To: 5.1.2e .[5.1.2e @minvws.nl]; 5.1.2e)[5.1.2e @minvws.nl]; 5.1.2e (5.1.2e @minbuza.nl)'[5.1.2e @minbuza.nl]
From: 5.1.2e)
Sent: Wed 5/19/2021 9:57:32 AM
Subject: RE: Volledig vaccineren ivm debat
Received: Wed 5/19/2021 9:57:33 AM

Ik snap je vraag niet helemaal maar voor zover wij weten staat er in de compromissen niets over verder gaan op dit punt, dus niet dat iemand na 1 vaccinatie als volledig gevaccineerd wordt beschouwd.

Kind regards,
Met vriendelijke groet,

5.1.2e
5.1.2e
Directie Internationale Zaken / Department on International Affairs
Ministerie van Volksgezondheid Welzijn en Sport / Ministry of Health, Welfare and Sport
+31 5.1.2e

Van: 5.1.2e . < 5.1.2e @minvws.nl>
Verzonden: woensdag 19 mei 2021 11:12
Aan: 5.1.2e) < 5.1.2e @minvws.nl>; 5.1.2e) < 5.1.2e @minvws.nl>; 5.1.2e (5.1.2e @minbuza.nl)' < 5.1.2e @minbuza.nl>
Onderwerp: RE: Volledig vaccineren ivm debat

Ok. Maar stelt EP nu voor om verder te gaan, zoals

Verzonden met BlackBerry Work
(www.blackberry.com)wordt gesuggereerd?

Van: 5.1.2e) < 5.1.2e @minvws.nl>
Datum: woensdag 19 mei 2021 10:35 AM
Aan: 5.1.2e) < 5.1.2e @minvws.nl>, 5.1.2e (5.1.2e @minbuza.nl)' < 5.1.2e @minbuza.nl>
Kopie: 5.1.2e . < 5.1.2e @minvws.nl>
Onderwerp: RE: Volledig vaccineren ivm debat

In de Raads en compromistekst staat nu:

after the administration of each dose and shall clearly indicate whether or not the vaccination course has been completed.

Dat betekend dus niet dat je na een dosis vrijelijk kan rondreizen. Dus wellicht:

5.1.2i Concept

Kind regards,
Met vriendelijke groet,

5.1.2e
5.1.2e
Directie Internationale Zaken / Department on International Affairs
Ministerie van Volksgezondheid Welzijn en Sport / Ministry of Health, Welfare and Sport
+31 5.1.2e

Van: 5.1.2e) < 5.1.2e @minvws.nl>

Verzonden: woensdag 19 mei 2021 08:05
Aan: 5.1.2e (5.1.2e @minbuza.nl)' < 5.1.2e @minbuza.nl>; 5.1.2e) < 5.1.2e @minvws.nl>
CC: 5.1.2e . < 5.1.2e @minvws.nl>
Onderwerp: Volledig vaccineren ivm debat

5.1.2e

Wat staat er in het raadsmandaat mbt volledig vaccineren op dit moment? En wat is het mogelijke compromis dat er met EP zou kunnen zijn? En ons standpunt is: we wachten GR en OMT af?

Op dit punt moeten we een QA van hebben voor debat vanmiddag maar ook voor media.

Wat ik me daarbij afvraag (maar niet voor kamer uiteraard nu): gaat dat advies ook specifiek in op 1 of 2 prikken en specifiek per vaccin en evt ook nog bij mixen? Weten we hoe veel detail dat advies heeft?

Kunnen jullie dat maken?

Groet 5.1.2e

Verzonden met BlackBerry Work
(www.blackberry.com)

Van: 5.1.2e < 5.1.2e @minbuza.nl>
Datum: woensdag 19 mei 2021 7:30 AM
Aan: 5.1.2e . < 5.1.2e @minvws.nl>, 5.1.2e) < 5.1.2e @minvws.nl>, 5.1.2e)
< 5.1.2e @minvws.nl>, 5.1 5.1.2e) < 5.1.2e @minvws.nl>
Kopie: BRE-VWS < 5.1.2e @minbuza.nl>, 5.1.2e < 5.1.2e @minbuza.nl>, 5.1.2e <5.1.2e
5.1.2e @minbuza.nl>, 5.1.2e < 5.1.2e @minbuza.nl>
Onderwerp: FW: POLITICO Pro Morning Mobility: COVID pass — Ryanair's big day — E-scooters hit London

Nog geen witte rook zoals verwacht bij triloog over DGC; donderdag finale herkansing. Straks terugkoppeling in Coreper

Groet

5.1.2e

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Dubbel

July start date, it now looks like work will continue into the fall. Musk said earlier this week that if "there could be less bureaucracy, that would be better."

