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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health Security and Vaccination

Luxembourg, 7 December 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, PL, PT, RO, SE, SK, NO, IS, CH, UK, AL, ME, XK, MD, AD, DG SANTE, DG HOME, DG ECHO, DG MOVE, DG HR, ECDC, EASA, Council Secretariat, WHO

Key Conclusions

1. Staying safe from COVID-19 during winter strategy

Last week the Commission adopted a Strategy, setting out specific guidance for COVID-19 measures during winter, particularly in the context of the upcoming end-of-year festivities. The Strategy further builds on the Commission recommendations published in April, July and October. The Strategy stresses the importance of continued vigilance and caution throughout the winter period and into 2021 when the roll out of safe and effective vaccines will occur. It focuses on the following subjects:

- **Physical distancing and limiting social contacts** remain key for managing COVID-19 outbreaks, including during the upcoming holiday period. Measures should be tailored to the target population, clearly communicated, and based on the local epidemiological situation.
- Efforts on **Testing and contact tracing** are essential for detecting clusters and breaking transmission. The use of rapid antigen tests in addition to RT-PCR is encouraged, where appropriate.
- **Safe travel**, an increase in travel linked to the end-of-year holidays is expected, and careful planning is therefore required. Transport infrastructure must be prepared and quarantine requirements clearly communicated.
- **Healthcare capacity and personnel:** A continued focus on healthcare capacity and personnel is of utmost importance. Reinforced health services, integrated health strategies and sound business continuity plans should be put in place to make sure COVID-19 outbreaks can be managed, but also that there are no delays or barriers for patients in need of other treatments.

- **Pandemic fatigue and mental health** are natural responses to the current situation. Member States should reinvigorate public support to address pandemic fatigue. Psychosocial support should be stepped up too.
- **National vaccination strategies.** Member States should further develop their vaccination strategies for a successful roll-out deployment of the vaccines, including a clear communication on vaccination schedules and priority groups, and ensure that the transport services and logistics needed for the safe delivery of the vaccines are planned accordingly.

BE and **IT** welcomed the Communication, **BE** particular noting the recommendation to not loosen the measures (social-distancing) during the holiday period. The discussion will be pursued in view of the potential need for more restrictive mitigation measures.

2. Common position on rapid antigen tests

During the last HSC meeting it was agreed that the Commission draft a proposal for a common position by the HSC on rapid antigen tests. Following, at the COREPER II meeting on 2 December, Member States called for the adoption of a common approach for the use of rapid antigen tests (complementary to RT-PCR tests) and the intensification of coordination efforts as regards the facilitation of mutual recognition of rapid antigen test results. In this context, the Commission is currently working on further recommendations on the use, validation and mutual recognition of rapid antigen tests.

BE asked for more information related to the Joint Procurement antigen tests. The Commission received offers from a large number of companies. The evaluation is currently ongoing. In addition, rapid antigen tests offers were also received related to the ESI. These tests are expected to be distributed as soon as available. More information to be shared. **ES** expressed concerns related to the use of rapid antigen tests. The prevalence of the disease is continuously changing; therefore, **ES** highlighted the need for the establishment of an evolving document, depending on the prevalence of the cases. Another issue raised concerned self-testing, which should not be used, as the test should be carried out by a professional to avoid reduction in sensibility.

BG noted that it is unclear what further recommendations will bring in addition to the recent Commission recommendation and ECDC guidance. The Commission noted that these recommendation will focus on the use, validation and mutual recognition of the rapid-antigen tests. The content of the proposal will strongly build on the discussions and information shared in the context of the HSC.

IE pointed out the need to access data related to the validation of tests from other countries, to allow for an assessment at national level.

Follow-up

- *The topic will be further discussed at the next meeting.*
- *The Commission will provide a detailed update on the joint procurement of rapid antigen tests at the next meeting.*

3. Options for cross-border verifiable COVID-19 vaccination certificates

The agenda point will be discussed in the following meeting. However, some countries already provided comments related to the topic.

FR noted concerns related to the vaccination certificate. For an immunity passport, the International Health Regulations include provisions, for international travel countries can require evidence of vaccination against yellow fever – this issue is to be taken forward with WHO. France is not in favour to have an immunity passport to restrict travellers within Europe and beyond. The vaccination certificate would be acceptable as a proof to show that a person has been vaccinated and therefore used to not involve testing and quarantine upon arrival of a country. Moreover, France would like to exchange data with other Member States on how to secure QR codes for a health certificate.

BE is in favour of a vaccine certificate on EU/global (WHO) level.

MT mentioned the importance to consider how immunisation and testing for border-cross movement will affect the movement in the frontline borders.

ES is now requiring a PCR-test prior to entry of the country. However, in the future in the presence of such certificate, the request for testing may no longer be essential.

