

## **COVID-19 EU update**

### **Council**

- Today, the Council has reached an [agreement](#) on the draft proposals regarding the role of the European Centre for Disease Prevention and Control (ECDC) and on cross-border threats to health. Amendments include better alignment and coordination of recommendations and actions with the WHO and stronger data protection provisions.  
The updated ECDC mandate paves the way for the establishment of an EU Health Task Force which can, upon request, assist members with preparedness and response planning and response to the outbreak of communicable diseases. The ECDC will also be responsible for the development of digital platforms for epidemiological surveillance.  
The revised cross-border threats to health legislation is the first step in the establishment of an EU health crisis and pandemic plan including provisions regarding the exchange of information between member states and the Commission, early warning and risk management. The new rules enable the Commission to recognise public health emergencies at EU level, initiating monitoring mechanisms or activating ECDC support.  
CPME secretariat is analyzing the agreement once the texts are published and will report back.

### **European Commission**

- On 15 July, the Commission announced that the EU has [shared](#) 3 million vaccine doses through the Civil Protection Mechanism with Albania, Bhutan, Bosnia and Herzegovina, Kosovo\*, North Macedonia, Taiwan, Tunisia and Ukraine. Denmark has shared 1.879 million vaccine doses through this mechanism.
- On 22 July, the Commission [announced](#) that more than 200 million doses of COVID-19 vaccines will be shared with low- and middle-income countries by the end of 2021. In parallel, the EU has launched an initiative on manufacturing and access to vaccines, medicines and health technologies in Africa.
- The Commission has [short-listed 11 new projects](#) to be funded with 120 million Euros from Horizon Europe for supporting and enabling urgent research into SARS-CoV-2 and its variants. The funding is part of a wide range of research and innovation actions taken to fight COVID-19 and contributes to the Commissions overall action to prevent, mitigate and respond to the impact of the virus and its variants, in line with the HERA incubator. Most projects support clinical trials for new treatments and vaccines, as well as the development of large scale coronavirus cohorts and networks beyond Europe.

### **EMA**

- EMA has [recommended](#) extending the indication to include children between 12 and 17 years of age for the Spikevax COVID-19 vaccine (formerly COVID-19 Vaccine Moderna). The vaccine was previously authorised for use in people above the age of 18. The parameters of injection for children and adolescents aged 12 to 17 will remain the same as for people above the age of 18 (2 intramuscular injections given, four weeks apart).
- EMA has [started the rolling review](#) of a new COVID-19 Vaccine, Vidprevtyn, which is a Protein based vaccine developed by Sanofi Pasteur.
- EMA [started evaluating](#) the use of Kineret, an Immunosuppressant currently authorised in the treatment of many inflammatory conditions, in adult COVID-19 patients at increased risk of severe respiratory failure. It is thought that it may be possible for Kineret to also block inflammation and tissue damage associated with COVID-19. Data submitted includes results from 2 ongoing clinical

studies in adult patients hospitalised with COVID-19. The outcome of the EMA evaluation is expected in October.

## ECDC

- ECDC provides a [review](#) of evidence on effectiveness of partial vaccination, immunogenicity and effectiveness of vaccination for previously infected individuals and safety and immunogenicity of heterologous schedules. The document aims to inform ongoing decision-making in relation to national vaccination policies and strategies in the European Union.
- ECDC [informs](#) that SARS-CoV-2 resurgence in EU related to relaxation of non-pharmaceutical interventions and increasing spread of Delta variant. An increasing trend is observed in 20 countries. In the most affected countries, the steepest increases and highest notification rates were reported among 15 to 24-year-olds, with limited increases in persons aged over 65 years. For the latest COVID-19 country overviews, please see the [dedicated webpage](#).

## WHO/WHO EURO

- According to [new data](#) released by UNDP, WHO and the University of Oxford vaccine inequity is undermining the global economic recover with lasting and profound effects on socio-economic recovery in low- and lower-middle income countries if urgent action is not taken to boost the supply and assure equitable access for every country, including through dose sharing. UNDP administrator Achim Steiner stated that in some low- and middle-income countries, less than 1% of the population has been vaccinated against COVID-19 thus far.
- The 8<sup>th</sup> meeting of the International Health Regulations Emergency Committee regarding the COVID-19 pandemic took place on 15 July. [Key aspects discussed](#) include, amongst others, the global inequitable access to COVID-19 vaccines (stating that some countries are starting to administer booster shots while others do not yet have sufficient access to first doses), the need for technology transfer to enhance global vaccination production capacity, the challenges posed by the lack of harmonisation in documentation requirements for the vaccination, threats posed by COVID variants and efforts made to apply risk management strategies to mass gathering events.
- According to [new WHO, UNICEF data](#), 23 million children globally missed their basic childhood vaccines through routine health services in 2020 – the highest number since 2009. Up to 17 million children globally reportedly did not receive a single vaccine. This mostly affects children in communities affected by conflict / in underserved remote areas etc. Agencies are calling for urgent recovery and investment in routine immunisations.

In the WHO European Region, [varied impacts](#) of the pandemic on routine immunisations were observed. An overall 1% decrease in routine immunisation coverage was noted, using the third dose of the DTP3 vaccine as an indicator. Data from some countries is lacking due to other disruptions. A drop of more than 5% of vaccinations can be seen in Azerbaijan, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan and the Republic of Moldova. Declines with values below the regional target of 95% were observed in Italy, Denmark, Lithuania and Romania (regarding the Measles and Rubella vaccines specifically). Few countries reports slight increases in specific vaccines. Vaccination coverage against measles has declined in Montenegro from 33% in 2019 to 24% in 2020.

- WHO Europe stated that access to healthcare is the best way to protect prisons from COVID-19 making [specific recommendations](#) on how prisons can develop effective COVID-19 vaccination strategies for staff and inmates. These included that people living in prisons should be included in national COVID-19 vaccination plans and should have a guaranteed right to be informed about how to protect themselves. If facility-wide vaccinations are not possible, vulnerable groups within detention facilities should be prioritised. WHO furthermore recommends that the prison

workforce, including staff and healthcare workers in prisons, should be prioritised for COVID-19 vaccinations.

- [High rates of COVID-19 vaccinations in prisons](#) were observed in the WHO European Region. In Spain, more than 84% of prisoners were fully vaccinated against COVID-19, another 13% having received their first dose. In Poland, 74% of prisoners were vaccinated with at least the first dose. Vaccination coverage of prisoners in Finland, Ireland and Sweden was reported at 24,4%, 42,7% and 59,1% respectively.