public authorities. Currently, the incidence is five times higher, causing problems for services, but the cases are less severe. ES stressed the need to adapt the surveillance system.

LT asked what quarantine strategy should be used for recovered individuals. **ECDC** replied that recovered individuals are currently included under the vaccinated individuals. In the future, ECDC will include a separate advice for recovered persons.

HR asked if previous Covid-19 infection is either followed by vaccination or considered on its own as possible criteria for isolation and quarantine. HR also asked ECDC who they consider fully vaccinated individuals, do they include those with primary vaccination completed within six months excluding booster dose, and are they considered fully vaccinated (In ECDC preliminary proposal) in case of the Janssen vaccine. **ECDC** replied that this is complicated and therefore kept more general in the report.

IT is experiencing difficulties with a healthcare workers being exposed to Covid-19. IT wants to apply more flexible measures for this specific group due to staff shortage, but there is a great risk if allowing them go to work and possibly being contagious. ECDC mentioned that a separate isolation guideline has been published for health professionals.

3. SANTE presentation of the Member States survey on non-pharmaceutical interventions and length of quarantine and isolation – discussion point

DG SANTE presented the results of a survey that was run among HSC members regarding measures implemented / considered in the light of the new Omicron variant which included new questions on quarantine and isolation. Based on 25 replies, the answers show that hospitals in many countries are still overloaded due to the treatments of Covid-19 patients and that regular diagnosis and treatment in hospitals are being postponed or canceled. Some countries are increasing COVID-19 beds and ICU capacities for treating COVID-19 patients and increase stockpiling of pharmaceuticals for treatment of COVID-19 infections. In terms of vaccination, the majority of the countries do not plan to make vaccination against COVID-19 mandatory for the general population, some countries are debating whether or not to make it mandatory, other countries have made the vaccine mandatory only for specific population groups. The majority of the countries are currently not discussing/preparing to administer a fourth booster dose. While many countries recently up-dated / are in the process of up-dating their quarantine/isolation recommendations e.g. lowering the quarantine time from 10 to 7 days or distinguishing between vaccinated and non-vaccinated individuals, the picture is diverse among EU and neighboring countries. Most countries accept a PCR or RAT test to reduce the quarantine time. DG SANTE informed the HSC that it will further analyse the (still incoming) answers and propose a revision of the [HSC document on quarantine and isolation](#).

BE mentioned that new rules will apply as of 10 January. BE will send an update to the COM.

PT has implemented new measures as of 5 January on isolation and quarantine. PT will resubmit the questionnaire.

The COM asked if any countries experience issues with the supplies of tests and (FFP2) masks.

ES reduced the quarantine period from 10 to 7 days (last three days should have been asymptomatic). Higher demands on testing have led to the limit being reached, but did not result in a deficit. FFP2 masks may be recommended, but not required.

FR also shortened the quarantine period. FR has no shortage of tests. Masks are mandatory in public areas, but there are no specific requirements for the type of mask.

4. AOB: HSC ComNet meeting

SANTE C3 will convene a Health Security Committee ComNet meeting at the end of next week. Focus will be on the spread of the Omicron variant and the challenges this new development in the pandemic poses to Member States in terms of risk communication to citizens. SANTE is collaborating with ECDC to develop a set of "Q&A" that could be useful for countries in their communication work at the current stage of the pandemic.

5. AOB: Vaccination certificates for participants of clinical trials for booster vaccines

DE proposed to discuss the topic of vaccination certificates for participants of clinical trials for booster vaccines in the HSC. A pharmaceutical company informed DE that many participants would leave the clinical trial or refrain from participating because they would not be able to maintain their vaccination

status with the not yet authorised specific booster dose. **SANTE** agreed to discuss this topic in the next HSC meeting, taking place on 12 January, and will send questions to prepare the discussion to countries in advance.