Follow-up

- *This topic will be further elaborated in the next HSC meeting, with more detailed information from the Commission.*

4. Scenarios-based modelling for targeted COVID-19 non-pharmaceutical interventions

DG JRC in collaboration with ECDC have been working on scenarios-based modelling for targeted COVID-19 non-pharmaceutical interventions. Main outputs include a toolbox available for the Member States to use, particularly for modellers and epidemiologists in healthcare authorities. This work pays special attention to ‘lock-downs’ in regional and national settings. JRC provided an overview of scenarios and tools for locally targeted COVID-19 non pharmaceutical intervention measures.

DE asked about overall conclusions related to the lockdowns, as lockdowns are defined differently in different countries. **JRC** noted that conclusions should be seen in the specific context, however, lockdowns on a regional level appear very favourable.

Follow-up

- *Toolbox of JRC and ECDC to be shared amongst the HSC.*

5. Passenger Locator Form

The Commission, EASA and the EU Joint Action Healthy Gateways have been working on a European Digital Passenger Locator Form system that would allow the entry of data by passenger and the exchange of PLF data between Member States for the purpose of contact tracing. The project is divided into 2 streams of work – EASA is developing a platform that allows for the exchange of data between the Member States that already have national digital PLF systems online. It would enable Member States to share a pre-determined set of data and so allow for interoperability between national systems, without major modifications of these systems (“push and pull” principle) – the pilot project will be pilot tested before the Christmas break. The second stream, led by Healthy Gateways, concentrates on a data entry web app, EUPLF for passenger to enter their data that will connect to national data storage capacities – the system should be pilot tested in air, maritime and ground sectors.

EASA is running the pilot test under the coordination of DG MOVE with volunteering Member States for an exchange platform related to contact-tracing. The platform would become operational immediately and will also include a legal solution to enable Member States to exchange the personal data. Member States who are currently actively involved include Spain, Italy and Slovakia. The Commission encouraged more Member States to participate in the project.

The Coordinator of the **Healthy Gateways Joint Action** informed that guidance was developed for the four different sectors (air, maritime and ground crossings). A working group (including members of EASA, ECDC, EMSA, ERA) has been established to finalise the templates for the different guidelines. The EU digital PLF system will be pilot tested in Member States around 15 December for an estimated go live on 10 January 2021. The purpose of pilot testing will be to test the functionality of the European dPLF system and the clarity of information requested in the digitalised PLF. User feedback (passengers and competent public health authorities) will be requested to evaluate user satisfaction with this process and provide any suggestions for improvement. Countries interested in participating in the pilot, pending confirmation, are AT, IT, DE, PL, SI, ES, CH.

Follow-up

- *The Commission will regularly update the HSC on the results of the pilot tests.*

6. ECDC/EASA Guidelines for COVID-19 testing and quarantine of air travellers

Upon request from the Commission, EASA and ECDC produced guidelines for COVID-19 testing and quarantine of air travellers and act as an addendum to the Aviation Health safety Protocol. The document aims to support Member States in determining a coordinated approach when considering potential measures for air travellers within the EU/EEA and the UK in the context of the COVID-19 pandemic. Key messages include:

- In the current epidemiological situation, where SARS-CoV-2 is established in the community of all EU/EEA countries and the UK, imported cases account for a small proportion of all detected cases and are unlikely to significantly increase the rate of transmission.
- Travellers should neither be considered as a high-risk population, nor treated as contacts of COVID-19 cases, unless they had been in known contact with a confirmed positive case.
- Travellers should be treated in the same way as local residents and be subjected to the same regulations or recommendations as applied to the local population.
- Member States should always admit their own nationals and Union citizens and their family members resident in their territory, and should facilitate swift transit through their territories.

IE expressed disagreement with the advice of the ECDC, noting that the document has internal inconsistencies. IE, similar to other countries, has quarantine measures in place for travellers: travellers should restrict their movement upon arrival and should get a PCR-test at day 5. If the test is negative, people can be released from their movement restrictions. This advice is contradicted by the ECDC by saying that travellers should be treated in the same way as local residents and people can travel without any quarantine measures, and consequently identified in the community only if they have symptoms. Ireland asked the ECDC to advice on restricting non-essential travelling, also during Christmas holidays. Only essential travels should be allowed, including the advice for people not to visit their elderly, also not in their own country until everyone is vaccinated.

ECDC pointed out that the risk assessment does not encourage travelling. It gives guidelines for countries that still accept travellers. Current data shows that it is not essential for Member States to focus as much on air travellers travelling from one red zone to another red zone. **EASA** added that the document does not stipulate that Member States should not take any measures, and different recommendations apply for countries with different epidemiological situation.

