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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN
PARLIAMENT AND THE COUNCIL**

Staying safe from COVID-19 during winter

1. A FRAGILE SITUATION

As the end of 2020 approaches, the world continues to face an **expanding global pandemic**. While the SARS-CoV-2 virus is better understood and the healthcare systems across the EU are better prepared, the high number of cases might quickly overrun even the best prepared hospital and overwhelm the best designed strategies.

Every 17 seconds, a person dies in the EU due to COVID-19. It is essential to control the spread of the virus and avoid further deaths and severe illness. The upcoming holiday season poses particular risks in this fragile context due to the drop in temperature and the social proximity it entails. It will be a different type of festive season; one where individual and collective responsibility will save lives. **This Communication provides recommendations to Member States aiming to keep the number of COVID-19 cases down and avoid losing the progress made so far at great cost.** Further recommendations will be presented early next year, to design a comprehensive COVID-19 control framework based on the knowledge and experience so far and the latest available scientific guidelines.

The strict control measures, implemented by countries across the EU from March this year onwards in response to the first pandemic wave, were able to successfully slow down the spread of the virus and sharply diminish the number of COVID-19 cases and hospitalisations, saving lives across the continent.

Numbers stabilised over the summer period. The relaxation of restrictions – facilitated in part by the summer temperatures – provided a much-needed boost for social well-being of Europeans, and to economies hard-hit by the pandemic. However, the autumn surge in numbers shows the risk of failing to anticipate a rapidly changing epidemiological situation, and the **need to make any relaxation of measures conditional on both the evolution of the pandemic and having sufficient capacity for testing, contact tracing and treating patients.** Health services and health workers have again been under enormous pressure. As a result, many European countries reintroduced new lockdowns and strict social restrictions in October.

The latest epidemiological numbers indicate that the COVID-19 restrictions reintroduced since October are starting to reduce the transmission of the virus. **Moreover, COVID-19 vaccine producers have started to publish promising results in terms of vaccine efficacy.** Over recent weeks, Pfizer/BioNTech¹ and Moderna² announced in the press that first results are showing a vaccine efficacy rate of around 95%, with minimal side-effects, followed by the announcement from AstraZeneca³ that their vaccine candidate has shown an average efficacy of 70%. These, and other vaccines, will progressively go through the rigorous process of review by the European Medicines Agency to ensure they are safe and effective. Within the next weeks, and provided there is a positive independent scientific assessment, we should see the first authorisation of a safe and effective COVID-19 vaccine in the EU, ensuring that Member States and their citizens will eventually have access to the vaccines, thanks to EU's advance purchases of vaccines.

¹ <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-vaccine-candidate-against>

² <https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy>

³ <https://www.astrazeneca.com/media-centre/press-releases/2020/azd1222h1r.html>

Whilst priority groups may start receiving vaccines soon after they are authorised, it will take time before COVID-19 vaccines are more widely available. The EU and its Member States therefore need a bridging strategy to manage the situation for the coming months until vaccines are deployed with sufficient critical mass and their protective effects are felt.

This Communication follows the guidance and recommendations published by the Commission in April⁴, July⁵ and October⁶ on COVID-19 measures. It sets out **a number of measures to be considered by Member States, while fully respecting their competences, in particular in the area of health, when designing their national approaches towards a more sustainable way of managing the pandemic over the coming months, including the festive end-of-year period.** It covers both restrictions on social and economic life and actions to strengthen healthcare systems in their response to fight the pandemic. Taken together, and based on close cooperation at European level, they support a coordinated approach to winter containment measures and curtailing new outbreaks of COVID-19 infections in the EU.

As before, **decisions must be taken in a coordinated and targeted manner.** Isolated measures will weaken the overall response to the pandemic, will derail progress achieved and lead to a longer period of high incidence with all known negative consequences. **Coordination at EU level and with neighbouring regions is essential for mitigating cross-border issues,** a continued rise in the number of cases and sustained negative economic and social impacts. Therefore, the countries neighbouring the EU, especially those participating in the EU Health Security Committee as observers, are also invited to align with these measures.

2. PHYSICAL DISTANCING AND LIMITING SOCIAL CONTACTS REMAIN KEY

The current measures implemented across the EU remain the main public health tool to control and manage COVID-19 outbreaks. These include physical distancing measures and limitations in social contacts, widespread use of masks, use of remote working solutions wherever possible, closure of public places, and limitations of the number of people allowed at indoor and outdoor gatherings; all this accompanied by increasing testing and contact tracing. The importance of these measures cannot be overstated, as they have proven to be crucial in slowing down the spread of the virus and in saving lives.

