

Thank you very much for all the valuable work that is done, and ongoing, for handling the Covid-10 pandemic. We really appreciate your efforts.

As mentioned in the meeting yesterday we would like to send you the following comments on the Guidelines document.

We would prefer that this first version of Guidelines focuses on the first use case "P" International proof of vaccination.

The Guidelines are based on the Council Decision from December 10-11, in particular the §7 on page 4. This paragraph is about efforts to "prepare for a gradual lifting of restrictions and a return to normal travel." Therefore it states "A coordinated approach to vaccination certificates should also be developed."

This means that the assignment the Council gave us was primarily to develop vaccination certificates that would enable "a gradual lifting of restrictions and a return to normal travel."

Secondly, we very much support the "step-wise approach" mentioned in the introductory part of the proposed Guidelines. The character of the document required would be administrative and not medical.

The purpose would be very clear – a confirmation that the person has a complete vaccination and the risk for spreading the virus minimized. We are convicted that the process would gain in speed and quality if we focus now on this first purpose only.

We would prefer that the second use case – "R" Vaccination record for continuity of care – is dealt with within the framework of the eHDS/PS.

Vaccination for Covid-19 is a typical situation where access to a Patient Summary would be a clear asset for the careprovider. The

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reasons for eHDS/PS not going that fast as many of us would like to, are in large extent also applicable on having this information in a certificate. The certificate would be a medical document with the legal framework for that purpose. Therefore, we propose that this use case instead could be used for stressing the need of an intensified process of implementing eHDS/PS. Furthermore, we assess the number of cases that need a Vaccination record for crossborder vaccination, compared to the number of cases who need a Proof of Vaccination, as scanty. Therefore we'd prefer not to jeopardize slowing down the development of Guidelines for the Proof of Vaccination due to taking too large leaps, instead of small steps.

The amount of data in the certificate should be as minimum as possible

We would therefore like to suggest that the writing in part 3 of the Guidelines is completed with (change is in bold and cursive style)

1. Minimum dataset with the essential information required for respectively included in a vaccination certificate

This completion would clearly stress that the certificate itself should contain as little information as possible, in accordance with the Privacy by Design principle

We would like to postpone a decision by the eHN on the Guidelines

The reason for this is that we see that the framework of trust is closely connected to other issues that are in the Guidelines. Data protection and security are very important concerning the decision of what should be defined as MDS – therefore it is interconnected and should be part of the same guidelines. As the process concerning this framework has started today, we suggest we wait with deciding on these Guidelines until we have more information about the framework of trust.

See your tomorrow ! Best regards, Annemieke



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Till:	5.1.2e	@ec.europa.eu		

Ämne: Guidelines on vaccination certificates (v.12.1.21)

Dear Members of the eHealth Network, Dear Members of the eHN Subgroup on Semantics, Dear Members of the eHN Subgroup on Technical Interoperability, Dear colleagues,

Please find attached the Guidelines on the Vaccination Certificates (both in TC and clean) to be discussed at the meeting of the eHealth Network Coordinated Actions meeting, tomorrow from 15.00-16.30.

https://ecwacs.webex.com/ecwacs/j.php?MTID=m30f25668f7ad3b05ccc3d304c693b0f9

Best regards, The eHealth Network Secretariat



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