EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 6 October 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

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

Audio participants: AT, BE, CZ, DE, DK, EE, EL, FI, FR, HU, IE, IT, LV, MT, NL, PL, PT, RO, SE, SI, SK, LI, NO, CH, DG SANTE, DG MOVE, DG JUST, DG HR, COUNCIL, ECDC, WHO

Agenda points:

1. Acceptance of RATs for issuing recovery certificates – presentation of the results of the survey among HSC members and discussion
2. Options for indicators regarding the "traffic light" map implementing Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic – presentation of an options paper by ECDC and discussion
3. Latest ECDC Rapid Risk Assessment - presentation by the ECDC and discussion
4. Discussion on current key issues in the implementation of the COVID-19 vaccination strategy
5. AOB: Update on the publication date for the new ECDC surveillance guidance
6. AOB: EWRS - information point on user acceptance test meeting and the joint controllers meeting on EWRS/ ePLF

Key Messages

1. Acceptance of RATs for issuing recovery certificates – presentation of the results of the survey among HSC members and discussion

The current EU Digital COVID Certificate Regulation states that a positive result from a rapid antigen test must not be used as a basis for the issuance of recovery certificates. The European Centre for Disease Prevention and Control (ECDC) recently changed its recommendations that rapid antigen tests can be used for recovery certification. COMM launched a survey among Member States on the possible use of rapid antigen tests for issuing EU Digital COVID Certificate recovery certificates. The replies received on the acceptance of rapid antigen tests for issuing recovery certificates differed among Member States. So far, only 10 EU/EEA countries are in favour of issuing an EU Digital COVID Certificate based on positive rapid antigen test results. The COMM will inform the HSC on further developments.

2. Options for indicators regarding the "traffic light" map implementing Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic – presentation of an options paper by ECDC and discussion

A questionnaire on the revision of Council Recommendation (EU) 2020/1475 (traffic light map) was previously launched among the Member States by DG JUST, where 18 out of 26 MS responded that the weekly traffic-light map produced by ECDC should not be maintained in its current form. In response to that, ECDC prepared a policy option paper for a possible review of indicators. ECDC presented the strengths and weaknesses of the current traffic light map and shared options for revised indicators.

Few countries intervened, asking for a revised approach. COMM launched a written consultation on the different options among the HSC. The results will be discussed in a special HSC meeting on Monday 11 October 2021, which will then feed into the discussion in the IPCR and further cross-DG discussions.

DE commented that it would be too early to discontinue the combined indicator.

MT highlighted the importance to include vaccination uptake as an indicator.

FR mentioned that more time is needed to make a final decision on their position.

3. Latest ECDC Rapid Risk Assessment - presentation by the ECDC and discussion

ECDC published the 16th update of the Rapid Risk Assessment (RRA): *Assessing SARS-CoV-2 circulation, variants of concern, non-pharmaceutical interventions and vaccine rollout in the EU/EEA*. **Countries with vaccination coverage at or below the current EU average level** in the total population and who are planning to relax non-pharmaceutical interventions (NPIs) have a high risk of experiencing a significant surge of cases, hospitalizations and mortality from now until the end of November 2021.

The ECDC RRA recommends several options for response to be taken by the MS (also with high vaccination coverage):

1. Increase COVID-19 vaccination coverage in all eligible age groups
2. Maintain NPIs in place
3. Closing any COVID-19 vaccination gaps in vulnerable populations and healthcare workers
4. Risk communication activities to stress the importance of COVID-19 and influenza vaccines to protect against severe disease
5. Increase the levels of prevention and preparedness in the educational system
6. Effective monitoring and reporting on COVID-19 cases, hospitalisations and deaths, and vaccine effectiveness
7. Genomic sequencing of samples for categorizing e circulating variants

ECDC will produce revised projections covering the holiday period in due course.

