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From: [redacted]

Sent: Mon 1/24/2022 11:00:56 AM

Subject: AW: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Received: Mon 1/24/2022 11:02:59 AM

Dear colleagues,

I can only can agree to what the others have already articulated.

ECDC urgently needs to change directions and express this in its documents. We face a completely different situation compared to spring 2020 and later. Especially **unreflected testing** (e.g. [redacted] with 9 Mio inhabitants plans to upgrade to a Million PCR tests per day (!!!?) for spring 2022 ...). So far I am informed this is of no benefit in context with infection control and needs to be stopped, where in place or - provide evidence that this would be of benefit ... I do not see the benefit but only harm in nearly every area of life.

The actual RA is very detailed, difficult to read even for professionals in the field and I am pretty sure that it cannot be implemented in daily life. If we test as we currently do and on the other hand have these rules of Q

Best regards,

[redacted]

Mit freundlichen Grüßen

[redacted]

Institut für Hygiene, Mikrobiologie und Tropenmedizin
Nationales Referenzzentrum für antimikrobielle Resistenzen

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Ein Unternehmen der Vinzenz Gruppe und der Elisabethinen

Von: 5.1.2e [5.1.2e @rivm.nl]

Gesendet: Montag, 24. Januar 2022 09:40

Betreff: [EXTERN] RE: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Dear all,

From the Netherlands I also would like to echo the comments clearly articulated by Frode and others, especially the differential impact omicron may have depending on vaccine coverage and immunity levels in general.

And a small comment on the summary: the text could more clearly describe that the booster also importantly increases protection against severe disease, not just infection and symptomatic disease, at least in the short term.

There is emerging evidence for significantly lower vaccine effectiveness against Omicron infection and against symptomatic disease after full primary vaccination compared to the Delta variant, along with more rapid waning. The booster dose significantly increases vaccine effectiveness. In terms of hospitalisation, data are currently showing that protection against severe disease remains high and is substantially higher than against infection and mild disease albeit lower than the protection against Delta.

Best regards,

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Sent: Monday, January 24, 2022 9:10 AM

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 < 5.1.2e @chl.lu>; 5.1.2e < 5.1.2e @iss.it>; 5.1.2e at Health Regulation
 < 5.1.2e @gov.mt>; 5.1.2e < 5.1.2e @landlaeknir.is>; 5.1.2e < 5.1.2e @mphs.moh.gov.cy>;
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A particular attention may need to be paid to the BA.2 development. This Omicron sub-lineage is now becoming dominant in Denmark: Now, an Omicron variant, BA.2, accounts for almost half of all Danish Omicron-cases (ssi.dk) and growth is seen in other countries. BA.2 may have different characteristics in all relevant features: transmissibility, immune recognition and clinical appearance as it is genetically quite different from BA.1. This development also requires rewording of: “Although only a small number of BA.2 sequences have been identified worldwide so far, caution should be exercised when using the SGTF assays as viruses of this sub-lineage will not be identified by these assays.” And needs to be taken into account when evaluating omicron growth by the Δ69-70 mutation.

Med venlig hilsen

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Adresse: Artillerivej 5 | 2300 København S



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5.1.2e <@telefonica.net>; 5.1.2e <@hpsc.ie>; 5.1.2e <@szu.cz>;
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Emne: SV: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

The view from Sweden is similar to that of our Nordic colleagues. We are most likely moving into an exit strategy fairly soon since our experience recently is that many measures today hurts public health and society more than it benefits.

Med vänlig hälsning

5.1.2e
 Avdelningschef
 010- 5.1.2e

Folkhälsomyndigheten

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Folkhälsomyndigheten är en nationell kunskapsmyndighet med ett övergripande ansvar för folkhälsofrågor. Myndighetens uppdrag är att främja hälsa, förebygga ohälsa samt skydda mot hälsohot. För ytterligare information: www.folkhalsomyndigheten.se

Kind regards

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The Public Health Agency of Sweden

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Skickat: den 24 januari 2022 08:16

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 5.1.2e <@pzh.gov.pl>; 5.1.2e <@RIVM.NL>; 5.1.2e <ssi.dk>; 5.1.2e <@ssi.dk>;
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Ämne: VS: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Prioritet: Hög

Dear all,

We would also like to thank the ECDC for the opportunity to comment the RA.

We fully agree with the comments below from Norway and consider the RA too pessimistic in relation to the available evidence and even current experience of the situation.

It is imperative that in any RA:s we start balancing the views and conclusions by fully considering the considerable harm that are caused to people and societies by strong NPIs which also are in violation to personal rights and freedoms embedded deeply in many of our constitutions. After three years in a crisis we are not anymore facing a new situation and we cannot use extraordinary measures or follow a precautionary principle forever, but need to find ways of coping with this new disease without a constant full stop lockdown as the only solution.

Thus, ECDC would need to partner strongly with other institutions that are better equipped to have a more holistic view of health and wellbeing and societal functions to be able to produce meaningful and less one-sighted risk assessments.

