



## ECDC Meeting Report

### Joint Meeting for National Focal Points for Preparedness and Response & National Focal Points for Threat Detection, EWRS and IHR

#### Agenda

**28 January 2021, Thursday, 13.00-14.20**

- 13:00-13:05** **Welcome by chair** [5.1.2e] [5.1.2e]  
[5.1.2e]
- 13:05-13:20** **Session 1:** ECDC Rapid Risk Assessment on Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA – [5.1.2e] [5.1.2e] and [5.1.2e] [5.1.2e], ECDC
- 13:20-13:50** **Session 2:** Country overview of pandemic and SARS-CoV-2 variants of concern - Presentation from Ireland by [5.1.2e] and Presentation from Portugal by Dr [5.1.2e] [5.1.2e] [5.1.2e]
- 13:50-14:05** **Session 3:** Launching of the public version of the response measures database – [5.1.2e] [5.1.2e], ECDC
- 14:05-14:20** **Discussion**

## Session 1: ECDC Rapid Risk Assessment on Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA

5.1.2e 5.1.2e and 5.1.2e 5.1.2e, ECDC

Viruses constantly change through mutation and the emergence of new variants is not unexpected. However, variants considered "of concern" demonstrate increased transmissibility, the ability to evade the host immune response, and are associated with deteriorating epidemiological situation in the areas where have recently become established. ECDC has published three Rapid Risk Assessments (RRA) on variants of concern:

- [Detection of new SARS-CoV-2 variants related to mink](#), published on 12 November 2020;
- [Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA](#), published on 29 December 2020;
- [Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update](#), published on 21 January 2021.

The situation regarding the spread of the new SARS-CoV-2 variants of concern VOC 202012/01 (first identified in the UK), 501Y.V2 (first identified in South Africa) and P.1 (first identified in Brazil, and in travellers from Brazil) in the EU/EEA is rapidly evolving. The weekly average of samples collected and with published genomic sequence in the EU/EEA is relatively low.

### VOC 202012/01 (lineage B.1.1.7)

- First reported in December but first identification traced back to September 2020;
- Large number of mutations, including on the spike protein;
- Currently the predominant variant circulating in the UK;
- As of 19/01/21, approx. 16 800 VOC 202012/01 reported cases.

Transmissibility and severity: For VOC202012/01, substantially increased transmissibility, compared to other variants, has been reported. Initial assessments reported no significant difference in risk of hospitalisation or death. Based on new analyses, there is a "realistic possibility" of increased risk of death compared to other variants. The absolute risk of death per infection remains low and transmissibility is the main concern. VOC202012/01 has been identified in most EU/EEA countries.

### 501Y.V2 (lineage B.1.351)

- December 2020, South Africa reported emergence and rapid spread of 501Y.V2;
- Earliest detection traced back to October 2020;
- Detected in about 25 countries in the world (as of 21 Jan 2021);
- Multiple spike protein changes including three mutations in the receptor-binding domain.

Transmissibility and severity: Preliminary results indicate that 501Y.V2 may also have increased transmissibility. It is uncertain whether 501Y.V2 causes a change in disease severity. There are suspicions about increased risk of reinfection or breakthrough infections.

### Variant P.1 (formerly P.1.1.28)

- January 2021, Brazil reported emergence and rapid spread in Manaus (Amazonas);
- Variant reported simultaneously in travellers from Brazil in Japan and S. Korea;
- Suspected association with very large increase in COVID-19 cases in Amazonas;
- Multiple spike protein changes including three mutations in the receptor-binding domain.

Transmissibility and severity: At this stage, very little known about the transmissibility and severity of P.1.

### Risk assessment

The risk associated with the introduction and community spread of VOC's is assessed to be "**high-very high**", based on:

- Probability of introduction and community spread of VOC, and particularly SARS-CoV-2 VOC 202012/01, in the EU/EEA countries is assessed as **very high** ;
- Impact of introduction and community spread of variants of concern, and particularly SARS-CoV-2 VOC 202012/01, in the EU/EEA countries is assessed as **high**.

