

-----Ursprüngliche Nachricht-----

Von: [redacted] <[redacted]@go-science.gov.uk>

Gesendet: Dienstag, 6. April 2021 13:40

An: [redacted] (IfU, GWH) <[redacted]@ethz.ch>; [redacted] <[redacted]@comite-ethique.fr>

Cc: [redacted] <[redacted]@sfi.ie>; [redacted] (Go Science) <[redacted]@go-science.gov.uk>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@usb.ch>; [redacted] <[redacted]@mscbs.es>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@sciensano.be>; [redacted] <[redacted]@rki.de>; [redacted] <[redacted]@iss.it>; [redacted] <[redacted]@pasteur.fr>; [redacted] <[redacted]@pasteur.fr>; [redacted] <[redacted]@chu-lyon.fr>; [redacted] <[redacted]@chu-lyon.fr>; [redacted] <[redacted]@sciencespo.fr>; [redacted] <[redacted]@aphp.fr>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@beis.gov.uk>; [redacted] (Go Science) <[redacted]@beis.gov.uk>; [redacted] (Go Science) <[redacted]@go-science.gov.uk>; [redacted] (Go Science) <[redacted]@Go-Science.gov.uk>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@comite-ethique.fr>; [redacted] <[redacted]@rki.de>; [redacted] <[redacted]@fcd.gov.uk>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@rki.de>; [redacted] <[redacted]@iss.it>; [redacted] <[redacted]@go-science.gov.uk>; [redacted] (BEIS) <[redacted]@go-science.gov.uk>; [redacted] (BEIS) <[redacted]@go-science.gov.uk>; [redacted] <[redacted]@sfi.ie>; [redacted] <[redacted]@env.ethz.ch>

Betreff: RE: European Science Advisors Call 7 Apr Agenda

Dear [redacted], [redacted] all,

Thank you for suggesting the below topic for the call tomorrow, we have added it to the agenda and would be pleased to welcome [redacted] and [redacted] to the call. Grateful if you could send through their contact details so we can add them to the invite, or alternatively please do forward them the details. If other colleagues would also like to invite specialists to discuss this topic please do extend the invitation to them.

Please see attached the agenda for tomorrow's call at 0800 BST / 0900 CEST.

Best wishes,

[redacted]

[redacted]

[redacted]

Scientific Advisory Group for Emergencies (SAGE)

Government Office for Science

[redacted] <[redacted]@go-science.gov.uk> | [redacted] <[redacted]@go-science.gov.uk> | [redacted] | [redacted]

From: [redacted] (IfU, GWH) <[redacted]@ethz.ch>

Sent: 06 April 2021 08:14

To: [redacted] <[redacted]@comite-ethique.fr>

Cc: [redacted] <[redacted]@sfi.ie>; [redacted] (Go Science) <[redacted]@go-science.gov.uk>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@rivm.nl>; [redacted] <[redacted]@usb.ch>; [redacted] <[redacted]@mscbs.es>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@sciensano.be>; [redacted] <[redacted]@rki.de>; [redacted] <[redacted]@iss.it>; [redacted] <[redacted]@pasteur.fr>; [redacted] <[redacted]@pasteur.fr>; [redacted] <[redacted]@chu-lyon.fr>; [redacted] <[redacted]@chu-lyon.fr>; [redacted] <[redacted]@sciencespo.fr>; [redacted] <[redacted]@aphp.fr>; [redacted] <[redacted]@dhsc.gov.uk>; [redacted] <[redacted]@beis.gov.uk>; [redacted] (Go Science) <[redacted]@beis.gov.uk>; [redacted] (Go Science) <[redacted]@go-science.gov.uk>; [redacted] (Go Science)

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 < 5.1.2e @sf.ie>

Subject: Re: European Science Advisors Call

Dear 5.1.2e, dear colleagues,

this is an important topic in our task force, too, and we would invite our expert 5.1.2e if it were decided that this topic is on the agenda for tomorrow.

Thanks and happy belated Easter to all.

5.1.2e

On 2 Apr 2021, at 11:40, 5.1. 5.1.2e < 5.1.2e @comite-ethique.fr < 5.1.2e @comite-ethique.fr > wrote:

Dear all,

If there is time at the next meeting, I would like to discuss the psychological consequences, especially on children. To do so, I would like the child psychiatrist from the French COVID-19 Scientific Council, 5.1.2e, to participate.

Also, what contacts in psychiatry/child psychiatry do you have in your countries?

