ECDC Advisory Forum

Minutes of the Sixty-seventh Meeting of the ECDC Advisory Forum

14 December 2022 (via videoconference)

Contents

Opening and adoption of the programme

1. Mike Catchpole, Chief Scientist, ECDC, welcomed the participants to the 67th meeting of the Advisory Forum, which was taking place via videoconference. A special welcome was extended to the new AF Alternate for Germany, Ute Rexroth. Apologies had been received from France, Malta, and Romania.

2. The draft programme was adopted with no changes and there were no conflicts of interest.

Adoption of draft minutes from the 66th Advisory Forum meeting, 29 September 2021

3. Hungary had requested a change to Points 23 and 24 and France had requested an amendment to Point 25, all of which had been incorporated. The draft minutes of the 66th Advisory Forum meeting were approved.

Update on COVID-19

4. Andrea Ammon, Director, ECDC, gave a short update on the current COVID-19 situation, which was characterised by the fact that it made communication more difficult than ever. It was already tough to explain the increase in Delta, despite the considerable vaccination coverage in most countries, and now it was becoming even harder to explain to the public what was going on, with the increasing rates for Omicron. In order to help, ECDC had circulated the update of its rapid risk assessment to the AF the evening before, where both variants were put into perspective. This time, it had been decided to put out quite strong messages in order to make communications easier for public health experts in the EU/EEA countries. If transmissibility information was correct, there would only be a short window in which to act, and this was not a pleasant scenario as it would require putting out unpopular messages just before the upcoming holiday period. However, it was necessary to be clear that the earlier measures were taken, the less likely it would be that more intrusive measures/lockdowns would be required later. She invited the AF members to comment on the rapid risk assessment by the end of the day. She pointed out that it was still difficult to give advice or information on the tricky issue of vaccination for children, which involved separate considerations and discussions as the situation was still not clear even now two years into the pandemic. However, she hoped that the risk assessment would provide some useful information.

5. Mike Catchpole, Chief Scientist, ECDC, pointed out that the 18th rapid risk assessment on the COVID-19 situation had been distributed the day before and asked the AF to provide their responses either during the meeting or in writing by the end of the day.

COVID-19 Exchange of information, experience and concerns

6. Lucia Pastore Celentano, Head of Section, Vaccine-preventable Diseases and Immunisation, gave a short update on COVID-19 vaccinations. She opened the floor for discussion, asking AF Members for their response to three questions:

- Is protection against severe disease still the primary objective of the vaccination?
- Is it feasible in Member States to cover the immunity gaps of the primary vaccination series?
- How can vaccination coverage be increased in the general population at national level?

7. Frode Forland, AF Member, Norway, said that ECDC's assessment of the situation and the point made that pressure on healthcare services was expected to rise and it was therefore necessary to act straightaway, were extremely difficult messages to communicate. In Norway they had seen the Omicron variant spreading with a 70% attack rate, so the situation was extremely worrying and reinforced what was communicated in the latest rapid risk assessment. He believed that measures should be taken immediately as it was only a matter of time before Omicron would overburden healthcare systems due to sheer numbers. In Norway they were also trying to administer booster doses as quickly as possible.

He asked what the basis was for ECDC's recommendation of the third booster dose after three months and pointed out that in Norway they had decided to reduce from six months to four. In addition, a toolbox of measures had recently been reintroduced, such as stopping the serving of alcohol in bars/restaurants, raising the emergency alert level in schools to yellow, reducing the maximum seating limit in public places to 50 and reinstating an obligation to work from home.

8. Henrik Ullum, AF Member, Denmark, said that in Denmark they had seen a worrying spread of Omicron, with a doubling time of under two days and now more cases of Omicron than Delta in Copenhagen. They were beginning to see escalating number of infections and had reduced the time required between second and third doses to four months. Some non-pharmaceutical interventions had been reintroduced but, as yet, they were still observing the situation before deciding on the next steps.

9. Anders Tegnell, AF Member, Sweden, asked what the objective was in reducing the interval between the second and third dose to three months. He pointed out that the long-term consequences would probably be a need to administer a fourth booster dose quite soon afterwards, and so on.