## Options for response

In order to control the spread and impact of the SARS-CoV-2 emerging variants with increased transmissibility, a combination of compliance with NPIs - including potentially stricter NPIs than those currently in place - and strengthened case detection with contact tracing is required. The ECDC RRA outlines several options for response:

- **Surveillance, testing and detection of the emerging variants**
  - Timely, targeted and representative sequencing of community cases
  - Laboratory preparedness should be among the current high priorities
  - Diagnostic pre-screening for variants of concern
  - Human and material resources
  - **Increase sequencing capacity** by making use of all possible sequencing capacity (from clinical, diagnostic, academic and commercial laboratories, or requesting assistance from ECDC)
- **Non-pharmaceutical interventions**
  - **Community measures**
    - Physical distancing
    - Telework; mass gatherings; social bubbles; high-risk businesses (e.g. bars and restaurants); curfews
    - Risk communication to overcome 'COVID-19 fatigue'
    - Support vulnerable and underprivileged populations to enable them to comply with physical distancing measures
  - **Shielding medically and socially vulnerable populations**
    - LTCF residents + Populations living in confined structures (e.g. prisons, migrant centres)
  - **Considerations for school settings**
    - COVID-19 mainly affected by levels of community transmission
    - School closures are a measure of last resort.
    - Should initially be arranged for children in the older age groups
    - Review other NPI measures, while also strengthening in-school measures to reduce risk of transmission in schools
- **Contact tracing**
- **Vaccination**
  - **Monitoring breakthrough infections following vaccination**
    - Breakthrough infections occurring >14 days after vaccination should be investigated, prioritised for sequencing and then reported
    - Unknown if adjustments of vaccination schedules will be needed due to variants
    - Level of cross-protection could vary for different variants, particularly 501Y.V2 variant
  - **Accelerating vaccination campaigns**
    - Accelerate roll-out programmes to protect those most at risk from severe disease, and reduce the burden on health systems
  - **Vaccine effectiveness studies**
    - Continue surveillance and sequencing to provide vaccine product-specific effectiveness results and variant-specific vaccine effectiveness results
- **Hospital and healthcare preparedness**
- **Measures for travellers**
  - Non-essential travels should be avoided
  - Restrictions on travel for those with active infection
  - Testing and quarantining of travellers coming from areas with higher incidence of new variants / high level of community transmission
  - Insufficient evidence to exempt travellers with proof of vaccination from quarantine and/or testing
  - Consider implementing similar measures at the sub-national level
  - Applicable to all travellers, irrespective of the means of transportation



## Session 2: Country overview of pandemic and SARS-CoV-2 variants of concern

### Ireland – Dr 5.1.2e 5.1.2e on behalf of 5.1.2e

As of 25 January 2021, Ireland reported a total of 187,551 confirmed cases of COVID-19 and 2,661 deaths. The present third wave of infections in Ireland is characterised by a much higher 14-day incidence rate per 100,000 population compared to previous waves and a 7-day moving average of 2122 cases. The rapid increase is likely due to a combination of eased restrictions before the Christmas break (e.g. re-opening of restaurants and pubs) and the likely introduction of the UK variant (VOC 202012/01) in Ireland.

The characteristics of confirmed COVID-19 cases notified in Ireland during week 3, 2021 show that cases were reported mainly in the age groups between 25 and 64 years, with fewer cases in older age groups. The majority of cases was symptomatic, and 6% had underlying clinical conditions. Cumulative age- and sex-specific incidence rates of confirmed COVID-19 cases per 100,000 population demonstrate that, since the beginning of the pandemic, incidence rates have been higher in the age group 85+. This is also due to targeted testing of older age groups and in nursing homes. Around week 1, 2021, higher incidence rates were also observed in younger age groups, which have since then decreased again. Higher incidence rates have been reported in the counties bordering Northern Ireland, which have had consistently high rates compared to other counties, as well as in counties with higher numbers of cases in the travelling population and in vulnerable groups.

Due to the present high number of cases, at this time (January 28<sup>th</sup>) only symptomatic cases are being tested. Over the Holiday period the positivity rate has increased from 6.6% to 9.6%. Data from sentinel GP practices shows 14.3% SARS-CoV-2 positivity, which peaked around Christmas time but appears to be decreasing now. During the latest wave, hospitalizations and ICU admissions have increased and there is currently high pressure on the healthcare system. The ongoing vaccination efforts are anticipated to help reduce the burden on the healthcare system.

During the first pandemic wave in Ireland, a predominant number of deaths was reported from nursing homes; while the number of deaths was much lower during the second wave. In the latest wave, a high number of deaths have been again linked to the older population and nursing homes.

VOC 202012/01 has become the dominant variant in Ireland. Nine confirmed and three probable cases of variant 501Y.V2 have been identified. Two probable cases of the Brazilian variant (P.1) with epi links to Brazil have been identified.

