**COVID-19 EU update**

**European Parliament**
- On 9 July, Switzerland joined the EU Digital COVID Certificate gateway. Travelers can now use their Swiss certificate in the EU or their EU certificate in Switzerland.

**European Parliament**
- The European Parliament plenary has adopted its Report on reinforcing the role of the EMA and will now enter into negotiations with the Council whose general approach was adopted in June. The negotiations are hoped to result in improved consultation of health professionals and a better mechanism to identify and prevent medicine shortages.

**Council**
- Council adds 10 countries and one entity / territorial authority to the list of countries for which travel restrictions should be lifted: As from 1 July 2021, Member States should gradually lift the travel restrictions at external borders for residents of the following third countries: Armenia, Azerbaijan, Bosnia and Herzegovina, Brunei Darussalam, Canada, Jordan, Montenegro, Qatar, Republic of Moldova, and Saudi Arabia.

**EMA**
- Increased manufacturing capacity for COVID-19 Vaccine Janssen: EMA’s Committee for Medicinal Products for Human Use (CHMP) approved scale-up of active substance manufacturing at Janssen Biologics B.V. (plant located in Leiden, the Netherlands) producing all active substance for manufacture of EU supply of COVID-19 Vaccine Janssen.
- EMA updated the mandate, objectives and rules of procedure of its COVID-19 pandemic Task Force (COVID-ETF). The role of the task force is to help to take quick and coordinated regulatory action on the development, authorisation and safety monitoring of treatments and vaccines intended for the treatment and prevention of COVID-19.

**ECDC**
- ECDC updated its report on COVID-19 in children and the role of school settings in transmission. The document also addresses transmission to and from staff in school settings, school-related mitigation measures including risk communication, testing, contact tracing, and the effectiveness and impacts of school closures. It draws upon and updates evidence presented in the previous reports from ECDC on this topic, which were published in August 2020 and December 2020. This report does not consider educational settings related to young adults or adults, such as universities or vocational schools or any school with overnight stays, such as boarding schools.

**WHO**
- WHO recommends life-saving interleukin-6 receptor blockers for COVID-19 and urges the producers to join efforts to rapidly increase access to the medication. This is the first drug to be found effective against COVID-19 since corticosteroids were recommended at the end of 2020.
- On 1 July, a joint COVAX Statement on Equal Recognition of Vaccines was published, in which they urge all regional, national and local government authorities to recognise all people who received COVID-19 vaccines that have been deemed safe and effective by WHO and / or the 11 Stringent Regulatory Authorities (SRAs) approved for COVID-19 vaccines as fully vaccinated when making decisions who is able to travel or attend events. It stated that measures allowing people protected by a subset of WHO approved vaccines to benefit from the re-opening creates a two tier system,
widening the global vaccine divide and exacerbating inequities that have already been observed in the distribution of COVID-19 vaccines, and would thus negatively impact the growth of economies that are suffering the most.

- On 30 June, a joint statement was published by the Heads of the World Bank Group, the International Monetary Fund, WHO and WTO after the first meeting of the Task Force on COVID-19 vaccines, Therapeutics and Diagnostics for Developing Countries. The Task Force set out to “help track, coordinate and advance delivery of COVID-19 health tools to developing countries and to mobilize relevant stakeholders and national leaders to remove critical roadblocks.” The urgent need of increased supplies of vaccines, therapeutics and diagnostics for developing countries as well as practical and effective ways to track, coordinate and advanced delivery of COVID-19 vaccines to developing countries were discussed. As urgent steps, they called on G20 countries to, amongst other things, share more vaccine doses and provide financing to close residual gaps as well as remove all barriers to export of inputs and finished vaccines and other barriers to the supply chain. It was agreed to compile data on dose requests by type and quantity, contracts, deliveries (including donations) and deployment of COVID-19 vaccines to low- and middle-income countries, making it available as a shared country level dashboard to enhance transparency. It was furthermore agreed to take steps addressing hesitancy and coordinate efforts to address gaps in readiness.

