Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of the last update with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.

Date: 30.11.2020 Last update: 05.01.2021

Country	COVID-19 vaccination strategy	Most likely used vaccine	Mass testing strategy	Additional information/links
Austria	<ul> <li>PHASE 1 (Jan/Feb 2021):</li> <li>Staff of nursing and elderly care facilities as well as residents &gt;65</li> <li>Health care workers in hospital settings, out-patient care, social care, red-cross and similiar institutions,</li> <li>High-risk-patients (with pre-defined conditions)</li> <li>PHASE 2 (FebApril 2021)</li> <li>All residents &gt;65</li> <li>Staff in critical infrastructure</li> <li>All systemrelevant persons in Justice, Police, Military, Schools, universities, kindergardens</li> <li>PHASE 3 (as of April 2021)</li> <li>Remaining population</li> </ul>	Pre-contracts with already 5 suppliers for up to 16.5 million doses, Austria is part of the EU purchase consortium  • AstraZeneca, Viral- Vector 6 Mio. • SANOFI, Protein- Subunit 1,5 Mio. • Johnson & Johnson, Viral-Vector 2,5 Mio. • BioNTech/Pfizer, mRNA 3,5 Mio. • CureVac, mRNA 3 Mio.	Mass testing with antigen-test is scheduled by Austrian provinces; Vienna e.g. 2-13.12.2020	https://coronavirus.wien.gv.at/site/mas sentests/  https://www.sozialministerium.at/dam/j cr:5ba144fa-dd9b-4697-89af- 3a51cc66776b/2020_11_25%20_lmpfstr ategie.pdf
Belgium	<ul> <li>healthcare workers</li> <li>general population 65+</li> <li>patients with co-morbidities 45-65 years</li> <li>who comes first is not clear yet</li> </ul>		No mass testing has been done or is planned	Public preferences for prioritizing a COVID-19 vaccine strategies: https://voxeu.org/article/public- preferences-prioritising-covid-19- vaccine  Official Vaccination Strategy:

Czech Republic	vaccination strategy is expected to be approved by 7 December (some information can still slightly change);  ORDER OF TARGET GROUPS:  1. Chronically ill patients and persons of 65 years of age and older a. Chronic obstructive	The Czech Republic is a part of the joint initiative of the Commission aiming to ensure that all member states have access to vaccines. The Commission, on behalf of the Member States, concludes agreements with	There are currently TWO MASS TESTING SCHEMES using the antigen tests. First one in social care sphere and the second one in education facilities.  Since November 4 all facilities providing both long-term and short-term social care, as well	In Dutch: <a href="https://www.info-coronavirus.be/nl/news/vaccin-strategie-0312/">https://www.info-coronavirus.be/fr/news/vaccin-strategie-0312/</a> An interesting activity BE is doing: Corona consultations discussion between 100-150 citizens & experts, aiming at formulating recommendations for vaccination policy based on citizen values/principles.
	of 65 years of age and older	on behalf of the Member	providing both long-term and	

- c. Serious decompensated heart diseases (heart failure, cardiomyopathy)
- d. Severe obesity (BMI > 40 kg/m2)
- e. Haemato-oncological diseases
- f. Serious kidney and liver disorders
- g. Serious,

  pharmacologically

  addressed diabetes

  mellitus
- h. Prior to immunosuppressive treatment, radiotherapy, chemotherapy
- Healthcare professionals and staff
  of public health protection
  authorities performing activities of
  epidemiological importance
  - a. Anaesthesiology and resuscitation departments, intensive care departments
  - b. Emergency departments
  - c. Medical rescue service
  - d. Infectious departments
  - e. Pulmonary departments
  - f. Staff of public health protection authorities carrying out

All Member States will have access to COVID-19 vaccines at the same time as soon as they are available and approved at EU level, with vaccines being redistributed based on population size.

As of now, the Czech Republic has secured vaccines produced by AstraZeneca, Johnson & Johnson, Pfizer, Sanofi, CureVac and Moderna. professional is tested positive and shows symptoms, they are to be isolated immediately and treated as a patient with COVID-19. If a client is tested positive but shows no symptoms, or is tested negative but shows symptoms, a PCR confirmation test is to be carried out. Until the results of the confirmation test are received, the client needs to be quarantined. It is also recommended that persons planning to visit relatives in retirement houses and social care facilities should undergo an antigen test. In this case however, the test will not be reimbursed.