Whilst effective, some of these measures have a considerable negative impact on the general well-being of people, the functioning of society, and the economy. However, the quick transmission of the virus and ensuing risk can be increased by cultural traditions such as end-of-year festivities and gatherings or ceremonies. The usual public gatherings inevitably bring a risk of becoming ‘super spreading’ events, with an impact on those taking part, and on wider society. Colder weather conditions also mean that such gatherings would often take place indoors, where risks of transmission are much greater.

The European Centre for Disease Prevention and Control (ECDC) has therefore stressed that **the use of “non-pharmaceutical interventions”, which encompass the current measures, should be guided by data on the local epidemiological situation and take into**

⁴ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020JC0011>

⁵ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0318>

⁶ <https://ec.europa.eu/info/sites/info/files/communication-additional-covid-19-response-measures.pdf>

consideration community transmission levels.⁷ In addition to the epidemiological situation, any decision on the optimal strategy for implementation of non-pharmaceutical measures needs to take into account the characteristics of the population being targeted. The goal should be to implement non-pharmaceutical measures in the most effective and targeted manner, while minimising their personal, social and economic impact. The successful approach of **avoiding the three C's: closed spaces, crowded places, and close-contact settings** should be reinforced.

The buy-in of citizens and communities is critical to the success of any action. This is more likely to be achieved if measures are clear, proportionate, communicated transparently and do not change too often. It would therefore be helpful for Member States to set, and communicate, quantified goals and epidemiological targets, taking into consideration the local and national capacity of the public health and healthcare systems. Insights into mobility patterns and role in both the disease spread and containment should ideally feed into such targeted measures. **The Commission has used anonymised and aggregated mobile network operators' data to derive mobility insights**⁸ and build tools to inform better targeted measures, in a Mobility Visualisation Platform, available to the Member States. Mobility insights are also useful in monitoring the effectiveness of measures once imposed.

The ECDC has stressed that policymakers should keep in mind that there may be a delay of up to 40 days between the introduction of measures and an observed effect on the trajectory of the epidemic – considerably longer than the incubation period of the infection. This may be related to the time it takes for behavioural change to take effect, for chains of transmission to diminish in size, and for delays in reporting⁹. It is a lesson on how important it is to thoroughly assess the impact before gradually lifting any measure.

While COVID-19 infection rates are slowly starting to stabilise in some EU countries, albeit at high absolute levels, any potential easing of current restrictions needs to be done very carefully to ensure that further outbreaks are kept to a minimum and under control. A recent publication by ECDC¹⁰ shows that, based on mathematical modelling and the current epidemiological situation, if countries were to lift all their measures on 7 December, this may result in hospitalisation rates increasing around 24 December. On the other hand, if countries were to lift all their measures on 21 December, there would be a subsequent increase in COVID-19 hospital admissions in those countries as early as the first week of January 2021. **These simulations show that in the current epidemiological context in the EU, it is difficult to justify lifting control measures.** Member States are encouraged to use scenario-based modelling to inform decisions¹¹.

⁷ <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-guidelines-non-pharmaceutical-interventions-september-2020.pdf>. See the infographic in Annex.

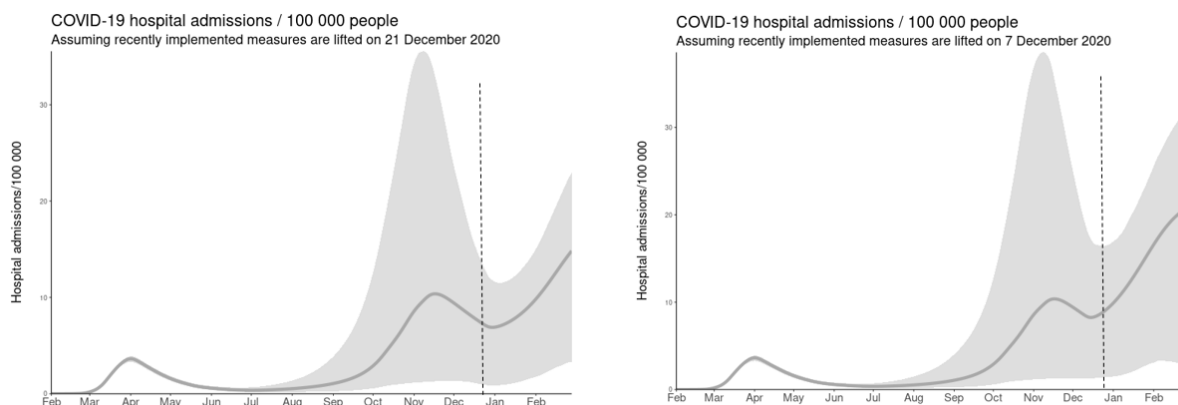
⁸ <https://ec.europa.eu/jrc/en/news/coronavirus-mobility-data-provides-insights-virus-spread-and-containment-help-inform-future>