BE and **DE** supported **IE** to have recommendation in place that limit national and international travel. **BE** referred to the contribution of travel to the second wave of COVID-19 in September. **DE** noted that testing, quarantine and additional measures for social distancing and partial lockdown plays a crucial part in controlling the spread of the disease. **IT** and **IS** further supported **IE** position.

Follow-up

- *The Commission will follow-up with ECDC and EASA, asking to address comments from countries, to be further discuss at the next HSC meeting.*

7. Risk communication regarding COVID-19 vaccination – update from the ComNet meeting

The meeting of the ComNet took place on 4 December with 58 participants from 30 countries. Besides the EU/EEA formal members of the ComNet, due to the importance of the topic, the meeting was open to participants from CH, UK, Albania, Montenegro, Kosovo, Serbia, Andorra and Moldova. The main purpose of the audio was:

- to inform the participants of the initiative of the Commission to develop a communication toolbox on Covid-19 vaccination in support of national communication plans as well as of relevant information/materials available from EU agencies, notably EMA and ECDC; and
- more importantly, to hear back from the countries about the areas and challenges where they would like to receive more support with communication materials.

Four main “clusters” of topics were discussed:

- safety and efficacy of vaccines and the scientific assessment underpinning their authorisation – many countries expressed the need for clear materials, such as infographics, on the different vaccines and their characteristics, on the anticipated side-effects;
- the vaccination roll-out in Member States, information to citizens on where to get the vaccine, the planned timing, phases of vaccination, etc. – many of these questions are being defined, only some countries shared their plans (e.g. FR, DE);
- healthcare workers and their engagement – the importance of having clear materials to healthcare workers was strongly emphasized, including scientific data on the different vaccines, their side-effects and exact clinical characteristics, such as safety, efficacy, doses;
- misinformation about vaccines.

The input gathered during the audio for the development of materials was very insightful and work is already underway to address the main common questions raised in a series of factsheets. First materials already available were circulated to the audio participants right after the meeting on Friday. ComNet is one of the main interlocutors to work with, considering the direct link it provides with health authorities in Member States. As a next step, an overview table summarizing the flagged needs for communication materials/support will be circulated to the ComNet for input. Countries are encouraged to flag main concerns/needs for support where materials can be further developed at EU level. In addition, as offered during the ComNet audio,

interested countries can provide contact details so bilateral contacts can also be established for direct support with materials (e.g. visuals, social media content, etc.).

Follow-up:

- *SANTE to circulate to the ComNet on 7 December an overview table with identified areas of support with risk communication by country. Countries are invited to complete the information with their needs/main areas for support by 8 December.*
- *Discussions and sharing of communication material as it is produced will continue in the ComNet, with the HSC being kept informed of main developments.*

8. AOB

Vaccination deployment plans

The COM has received information from the countries that participated in the EUSurvey about vaccination deployment plans. Countries have expressed their interest in a stress-test day. The stress-test will be organised by the ECDC on the 15th of December.

Follow up:

- *Countries that wish to participate in the stress-test should inform the COM, by 8 December 16:00.*

Surveillance in wastewaters

The Commission informed that WHO in liaison with JRC and DG ENVI organised an expert consultation on public health needs for the surveillance of SARS-CoV-2 in wastewater on 30 November. The meeting highlighted that:

- Surveillance of SARS-CoV-2 RNA in wastewater can provide important complementary information in public health decision-making in the context of the pandemic, alongside with other information from clinical testing.
- Surveillance can serve different purposes in different phases of the epidemic, ranging from monitoring circulation in urban agglomerations, tracking hot spots in sub-catchments or finding “surprises” in the tail-end of the epidemic (i.e. when clinical testing tends to drop).
- The health sector is the end-user of the information and therefore needs to be in the lead in designing surveillance programmes and in coordinating interpretation and communication of the findings. A strong (local/national) coordination model is essential, involving service providers, environmental/wastewater and health departments.
- Costs associated with such surveillance appear high when applied at scale. They need to be compared, however, with avoided costs to society (e.g. in situations where sewer surveillance provides early warning and thus early intervention opportunities). Uptake in low resources settings must not divert resources from clinical testing, essential public health responses and water and sanitation service provision.

DG ENVI, JRC and WHO continue to further work in this area. DG ENVI is considering in the context of the ongoing review of its legislation on waste water collection and treatment additional monitoring obligations with a focus on public health indicators including SARS-CoV-2. Reviewed legislation should be proposed by end of next year.

Availability of medical countermeasures

The Chair reminded the HSC to inform the Commission about emerging needs or expected shortages of medical countermeasures, PPE, in particular medical examination gloves, in view of the temporary closure of manufacturing sites in Malaysia – the situation is being closely followed to avoid facing the same situation as in February this year.

Follow-up:

- *Countries to inform the Commission about emerging needs of medical countermeasures.*