4. Discussion on current key issues in the implementation of the COVID-19 vaccination strategy

COMM carried out a short survey among the HSC on disruptions of/delays in childhood and routine vaccination programs; co-administration of COVID-19 vaccines together with the influenza vaccine; and on which criteria MS base the type of booster vaccines. Responding Member States indicated they have experienced disruptions of/delays in routine in routine vaccination concerning those vaccines normally administered in **school settings.** Most of the responding countries recommend an **mRNA COVID-19**

vaccine as a booster dose (regardless of what vaccine was received for the primary course of vaccination).

NO mentioned the country has not experienced delays in childhood vaccination. NO is not planning to administer the two vaccines at the same time; the influenza vaccine will be administered before a COVID-19 booster vaccine to avoid reactions/side effects.

DE federal states ("Länder") observed a decline in the uptake of childhood and routine vaccinations during the COVID-19 pandemic. DE allows co-administration of the influenza and COVID-19 vaccination, administered in different limbs. Regarding additional doses, the national NITAG recommends an mRNA vaccine regardless of the previous vaccination.

AT mentioned the delay in childhood vaccines that are usually administered in schools. Regarding booster vaccines, the national NITAG recommends an mRNA vaccine regardless of the previous vaccination.

IT mentioned that initiatives to catch up with childhood vaccinations are undertaken by almost all regions. In IT, co-administration of the influenza and COVID-19 vaccine is possible, however, one should not delay the other. A booster vaccine is recommended from the previous series.

FR will start with an influenza campaign in October. It is possible to administer an influenza vaccine and a COVID-19 booster vaccine at the same time. FR recommends mRNA vaccines for a COVID-19 booster.

In **SI**, COVID-19 did not have a significant effect on pre-school children, however, SI did notice a delay with childhood vaccines for school children. SI recommends mRNA vaccines for a COVID-19 booster dose.

SE is focussing on hard-to-reach groups who did not receive their first COVID-19 vaccine yet. SE recommends a (mRNA) booster dose for elderly 80 years and older.

BE noticed a delay in childhood vaccinations among schoolchildren, but is already starting to catch up. BE has no specific strategy regarding co-administration of influenza and COVID-19 vaccines at this stage. BE recommends mRNA vaccines, preferably Comirnaty, as a booster vaccine.

HU did not notice disruptions in childhood or routine vaccination programmes. HU recommends heterologous vaccination, also for booster vaccines (with at least 4-6 months between the previous vaccination)

The COMM will collect Member States' answers to then share with the HSC.

5. AOB - RO – limiting the hospitals

RO is currently experiencing a strong COVID-19 wave, mainly due to a low vaccination rate in the country (30%). Surgeries for non-urgent cases will be delayed for 30 days. RO activated the EU Civil Protection Mechanism.

6. AOB: Update on the publication date for the new ECDC surveillance guidance

ECDC will publish their new surveillance guidance, which is currently under consultation with the Advisory Forum.

7. AOB: EWRS - information point on user acceptance test meeting and the joint controllers meeting on EWRS/ ePLF

The "user acceptance test" meeting took place on 5 October, to review the new Early Warning and Response System developments, related to "user's access" and updates of notifications. The test consisted of eight tests. 12 countries submitted results. The COMM will organise an Early Warning and Response System new users training in November 2021.

The second **joint controllers meeting** on Early Warning and Response System / electronic Passenger Locator Form will be held on 19 October 2021. The meeting will focus on electronic Passenger Locator Form on-boarding; EU digital Passenger Locator Form compliance with EU data protection and data security requirements; overview of new Early Warning and Response System future developments, including data protection impact assessment and integration of the contact tracing applications; and standard operation procedures for joint controllers in case of data breach.

8. AOB – COMM has signed a new framework contract with Ely Lilly for its monoclonal antibodies combination product.

The COMM signed a new contract for 220.000 treatments of **monoclonal antibodies** (Bamlanivimab and Etesevimab combination) with Eli Lilly. MS can authorize this product under a national emergency use procedure or wait for a possibly opinion for a (conditional) marketing authorization from EMA before making a purchase. Several other new framework contracts for intensive care unit medicines have also be signed (Ceftriaxone, Dexmedetomidine, Midazolam, Levoflaxacin, and Propofol).