⁹ <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-guidelines-non-pharmaceutical-interventions-september-2020.pdf>

¹⁰ <https://www.ecdc.europa.eu/sites/default/files/documents/covid-forecasts-modelling-november-2020.pdf>

¹¹ The European Commission's Joint Research Centre has published an open source mathematical modelling toolbox for scenario-based modelling: <https://github.com/ec-jrc/COVID-19>

Figure 1: Potential resurgence as a result of lifting measures for the end-of-year festivities (source: ECDC)



The following sets out policy guidance regarding non-pharmaceutical interventions that are particularly relevant for the upcoming end-of-the-year season, and that some of the Member States have already started to consider implementing. The Commission strongly encourages Member States to consider this guidance.

RECOMMENDED ACTIONS FOR MEMBER STATES

- Pursue measures on physical distancing, use of masks, hand washing and other hygiene measures as they continue to be key to contain virus spread in social gatherings, both indoors and outdoors, and in families with people at higher risk.
- Put measures in place to ensure appropriate care for vulnerable people, particularly in case of restrictions and closures; e.g. elderly people who live alone or in residential care (for both need to ensure continued access to health and social care, measures to prevent loneliness and isolation), people suffering from mental ill-health and people experiencing homelessness. Also ensure that persons with disabilities are provided with the appropriate care and information in accessible formats.
- Consider not allowing any mass gatherings, and define clear criteria for the exceptional events that can go ahead, e.g. maximum number of people allowed for indoor and outdoor social gatherings and specific control measures.
- Define clear criteria for small social gatherings, small events, e.g. maximum number of people allowed to ensure compliance with physical distancing rules and use of masks.
- Continue to set clear criteria for household gatherings (i.e. maximum number of people per household gathering).
- If considered, any temporary loosening of rules on social gatherings and events should be accompanied by strict requirements for people to self-quarantine before and after for a number of days (preferably at least seven).
- Encourage employers to allow people to work from home or from the place where they intend to spend their end-of-year festivities some days before and after – preferably around seven days, whenever possible. This will allow workers to self-quarantine before engaging in social or household gatherings, or events and/or before coming back to workplaces. Where the remote working is not possible, employers must put in place measures that would allow safe return to work¹².

¹² <https://osha.europa.eu/en/publications/covid-19-back-workplace-adapting-workplaces-and-protecting-workers/view>

- *If considered, when loosening restrictions, implement the use of “household bubbles”, which means that people are encouraged to spend the days of the festivities with the same people and to reduce further social contacts.*
- *Remind citizens that they should be particularly careful concerning contacts with older family members or those who belong to specific groups at risk for severe COVID-19, such as people with chronic diseases¹³.*
- *Introduce or maintain night time curfews.*
- *Provide guidance and advice on overnight visitors and visits to households (particularly in case of night curfews).*
- *Encourage the organisation of online social gatherings and events, such as workplace end-of-year celebrations.*
- *In order to reduce transmission risks in the period following the festive season, consider extending school holidays or introducing a period of online learning as a way of introducing a buffer period and avoiding infections to be brought into schools. In such cases it will be important to specify a date several days before the return to school by which time families with children and educators are asked to have returned home in case they have travelled.*
- *In case of ceremonies, consider avoiding large services or using online, TV or radio broadcasts, allocating specific spots for close families (“household bubbles”) to sit together, and banning of communal singing. The use of masks is particularly relevant during these types of gatherings.*

3. REINFORCING TESTING AND CONTACT TRACING

Testing and contact tracing remain crucial elements for monitoring, containing and mitigating the COVID-19 pandemic. Backward and forward contact tracing is **an essential tool to detect infection clusters and avoid further transmission**.

Effective testing also plays a key role in the smooth functioning of the single market as it allows for targeted isolation or quarantine measures. Testing and contact tracing will be central to control strategies, particularly to monitor the impact of any loosening of measures. As also stressed by the Commission in its Communication on additional COVID-19 measures¹⁴, adopted on 28 October, swift action by EU countries, supported by the Commission, is required to address current shortfalls in access to testing, testing capacities, shortages in testing materials and long testing turn-around-times (the time between the test request and result), which are limiting the effective implementation of mitigation measures as well as swift contact tracing.