Thanking you in advance,

Kind regards,

5.1.2e

De : 5.1.2e [5.1.2e @sf.ie < 5.1.2e @sf.ie>]
 Envoyé : vendredi 26 mars 2021 11:22
 À : 5.1.2e (BEIS); 5.1.2e ; 5.1. 5.1.2e ; 5.1.2e @rivm.nl
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Objet : RE: Readout from the European Science Advisors Call (25 March 2021)

Dear all

Here as promised are the first two reports from the Ventilation Expert Group. The first shows their work plan which is currently focussed on sector specific guidance, the second has some general recommendations including CO2 monitors and air filtration / sterilisation devices.

Kind Regards,

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Office of the Director General and Chief Scientific Adviser to the Government of Ireland

Science Foundation Ireland
For what's next

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Please note, in line with Government guidance, Science Foundation Ireland staff members are working remotely. Wherever possible, please send all correspondence by email. A member of our facilities staff has limited access to our building but receipt of written correspondence may be significantly delayed.

From: 5.1.2e (BEIS) <5.1.2e@go-science.gov.uk <5.1.2e@go-science.gov.uk>>
Sent: Thursday 25 March 2021 16:32

5.1.2e

European Science Advisors Call (25 Mar 2021 0800 GMT)

Attendees:

Represented country

Attendee

Job title

UK

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France

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Members of the COVID-19 Scientific Council [SC]

Switzerland

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Belgium

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Italy

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Ireland

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Observers: 5.1.2e 5.1.2e 5.1.2e, 5.1.2e, 5.1.2e (UK), 5.1.2e 5.1.2e (Italy), 5.1.2e (Netherlands).

Apologies: 5.1.2e 5.1.2e 5.1.2e,

Agenda

1. Experiences of testing rollouts, especially self-testing
2. Increased mortality associated with the variant first identified in the UK

Actions

- * 5.1.2e to share paper on ventilation to the group once cleared.
- * UK to send link of NHS self-testing training video.
- * UK to share lateral flow testing study.
- * UK to circulate information regarding severity of C-19 during pregnancy.

1. Experiences of testing rollouts, especially self-testing

* Switzerland: RS explained the Swiss are discussing launching testing at scale. It is not yet decided if this will be targeted. RS asked the group to discuss their experiences, including what lessons have been learned and which methods were most successful. RS will follow up with the UK testing team tomorrow.

* UK: PV discussed the UK's large testing capacity and explained that the UK has looked carefully at effectiveness and concluded both lateral and PCR tests are effective. Lateral flow tests are used in education and healthcare settings. In schools, students over 11 are self-testing at home twice a week, with high levels of compliance indicated by reported positivity. CW explained mass testing exercises have some benefits but in areas of high deprivation it proved less effective. As the UK progresses in each stage of the roadmap it is thought lateral flow tests will be utilised more widely in workplaces and for events. On testing for entry to events PV thought it would be better for them to be conducted at events rather than at home. PV also thought that if the public could get into a more routine pattern of self-testing before next winter that would be beneficial.

o BL asked whether the UK has produced any guidance materials for the public on using self-testing kits. CW mentioned there are a variety of training materials, including the one produced by NHS Test and Trace.

o SVG asked how testing in schools worked. PV and CW explained the first few weeks were conducted in school, whereas now they are completed at home.

* France: BL explained that in France the discussion is focused on how to perform the swabbing itself. AF mentioned he had attended a webinar on testing in schools in Austria, where in primary schools' students are tested twice a week, and once a week for those aged 12+. They have 98% compliance, sensitivity estimated to be 70%. Rollout seemed to be very convincing and the study robust.

* Ireland: MF mentioned a report currently with Ministers reviewing testing and the various methods and is happy to share with the group once approved for publication. MF explained that studies showed the saliva method works well for PCR but not for LFD tests, and nasal swabs work for both LFD and PCR tests. MF cited helpful interactions with 5.1.2e [Public Health England] to discuss testing methods. Issues highlighted include self-administering being less effective than professionally administered tests, and compliance with required waiting times for the result. Anecdotal evidence from companies who have introduced testing suggest it improves people's confidence and group behaviour. Those who refuse to be tested often feel ostracised, as people avoid them over safety concerns.

2. Increased mortality associated with the variant first identified in the UK

* UK: PV mentioned we have some evidence of increased rates of B.1.1.7 detected during pregnancy. Currently, it is believed this is due to increased screening in pre-natal clinics rather than increased risk. PV and CW believe the mortality of variant is 30%, and confirmed the increased mortality is accounted for in models.

* France: AF has seen the signal observed in UK regarding pregnancy and asked whether the mortality of the variant is showing as 30% due to delayed mortality given survival curves in reports.

* Belgium: SVG has not seen signs of increased mortality with B.1.1.7, and this may be because the most vulnerable individuals are now vaccinated. Currently, there are higher levels of ICU occupancy, so an effect may be seen over coming weeks.

