

To: [redacted]@go-science.gov.uk; [redacted]@rivm.nl; [redacted] (IfU, GWH; [redacted]@ethz.ch; [redacted]@usb.ch; [redacted]@usb.ch; [redacted]@mscbs.es; [redacted]@mscbs.es; [redacted]@dhsc.gov.uk; [redacted]@sciensano.be; [redacted]@sciensano.be; [redacted]@iss.it; [redacted]@iss.it; [redacted]@sfi.ie; [redacted]@sfi.ie; [redacted]@rki.de; [redacted]@pasteur.fr; [redacted]@pasteur.fr; [redacted]@chu-lyon.fr; [redacted]@chu-lyon.fr; [redacted]@sciencespo.fr

Cc: [redacted]@dhsc.gov.uk; [redacted]@beis.gov.uk; [redacted] (Go Science); [redacted]@go-science.gov.uk; [redacted]@dhsc.gov.uk; [redacted] (Go Science); [redacted]@rivm.nl; [redacted]@comite-ethique.fr; [redacted]@rki.de; [redacted]@rki.de; [redacted]@fcdo.gov.uk; [redacted]@sfi.ie; [redacted]@rivm.nl; [redacted]@rki.de; [redacted]@iss.it; [redacted]@iss.it; [redacted]@go-science.gov.uk; [redacted] (BEIS); [redacted]@go-science.gov.uk; [redacted] (BEIS); [redacted]@go-science.gov.uk

From: [redacted]

Sent: Wed 3/24/2021 4:45:03 PM

Subject: RE:European Science Advisers Call 25 March: Agenda

Received: Wed 3/24/2021 4:46:15 PM

Dear all,

I have an important hearing and will not be able to be there but I will be replaced by [redacted], [redacted] and [redacted] members of the French COVID-19 Scientific Council.

But I have a question for you: do you have any early data on AstraZeneca and the reduction in transmissibility?

Thanking you in advance,

Best,

[redacted]

De : [redacted]@go-science.gov.uk

Envoyé : mercredi 24 mars 2021 14:46

À : [redacted]@rivm.nl; [redacted] (IfU, GWH; [redacted]@usb.ch; [redacted]@mscbs.es; [redacted]@sciensano.be; [redacted]@iss.it; [redacted]@sfi.ie; [redacted]@pasteur.fr; [redacted]@chu-lyon.fr

Cc : [redacted] (Go Science); [redacted] (Go Science); [redacted] (Go Science); [redacted]@rki.de; [redacted] (GO-Science); [redacted] (BEIS); [redacted] (BEIS); [redacted] (BEIS); [redacted] (BEIS)

Objet : European Science Advisers Call 25 March: Agenda

Dear all,

We have arranged a follow up call for tomorrow morning at 0800 GMT / 0900 CET to cover outstanding items from the European advisors call last week. Please see attached the agenda.

Best wishes,

[redacted]



Government Office for Science

[redacted]

Government Office for Science

[redacted]@go-science.gov.uk

[redacted]

From: [redacted]

Sent: 18 March 2021 14:38

To: [redacted]@comite-ethique.fr; [redacted]@rivm.nl; [redacted] (IfU, GWH; [redacted]@ethz.ch; [redacted]@usb.ch; [redacted]@mscbs.es; [redacted]@dhsc.gov.uk; [redacted]@sciensano.be; [redacted]@rki.de; [redacted]@iss.it; [redacted]@sfi.ie

< 5.1.2e @pasteur.fr> < 5.1.2e @pasteur.fr> 5.1.2e @chu-lyon. fr < 5.1.2e @chu-lyon.fr>; 5.1.2e
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 Cc: 5.1.2e, 5.1.2e < 5.1.2e @dhsc.gov.uk>; 5.1.2e, 5.1.2e (5.1.2e) < 5.1.2e @beis.gov.uk>; 5.1.2e, 5.1.2e (Go Science)
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 science.gov.uk>; 5.1.2e, 5.1.2e (BEIS) < 5.1.2e @go-science.gov.uk>

Subject: European Science Advisers Call 18 March: Readout

Dear all,

Thank you for attending the call this morning, please see below a readout. We will be in touch confirming the next call.

5.1.2e we will introduce you to the UK testing team in a separate email chain to follow up with a discussion as mentioned this morning.