In this context, the use of rapid antigen tests, which is a generation of faster and cheaper COVID-19 tests, allowing for a result in often less than 30 minutes are increasingly being explored by Member States. A specific Commission Recommendation¹⁵, addressing the use of these types of tests, provides guidance for countries regarding their use. In particular, two

¹³ <https://www.ecdc.europa.eu/en/covid-19/latest-evidence>

¹⁴ <https://ec.europa.eu/info/sites/info/files/communication-additional-covid-19-response-measures.pdf>

¹⁵ https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/sarscov2_rapidantigentests_recommendation_en.pdf

aspects are of increasing importance: the independent clinical validation of the tests and mutual recognition of rapid antigen test results between countries. Experiences with regards the mutual recognition of rapid antigen test results as well as data, new evidence and publications on clinical validation studies carried out by EU countries are shared and discussed on a continuous basis in the Health Security Committee.

A specific ECDC guidance on rapid antigen tests¹⁶ points to the most important opportunities with the use of these tests are to quickly detect highly infectious cases and to facilitate rapid self-isolation to avoid further transmission.

Most Member States have now launched a national contact tracing and warning app to complement manual contact tracing measures based on the Recommendation¹⁷ and Toolbox, and are in the process of connecting to the European Federated Gateway Server (EFGS). The more people use an app, the likelier the positive effect on combating the virus. As a result, the more Member State that launch an App, and join the EFGS the more effective these technologies will be. Effective back-office systems in Member States are essential to support the implementation of digital contact tracing. It is also important to have mechanisms that provide citizens with clear and swift information on what to do. Citizens are encouraged to download their national app and contribute to overcoming the pandemic.

RECOMMENDED ACTIONS FOR MEMBER STATES

- *Ensure sufficient testing capacities and materials, and set a target for testing rates per 100.000 population.*
- *Ensure easy and free access to testing for citizens with quick results.*
- *Focus efforts on ensuring a short testing turn-around-time to facilitate the swift identification of positive COVID-19 cases; in the case of RT-PCR, the testing turn-around-time should be less than 24 hours and the use of rapid antigen tests could be explored in case of limited RT-PCR testing capacity and increased testing turn-around-times where appropriate.*
- *Investigate the use of rapid tests in addition to RT-PCR where appropriate, and focus efforts on early detection of most infectious cases and quick self-isolation of these individuals.*
- *Rapid antigen tests are best used in high prevalence settings and up to five days post symptom onset.*
- *Rapid antigen tests should go through independent clinical validation and mutual recognition of results between countries should be ensured, as elaborated on in the Commission Recommendation published on 28 October.*
- *Strengthen the deployment of digital contact tracing and warning Apps or manual contract tracing if more appropriate.*

¹⁶ <https://www.ecdc.europa.eu/sites/default/files/documents/Options-use-of-rapid-antigen-tests-for-COVID-19.pdf>

¹⁷ https://ec.europa.eu/commission/presscorner/detail/en/ip_20_670

4. MAINTAINING SAFE TRAVEL WITHIN AND ACROSS THE EU

At present, the majority of Member States advise against all but essential travel, and the majority have tracing and/or quarantine requirements for people crossing borders. On 13 October, the Council adopted a Recommendation on a coordinated approach to the restrictions of free movement in response to the COVID-19 pandemic¹⁸, aiming to avoid fragmentation and disruption, and to increase clarity and predictability for citizens and businesses. The Recommendation states that any measures restricting free movement to protect public health must be proportionate and non-discriminatory, and must be lifted as soon as the epidemiological situation allows. On the basis of the Recommendation, the ECDC has been publishing, on a weekly basis, a traffic-light map using agreed criteria and thresholds¹⁹.

Member States expecting an increase in travel, both inside and between Member States and particularly during the end-of-the-year festive season, will need to carefully plan ahead. Airports, bus stations, train stations, public transport, refuelling stations, and resting areas are all places where travellers can be exposed to the virus in the air and on surfaces. Travellers should be provided with the relevant advice and real-time information both on the applicable restrictions as well as the public health guidance²⁰ and the application of physical distancing, wearing of masks and strict hygiene rules should be thoroughly observed at such locations.

During the winter months, winter tourism is a popular activity in the EU. Given its cross-border aspects, Member States should carefully consider a common approach based on coordination, coherence and scientific evidence. This could be discussed in the Integrated political crisis response (IPCR) on the basis of scientific guidance by the ECDC.