**WHO/Europe**

- In a press release published on 2 July, it was announced that the pandemic has amplified various concerns of small countries, such as shortage of health workers often being exacerbated by border closures, limited bargaining power for affordable access to medicines and vaccines, lack of stockpiles, limited supply chain management and production capabilities and significant economic and financial constraints. The small countries initiative brings together countries in the WHO European Region with a population of less than 2 million people. The 11 current members are: Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia, coming together to:
  - capitalize on experiences to date to better prepare for future health emergencies;
  - advocate for the needs of small countries to WHO and other international bodies and partners;
  - ensure that equity and leaving no one behind are at the heart of COVID-19 response and recovery efforts;
  - further develop, implement and share long-term COVID-19 preparedness and response actions;
  - develop a roadmap of joint action and good practice in the implementation of the European Programme of Work.

- In a statement made by WHO Regional Director for Europe, Dr Kluge, published on 1 July, he underlined that the stakes are still high with the delta variant overtaking alpha “very quickly through multiple and repeated introductions”, already translating into increased rates of hospitalisations and deaths. He went on to state that the WHO European Region would be “delta dominant” by August of this year, underlining that by August the European Region will mostly be restriction-free with increases in travelling and gatherings but that it will not be fully vaccinated, with 63% of people in Europe still waiting for the first dose. Dr Kluge furthermore highlighted that a new wave is to be expected in the European Region unless discipline is upheld and unless “we all take the vaccine without hesitation when it is our turn.” Discussing the current state of vaccination coverage, he stated that the “average vaccine coverage in the
Region is 24% only, and more serious, half of our elders and 40% of our health-care workers are still unprotected."

- On 30 June 2021 WHO / Europe launched their new monitoring tool, tracking rates of COVID-19 in UEFA Euro 2020 host cities. The tool is designed to give an overview of the current COVID-19 situation in regions, with particular focus on UEFA EURO 2020 host cities, intended as a tool for authorities, organizers and public to better understand situation in host cities and assess related risks at public health and individual level. This so-called “explorer” provides information on epidemiological trends across regions, an event based surveillance system, details of public health and social measures and tracking of cases of COVID-19 in host countries.

Other reports/webinars

- This past week, the university clinic in Erlangen, Germany, reported the first successful treatment globally of a patient suffering from “long-COVID”. The experimental use of the drug was based on findings of the ReCOVer study which had previously found reduced ocular circulation lasting months after the infection. It was presumed that this change in circulation was not solely limited to the eyes but could be presumably observed overall. Examination of blood from patients who had suffered from COVID-19 found proteins which were previously linked to glaucoma: Autoantibodies targeting G-Protein coupled receptors, leading to immune responses targeted at the own body. It was postulated that medication could be targeted against these autoantibodies. The medication used was introduced a few years ago, specifically for patients with major heart conditions, which was then used for glaucoma therapy. When a long-term glaucoma patient informed doctors of his long-COVID symptoms (loss of taste, major issues with concentration and fatigue which limited him in his day to day life), the team at the eye clinic in Erlangen, in the capacity of an individual trial, tested the results of the medicine from Berlin, BC 007. Within a few hours, improvement was noticeable. Upon discharging the patient, issues with concentration and taste had subsided. The levels of autoantibodies eventually returned to normal. The overall ocular capillary circulation had improved. The team from the eye clinic in Erlangen presumed that the long-COVID symptoms the patient was suffering from will not be returning due to improved overall circulation. For more detailed information, please see the paper here: Neutralization of autoantibodies targeting G-Protein coupled receptors improves capillary impairment and fatigue symptoms after COVID-19 infection.

- CPME members' session on Taiwan’s experience of the COVID-19 pandemic: Please find the presentation by Dr Song-Eng Huang, medical officer at the Taiwan Centers for Disease Control, on COVID-19 in Taiwan at CPME Info 101-2021.