Best wishes,

5.1.2e

European Advisors Call (18 Mar 2021 0800 – 0900 GMT)

Represented country	Attendee	Job title
UK	5.1.2e (chair) & 5.1.2e	5.1.2e
France	5.1.2e 5.1.2e and 5.1.2e 5.1.2e	Members of the COVID-19 Scientific Council [SC]
Switzerland	5.1.2e	5.1.2e Infection Prevention and Control, Swiss COVID-19 Scientific Taskforce
Belgium	5.1.2e 5.1.2e 5.1.2e	5.1.2e Sciensano
Netherlands	5.1.2e	5.1.2e RIVM National Institute for Public Health and the Environment Centre for Infectious Disease Control
Spain	5.1.2e	5.1.2e Health Alerts and Emergencies; Ministry of Health
Italy	5.1.2e 2 5.1.2e	5.1.2e

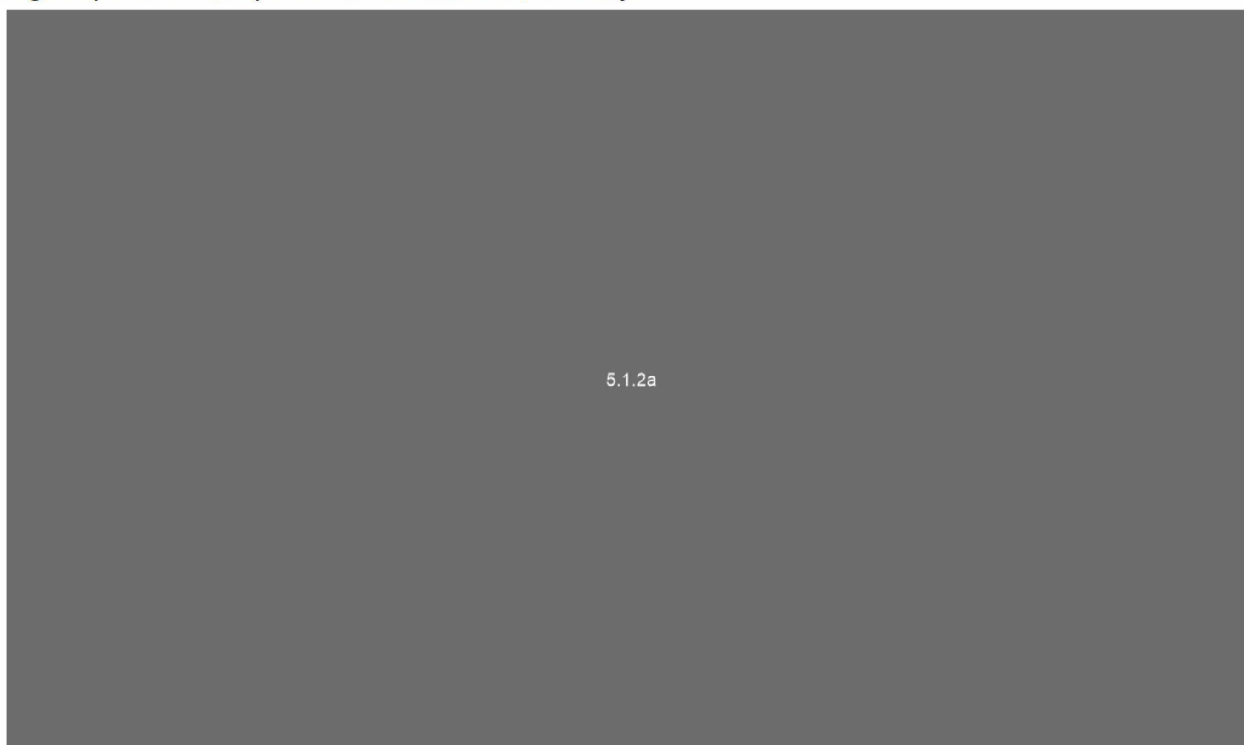
Apologies:	5.1.2e	5.1.2e	5.1.2e			
Observers	5.1.2e	5.1.2e	5.1.2e	5.1.2e	5.1.2e	5.1.2e
	5.1.2e	(Italy)				

Actions:

- UK to introduce 5.1.2e to the testing team to discuss rollout
- 5.1.2e to share information on the virus strain found in Brittany with her bioinformaticians and share with the group whether this is similar to what was observed in her hospital last Autumn.
- Meeting to be booked in for the coming weeks to discuss outstanding agenda items: Increased mortality associated with UK variant and testing rollout, especially self-testing.