Whilst travel itself is a risk factor, the generalised widespread transmission of COVID-19 across Member States means that at present, intra-EU cross-border travel does not present a significant added risk. In the context of air travel, and under the current epidemiological situation in the EU/EEA and the UK and based on existing evidence, ECDC and the European Union Aviation Safety Agency (EASA) do not recommend quarantine and/or testing of for air travellers for SARS-CoV-2 when travelling to/from zones with a similar epidemiological situation, as outlined in the guidelines for COVID-19 testing and quarantine of air travellers was published on 2 December. What is important is to improve information flow in such cases: this includes simple procedures for passenger locator forms where possible digitalised; an effective link between cross-border information and contact tracing capacities in the community, in full respect of data protection rules; and coordinated communication between aviation stakeholders and public health authorities, as well as tourism accommodation establishment.

To enhance contact tracing capabilities across borders, Member States are encouraged to support ongoing efforts to develop a common EU digital Passenger Locator Form (PLF) and to join the exchange platform developed by EASA for air transport in time for the end-of-2020 travelling season. The more countries participate, the higher the benefits in terms of accelerating and simplifying contact tracing linked to travel.

¹⁸ <https://data.consilium.europa.eu/do/document/ST-11689-2020-REV-1/en/pdf>

¹⁹ <https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>

²⁰ For example: <https://reopen.europa.eu/>

Should Member States opt to maintain or introduce travel related quarantines, they should do so in line with the principles of Council Recommendation 2020/1475 on a coordinated approach to the restrictions of free movement in response to the COVID-19 pandemic and agree on a common approach to coordinate their measures and inform citizens in advance of any measure taking effect. This should be discussed in the Integrated Political Crisis Response (IPCR).

RECOMMENDED ACTIONS FOR MEMBER STATES

- *Where available, encourage persons who intend to travel to get the season flu vaccine.*
- *Reinforce communication campaigns to strongly discourage persons with symptoms of COVID-19 from travelling.*
- *Where possible, public transport options and capacities should be increased to reduce crowding, particularly on days or at times expected to be relatively busier to ensure social distancing. The use of masks should be compulsory in public transport and all vehicles should be well ventilated.*
- *Ensure that workers in transport, tourism and other exposed sectors are provided with necessary information and protection measures to ensure their own health and safety.*
- *Ensure that if quarantine and testing of travellers is requested (i.e. in the situation where a country has reduced transmission levels to close to zero), these requirements are proportionate, non-discriminatory, clearly communicated and easily followed, and assess how testing can lead to lifting of quarantine or other restrictions for travellers.*
- *Where quarantine requirements are imposed for travel from a high-risk area, consider shortening required quarantine time should a negative PCR test be obtained after 7 days upon return.*
- *Ensure that travel infrastructure, including control stations, is prepared, equipped and manned, respecting the hygiene protocols in place, so that risks to travellers are minimised as far as possible by reducing to the minimum waiting times, crowding and congestion.*
- *Ensure that national measures are aligned with the principles and mechanisms of Council Recommendation 2020/1475 on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic.*
- *Join the exchange platform developed by EASA to enhance contact tracing capabilities based on PLFs and support efforts towards a common EU digital PLF.*

5. PRIORITISING HEALTHCARE CAPACITY AND PERSONNEL

With hospital and intensive care unit (ICU) occupancy rates and numbers of new admissions to hospitals still being high and increasing in the majority of EU countries, a continued focus and prioritising of healthcare capacity and personnel is of utmost importance. Given the high probability of an increase in COVID-19 cases in case of relaxation of measures concurrently with the festive period, EU Member States should ensure that their health systems are ready for possible increased admissions. They should avoid any risks of shortages of essential equipment and materials, as well as ensuring the well-being of healthcare personnel facing huge pressure and on whom the system is dependent.

Besides hospitals, primary care providers are involved in combating infection and disease consequences in numerous ways: implementing a triage system in a coordinated and transparent manner, testing, supporting quarantine, and providing psycho-social response. Some public authorities in Europe established fever clinics as the primary care arrangements. The role of general practitioners in controlling the spread of COVID-19 in the community has become increasingly important due to their key role in testing and contact tracing, as well as meeting post-COVID-19 diagnosis care needs and addressing the care needs of the general population. To boost capacity, many countries created alternate care sites in converted premises or mobile field hospitals, used social care facilities as well as novel forms of public-private partnerships to respond in a socially accountable way to nationwide demand.²¹

Addressing and ensuring the well-being of all health care staff remains an absolute priority. EU Member States should guarantee access to adequate personal protective equipment to all health care staff, as well as to support services to alleviate the mental health impact from the exceptional stress levels health professionals have been subjected to during the crisis. Guaranteeing timely access to mental health support for health professionals is important especially in light of emerging evidence suggesting that the psychological drain from the health crisis may have long-term effects on their well-being. For example, in Italy, a survey of health care workers in March 2020 found increased symptoms of stress, anxiety, depression and insomnia, especially amongst frontline workers and young females. In Spain, research found that in April 2020, 57% of health workers presented with symptoms of post-traumatic stress disorder²².