10. Fernando Simón Soria, AF Member, Spain, said that in Spain there had not been so many cases of Omicron as yet (around 40 cases) although there were probably many more. They were currently sequencing 5–10% of cases. At present, it was difficult to implement non pharmaceutical interventions because most politicians did not want to implement anything just before Christmas. Although Omicron was highly transmissible, he pointed out that in Spain they had seen at some events incidences of 50—70% transmission effect with the Alpha and Delta variants. He said that until vaccination coverage was over 80%, it was impossible to opt for any other objectives with regards to vaccination. Immunity was related to the effectiveness of the vaccine – a booster would, of course, increase immunity and any efforts made would help reduce the impact on vulnerable populations, which was a good thing. However, timeliness was also an issue - those vaccinated early on in the campaign had already exceeded the six-month interval between second dose and booster dose. In Spain the two main age groups with the highest incidence were children under 12 years and their parents (35-50 years). If transmission in children could be reduced this might have the effect of reducing incidence overall.

11. Isabel De La Fuente Garcia, AF Member, Luxembourg, said that they had seen their first case of Omicron the day before. At present they were sequencing around 50% of all cases. They were also considering reducing the interval between the second dose and the booster dose but were still looking for scientific evidence to back their decision.

12. Carlos Matias Dias, AF Member, Portugal, said that in Portugal it was estimated that around 5% of COVID-19 cases were currently Omicron. This was the current estimate from his genomic surveillance team on 13 December 2021. With regards to the question as to whether it was feasible to cover the immunity gaps of the primary vaccination series, he said that in Portugal they were now beginning to vaccinate children (as of 14 December 2021). A vaccination schedule had been set up, with specific dates for each age group and a network was in place. The vaccination campaign was being managed by the army which had a strong logistics capability, but this was also putting pressure on personnel in vaccination centres (with third doses for adults and now children also being vaccinated at the same time). In the two largest cities the strategy of increasing accessibility to vaccinations had changed. In mid-2021, the vaccination centres had been scattered all around the cities, but the number of centres had now been reduced, and those available had increased in size. This was a way to maximise the available resources. It was also possible to go to an "open house" – by calling a health services hotline and going directly to the centre. This was a new strategy to increase vaccination coverage. They were also concerned about the effect of the festivities during the holiday period, but it was hoped that non pharmaceutical interventions would be reintroduced in January. The issue would probably be discussed at a government meeting later that week.

13. Mike Catchpole, Chief Scientist, ECDC (*reading Chat*) noted that in Lithuania boosters were being administered after a 4-month interval and in Slovenia after three months.

14. Thorolfur Gudnason, AF Member, Iceland, said that the situation in Iceland had stabilised recently, although they were still dealing with the Delta variant. All those arriving in Iceland were tested and cases of Omicron were being diagnosed at the border. It was clear that the booster dose has made a big difference in terms of risk of infection. According to a recent study, fully vaccinated children were much better protected than adults with two doses. Therefore, in Iceland they were expediting the booster dose for adults and would begin offering vaccination to children aged 5-11 years from January. The primary objective of vaccination was to limit transmission for the benefit of the hospital system,

not just to prevent severe disease. He asked how well rapid antigen tests were performing for the Omicron variant and whether there was any data available on the effect of two doses of vaccination in children vis-a-vis the effect in adults. In Iceland, the interval between second dose and booster was currently five months.

15. Koen Blot, AF Alternate, Belgium, said that in Belgium vaccination uptake differed considerably among the regions. In the northern Flanders region, around 92% of the population had received two doses and in areas such as this there had therefore been some loosening of restrictions. As a result, the high level of vaccination coverage did not really end up protecting the population against a new wave, possibly because people had been socialising more because they were vaccinated and had let their guard down. So, healthcare systems can still risk being overwhelmed, even with high vaccination rates. Due to absenteeism of healthcare personnel, a theoretical number of 2 000 ICU beds nationally per week had decreased in the previous week by 200 beds to 1 800.

16. Lorraine Doherty, AF Member, Ireland, said that in Ireland they had taken a decision to give the booster vaccination after a three-month interval. They were also looking at extending vaccinations to children and younger age cohorts. However, this was challenging in terms of sites available and the fact that it would require staff to be transferred from other areas of the healthcare services, so there was a trade-off. The week before Omicron had represented around 1% of all cases, however it was now at 11% and rising and the situation was of concern. People were overconfident, forgetting that a pandemic was still going on. Some restrictions were in place and there would be a meeting on Thursday of that week to decide on further measures.