Readout

Colleagues provided an update on the situation in country.



- **Netherlands:** JVD explained the situation is similar to that in Belgium, with incidence of 180 – 200 cases per 100k. The UK variant accounts for 80% of infections, the South African variant is stable at a low figure below 5%. Other variants are being observed but not at any levels of concern. R is above estimated to be between 1.05 and 1.10, over one in part due to the UK variant.
- **UK:** CMO explained that rates are still going down, although it is too early to determine the effects of schools opening on transmission. On variants, the UK variant is dominant, and there are small numbers of the South African and Brazilian variants. We're confident vaccines are working against the UK variant, but effects of the AstraZeneca vaccine on the South African variant are less clear with regards to reducing transmission and preventing against severe disease.
 1. On side effects of the AstraZeneca vaccine, CMO explained that we see no reasons to change our vaccination programme at this time. The risk benefit may change for younger age groups, but for

everyone over 50 or with pre-existing conditions, the risk benefit of taking the vaccine is definitely in favour of vaccination for these groups as we're talking about rare side effects of a relatively rare condition.

- **Switzerland:** On variants RS explained the UK variant is the dominant strain, whilst the prevalence of the South African has remained consistently low. Case numbers have recently been on the rise again, and all their models predict there'll be a strong rise in cases over the coming months. RS also mentioned the Swiss government is heavily investing in rolling out testing, and asked for insights from colleagues. PV mentioned we will share contact details of our testing team with RS to follow up the discussion. Following on from Bruno Lina's comments about the cluster in Brittany, ST-S explained that her team made a similar observation at her hospital last autumn - a cluster of about 6 patients with negative nasopharyngeal swabs and positive results from lower respiratory tract samples. Sequencing efforts were hampered by the very low viral load. ST-S commented that she will look at whether there are aspects similar to the situation in France. Bruno shared the characteristics of the variant in Brittany below, and ST-S mentioned she would share with her bioinformaticians and inform the group on any similarities.
 - GISAID accession numbers: EPI_ISL_1118892, EPI_ISL_1111064 It concerns a variant of clade 20C, with 9 mutations in the spike protein: S:H66D, S:G142V, S:D215G, S:V483A, S:D614G, S:H655Y, S:G669S, S:Q949R, S:N1187D And the following deletions: ORF6:K23-, ORF6:V24-, ORF6:S25-, ORF6:I26-, ORF6:W27-, ORF6:N28-, ORF6:L29-, ORF6:D30-, ORF6:Y31-, S:Y144- The cluster, detected start of January 2021 in a geriatric unit of a hospital of 700 beds, includes 79 cases with symptoms suggestive of COVID-19 as of 13 March (patients and staff; 19 of the infected patients deceased). However, a number of patients with typical symptoms suggesting COVID-19 and a negative RT-PCR test result on nasopharyngeal samples were strongly evocative based on radiography or serology results (56% of the cases had a negative PCR on NP swabs).

- **Italy:** SB explained incidence has been increasing, to over 250 cases per 100k. Italy has been adopting different measures in regions. An increasing number of younger people are being admitted to hospital, with an average age of 43. He is starting to see the positive effects of vaccination rollout amongst healthcare workers and in social care settings. On variants, cases of the South African variant are sporadic, and cases of the Nigerian variant are also being observed. The Brazilian variant is not spreading as fast as expected, the UK variant is the fastest spreading variant. Given the rise in cases, the government has adopted some stricter measures to reduce cases, which will be reviewed again after Easter.

- **Spain:** FS explained that as in the UK he thinks Spain has reached a new trough. Incidence is 127 cases per 100k, however there is huge variability between regions. He observed a large rise in numbers of cases after Christmas, followed by a steep decrease. It is hoped that the warmer months ahead will help to control the spread as people increasingly gather outdoors rather than indoors. Cases of all variants are decreasing, however the UK variant is the slowest to decrease. FS also explained the emergence of a Spanish variant. Only 55 cases of the South African variant have been detected, three of these being sporadic and the remainder linked to clusters. On the Brazilian variant, only 25 cases have been detected so far in 2 clusters and 3 sporadic cases. The average lengths of stay in ICU for this recent wave have tended to be longer compared to previous waves, believed to be due to the mean age of the people being admitted – who are younger than before. FS also explained the huge variability in seroprevalence. There is increasing pressure to reopen hospitality settings as soon as possible.