In parallel to this, the continuation of healthcare services other than those linked to COVID-19 are of the same great importance. The current pandemic has had – and is still having – major implications on the diagnosis and treatment of other diseases and health problems including cancer. Temporary disruptions in routine and non-emergency medical care access and delivery have been observed during periods of considerable community transmission. For example, several countries, such as Italy, reported that admissions for acute myocardial infarction were significantly reduced during the COVID-19 pandemic, with a parallel increase in fatality and complication rates²³. Moreover, in France, the number of cancer diagnoses decreased by 35-50% in April 2020, as compared to April 2019²⁴, and the Netherlands Cancer Registry has seen as much as a 40% decline in weekly cancer incidence²⁵. This is despite many countries prioritizing cancer, cardiovascular and diabetes services.

Also, in the area of supply and use of blood for transfusion, studies indicate that countries should anticipate reductions in donations and loss of crucial staff because of sickness and public health restrictions²⁶. Contingency planning includes prioritisation policies for patients in the event of predicted shortage.

The delay or avoidance of medical care because of COVID-19 is also an area of particular concern, as it might increase morbidity and mortality risk associated with treatable and preventable health conditions and might contribute to reported excess deaths directly or indirectly related to COVID-19. While controlling the pandemic is of utmost importance, the

²¹ https://ec.europa.eu/health/sites/health/files/expert_panel/docs/026_health_socialcare_covid19_en.pdf

²² https://ec.europa.eu/health/sites/health/files/state/docs/2020_healthatglance_rep_en.pdf

²³ De Rosa, Spaccarotella et al. 2020

²⁴ https://ec.europa.eu/health/sites/health/files/state/docs/2020_healthatglance_rep_en.pdf

²⁶ <https://www.sciencedirect.com/science/article/pii/S2352302620301861>

long-term effect on individuals with non-communicable diseases is significant. These diseases appear to increase the severity of COVID-19 and mortality risk, and SARS-CoV-2 infection in survivors with non-communicable diseases may also affect the progression of their pre-existing clinical conditions. Additionally, physical distancing and quarantine restrictions will reduce physical activity and increase other unhealthy lifestyles, thus increasing non-communicable diseases risk factors and worsening clinical symptoms. Many countries have made changes to routine management of patients, e.g., cancelling non-urgent outpatient visits, which will have important implications for non-communicable diseases management, diagnosis of new-onset diseases, medication adherence and disease progression²⁷.

The Commission is working with pharmaceutical companies to achieve access to new therapeutics currently under regulatory approval (e.g. antibodies), and will ensure developments are swiftly shared with the Member States.

RECOMMENDED ACTIONS FOR MEMBER STATES

- *Ensure that healthcare services are reinforced for increased hospital and ICU admissions in view of the upcoming festive season, for example by putting in place specific COVID-19 business continuity plans, surge capacities in staff and equipment that ensure maintaining healthcare personnel capacity while at the same time allowing some reprieve.*
- *Take steps to maximise the accessibility of primary care service to alleviated pressure on hospitals, including by expanding the role of nurses, pharmacists and community health workers, and via increasing the use of telehealth services, to preserve continuity of care for non-COVID- 19 patients.*
- *Carefully monitor capacities of required healthcare equipment and materials, and make use of the relevant Joint Procurements and other financial support, including the Coronavirus Response Investment Initiative (CRII)²⁸ made available by the Commission.*
- *Countries should develop integrated strategies for their healthcare systems, ensuring that care for diseases and medical problems other than those linked to COVID-19 can continue and be safeguarded.*
- *Continue investing in the training of new staff, including via the Online European network of clinicians and development of training modules on COVID-19 for health professionals (including via a virtual academy) in partnership with European federations, such as the European Society of Intensive Care Medicine.*
- *Encourage citizens to follow up all necessary medical services, including those taking place in hospitals.*
- *Healthcare facilities should further ensure that the most protective PPE is available now and in the months to come and appropriately used to safeguard those providing patient and resident care.*
- *Support healthcare personnel to cope with increased pressure due to the pandemic (e.g. by putting in place free of charge support hotlines, free peer support service, provide information to help manage wellbeing and mental health).*

²⁷ <https://europepmc.org/article/pmc/pmc7248450>

²⁸ https://ec.europa.eu/commission/presscorner/detail/en/IP_20_1864

6. ADDRESSING “PANDEMIC FATIGUE”

The resurgence of COVID-19 this autumn inevitably brought disappointment to Europeans having to face restrictions they had thought they had left behind. The World Health Organization (WHO) estimates that around 60% of countries in the European region are currently experiencing a form of “pandemic fatigue”²⁹. People are tired of taking the necessary precautionary actions, including physical distancing, reduced social interactions and economic restrictions. This makes essential restrictions more difficult to implement, and provides fertile ground for disinformation about the pandemic.