Best regards,

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Lähetäjä: 5.1.2e <5.1.2e@fhi.no>

Lähetetty: maanantai 24. tammikuuta 2022 0.02

Aihe: SV: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Dear ECDC, dear all,

We have read the proposed risk assessment with interest, and would like to thank you again for the opportunity to come with a rapid review.

It is difficult to formulate a risk assessment for the whole of Europe. The situation is different in different countries, and you try to address this by e.g offering different assessment and options for countries with different vaccine coverage.

Our assessment from Norway is for the time being not in full sync with the ECDC assessment. We think the situation is less grave and we definitely have a more optimistic tone in our own assessment. We think that at this stage of the pandemic we should be more concerned by the burden of the NPI for children, youngsters and the general population as well. People and businesses are tired of restrictions and many suffer under their burden! Measures must be implementable and reasonable according to the seriousness of the situation, otherwise we will create opposition and loose trust of the population.

Please find below some more specific comments:

General about NPIs in the society

After two years of pandemic and many control measures in the society, we think there is a need to have a broader discussion of consequences and burden of control measures over time, especially among some groups in the population that has been heavily affected by the control measures; children and young adults, elderly and people living alone.

The risk assessment should include an assessment of the risk of long term use of NPIs in the population, and a discussion of cost-benefit when measures are in place over a longer time, covering also the broader public health perspective.

Schools

We are concerned that the high focus on measures in schools over a long time period (over two years) will lead to long-term negative consequences for the children. We see an increase in referral to psychiatric care among young people in Norway. There need to be a broader cost-benefit consideration of measures in schools. Screening in schools will detect many asymptomatic children, leading to isolation for the child, parents need to stay at home, quarantine for the close contacts etc. With omicron, transmission among vaccinated adults is high. Screening only in the schools will give a biased picture of where transmission occurs in the society, and a continued high focus on transmission among children, a group with a very low risk of severe illness, even compared to some other respiratory infections.

EU-DCC

We see that ECDC writes this in the RRA: The EU Digital COVID Certificate (DCC) can be used to support opening of

societies, including occupational and educational settings as well as travel [132]. However, in the current epidemiological situation, transmission by travel cases is considered to play a minor role.

We would like some more evidence and scientific rationale for the use of covid certificate as part of the national response now during the omicron wave, and the rapidly waning immunity against infection. Also, the consequences of reducing the validity period which will require frequent vaccine boosters - without a medical rationale for booster vaccination in the younger age groups. This is also adding to the problem of unjust global vaccine distribution.

Travel

We would also appreciate an updated consideration about the rationale, usefulness and effectiveness of travel related measures in Europe in the current omicron-dominated situation where a) there is high level of community spread in all countries, and b) vaccination confers little or no protection against infection and transmission. By travel related measures we mean recommendations against travel, testing before or during travel, and use of the EU Digital COVID certificate.

And a comment on hospitalization rates

We see that ECDC takes many precautions on the reports and studies showing decreased severity and hospitalization for omicron. One issue that is not described, is that more patients now are admitted with covid and not due to covid, when transmission is so high. In Norway we assess this data regularly, and up to now about 80% of the hospital admissions have been with covid-19 as the main cause, and 20% with other causes – but with a positive covid-19 test. Currently, with the high transmission rate, this has changed to 50/50. Similar is reported in other countries, but not always reflected in the statistics or register-based studies, which may bias the results and lead to a falsely higher risk of severe illness.

Again, thank you for considering these concerns!

Best regards,

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on behalf of the Norwegian covid-19 response team.

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Emne: SV: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Thanks

The assessment seems logical but more data on the impact both on the health systems and the protection by different vaccinations on transmissibility is urgently needed

Also what actually I behind the decrease in some countries less testing?

Med vänlig hälsning

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Avdelningschef

5.1.2e

Folkhälsomyndigheten

5.1.2e

[@folkhalsomyndigheten.se](https://www.folkhalsomyndigheten.se)

Folkhälsomyndigheten är en nationell kunskapsmyndighet med ett övergripande ansvar för folkhälsofrågor. Myndighetens uppdrag är att främja hälsa, förebygga ohälsa samt skydda mot hälsohot. För ytterligare information: www.folkhalsomyndigheten.se

Kind regards

5.1.2e

+ 5.1.2e

The Public Health Agency of Sweden

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Skickat: den 21 januari 2022 13:11

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Ämne: FOR AF REVIEW: COVID-19 Rapid Risk Assessment 19th update

Dear Members of the Advisory Forum,

Please find enclosed for your consultation the rapid risk assessment “Assessment of the further emergence and potential impact of the SARS-CoV-2 Omicron variant of concern in the EU/EEA, 19th update”, with tentative publication date 26 January 2022.

It would be much appreciated if you could provide your feedback on the document by **12:00 CEST on Monday, 24 January**.

With kind regards,

Executive Office/Governance

On behalf of the PHE team



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