<image001.png>

5.1.2e

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Engagement and Transparency, COVID Response

E: 5.1.2e @go-science.gov.uk <5.1.2e@go-science.gov.uk>

Tel: 02072155422 | www.gov.uk/go-science <https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.gov.uk%2Fgo-science&data=04%7C01%7CElliot.Howe%40go-science.gov.uk%7C0094a479a09b462c7df908d8f8cb9ca6%7Ccbac700502c143ebb497e6492d1b2dd8%7C0%7C0%7C637532900695502503%7CUnknown%7CTWFPbGZsb3d8eyJWljoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwILCjXVCI6Mn0%3D%7C1000&sdata=tWnkpnWO96ztGDfLz41xAJJ7aUmzNAhzdN1Ht4TRaNM%3D&reserved=0>

OFFICIAL-SENSITIVE

From: 5.1.2e <5.1.2e@go-science.gov.uk> <5.1.2e@go-science.gov.uk> >
Sent: 24 March 2021 13:46
To: 5.1.2e @rivm.nl <5.1.2e@rivm.nl>; 5.1.2e @comite-ethique.fr <5.1.2e@comite-ethique.fr>; 5.1.2e @ethz.ch <5.1.2e@ethz.ch>; 5.1.2e @usb.ch <5.1.2e@usb.ch>; 5.1.2e @mscbs.es <5.1.2e@mscbs.es>; 5.1.2e @dhsc.gov.uk <5.1.2e@dhsc.gov.uk>; 5.1.2e @sciensano.be <5.1.2e@sciensano.be>; 5.1.2e @rki.de <5.1.2e@rki.de>; 5.1.2e @iss.it <5.1.2e@iss.it>; 5.1.2e @sfi.ie <5.1.2e@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 @sciencespo.fr <5.1.2e@sciencespo.fr>;
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Subject: 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,

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<image002.png>

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Scientific Advisory Group for Emergencies (SAGE)

Government Office for Science

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@go-science.gov.uk <

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@go-science.gov.uk>

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From: 5.1.2e)

Sent: 18 March 2021 14:38

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

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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

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France

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Members of the COVID-19 Scientific Council [SC]

Switzerland

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Belgium

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Netherlands

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Italy

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Apologies: 5.1.2e 5.1.2e 5.1.2e 5.1.2e, 5.1.2e 5.1.2e 5.1.2e and 5.1.2e 5.1.2e

Observers: 5.1.2e, 5.1.2e 5.1.2e, 5.1.2e 5.1.2e (UK), 5.1.2e (Netherlands), 5.1.2e and 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.

* France: AF explained there are three regions where incidence is close to 400 cases per 100k a week, and the saturation of ICU beds is close to 99% for the Paris area. PM will announce new measures tonight. The UK variant represents 75% of cases nationwide, and it is homogeneously spread. The South African variant is present in a few eastern Departments, and whilst this one is decreasing in prevalence the prevalence of the UK variant is increasing. A new variant has emerged in western France, Brittany, where it may not be detectable by taking a nasal swab. BL explained the mutation details of this variant, and that it was difficult to detect as the viral load was lower than we would expect. 80 patients have been confirmed to have had this variant so far, and, worryingly, a cluster has been identified at a hospital in the region. All cases detected in Brittany will be sequenced.

* Belgium: SVG explained that the situation in Belgium is similar to France. Cases have been on a plateau for months but since the beginning of March numbers are on the rise again, along with a steeper increase in ICU occupancy. The government will convene this week to introduce additional measures to contain this rise. Measures may include an earlier curfew, suspending extracurricular activities in schools and mandating the use of face coverings in younger education settings. The priority was to keep schools open. SVG explained he was not sure whether the steep rise in ICU occupancy was due to the UK variant or a change in the age profile of patients admitted to ICU. Hospital leaders do not want to breach the 1,000 limit on ICU capacity. On variants and sequencing 5% of samples are being sequenced, due to rise to 10%. The UK variant is 70% prevalent, the South African variant is stabilising at 5.5% prevalence. The Brazil variant is still increasing in prevalence, currently at 2.6%, and mainly due to two big clusters. The Nigerian variant appears to be prevalent across all regions in Belgium. On the AstraZeneca vaccine, the authorities will wait for advice from EMA before making a decision on any suspension.

* 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.

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From: 5.1. 5.1.2e <5.1.2e@comite-ethique.fr <5.1.2e@comite-ethique.fr>>

Sent: 17 March 2021 16:00

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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 :

- The virologist of the French Scientific Council, 5.1.2e
- The sociologist from the French Scientific Council, 5.1.2e to talk about the immunity passport

Best,

5.1.2e

De : 5.1.2e [5.1.2e@go-science.gov.uk <5.1.2e@go-science.gov.uk>]
 Envoyé : mercredi 17 mars 2021 13:30
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 (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,

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