URBAN MOBILITY

E-SCOOTERS TO HIT LONDON: Transport for London (TfL) said Tuesday that e-scooters will be available for hire from June 7 in a core group of boroughs covering Canary Wharf and the City of London. Operators Dott, Lime and Tier have been selected to offer rentals for up to 12 months as part of the pilot program. In approving the two-wheelers for use, London has joined Paris in selecting the same three companies.

What are the rules? Between 60 and 150 e-scooters will be available to rent in each borough. They are allowed to travel only on roads and bike lanes, not on sidewalks. The speed will be limited to a maximum of 12.5 miles per hour and the lights must permanently be on. Riders don't have to wear a helmet but will have to take an online safety course before the first rental. It'll remain illegal to ride privately owned e-scooters in London.

Eyes on the road: Safety and data sharing will be at the core of the trial, as TfL hopes user data will help future policy on e-scooters. "We're doing all we can to support London's safe and sustainable recovery from the coronavirus pandemic and it's clear that e-scooters could act as an innovative, greener alternative to car trips," Helen Sharp, TfL's e-scooter trial lead, said in a statement.

RAIL

EUROSTAR SURVIVES: The French state railway SNCF (with a little help from other investors, including Belgium's SNCB) has guaranteed loans and pumped in extra equity to make sure cross-Channel services continue. Perhaps it will also focus minds back on the Green Speed merger with Thalys that largely stalled during the pandemic. Certainly, Eurostar says it's pushing the plan forward. More on the deal that saved Eurostar here.

PIT STOPS

Belgium says it's translated EU measures in the fourth railway package into national law — with six national measures and a tweak to its "railway codex."

The CEO of components maker Bosch told German daily FAZ that the shortage of microchips hitting the auto industry could stretch into 2022.

The Netherlands will trial three systems able to read tachographs, which register driving and rest times, remotely — allowing authorities to check for fraud without stopping a vehicle.

POLITICO PRO ARTICLES

EU's coronavirus travel plan faces 'make-or-break' moment

— By Hanne Cokelaere and Hans von der Burchard

It's crunch time for Europe's coronavirus travel pass.

Negotiators from the European Council and the Parliament meet Tuesday evening to work out a common position on so-called "digital green certificates" — the Commission's plan to ease travel across the bloc by certifying travelers' jabs, tests or past infections.

The EU is running out of time as it wants the scheme to be ready in time for the summer season, but the positions of the Council and Parliament are far apart.

If the talks succeed, the result would be a regulation, a legal measure that is binding on member countries. But the standoff between Parliament and Council has some EU countries suggesting the scheme should be agreed as a nonbinding recommendation. Such a workaround would bypass the Parliament, but it wouldn't impose any legal obligations.

It's a "make-or-break week," one EU diplomat said.

Among the touchiest subjects in negotiations is a demand from MEPs that travelers should get access to free, or at least affordable, COVID testing and not face additional restrictions such as quarantines. They argue that the certificate won't help revive travel if people still face the prospect of expensive tests and patchwork travel restrictions across the bloc.

But member countries warn that those proposals go too far and insist they must be free to take additional precautions if needed — especially if new COVID mutations take hold. They also want a six-week transition period during which they can still issue certificates that don't comply with the EU-wide scheme. That doesn't sit well with MEPs, who say a mid-summer launch would undermine the utility of the certificates.

Both sides even disagree on the name of the document itself, with MEPs asking that it be called an "EU COVID-19 certificate" rather than a "digital green certificate," which they say is a misnomer.

With positions far apart, some fear Tuesday night's talks could end without a deal, putting the scheme's timeline in jeopardy. The Commission has said it wants to get the system up and running in June, and President Ursula von der Leyen said earlier this month Brussels could "realistically aim" for a political deal by the end of this month.

Some are already pinning blame on the Council for being unwilling to compromise. Negotiators could quickly find middle ground on testing prices, travel restrictions and the transition period "with some goodwill," Dutch MEP Sophie in 't Veld, who represents Parliament's Renew group in the talks, said. "But there isn't any goodwill."

The possibility that EU countries could drop talks with Parliament if there is no progress and push ahead with a nonbinding recommendation has also cast a shadow over talks.

EU countries unanimously approved Council's light-touch position on the scheme — which leaves much of the decision-making power on the use of the pass with national governments. That means agreeing on a recommendation solely among countries, rather than a regulation also involving the Parliament, would be more straightforward.

EU leaders want to resolve the issue ahead of a meeting next week, where they're expecting to discuss implementation — and they don't much care how the scheme is agreed, as long as it is in place, the EU diplomat said.

"If we succeed [in trilogue negotiations], so much the better for everyone. And if not, leaders will look … at the options," the diplomat said.

According to two different EU diplomats, some countries like Spain and Germany are threatening to agree on the certificate as a recommendation if there isn't a deal this week; other countries have been less explicit, but stressed there must be a deal in the next days, one of the diplomats said.