17. John Middleton, AF Member, ASPHER, referring to ECDC's rapid risk assessment, said that he agreed with the conclusions. However, he felt that the focus should be on death and severity, given the weak evidence for prevention of transmission. ECDC figures from an earlier presentation on transmissibility and efficacy (between 20-70%) had indicated that vaccination was not preventing transmission. It was therefore necessary to have all of the armoury in place at the same time. The UK had gone for the three-month interval between second dose and booster and the Prime Minister had brought forward the target to fully vaccinate by the end of December 2021. As in Ireland, there was a limit to what the tired National Health Service staff could do, and the impression was that there was complete reliance on the booster dose as a solution. Therefore, everything needed to be in place at once - messages regarding social distancing, clinical contact tracing, containment, testing, and other non-pharmaceutical measures.

18. Mike Catchpole responding to the question from the AF Member for Iceland regarding rapid antigen tests and their effectiveness for the Omicron variant, said that there was a section in the rapid risk assessment on this and an ECDC report on this issue dated 26 October 2021 was also available on the website.

19. Mika Salminen, AF Member, Finland, agreed with the comment by the AF Member for ASPHER regarding messaging and the fact that vaccination was not in itself a solution to the COVID-19 problem. It was necessary to think further ahead - anticipate the situation in autumn 2022 and look for solutions other than non-pharmaceutical measures and booster doses. In Finland they were now giving the booster vaccination after an interval of five months for all those over 18 years. He asked ECDC for its opinion on the spread of the virus in the European Union and globally (since politicians in Finland were asking which countries to block).

20. Mike Catchpole pointed out that in its rapid risk assessment ECDC stated the closing of borders was not an efficient or appropriate measure.

21. Lucia Pastore Celentano, Head of Section, Vaccine-preventable Diseases and Immunisation, referring to the question as to whether protection against severe disease was still the primary objective of the vaccination, noted that there had been a great deal of discussion with the European Medicines Agency (EMA) on this issue and ECDC had reviewed the available evidence. A joint ECDC/EMA statement had been published a couple of weeks before, stating that it was possible to anticipate administering a booster dose within a window of 3–6 months following completion of the primary vaccination course in emergency situations where it was important to improve vaccine coverage in the general population. There were no side effects from the booster dose, and it was a way to restore waning immunity after around five or six months. The process of waning immunity began around five weeks after the second dose. In addition, a recent ECDC model had indicated that the sooner the booster was administered, the better.

22. Rene Niehus, Expert, Mathematical Modelling, ECDC, said that there was now evidence emerging to suggest that in addition to the problem of waning immunity, Omicron also had the ability to escape immunity. The latest ECDC models indicated that boosters would play a role in reducing transmission. Taking into account non-pharmaceutical interventions and boosters, the models had shown that shortening the waiting time to under six months for those aged 40 years who were not yet eligible for a booster could restore a lot of the impact lost due to Omicron. In addition, the effect would outlast shorter-term measures.

Future COVID-19 scenario development

23. Jonathan Suk, Principal Expert Emergency Preparedness and Response, Public Health Functions Unit, ECDC, gave a short presentation and the floor was opened for discussion.

24. Mike Catchpole, Chief Scientist, ECDC said that it was important to look at the main issues to be considered in the longer term and determine what would be the main drivers in the coming months.

25. Mika Salminen, AF Member, Finland, said that the longer the pandemic went on with widespread transmission, the more difficult it would be for people to follow strict rules, which was totally understandable. As time went on, people would be more and more willing to take risks and the downside would be that it would increase the burden on the healthcare system. It would therefore be important to send a message in the long term that society would have to prepare for this. Similarly, healthcare systems would need to be adapted to society - which would involve investment. It was impossible to know whether the pandemic would be over by next autumn or whether it would drag on for another couple of years and at present resources were being taken from mental health care, cancer care, dental care, etc. which was unacceptable.

26. Ute Rexroth, AF Alternate, Germany, said that it was difficult to think long-term about healthcare systems, given the pressure they were currently facing. She agreed that it was necessary to invest in healthcare systems, but it was difficult to know how much. People were beginning to understand the risk associated with COVID-19 and were willing to accept that it was a personal responsibility, but currently there was no other option than to reduce transmission and vaccinate as many people as possible.