- AF asked FS about school closures in Spain. FS explained that schools only closed in Mar / Apr last year, and have been open since always. 0.9% of classrooms closed at peak of third wave, and the figure is now 0.3%. The rise in cases in Spain is mainly linked to social gatherings. Use of masks has been followed well also. Restrictions imposed over Easter will include restricting mobility between regions and limiting gatherings to 4 people.

- PV concluded by suggesting a follow up meeting next week to cover agenda items not covered today.



Government
Office for Science

5.1.2e
5.1.2e
Scientific Advisory Group for Emergencies (SAGE)
Government Office for Science
5.1.2e @go-science.gov.uk 5.1.2e

From: 5.1.2e 5.1.2e <5.1.2e@comite-ethique.fr>

Sent: 17 March 2021 16:00

To: 5.1.2e, 5.1.2e (5.1.2e 5.1.2e) <5.1.2e@go-science.gov.uk>; 5.1.2e @rivm.nl; 5.1.2e 5.1.2e (IfU, GWH
<5.1.2e@ethz.ch>; 5.1.2e @usb.ch; 5.1.2e @mscbs.es; 5.1.2e, 5.1.2e <5.1.2e@dhsc.gov.uk>;
5.1.2e @sciensano.be; 5.1.2e, 5.1.2e <5.1.2e@rki.de>; 5.1.2e @iss.it; 5.1.2e @sfi.ie; 5.1.2e 5.1.2e
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Cc: 5.1.2e, 5.1.2e <5.1.2e@dhsc.gov.uk>; 5.1.2e, 5.1.2e (5.1.2e) <5.1.2e@beis.gov.uk>; 5.1.2e, 5.1.2e (Go Science)
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science.gov.uk>; 5.1.2e, 5.1.2e (BEIS) <5.1.2e@go-science.gov.uk>; 5.1.2e 5.1.2e <5.1.2e
5.1.2e @comite-ethique.fr>

Subject: RE:European Science Advisers Call 18 March: Agenda

Dear all,

I would like to add a question to the agenda: **Why does it work in Spain despite the increase of the UK variant?** Can we have the opinion of 5.1.2e on this?

Also, I am sorry but I will not be present tomorrow. To replace me, I propose :

5.1.2e to talk about the immunity passport

Best,

5.1.2e

De : 5.1.2e, 5.1.2e (5.1.2e 5.1.2e) [5.1.2e@go-science.gov.uk]

Envoyé : mercredi 17 mars 2021 13:30

À : 5.1.2e, 5.1.2e; 5.1.2e @rivm.nl; 5.1.2e 5.1.2e (IfU, GWH; 5.1.2e @usb.ch; 5.1.2e @mscbs.es;
5.1.2e 5.1.2e; 5.1.2e @sciensano.be; 5.1.2e, 5.1.2e; 5.1.2e @iss.it; 5.1.2e @sfi.ie; 5.1.2e 5.1.2e
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Science); 5.1.2e, 5.1.2e; 5.1.2e 5.1.2e; 5.1.2e 5.1.2e; 5.1.2e @rki.de; 5.1.2e 5.1.2e (5.1.2e; 5.1.2e 5.1.2e; 5.1.2e
5.1.2e; 5.1.2e 5.1.2e; 5.1.2e @iss.it; 5.1.2e (GO-Science); 5.1.2e, 5.1.2e (BEIS); 5.1.2e
5.1.2e (BEIS); 5.1.2e, 5.1.2e (5.1.2e 5.1.2e); 5.1.2e, 5.1.2e (BEIS)

Objet : European Science Advisers Call 18 March: Agenda

Dear all,

Please see attached the agenda for tomorrow's European Science Advisers call at 0800 GMT / 0900 CET.

Best wishes,

5.1.2e



Government
Office for Science

5.1.2e

Scientific Advisory Group for Emergencies (SAGE)
Government Office for Science

5.1.2e [@go-science.gov.uk](mailto:go-science@gov.uk)

5.1.2e