MEPs, for their part, are less keen on the scheme being agreed without them. If countries opt for a recommendation, "it becomes an institutional crisis," said in 't Veld, who framed Council's go-it-alone reflex as part of a broader tendency of member countries to settle on measures outside of the treaties.

If there isn't a deal on Tuesday night, negotiators could meet again later this week.

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One shot or two? How vaccine dosing impacts the EU's new travel rules

— By Helen Collis

One vaccine dose is certainly better than none. But is it enough to let someone travel?

That's one of the major questions EU countries will need to decide upon as they thrash out the details of "digital green

certificates" to allow people with the jab to roam freely once again around the bloc.

The answer is complicated by the fact that no vaccine is 100 percent effective at protecting against COVID-19, and the science isn't simple.

There are currently four vaccines approved for use in the EU, and regulatory decisions on two more are reportedly not far off. How well each vaccine protects against disease and transmission varies.

In addition, some countries are administering two-dose vaccines at differing intervals — which impacts efficacy — while one vaccine, from Johnson & Johnson, requires only one dose.

Add to that the matter of mixing vaccines: Some countries, such as Germany and France, have chosen to offer an mRNA vaccine to young adults who have already received their first dose of Oxford/AstraZeneca's adenovirus jab.

Meanwhile, some EU states are using vaccines that the European Medicines Agency hasn't yet approved, including one from China that reportedly has lower efficacy than EU-approved jabs.

What researchers can look to are countries, including Israel and the U.K., that by now have vaccinated a large share of their adult populations with at least one dose. Real-world evidence adds valuable information to the debate on the effectiveness of some of these approved vaccines, especially after just the first shot.

The challenge is that countries want clarity soon. And some, including Croatia, are calling for a comprehensive "green passport" that works for all EU countries as opposed to a technical solution countries can opt in or out of using.

European Commission President Ursula von der Leyen is targeting mid-June for the system to be up and running despite the array of questions that remain unanswered.

With this ambitious timeline in mind, POLITICO looks at what we can draw from existing data on different vaccine schedules and the degrees of protection they offer, as well as whether the EU's green pass scheme will be enough to keep them safe.

One dose or two?

Three out of the four EU-approved vaccines require two doses: BioNTech/Pfizer, Moderna and Oxford/AstraZeneca.

Most clinical trials tested how well these vaccines prevented disease after the full course. Phase 3 trials of the BioNTech/Pfizer jab, for example, looked at cases of COVID-19 seven days after the second dose, which was given 21 days after the first shot. They demonstrated the jab was 95 percent effective at preventing COVID-19.

Moderna's jab showed similar results: It was 94.1 percent effective at preventing disease after at least 14 days from the second injection. The second dose was given 28 days after the first shot.

The companies have maintained that their two-dose vaccination schedules should be followed to ensure optimal protection, but data on how much COVID-19 protection is offered by one dose is also compelling. This begs the question of whether a single shot would suffice for the EU's green pass proposal.

Moderna, for example, measured the efficacy of its mRNA jab 14 days after the first dose and found a similar result to the two-dose schedule: the jab prevented disease in 95.2 percent of cases.

Scientists at the University of Oxford also assessed efficacy after one dose of their vaccine, partnered with AstraZeneca. Pooled data from four clinical trials and an exploratory analysis found that vaccine to be 76 percent effective after a single dose, from day 22 after vaccination to day 90.

As for the one-shot Johnson & Johnson jab, clinical trial data supporting its EU approval demonstrated its 66 percent effectiveness in preventing moderate to severe disease 28 days after the jab.

Even more compelling is emerging real-world evidence, most recently from Italy this past weekend.

Analysis by the health ministry and its scientific advisory body, the Istituto Superiore di Sanità, looked at all approved

vaccines and found the risks of infection, hospitalization and death fell dramatically over the 28 days following the first dose. These continue to fall at a more moderate pace until the 35-day mark, at which they level off. The risk of death is 95 percent lower by that point, while the risk of hospitalization and infection are, respectively, 90 and 80 percent lower compared to non-vaccinated Italians.

While it's unclear how much effect the second dose had in this time frame — Italy is offering the second BioNTech/Pfizer dose 21 to 25 days after the first, and the Moderna shots with a 28- to 30-day interval — the results suggest a strong effect after the first dose in any case. Less clear is the impact of Oxford/AstraZeneca's second dose, as no one in that cohort was administered a full cycle by day 35.

This sharp fall in risk of severe illness mirrors real-world evidence from Public Health England, which also released a tranche of new data this month. It showed one dose of either the Oxford/AstraZeneca or BioNTech/Pfizer jab reduced the risk of death by 80 percent.