Since the students and pupils are gradually returning to schools, all teachers and care takers will have the opportunity to undergo an antigen test between 4th and 18th of December. If the test will be positive, they will need to go to a confirmation PCR test. Both of those tests will be reimbursed

	epidemiological investigation g. Laboratory staff processing biological samples in Covid-19 examinations 3. Staff and clients in social services 4. General practitioners, paediatricians, dentists, pharmacist 5. Critical infrastructure staff - integrated rescue system, power- generation sector, government, emergency teams 6. Other staff of public health protection authorities 7. People desiring to be vaccinated  WHERE DO YOUNG PEOPLE WHO ARE VULNERABLE FIT IN?	by the health insurance company.  There is a PLAN FOR MASSIVE WHOLE-OF-POPULATION ANTIGEN TESTING under the establishment. This voluntary testing should take place in the before Christmas period. Details are not all settled at this stage.
	VULNERABLE FIT IN?  Chronically ill young persons belong to the 1st indication group.	
Estonia	<ul> <li>General plan for vaccine prioritization:</li> <li>first: health and nursing/social care workers</li> <li>elderly people</li> <li>chronic diseases</li> </ul>	No mass testing, but population based random sampling cross-sectional RT-PCR-studies (10 waves in 2020)

Finland	The order in which vaccinations would be provided is currently under discussion. No official decisions have been made.		No mass testing plans	
Greece	No official guideline about vaccine prioritization; will double-check and inform the PHIRI WP8 secretariat		No mass testing plans (at least nothing official)	
Ireland	No	Pfizer, AstraZeneca	No plans	
Italy	Vaccine plan will be presented on 2nd December (will be shared with the PHIRI secretariat after the 2nd December); prioritization: health care workers, vulnerable groups	Pfizer or AstraZeneca (not official yet)	South Tyrol tested most inhabitants with antigen test, resulting in 0.9% positivity (3,619 out of 362,050)  Perhaps mass testing will take place in a few further regions, e.g. Veneto region but no plans for the whole country	Italy should receive about 13.51% of the 300 millions of doses optioned by the EU.
Malta	Health and social care workers, people who are working with and living in institutional care, then elderly going by age, young vulnerable; big discussion: other essential workers? but first cover the elderly people		No plans	
Netherlands	The Health Council provides advice on which people to get vaccinated first.  Initially, these people will receive the vaccination:		No experience	Based on advice by Dutch Health Council, November 19th: https://www.gezondheidsraad.nl/docum enten/adviezen/2020/11/19/strategiee n-voor-covid-19-vaccinatie (in Dutch)  Current stance on testing without

Care workers in nursing homes and small-scale housing:

- Care workers in disabled care
- Care workers in nursing and WMO Social Support Act -support
- Residents in nursing homes and institutions for people with intellectual disabilities

Ultimately, the vaccination will be available to everyone.

ATTN1! The decision made by the Dutch MoH as reflected above differs from the advice by the Health Council:

https://www.gezondheidsraad.nl/document en/adviezen/2020/11/19/strategieenvoor-covid-19-vaccinatie:

Given what is now known about the vaccines and based on the current number of infections, the Health Council advises to focus on reducing serious illness and mortality. In this strategy, the people who are most at risk are eligible. These are people over 60 and people who already have other specific serious conditions. If the latter cannot be vaccinated themselves for medical reasons, healthcare workers and caregivers who pose a risk of infection to them can be vaccinated. In addition to these

## complaints is:

The chance that an adult has become infected with SARS-CoV2 without complaints and without contact with a sick person seems small at the moment. Testing is especially useful if you have complaints. For a limited group of people with a high risk, different advice will apply from 1 December: those who are in quarantine for 5 days (after the last contact with someone with COVID-19) can then have themselves tested. Of the contacts who received complaints, 97% of them received complaints within 7 days. The virus can be found with a PCR test 1 to 2 days before the symptoms start.

## Source:

https://www.rivm.nl/coronavirus-covid-19/testen (& google translate) groups, this strategy makes healthcare workers with direct patient contact eligible for vaccination because they run an increased risk of becoming infected. As a result, they contribute more to the disease burden in society than groups without an increased risk of infection.

ATTN2! As NL was the last in Europe to start its vaccination programme – officially on January 8th – there has been a lot of pressure on the Dutch MoH. This resulted in a change of timeline for some groups.

## VACCINATION IN CHILDREN:

Netherlands Youth Institute,
https://www.nji.nl/nl/coronavirus/Professio
nals/Contact-bezoek-enomgang/Vaccineren-tegencorona#Worden\_kinderen\_en\_jongeren\_ook
\_gevaccineerd):

For the time being, people in the Netherlands from the age of 18 are invited to be vaccinated. The corona vaccine has mainly been researched in adults and the elderly because the corona virus mainly causes disease in them. It is still unclear

