1. New SARS-CoV-2 variants of concern

Spread of the UK-variant of SARS-CoV2 in the UK – up-date, recommendations for response. 5.1.2e, PHE, UK (tbc)

- Sequencing 10,000 samples per week. Ambition to increase 20,000-30,000 to have 1,5 genomes within the next 12 months.
- Hospital admission no difference with the variant in concern vs other variants
- Weekly numbers increasing over the past for weeks.
- S-Gene target failure is a good measure.
- UK variant. Age distribution similar to other variants. Spread in all age groups, but larger in secondary school children. It could be related to that late nov and early dec secondary school were still open and only close half of December. No necessary increase in pre-school children.
- Evidence in all parts of UK, but less sequence available from Northern Ireland. Therefore, not clear how much there is from Northern Ireland.
- Awaiting data on:
    - biological data on respiratory airy cells
    - Growth curves in vitro
    - Neutralisation assays: convalescent sera and vaccine sera, expect result next week with Pfizer and AstraZeneca serum.
    - UK will do research on the influence of the new mutation on the effectiveness of the vaccine and the effectiveness of antibody treatment. Experiments are running this week. And hope to have results by early next week.

  UK: Mobilize international to think about string selection and antigenic vaccines over a period over time. There could be challenges as commercial companies can vary sharing sera for these experiments.

DK - UK variant identified in up to 5% of sequenced samples in Northern Jutland and Zealand 5.1.2e and 5.1.2e SSI, Denmark

- Following new variant closely.
- Increase in hospitalization. In Denmark high PCR capacity, week 51 tested 15,000 tests per 100,00 population. One of the highest in Europe.
- 9 cases with the new variant were seen from 14th of November and none of them link with the UK.
- 72% growth rate, if this continues, new variant may be the dominating virus by mid-February.
- Expectation lower R because not seen effect of full restrictions (closing non-essential shops and all schools and kindergarten closed) until 7th of January.
- Only allowed to meet 5 people in household and/or outside. Limit social contacts to 5 people. Physical distance was before 1 meter and now 2 meters. Difficult in the practice, but now recommended again.
- Mink variants still circulated.
- 50,000 – 60,000 vaccinated with Cominaty. Receive 50,000 weekly doses.
- Danish National Health authority announced max interval between 1st and 2nd dose in 6 weeks. Not recommendation. It is just to say that it is possible up to 6 weeks.
- Concerned about new variant and what it will mean for Health Care System.

Reaction countries:

BEL: Mandatory testing travelers abroad in Belgium. Reconsider how to position ourselves as MS and EU travel restrictions. Recommending testing, quarantine and non essential travelling.

ECDC RRA – Europe and global up-date on SARS-CoV-2 variants of concern (South African and UK variants), recommendations for response, fast identification of new critical variants and framework for their characterization 5.1.2e 5.1.2e

- 43 countries globally UK reported, 19 EU/EEA countries
- SA variant 11 countries
- Overall risk is assessed as high
- Health systems impact is expected to be high
- Options for response:
  - Perform timely, targeted and representative sequencing
  - Enhance targeted follow up travelers, testing, contact tracing and isolation of suspected and confirmed cases of the variant virus
  - Monitor local, regional and national situation to identify areas with abrupt changes in rates of transmission or disease severity
  - Notify cases of the new variant through EWRS and TESSy
  - Maintain and strengthen the non-pharmaceutical interventions in accordance with the local epidemiological situation
  - Continue to advice non essential travel and restrict social activities
  - Alert people coming from areas whether the variant virus has been comply quarantine, getting tested and self isolating if there are symptoms
  - Variant virus assessment framework presented with criteria that could be used (genetic marks, animal reservoirs). WHO (R&D Blue print) will present a similar framework on 12th of January and 15th of January (Patrick Liason)

Question from Austria:
Does ECDC recommend sewage water? This is done at scientific and academic level in Austria.

ECDC: Not yet established as national surveillance system. Implemented in the rapid risk assessment. Can be useful to prove community transmission.

UK: running pilot testing, methodologies to detect new variant as well. Challenge is to have the right amount samples to be able to detect variant. Could be an early warning system.

2. COVID-19 vaccines and vaccinations

EMA: up-date on COVID - 19 vaccines in general and their authorization processes, up-date on mRNA vaccines in view of recent changes in the UK schedule, state of play in general on possible need for booster doses or updates of vaccines if needed 5.1.2e 5.1.2e **, EMA**

- For Pfizer BioNTech interval 3 weeks.
- Timing administration, clinical trial studies show there can be some flexibility. For Pfizer BioNTech for example, the actual interval 19 – 42 days. Something similar is expected for Moderna vaccine. But still in research. Difficult to say the exact threshold.
- EMA may need to clarify when is the threshold with the open end (after 20 days).
- New variants and this vaccine is unknown. It is a real concern and balancing factor on decision what to do is important.
- Interchangeability between different vaccines is not possible. Lack of data. EMA is doing efforts to get data on this. But difficult to impose these studies on companies. This should be discussed with public health and commission and fund the studies.
- No contra indication except the usual.
- Pregnancy no contra indication, but need to balance risk and benefits. No clinical data on this.

- Breast feeding also not a problem, is allowed, but no data therefore need to be conscious.
- Difference between Moderna and Phizer BioNtech is the storage and age. Moderna from age 18 because no data in the population with adolescents below 18.
- Characteristics and profile are overlapping between these two vaccines.
- EMA and ECDC have contracts on safety and effectiveness. Planning to do larger studies in 2021 and will ask MS for collaboration.
- Astrazena started rolling review in October. Expect this month to come with more information. Preliminary review safety supportive. Efficacy is complicated for assessment interpretation because of how the trials are done.

WHO – SAGE recommendations for COVID-19 vaccination: summary from meeting on 5 5.1.2e

- Interval between two doses. Data RCT interval up to 42 days. A total inter dose interval of six weeks should not be excluded until more data are available.
- Interchangeability and co administration with other vaccines. Same products should be used for both doses
- Minimum interval of 14 days between administration of this vaccine and any other vaccine against other conditions.
- Vaccination of specific populations:
    - Vaccination recommended for older persons including people above 85 years
    - In general below 16 not vaccinated
    - Vaccination is recommend for persons with comorbidities that have been identified as increasing the risk of severe COVID-19.
    - Pregnancy, not use until more data available unless vaccinating a pregnant women outweighs the risks, such as health workers.
    - Breastfeeding women can be offered if part of risk group and breastfeeding should continue after.
    - International travelers: currently does not recommend the introduction of requirements for proof of vaccination against COVID-19 for international travelers as a condition for travelling internationally.

UK will do research on different vaccination strategies. Also in relation to the interval between and first and second vaccination to potentially delay the second dose to maximum of 3 months. The idea is to be able to vaccinate more people with the first dose.

Vaccine certification: Planning to run a survey what MS are doing in relation to vaccine certificates. EHealthNetwork, NITAG and HSC members will receive an email.