Pandemic fatigue is an expected and natural response to a prolonged public health crisis on the scale of COVID-19. It is therefore important for Member States to address and recognise this problem. The WHO Regional Office for Europe has developed guidance to support countries in developing multifactorial action plans to maintain and reinvigorate public support for protective behaviours³⁰.

In addition to the pandemic fatigue, the impact of COVID-19 on the mental health of populations should not be underestimated. The concern and destabilisation felt by the population at large can be particularly acute amongst the most vulnerable groups such as older adults or people with underlying health conditions, those living alone, or persons with disabilities. Health and care workers are particularly exposed, and best practices to reduce the impact on these and other front-line workers should be promoted.

The main psychological impact to date is elevated rates of stress or anxiety³¹. But as new measures are introduced – especially stay-at-home policies, quarantine and prolonged curfews and their effects on many people’s usual activities, routines or livelihoods – levels of loneliness, depression, harmful alcohol and drug use, and self-harm, domestic violence or suicidal behaviour also rise³². Member States should be addressing these issues and ensure that appropriate measures and services are put in place for those in need.

RECOMMENDED ACTIONS FOR MEMBER STATES

- *Clearly communicate to citizens and communities on new measures, the reasons why these are being implemented and when and how they might be lifted. If possible, link it to certain targets, such as the reproduction value, to make the measures tangible and understandable. Citizen’s buy in and compliance with measures is essential.*
- *Ensure the availability of and easy access to mental health and psychosocial support services for people in need, including frontline and essential workers or service providers (e.g. free of charge support hotlines). Provide support to persons with disabilities and vulnerable populations.*
- *The Health policy platform has brought stakeholders together to identify numerous best practices from the first wave of the pandemic which could be promoted with Commission support at the request of Member States.*

²⁹ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-rising-covid-19-fatigue-and-a-pan-regional-response>

³⁰ <https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf>

³¹ <https://ec.europa.eu/jrc/en/news/covid-19-and-counter-measures-both-detrimental-mental-health>

³² <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/noncommunicable-diseases/mental-health-and-covid-19>

7. THE IMPORTANCE OF COVID-19 VACCINATION STRATEGIES

As Europe learns to live with the pandemic, the development and swift global deployment of safe and effective vaccines against COVID-19 remains an essential element in the eventual solution to the public health crisis. In line with the 17 June EU Strategy for COVID-19 vaccines³³, the European Commission and Member States are securing the production of vaccines against COVID-19 through Advance Purchase Agreements with vaccine producers. Any vaccine will need to be authorised by the Commission following a rigorous analysis by the European Medicine Agency according to regular safety and efficacy standards.

The Commission has also set out the need for the access to safe and effective vaccines across Europe, to be matched by a coordinated approach of vaccination strategies for deployment of the vaccines. Member States should ensure that the transport services and logistics needed for the safe delivery of the vaccines are planned accordingly. In case of need, the Commission stands ready to support Member States in the deployment of vaccines via the Union Civil Protection Mechanism and other relevant schemes. On 15 October³⁴, the Commission presented key elements to be taken into consideration by Member States for their COVID-19 vaccination strategies to ensure orderly and timely deployment, related to required capacities of vaccination services, easy, affordable and preferably free of charge access for the population, transport and storage capacities, and communication to citizens on the benefits, risks and importance of COVID-19 vaccines. As the overall number of vaccine doses will be limited during the initial stages of deployment and before production can be ramped up, the Communication also provides examples of priority groups to be targeted by vaccination first.

Member States have shared knowledge and experiences, and reported on the development of national vaccination strategies, including the definition of population groups and communities that will be prioritised for COVID-19 vaccination. Priority target groups defined by reporting Member States include older persons, healthcare workers, workers of essential public services other than health, transport personnel, persons with chronic diseases, persons with disabilities and social care workers. The large majority of Member States that have reported on the current state of play of their vaccination strategies are planning to offer COVID-19 vaccination free of charge, and some will be using vaccination centres across their country to ensure that they will reach populations in rural areas or groups who have difficulties in accessing vaccination services or centres.