### Portugal – Dr 5.1.2e 5.1.2e 5.1.2e

In Portugal, there have been three waves of infections: the first wave peaked on 16 April 2020, the second wave peaked on 25 November 2020 and the third wave is currently still ongoing with a decreasing growth rate, however, the latest peak has not been reached yet. The testing capacity has been increasing throughout the pandemic. The highest positivity rate of around 20% was reported in the previous week.

There are seven regions in Portugal, five mainland regions and two islands. The northern region was most affected during the first and second waves, however, in the present wave the most affected regions are Lisbon and Centro and Alentejo. This increase is also associated with the introduction of the new variant of concern. The variant VOC 202012/01 is rapidly increasing in the Lisbon region as well as in Centro and Alentejo regions, which have lower population density and fewer human resources to respond to the outbreaks. The new variant VOC 202012/01 was also detected in Madeira, with a growing trend.

Some municipalities have reached high levels of cases per 100,000 inhabitants, especially in the northern regions and close to Lisbon region. However, there should be careful interpretation in areas with low population density. On the other hand, these counties also have older populations, resulting in a more severe demonstration of the disease.

Incidence rates are higher in the age group over 80 years and between 20 and 39 years. When considering only older age groups, the incidence rate among the over 80 year-old age group is higher than the national incidence rate, which can be attributed to outbreaks in LTCFs as well as increased testing in these settings. The higher incidence rate among the older age groups translates to higher numbers of hospitalizations and ICU occupancy. Overall, there is a growing trend in hospitalizations with high pressure on the healthcare

system and ICU bed availability. The 14-day death notification rate is also increasing – the growth rate is not decreasing but accelerating.

### Impact of implemented policies

A national State of Contingency was announced in September, followed by a state of Calamity in October. Then the response measures were tailored to local municipality risk and during November and December the effective reproduction number was below 1. However, after the Holiday season and the introduction of the new variant VOC 202012/01 in Portugal, the declaration of State of Emergency was necessary, which introduced a national lockdown with recent school closures.

### New variants of concern

According to data from Unilabs, one of the biggest labs in Portugal to follow S-gene target failure or late amplification, 32% of samples in Portugal have the target failure or amplification with around 70% growing rate per week. Half of samples in Lisbon and Tagus Valley have the failure or late amplification and the majority of samples of VOC 202012/01 variant are found in the counties around Lisbon.

The national laboratory of the National Institute of Health will sequence 1,000 SARS-CoV-2 samples per month, which is geographically representative. Meanwhile the mapping of new variants of concern focuses not only on suspected cases of the UK variant, but also on variants 501Y.V2 and P.1. One case with epi links to South Africa was identified and controlled. Flights between Portugal and Brazil are banned until 14 February 2021.

## Discussion

*Since when has the VOC 202012/01 variant become dominant in Ireland? What is the current prevalence?*

The UK variant was first detected in Ireland in early November (week 45), identified on retrospective testing. Detection was intermittent during November, but since week 48, it has been consistently detected in a random selection of SARS-CoV-2 cases in the National Virus Reference Laboratory. The proportion of UK variant samples has increased from around 2% in week 50, to 7.5% in week 51, 17% in week 52, 26% in week 53, and 46% in week 1. The variant has been detected in all CHO areas (health areas) in Ireland and in all age groups.

*Is the information from Ireland publically available?*

The publicly available reports contain some but not all of the information from today's presentation. The reports can be found on the website: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/surveillance/epidemiologyofcovid-19inirelandweeklyreports/>. These data on the website can be used for public reports.

*ECDC has observed an increase in the number of cases in Spain. To what extent do colleagues in Spain consider that the increase is related to the new variant, to the impact of NPIs, to the Holiday season, etc.? What is the current situation?*

There are regional differences concerning the new variant. At national level, 8-10% of cases represent the new variant, while in some local areas, VOC 202012/01 makes up to 20% of new cases. The increase in incidence seen in the past month started early in December and has been increasing since then. As Spain is now past the peak, the incidence rate is expected to decrease in the coming weeks. According to notifications by regional authorities in Spain, there are 350 cases of variant VOC 202012/01 and one travel-related case of the 501Y.V2 variant.

*Is there any data/evidence available regarding changes in epi characteristics, for example, on longer incubation period or longer period of communicability, for VOC? Some countries are extending quarantine duration for the VOC.*

There is limited data available on the epi characteristics of the new variants of concern. In Ireland, household contacts advised to restrict movement, for example. This approach is based on precaution rather than evidence regarding the changes in epi characteristics.