27. Mike Catchpole suggested that it was important to think about the balance of emphasis on COVID over all other issues and whether this balance would shift in the future.

28. Andrea Ammon, ECDC Director, said that the longer the pandemic went on, the more ethical issues would come to the forefront, such as what it meant for the rest of society to do one's utmost not to fall sick and burden the healthcare services. She suggested that this was an area that the AF could engage in during its discussions and suggested that ECDC could invite an ethics expert to look at how to approach this subject as it was not an easy issue to navigate. Questions of this nature were already being asked and the longer the pandemic lasted the more they would come to the forefront.

29. Mike Catchpole suggested that future scenarios needed to look at a wider health landscape, ethical issues, the burden of non-COVID pathologies – cancer screening, availability of beds for surgery, etc.

30. Jonathan Suk thanked the AF Members for their comments which would be taken on board and would make the next round of scenario work even more interesting.

Priorities for strengthening surveillance and coordinating epidemiological studies and/or data collation to address key uncertainties regarding Omicron

31. Pasi Penttinen, Principal expert, Coronaviruses and influenza, ECDC, gave a short presentation and closed by opening the floor for discussion, asking the following questions:

- How can the availability of relevant surveillance data be enhanced?
- How can vaccine effectiveness studies be enhanced to ensure timely reporting and analysis?
- Are there any obstacles in using EpiPulse for COVID-19 to share early results from outbreak investigation, contact tracing and clinical studies?

- Should EU-level resources be made available to embark on a regular, standardised seroprevalence survey?

32. Anders Tegnell, AF Member, Sweden, wished to emphasise the need for speed since what the countries really required was quick data on vaccine effectiveness. Instead of waiting too long to collect excellent data he suggested that it was better just to share the data that was available.

33. Mike Catchpole agreed with this proposal which was in line with a document published by ECDC that day ('Generic protocol for COVID-19 vaccine effectiveness studies during outbreaks in semi-closed settings in the EU/EEA'). He gave the example of school outbreaks which could be a good opportunity to make use of such a protocol. He pointed out that good seroprevalence data would be vital for any of the messages that ECDC would be formulating.

34. Lucia Pastore Celentano, Head of Section, Vaccine-preventable diseases and Immunisation, referring to vaccine effectiveness studies, said that she agreed with the AF Member for Sweden, but that ECDC needed help from the Member States. There had been quite a few countries that had volunteered to participate; however, only three had been able to participate of the seven that originally volunteered, due to challenges with personnel, collecting of data, etc. Therefore, there were only 1 467 healthcare workers from the three Member States participating (not counting Portugal) and she appealed to the Member States for their help.

35. Mike Catchpole suggested that the AF Members could liaise with their colleagues in national public health institutes about joining in with the ECDC initiatives. He pointed out that Europe was one of the best resourced areas of the globe and it would therefore be good if more EU evidence could be added to the existing evidence base.

36. Lorraine Doherty, AF Member, Ireland, said that the difficulty in Ireland was to obtain the data in a timely manner. There had been a number of small outbreaks but trying to bring together the data took time and the same surveillance had to be responsible for this as well as everything else that they were doing, so it was really challenging. However, she would discuss this with her team.

37. Mike Catchpole suggested that, if possible, AF Members could draw the attention of the appropriate people in national structures to ECDC's portal and the existence of the studies.

38. Ute Rexroth, AF Alternate, Germany, said that she had had a similar discussion with colleagues in the German Federal States that day and they had had to acknowledge that the completeness and timeliness of the data provision in their surveillances systems was deteriorating. Those responsible in the Federal States had asked to change to aggregated data but this request had been refused. COVID-19 is by far the most notified disease with by far the most variables and it was just not possible to increase the pressure. It was possible to ask but most were already at breaking point.

39. Irena Klavs, AF Member, Slovenia, responding to the question as to whether EU-level resources should be made available to embark on a regular, standardised seroprevalence survey, said that she agreed with this and possibly this could be done with residual samples from blood donors. She wondered if this was something that ECDC could coordinate.

Setting standards for scientific activity related to infectious disease control and prevention

40. Mike Catchpole, Chief Scientist, ECDC gave a short presentation, and the floor was opened for discussion.

41. John Middleton, AF Member, ASPHER, said that overall ECDC reports were of a high standard and that the referencing indicated that the best available evidence was used. It was impossible for ECDC to carry out a systematic review of everything it published and therefore the Agency just had to be explicit and transparent about its sources.