Many European countries are currently revising their vaccination infrastructures, in particular to ensure additional cold chain capacity, and are reinforcing existing vaccination services by recruiting and training additional healthcare staff. Concerning the medical and personal protective equipment needed for vaccination services, most reporting Member States plan to use current reserves, but many countries also plan to stockpile items via national or EU joint procurement procedures, in particular concerning items specifically required for COVID-19 vaccination. In case national capacities are overwhelmed, Member States could request assistance via the Union Civil Protection Mechanism via both the EU Civil Protection Pool and the rescEU stockpile of emergency medical equipment. Together with this Communication, the ECDC has published its “Overview of current EU/EEA and UK deployment and vaccination plans for COVID-19 vaccines”. Based on this document,

³³ <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1597339415327&uri=CELEX:52020DC0245>

³⁴ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2020_strategies_deployment_en.pdf

discussions in the Health Security Committee and ECDC surveys, the Commission will consider the need for further guidance on national vaccination plans for COVID-19.

Once COVID-19 vaccines will become available, and it will then be known which vaccines with which specific characteristics and requirements will enter the market, the Commission will publish specific recommendations on how such vaccines are best to be used and deployed. In parallel, the Commission and the EEAS will continue to engage with the WHO and international partners to support a global access and deployment roll-out of COVID-19 vaccines, as well as to lead the global response in support of partner countries and exchange best practice in measures to control and bring an end to the pandemic.

Vaccination registries, paper based or in the form of Immunization Information Systems (IIS) are in place in most countries, or are in the process of being updated, and will be key to ensure that COVID-19 vaccination data can be processed. These are an important tool for vaccination programmes. They hold data both at the personal and population levels, and are a valuable resource for individuals and the community. Individuals are empowered to make informed decisions on vaccination, while improving the ability to detect patterns of vaccination in the community leads to better targeted vaccination programmes and consequently better public health.

All reporting Member States are actively looking into communication around COVID-19 vaccination, and many are preparing dedicated communication plans. The Commission will work closely with Member States to support their communication efforts towards citizens on COVID-19 vaccines so that citizens can make informed decisions.

With vaccines now around the corner, there are international efforts to take forward the development of electronic vaccination information systems and vaccination certificates, including in digital forms in order to ensure the close monitoring of vaccination and surveillance of adverse effects and provide citizens trusted tools to display vaccination status. A common approach to trusted, reliable and verifiable vaccination certificates across the EU, would reinforce the public health response in Member States and the trust of citizens in the vaccination effort.

RECOMMENDED ACTIONS FOR MEMBER STATES

- *Further development of COVID-19 vaccination strategies, taking into consideration the elements highlighted in the Commission Communication of 15 October 2020 and ECDC advice.*
- *Reporting of Member States to the ECDC on their COVID-19 vaccination strategies, and sharing their knowledge and experiences, also in the context of fora such as the Health Security Committee and the National Immunisation Technical Advisory Groups collaboration (NITAG).*
- *Member States should coordinate efforts in tackling the misinformation and disinformation around a possible COVID-19 vaccine, in coordination and collaboration with international bodies and online platforms. The Commission will facilitate these efforts.*

8. A DIFFERENT END OF THE YEAR

Europe has made considerable advances in understanding how to manage the COVID-19 pandemic in the course of 2020. Promising vaccines might bring an end to the pandemic. But the reality is that **the EU still faces several difficult months ahead before large-scale deployment of vaccines permit a significant improvement in the lives of citizens.** In the meantime, the relaxation of measures must be gradual. A rushed de-escalation of protective measures should be avoided, or it will lead to stronger and more restrictive control measures after the end-of-year festivities and over a longer period of time. The support and buy-in of citizens will be decisive in overcoming this difficult period. Support for those whose mental health has been negatively impacted by the pandemic is a crucial element in helping EU citizens collectively endure restrictions on their daily lives for a while longer. Similarly, supporting those businesses and employees enduring hardship due to the necessary restrictions is essential.

Proportionality of introduced measures and clear communication as to the measures imposed, and the rationale behind them, will be of the greatest importance in the coming months. Lack of consistency across Member States has been a major source of confusion for many EU citizens during this period. For this reason, it is important that Member States continue coordinate their approaches with the European Commission and to keep each other clearly informed about the measures they are taking, and the decision-making framework within which they are operating.

Cooperation and coordination at EU level remain essential to design and implement a coherent evidence-based control framework to overcome the pandemic in a sustained and effective way. The EU Strategy for COVID-19 vaccines, which led to the EU advance purchase agreements on vaccines, shows that joint efforts bring better results. It should serve as a model for a structured common approach to responding to COVID-19.

With these measures the EU will continue its efforts to overcome the pandemic. It will be a different kind of end of the year. One with restrictions, masks and social distance. However, it will be an occasion to rest and gather strength for the continued challenge posed by the pandemic. **Everyone's efforts count.**