Cc: [redacted]

To: [redacted]

From: [redacted]

Sent: Thur 3/11/2021 5:58:11 PM

Subject: Re: Extraordinary Meeting - EU scientific advice platform on Covid-19

Received: Thur 3/11/2021 5:59:10 PM

Dear Commissioner, Professor Piot and colleagues

First I would like to apologize for not attending the full meeting since I was at a meeting with the PM of our country.
A few comments about 2 of the agenda items

1) Re the ECDC tool and the implementation of NPIs - I recognize the value of the tool that can be indicative of where Public Health actions should focus. However as we have all been taught each country, region, municipality can follow a significantly different course. The biological characteristics of a variant can greatly affect the balance between incidence and mortality
We follow several indicators in taking our decisions for measures including
a) 7 and 4 day c/100k incidence rates going down from “country" to “region" to "regional unit" to "municipality level”
b) positivity rates in total, by PCR, by Rapid Ag. Positivity rates in contact tracing activities, in mass sampling activities (voluntary population testing) and in reactive testing in areas with increasing incidence
c) new hospitalizations and exits in wards, ICUs (intubations separately), special units
d) hospital simple bed and ICU capacity as well as “oxygen” capacity at region and regional unit level (looking at bordering regional units as well for surge capacity issues)
e) mortality rates and age distribution and excess mortality rates (we participate at EUROMOMO)
f) We divide the country in 4 regions and estimate Rt (LSHTM methodology) for ICU, intubated and deaths. We also estimate Rt for hospitalizations in 7 “health regions”
g) Via modeling we perform short term (7d) predictions for ICU capacity and n of cases, intubations and deaths. We also do a 4-6 wk projection based on Rt values
h) Lately we have been following vaccination rates per regional unit and for large metropolitan areas levels of immunity by seroepidemiology

The local variability in some of these indices is significant - we adjourn 1-2 times weekly to examine local maps and have aligned certain thresholds with certain level/tier measures (currently 2 levels but have been up to 3-4 when situation is better). The presence of the variant has complicated things a lot lately as the country remains in a semi-lockdown with a prominent sense of public fatigue and stable around the value of 1 Rt. More importantly biological differences in "future" variants/escape mutants would make things even harder to interpret. I am to sure that the safety valve of mobility alone is enough as public fatigue increases

2) Green certificate
With regards to the issuance of certificates for cross-border travel i think we should discuss more the issue of including antibodies as proof/evidence of immunity. In my humble opinion this will create some issues eg a) threshold of immunity considered adequate; b)drop in antibodies with time; c) neutralizing antibodies vs other types; d) vaccine efficacy and whether we should check antibodies etc. I would rather see a vaccine (any) certificate alone or some proof or recent infection (Positive PCR result) vs including antibodies. Self testing will facilitate things but it will be hard to incorporate in such a certificate. Anyway an issue for more discussion

Sorry for bothering you with all this info

Best
5.1.2e

On 6 Mar 2021, at 11:13, 5.1.2e <5.1.2e@ec.europa.eu> wrote:

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