42. Ute Rexroth, AF Alternate, Germany, said that in the area of preparedness and response this issue had often been discussed in her institute as wherever there were routine processes that needed to be repeated, high standards were necessary (e.g. laboratory procedure, case definitions and risk assessments). ECDC had good, standardised processes which were an inspiration. Research capacity was also an issue, for example if it was necessary to include new staff or where there was a high

turnover of staff, it was important to have standards and SOPs (e.g. in IT). However, in her institution they had noticed that if they tried to standardise everything then the meta work increased significantly and it became more of a burden than a support.

43. Mike Catchpole noted that digital advances were being seen in many areas of the work related to communicable diseases prevention and control which could mean that it was necessary to think about new standards. He believed that there would be added EU value in promoting standardised observational reporting studies if these were conducted and reported consistently so that they could add to the evidence base. However, they would obviously never replace the 'gold-standard' laboratory studies.

44. Helena de Carvalho Gomes, Head of Section Scientific Process and Methods, Scientific Standards and Methods Unit, ECDC, said that for reporting standards there was a huge network called the 'Equator' network that listed reporting guidelines for many types of studies. Of course, the implementation was the difficult thing (not inventing standards). Given that implementation of standards was the difficult issue, she was interested in knowing if standards for observational and other study designs were being endorsed in national institutions and how successful this was.

45. Lorraine Doherty, AF Member, Ireland, said that she needed time to think about this issue. In principle, there was a need for standards for observational studies and the reporting of them and she had been asked to look into similar issues due to concerns about the ways data had been shared and used during the pandemic. However, this was a very fraught space, and it was necessary to take a step back and look at information governance more generally.

46. Mike Catchpole suggested that due to time constraints it would be better to seek the views of the AF Members via a written process; if any of the AF Members had any reflections after the meeting, he would welcome them. He thanked everyone for the interesting discussions and helpful input, particularly with regards to COVID-19, and asked them, if possible, to provide feedback on the rapid risk assessment. He also wished them a pleasant and hopefully relaxing holiday season.

47. Andrea Ammon, ECDC Director, thanked the AF Members for their input which showed that it was important not to lose sight of the longer-term perspective. Although it had not been possible again this year to meet in person, she hoped that this might be possible at some point by late 2022. She thanked the AF Members for their willingness to join the meetings and shape the work of ECDC. One of the Agency's aims was also to make the work of the AF Members easier, so she hoped that it had managed to do this. Although she was aware that everyone would be slightly concerned about the situation during the festive period, she still hoped that they would manage to relax somewhat. She looked forward to seeing the AF members again in 2022.

Annex: List of participants

Member State	Representative	Status
Austria	Petra Apfalter	Member
Austria	Bernhard Benka	Alternate
Belgium	Koen Blot	Alternate
Croatia	Sanja Kurečić Filipović	Member
Czech Republic	Jan Kynčl	Member
Denmark	Henrik Ullum	Member
Estonia	Natalia Kerbo	Member
Finland	Mika Salminen	Member
Germany	Ute Rexroth	Alternate
Hungary	Ágnes Hajdu	Alternate
Ireland	Lorraine Doherty	Member
Italy	Silvia Declich	Member
Lithuania	Jurgita Pakalniškienė	Member
Lithuania	Rolanda Valintėlienė	Alternate
Luxembourg	Isabel De La Fuente Garcia	Member
The Netherlands	Susan van den Hof	Alternate
Poland	Malgorzata Sadkowska-Todys	Member
Portugal	Carlos Matias Dias	Member
Slovenia	Irena Klavs	Member
Spain	Fernando Simón Soria	Member
Sweden	Anders Tegnell	Member
	Birgitta Lesko	Alternate
Observers		
Iceland	Thorolfur Gudnason	Member
Norway	Frode Forland	Member

Non-Governmental Organisations (NGOs)		
European Institute of Women's Health	Rebecca Moore	Member
Association of Schools of Public Health in the European Region	John Middleton	Member
European Liver Patients' Association	Marko Korenjak	Alternate
European Commission		
DG SANTÉ	Virginia Arnecchi	
World Health Organization (WHO)		
WHO Regional Office for Europe	Danilo Lo Fo Wong	