In addition, the risk of death fell by 97 percent in those who received a second dose of the BioNTech/Pfizer jab, demonstrating the added benefit on mortality from completing the course.

Those findings are similar to the first real-world evidence in the U.K. earlier this year, which emerged from Scotland. It reported that one dose of the BioNTech/Pfizer jab cut COVID-19 hospital admission, 28 to 34 days post-vaccination, by 91 percent. For the Oxford/AstraZeneca vaccine, it was 88 percent.

Delaying doses

Among EU-approved vaccines, only the Oxford/AstraZeneca vaccine team measured the effect of bigger intervals between doses on efficacy.

Scientists at the University of Oxford assessed pooled data from four clinical trials and carried out their own exploratory analysis, finding that efficacy after two standard doses was 55.1 percent with an interval of less than six weeks — but 81.3 percent when more than 12 weeks apart.

Based in part on those findings, the U.K.'s vaccination committee recommended delaying the second dose of the Oxford/AstraZeneca vaccine until 12 weeks after the first. But it also extended the intervals for vaccines from BioNTech/Pfizer and Moderna beyond their licensed use as a way to ensure maximum coverage of the population.

The real world data coming in since suggests a longer delay has been effective not only at preventing disease in more people but in boosting the antibody response against coronavirus.

Recent analysis of U.K data has shown that in around 36 million adults who received their first dose, tens of thousands of hospitalizations and more than 10,000 deaths were prevented through the end of March.

Meanwhile, delaying the second dose has demonstrably generated more antibodies against the coronavirus antigen in people over 80. While not seen as an exact correlate for protection, antibody levels are believed to be a good indication that a vaccine is working. France and Denmark are among the EU countries that have delayed their second shot to maximize the rollout of first doses as long as vaccine supply remains constrained.

Still, while data from the U.K. and Italy suggests significant protection from one dose after about a month, the fresh evidence shows the importance of administering second doses for greater protection.

Mixing vaccines

Several EU countries have opted to mix jabs following links to very rare blood clots with the Oxford/AstraZeneca vaccine, offering young adults who received a first dose Oxford/AstraZeneca's adenovirus vaccine a second dose with an mRNA vaccine from BioNTech/Pfizer or Moderna.

The data on how well mixing jabs protect against disease, however, isn't yet available. France has said it will study the safety and efficacy of mixing its vaccines in real-world settings, while the first efficacy results from a U.K. trial testing Oxford/AstraZeneca and BioNTech/Pfizer combinations is due in June.

There is safety data from that trial, however, published earlier this month. One surprise finding was that participants reported significantly more side effects from both mixed schedules (Oxford/AstraZeneca first, then BioNTech/Pfizer, and in reverse) than standard schedules. Those included chills, fatigue, feverishness, headache, joint pain, malaise and sore muscles.

Approved vs. unapproved

A small number of EU countries are going beyond EU-approved jabs for their vaccine arsenal. Hungary and San Marino — which could also participate in the green passes — are administering Russia's Sputnik vaccine, while Hungary is also using China's Sinopharm. In addition, the Czech Republic and Slovakia have shown an interest in using Sputnik despite it not being signed off by the EMA.

Whether EU countries will allow non-EU approved vaccines to be included in their schedule for vaccine certificates is most likely to be decided on a country-by-country basis.

The European Commission has said EU countries will have the option to extend acceptance of proof of vaccination to travelers who receive other vaccines, but all EU-approved vaccines would automatically qualify.

For people wishing to visit the EU from third countries administering different non-EU approved jabs, the current proposal requires travelers to seek authorization from the destination EU country to accept their vaccination and to provide all necessary information, including reliable proof of vaccination. The EU country would then have to assess if reliable proof has been provided and decide whether to issue a certificate. All of this is still up for debate, however, in negotiations between the Parliament and member states.

What about mutations?

Some vaccines appear more effective than others at neutralizing variants of concern.

South Africa, for example, stopped using the Oxford/AstraZeneca vaccine after it showed limited efficacy against the variant of concern dominant in that country. It switched to the J&J jab, which demonstrated 57 percent efficacy in a study in South Africa, suggesting a stronger response to that strain.

The Indian variant has more recently become a key concern among policymakers, especially in the U.K., where infections are rising rapidly. More than 2,300 cases were confirmed as of Friday. While the EMA has said that early data appears to show EU-approved vaccines' effectiveness against this strain, more data from India is pending.

Variants are also an issue for the European Commission's digital green pass scheme, the duration of which is pegged to the current epidemiological situation. That can be either through the World Health Organization declaring an end to the international public health emergency or declaring a fresh emergency due to a new variant, the Commission has said.

At that point, countries will need to assess the efficacy of existing vaccines against these variants and consider whether an additional booster dose is needed to continue to vaccine passports. Data on new boosters, however, isn't yet available.
