

Meeting of the EU scientific advice platform on COVID-19

Meeting Report

Thursday 14/10/2021 at 15:00

Commissioner Kyriakides opened the meeting by pointing to the difficult situation in relation to COVID-19 in a number of European Member States. Prof. Peter Piot had submitted his apologies for this meeting.

1. COVID-19 Epidemiological update

ECDC provided an update on the **epidemiological situation** in the EU. The current overall situation in the EU/EEA is characterised by two distinct epidemiological patterns. The first is mainly to be found in Eastern Europe, driven by a lower vaccine coverage and characterised by increasing case notification rates and an overall epidemiological situation of high or very high concern progressively putting stress on health systems. The second pattern is observed in Member States with relatively high vaccine coverage and is characterised by an increase of cases, sometimes also of hospital admissions, and low death rates. Where hospitalisation admissions are increasing, this is explained partly by waning immunity and partly by remaining pockets of unvaccinated people in the population. Case notification rates, death rates, hospital and ICU admissions are all forecast to increase over the next two weeks. The overall COVID-19 case notification rate for the EU/EEA was 165.8 per 100 000 population (150.9 the previous week). Delta continues to be the dominant variant accounting for about 99.9% of cases.

Outbreaks in long-term care facilities continue to be reported, which have a strong impact because of the vulnerability of the inhabitants. Boosters can thus be very important for this part of the population.

ECDC announced the publication of a [report](#) with **guidance on how to increase vaccination up-take** and access to vaccination. ECDC will also provide [regular up-dates on vaccine effectiveness](#) from now on.

Commissioner Kyriakides is currently reaching out to health ministers of the most affected countries to see how the Commission can help in view of the overburdening of hospitals and in particular ICUs. The **Union Civil Protection Mechanism (UCPM)** has been activated for RO to help with the treatment of COVID-19 patients, and ECDC stands ready to send expert teams to the most concerned countries, starting with RO and BG.

The experts of RO and LV reported in more detail on the situation in their countries and contributing factors. The need to accelerate vaccination as well as to maintain or reinforce NPIs was underlined. Commissioner Kyriakides advised not to wait too long before activating the UCPM, but rather to anticipate the needs. Both the ECDC and the expert of GR expressed concerns regarding the co-circulation of and possible co-infection with SARS-CoV-2 and

influenza A viruses, in particular as the available influenza vaccine does not provide strong protection against sub-type H3N2. Regarding the possible **co-infection with SARS-CoV-2 and influenza**, there is not much evidence available so far, but it could complicate diagnosis and treatment of COVID-19 and may have a significant impact on morbidity.

2. COVID-19 vaccination – State of play

EMA reported on progress regarding the approval of new vaccines as well as of the use of approved vaccines for **extra doses** and **booster doses**. Concerning the COVID-19 mRNA vaccines, the human medicines committee (CHMP) has concluded that an extra dose of Comirnaty and Spikevax may be given to people with severely weakened immune systems, at least 28 days after their second dose. For the booster doses of Comirnaty, the CHMP concluded that booster doses may be considered at least 6 months after the second dose for people aged 18 years and older. This was based on data showing a steep rise in antibody levels when a booster dose is given approximately 6 months after the second dose. The evaluation of data for booster doses for Spikevax is ongoing. The risk of inflammatory heart conditions or other very rare side effects after a booster is not known yet, and is being carefully monitored. EMA continues to evaluate new data on the issue of myocarditis after vaccination with Comirnaty.

The rolling review of the COVID-19 vaccine candidate of CureVac has been stopped, after the company withdrew from the process.

EMA is observing a positive effect of the Commission's therapeutics strategy and is receiving more applications. On 14 October, the CHMP has started a rolling review of Evusheld, a combination of two monoclonal antibodies (tixagevimab and cilgavimab), for the prevention of COVID-19 in adults. EMA also started the evaluation of two marketing authorisation applications for COVID-19 treatments based on monoclonal antibodies (Regkirona and Ronapreve). The antiviral Molnupiravir is under consideration for a rolling review.

Commissioner Kyriakides recalled that there are already three public procurement framework contracts signed for COVID-19 treatments.

Experts reiterated the need for more harmonised testing methodologies. ECDC announced the publication of some guidance on surveillance by next week, which will address testing strategies, and explained that everyone with COVID-19 symptoms should be tested, whether vaccinated or not. Control testing should not be mixed with testing for surveillance. ECDC also confirmed the need to reflect on testing methodologies for respiratory diseases for the coming years.

3. AOB

The up-date on ECDC's modelling plans is postponed to the next meeting. The next call will take place on Wednesday 27 October at 1800 hours.

Participation

1. Professor Markus MUELLER (Austria)
2. Professor Steven VAN GUCHT (Belgium)
3. Professor Alemka MARKOTIC (Croatia)
4. Dr Zoe PANA (Cyprus)
5. Professor Roman CHLIBEK (Czechia)
6. Professor Taneli Puumalainen (Finland)
7. Professor Arnaud FONTANET (France)
8. Professor Sotirios TSIODRAS (Greece)
9. Dr. Hans-Ulrich HOLTHERM (Germany)
10. Mr Miklós SZOCSKA (Hungary)
11. Dr Darina O’Flanagan (Ireland)
12. Professor Silvio BRUSAFERRO (Italy)
13. Professor Uga DUMPIS (Latvia)
14. Dr Jean-Claude SCHMIT (Luxembourg)
15. Dr Charles MALLIA AZZOPARDI (Malta)
16. Professor Aura TIMEN (The Netherlands)
17. Professor Andrzej HORBAN (Poland)
18. Professor Diana Loreta PAUN (Romania)
19. Mr Milan KREK (Slovenia)
20. Professor Pavol JARCUSKA (Slovakia)
21. Dr Anders TEGNELL (Sweden)

European Commission:

- Stella Kyriakides, European Commissioner (Chair)
- Pierre Delsaux, Deputy Director General, DG SANTE
- Giorgos Rossides, Head of Cabinet of Commissioner Kyriakides
- Roberto Reig Rodrigo, Member of Cabinet of Commissioner Kyriakides
- Chrystalla Papanastasiou-Constantinou, Member of Cabinet of Commissioner Kyriakides
- Cristina Modoran, Policy Assistant to the Director General, DG SANTE
- Sigrid WEILAND, Scientific Assistant to the Special Advisor to the EC President on COVID-19
- Peter Wagner, Secretariat General
- Jeremy Bray, Secretariat General

ECDC

- Bruno Ciancio, PHE Manager
- Helen Johnson, Expert Mathematical Modelling, Scientific Process and Methods, SMS

EMA

- Emer Cooke, Executive Director
- Marco Cavaleri , Head of the office Anti-infectives and Vaccines