

COVID-19 EU update

European Commission:

- On 24 September, the Commission published a [Q&A page](#) on coronavirus and the EU Vaccines Strategy.
- On 22 September, Denmark, Greece, Hungary and Sweden joined Germany and Romania as host states of the rescEU medical equipment reserve. With financial support from the Commission now altogether 6 EU member states are building up common stocks of lifesaving protective and other vital medical equipment that can be distributed across Europe at times of medical emergencies such as COVID-19 pandemic.

European Parliament:

- On 22 September, the ENVI and ITRE committees debated ways to secure a quick and safe supply of COVID-19 vaccines with researchers, representatives from pharmaceutical companies and civil society organisations, and the European Medicines Agency (EMA). MEPs highlighted the challenge of ensuring that vaccines are available as soon as possible, while at the same time building public trust in vaccination. Please find more [here](#).

EMA:

- Fergus Sweeney, the head of clinical trials and manufacturing at the EMA provided an update on the Agency's work on the COVID-19 vaccines assessment at the European Parliament's [public hearing](#) on 22 September. He stressed that the assessment of vaccine candidates will be independent and driven by public needs. Large, well designed random clinical trials including Phase-3 will be the base for pre- and post- approval marketing evaluation. EMA will perform rolling review of submitted data but it has not received any to date. He insisted to approve a vaccine, the agency will need data from around 30,000 people, including adults with pre-existing comorbidities and those over 65 who are most susceptible to disease. The agency will also publish all clinical trial data once a decision about a marketing authorization application has been completed — whether it's accepted, rejected or withdrawn.
- EMA has [endorsed the use of dexamethasone](#) for the treatment of hospitalised adults and adolescents patients with COVID-19 who are receiving respiratory support. EMA's human medicines committee has completed its review of results from the RECOVERY study arm that involved the use of the corticosteroid medicine dexamethasone in the treatment of patients with COVID-19 admitted to hospital, and has concluded that dexamethasone can be considered a treatment option for patients who require oxygen therapy (from supplemental oxygen to mechanical ventilation). Based on the review of available data, EMA is endorsing the use of dexamethasone in adults and adolescents (from 12 years of age and weighing at least 40 kg) who require supplemental oxygen therapy. Dexamethasone can be taken by mouth or given as an injection or infusion (drip) into a vein. In all cases, the recommended dose in adults and adolescents is 6 milligrams once a day for up to 10 days.

ECDC:

- ECDC publishes [guidelines for the implementation of non-pharmaceutical interventions \(NPIs\) against COVID-19](#). They discuss public health measures that aim to prevent and/or control SARS-CoV-2 transmission in the community. As long as there is no effective and safe vaccine to protect those at risk of severe COVID-19, NPI are the most effective public health interventions against

COVID-19. These ECDC guidelines detail available options for NPI in various epidemiologic scenarios, assess the evidence for their effectiveness and address implementation issues, including potential barriers and facilitators.

- ECDC informs about [increased transmission of COVID-19 in the EU](#). COVID-19 case notification rates have increased steadily across the EU/EEA and the UK since August 2020, but this is not having the same impact in all countries. In several countries the observed upsurge correlates with increased testing rates and intense transmission among individuals between 15 and 49 years of age. However, in a number of other countries, the upsurge coincides with high or increasing notification rates in older individuals and, consequently, an increased proportion of hospitalised and severe cases. The observed increased transmission levels indicate that the non-pharmaceutical interventions in place have not achieved the intended effect, either because adherence to the measures is not optimal or because the measures are not sufficient to reduce or control exposure. The current epidemiological situation in many countries is concerning as it poses an increasing risk of infection for vulnerable individuals (individuals with risk factors for severe COVID-19 disease, such as the elderly) and healthcare workers, particularly in primary care, and calls for targeted public health action.
- ECDC publishes [considerations for public health response](#) to avoid reinfection with SARS-CoV-2. The Centre states that cases with suspected or possible reinfection with SARS-CoV-2 have been recently reported in different countries. The aim of these considerations is to elucidate the characteristics and frequency of confirmed SARS-CoV-2 reinfection in the literature, to summarise the findings about SARS-CoV-2 infection and antibody development, and to propose options for public health response.
- ECDC launches [new COVID-19 situation dashboard](#) providing users with a simpler, more user-friendly platform to explore the latest available COVID-19 data from Europe and worldwide. Through interactive maps, graphs and tables, users are able to easily view, compare and export data on COVID-19 cases and deaths by region or country, and within a specified timeframe. The dashboard also allows users to view and export data on subnational levels of transmission in the EU/EEA and the UK, as well as enhanced data on subsets of cases, including age, gender, hospitalisation and admission to intensive care.

WHO/WHO-Europe:

- [Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation](#): In a joint statement, WHO, UN, UNICEF, IFRC et al. call on governments and civil society to step up efforts to counteract mis- and disinformation through national action plans and better cooperation.

OECD:

- [OECD Economic outlook: Interim Report September 2020](#): The report underlines the continued need for investment in healthcare systems, highlighting it as an area which has “large positive externalities for the rest of the economy and where under-investment might otherwise occur due to market failures.” The report advises to continue investment in health systems to ensure sufficient capacities and equipment both for patients with COVID-19 and the regular health service.

Other Reports/Webinars:

- We invite expressions of interest in participating in the new [C19 SPACE project](#). This project develops ICM training for health professionals from outside intensive care medicine, as was provided by many hospitals in response to the COVID-19 pandemic.

CPME was contacted by the project leader, the [European Society for Intensive Care Medicine \(ESICM\)](#), who are looking for

- national champions that can support with the implementation of the training programme,
- hospitals with intensive care facilities,
- potential local trainers, in particular intensive care doctors and nurses with extensive intensive care experience and minimal educational experience, and
- potential trainees, that is any doctors, nurses or associated healthcare personnel who wish to participate and receive the training.

You are welcome to send us your expressions of interest to sarada.das@cpme.eu, which we will pass on to ESICM. The project is financed with the [EU Emergency Support Instrument](#) which is intended to enable at least 1 000 hospitals to train to around 10 000 doctors and nurses by the end of the year.

- [The New Normal? 7-country comparative study on the impacts of COVID-19](#): The More In Common think tank has published a study based on a survey of a total of 14000 persons in France, Germany, Italy, The Netherlands, Poland, United Kingdom, and United States, looking at the impact and perception of COVID-19 in society. This includes questions such as whom people trust for reliable information on COVID-19, with personal doctors named as the third most trusted source, after relatives and friends, and experts from science and medicine. The survey also reports that citizens feel medical staff deserve high appreciation but do not receive it from governments. Another question asks if citizens personally know someone who has been ill with COVID-19, has died of COVID-19 or who has lost their job due to the pandemic, showing a great variety in personal experiences.