*There are many open questions remaining about the new variants. In Germany, although an increasing number of cases of new variants are being identified, the epidemiological picture remains incomplete. Public health authorities have reported increased transmissibility for the new VOC 202012/01 variant. Is there any more information available to explain the higher transmissibility – is it linked to aerosol production, or is it transmitted through surfaces? What is the reason for the higher attack rate among contacts? Will a lower viral load also lead to infection?*

An increase in fitness for binding to the receptor has been reported for the new variant, but more information is needed. There is still uncertainty about the viral loads. Experiments are ongoing in the UK and the variant seems to be more effective in human-to-human transmission overall. This urged ECDC to give stricter advice in the latest RRA; however, we are trying to collect any data available from the Member States. ECDC will continue to closely follow this topic.

*Anecdotal evidence from ICU admissions and contact tracing indicate that the new variants are transmitted much more easily (e.g. even during short contact and mask use) and that there are more severe cases in younger age groups without underlying conditions. First preliminary data seem to confirm increased severity, as suggested by the UK. Is there additional data from other Member States to support the UK findings?*

In Ireland, no increase in severity has been observed among younger age groups yet, but further analysis of ICU data is needed to understand whether observations of severe disease outcomes are due to the new variant or due to the general increase in hospitalizations and ICU admissions.

In Spain, there is no clinical data available yet about severity or transmission parameters like incubation period and communicability period.

### Session 3: Launching of the public version of the response measures database

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The COVID-19 response measures database is a collaboration project between ECDC and the European Commission's Joint Research Centre (JRC). The database represents a repository of Non-Pharmaceutical Interventions (NPIs) implemented in EU/EEA countries. The database does not include information about pharmaceutical interventions (e.g. vaccination campaigns or vaccine rollouts).

The database contains over 4000 single measures (NPIs), representing 30 countries. The data collection is performed by ECDC in a regular 2-week update through routine mapping and monitoring of measures implemented in 30 EU/EEA countries with several parameters of specificity:

- National/regional/local
- Measure levels (Level 1, Level 2, Level 3)
- Start/end date
- Target population
- Mandatory/voluntary
- Partiality

Measures entered in the database follow a specific coding system (7 macro categories of measures and 84 singular coding pathways available), which has been developed at the conception of the database. It is important to note that, the complexity of the NPIs introduced in the EU/EEA Member States is impossible to completely account for, therefore some aspects have been simplified in the database. A terminology page for the coding taxonomy is available on the platform which better explains the details of each coding pathway.

The COVID-19 pandemic offers an invaluable opportunity to improve our responses to public health emergencies and NPIs remain an important and effective tool in containing the pandemic until most of the population remains not vaccinated. The main purpose of the ECDC-JRC response measures database is to provide an archive for further analysis to the wider scientific community. The database offers possibilities of analysis which we are excited to see in the future.

#### Publication of the ECDC-JRC database

The first public version (beta version) of the ECDC-JRC response measures database is now available: <https://covid-statistics.jrc.ec.europa.eu/RMeasures>

Meeting Report

6/7

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The current public version of the database is limited to:

- measures **currently active** in our database (should roughly correspond to those active in each country according to our coding definitions)
- measures which have been **introduced on and after 1 September 2020**

The full archive of measures recorded since 1 January 2020 will be published soon. The available data can be downloaded for analysis.

The data collected in this database is being processed and communicated to the public. This involves a continuous process which also gives us the chance to improve our data collection process and enhance the overall cycle of distribution. So far, the database has been used to inform various ECDC outputs, including in rapid risk assessments, technical reports on modelling, and on NPI implementation. A visual version of this data is also provided in [ECDC's weekly COVID-19 Country Overviews](#).

ECDC welcomes suggestions and possible amendments through a contact form provided on the platform, which we monitor closely. Do not hesitate to contact us if you have further questions.

### Concluding remarks (ECDC)

These webinar series will continue in 2021 to provide a platform for sharing experiences, with three to four short (5min) country presentations planned at each webinar. NFPs are invited to contact [5.1.5@ecdc.europa.eu](mailto:5.1.5@ecdc.europa.eu) to share ideas or topic suggestions for the webinars. The webinars will take place every last Thursday of the month. The next webinar is planned for 25 February 2021.