	how the corona vaccine works in children and more research is therefore needed.  More research is needed on the effectiveness and safety of a vaccine in children. So, for the time being children are not vaccinated.			
Norway	<ul> <li>Elderly and those with underlying diseases</li> <li>Health personnel, people working in critical functions of society</li> <li>Personnel of critical infrastructure</li> <li>Maybe regional differences depending on spread of the virus</li> </ul>	Pfizer, AstraZeneca	No mass testing but national survey of seroprevalence: 140.000 people are tested every week, percentage of positive testing is around 2.5% (positive rate) in Norway	
Poland	Strategy is in preparation; health care workers, people at risk above 65 years		Mass antigen tests: in 3 polish provinces but no further information available yet	
Portugal	<ol> <li>4 main groups:</li> <li>1. frontline health professionals, vulnerable people between 50 and 75 years of age (because of less evidence that vaccines work in the groups of 75 years of age and older);</li> <li>2. security, police and civil protection</li> <li>3. chronic patients 50-75 years</li> <li>4. All 55 -75 year olds</li> </ol>	Portugal is planning to buy 3 different vaccines: 16 Million doses! No info on product yet	Specific regions, Ester doesn't know about the outcomes yet	
Slovakia	Slovakia doesn't have a vaccine priority approved yet. We have first 150.000 doses underway from overseas and hypothetically they could be dedicated to health workers and senior homes.		Our experience with mass testing is that antigen tests yielded positive in around 1% of tested, which in comparison with PCR testing results points	

	The future vaccination should be voluntary,		to either inaccuracy of the	
	which makes the logistic complicated. Next		agent, or (non)responsiveness	
	(or parallel) focus group is school youth,		to early stage of infection.	
	where again the consent of parents is		Nevertheless, the mass testing	
	expected (and hardly predictable).		identified rapidly the most	
			endangered sites to follow-up	
			with contact tracing and	
			isolating those affected. Anti-	
			epidemic measures now can be	
			taken with focus and liberate	
			some of the limitations where	
			not useful.	
Slovenia	1st: residents and workers in care homes,		There are rumours, but no	
	health care workers, elderly people;		decisions; mass testing would	
	discussion about chronic patient		most likely commence with	
	prioritization ongoing		health care workers	
Spain	Stage 1 (first trimester 2021):	AstraZeneca, Pfizer-	Only in specific regions,	COVID-19 Vaccination Strategy,
	- Elderly and disabled institutionalized	BioNTech , Janssen,	outcomes are not yet available	presented on 14th November:
	people	Moderna, CureVac		https://www.mscbs.gob.es/gabinetePre
	- Health and social care personnel in care			nsa/notaPrensa/pdf/24.112411201444
	institutions		No rapid antigen test;	<u>31769.pdf</u>
	- Front line health care workers		seroprevalence cohort study	Vaccination will be voluntary and free of
	- Non-institutionalised dependent		with 60.000 people in Spain: 5%	charge.
	populations		of Spanish population; 4th wave	This Strategy is based on the
			of testing next week	recommendations of the European
	Stages 2 y 3 (yet to be defined priority			Commission and other international
	order):			institutions (ECDC, WHO), and has been
	- People over 64 years old			elaborated by the COVID-19 Vaccination
	- People with risk conditions			Technical Working Group
	- People living or working in close settings			https://www.mscbs.gob.es/gabinete/no

	<ul> <li>Vulnerable socioeconomically population</li> <li>Essential workers</li> <li>Teachers</li> <li>Children</li> <li>Teenagers, young and adult healthy people</li> <li>Population in high incidence areas or susceptible to outbreaks</li> <li>Pregnant and breastfeeding women</li> <li>People already immunized</li> </ul>			tasPrensa.do?id=5142 https://www.mscbs.gob.es/gabinete/no tasPrensa.do?id=5148 Seroprevalence-study from Spain: https://www.thelancet.com/journals/lan cet/article/PIIS0140-6736(20)31483- 5/fulltext
UK	This interim ranking of priorities is a combination of clinical risk stratification and an age-based approach, which should optimise both targeting and deliverability. A provisional ranking of prioritisation for persons at-risk is set out below:  - older adults' resident in a care home and care home workers[footnote 1]  - all those 80 years of age and over and health and social care workers[footnote 1]  - all those 75 years of age and over  - all those 65 years of age and over  - high-risk adults under 65 years of age  - moderate-risk adults under 65 years of age  - all those 60 years of age and over  - all those 50 years of age and over  - all those 50 years of age and over  - all those 50 years of age and over  - rest of the population (priority to be determined)	The Pfizer/BioNtech vaccine will be authorised soon. UK has pre-ordered 40 million doses, good to vaccinate 20 million residents.	Trialled in some UK municipalities, mainly using lateral flow devices which have lower sensitivity metrics; no protocol could be identified by the informant yet.  BMJ reports on government plans called operation Moonshot, but under debate it seems	Prioritization list: https://www.gov.uk/government/public ations/priority-groups-for-coronavirus- covid-19-vaccination-advice-from-the- jcvi-25-september-2020/jcvi-updated- interim-advice-on-priority-groups-for- covid-19-vaccination#vaccine-priority- groups-interim-advice  https://www.bmj.com/content/370/bmj .m3520?ijkey=bb31af01eafbd6ce9e78ce 1079fe7cc5590e90ba&keytype2=tf_ipse csha

The prioritisation could change substantially		
if the first available vaccines were not		
considered suitable for, or effective in, older		
adults.		