

Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and dynamic situations they pertain to, some of the information might be incomplete or only correct for the time being. Thus, please consider the date and date of 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: 11.09.2023 Last Update: 13.10.2023

Table 1: Country responses – New Covid-19 variants

Country	Topic: New Covid-19 variants <ul style="list-style-type: none"> • How are MoH preparing for the next winter? Are there any specific plans or are you aware of any ongoing planning with regard to the new Covid-19 strains BA 2.86 (Pirola) and EG 5 (Eris)? • To what extent are MoHs using lessons learned from the Covid-19 pandemic? Please give examples.
Austria	<p>The Austrian MoH continues to closely monitor the epidemiologic situation, employing a wastewater monitoring system (dashboard available at https://abwassermonitoring.at/dashboard/; German only), as well as a new SARI-Dashboard at https://www.sari-dashboard.at/en/ that monitors all severe acute respiratory infections including Covid-19 with hospitalization. Regular surveillance also includes sequencing of wastewater samples as well as patient samples to monitor virus variants.</p> <p>In general, the planning foresees not to make free testing again available for all, but vaccination is supposed to continue for free (the average baseline immunization overall rate in Austria is only 56%) The Austrian MoH continues to recommend basic hygiene measures such as hand hygiene, wearing masks in vulnerable settings or crowded spaces and avoiding contacts if experiencing respiratory symptoms. It also recommends vaccination with the most recent COVID-19 vaccine as well as vaccination against influenza.</p> <p>National experts do not expect a wave as with Omikron because the infectivity of Pirola variants seems to be lower and it does not show increased virulence, and because Omikron vaccination seems to be protective against the new variant. So while it is not expected to be a major burden on the health care system, it could affect minor populations. There is also ongoing discussion among experts about whether and to what extent Covid-19, influenza vaccination, and hygiene measures should be communicated not to overburden the awareness in the population.</p> <p>Several innovations in infrastructure and legal frameworks have been initiated based on lessons learned during the pandemic:</p> <ul style="list-style-type: none"> - the newly established SARI-Dashboard - modernisation of the Epidemics Act (Epidemiegesetz), the epidemiologic surveillance system (Epidemiologisches Meldesystem, EMS) and the national pandemic preparedness plan - the newly established national crisis stockpile for the healthcare system
Belgium	<p>For surveillance, Belgium has a system in place for genomic surveillance:</p> <ul style="list-style-type: none"> • There's a national network/platform of 16 labs who receive funding for genomic surveillance. They carry-out the analysis and report the results to the National Reference Center and GISEAD. This network exists since the beginning of the Covid-19 pandemic and is supposed to end in December 2023. Currently, the problem is that very few people are tested in the hospitals (less cases, testing policy more strict), that labs have reduced the frequency of analysis (they don't want to run the sequencing for just a couple of samples and prefer to wait to have sufficient number and this can take days/weeks), that labs report less to the National Reference Center or with a delay. Therefore we do not have an accurate, timely view on the new variants. Efforts are ongoing to (re)mobilize the platform of laboratories, to do more sampling. <p>As an alternative, Sciensano is carrying-out sequencing in the wastewater, and the findings (proportions of variants) correspond well with the findings from the National Reference Center. This might be a promising option for the future.</p>

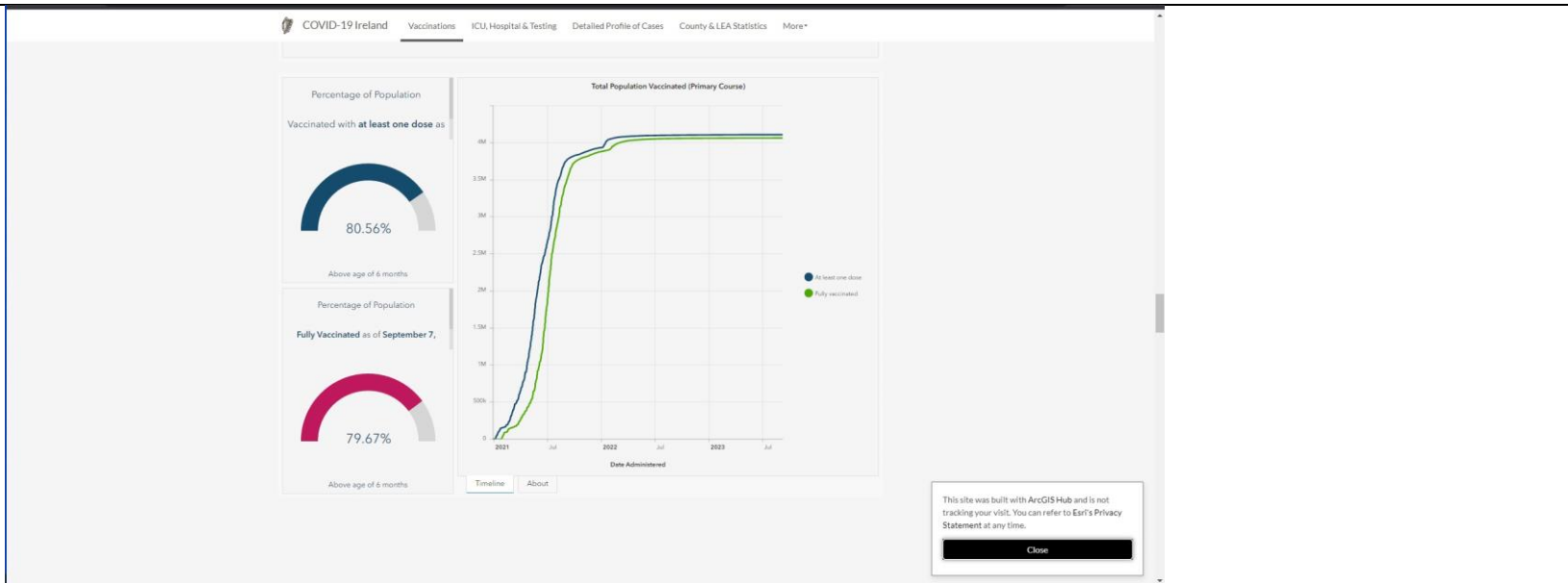
	<p>Finally, Sciensano has a network of 10 sentinel hospital for SARI, and these hospitals are do sequencing. Unfortunately, they have the same problem of having low number of samples, and so the detection of variants with low prevalence (<10% to be confirmed) is not possible.</p> <ul style="list-style-type: none"> • For surveillance, Belgium has a system in place for genomic surveillance: There's a national network/platform of 16 labs who receive funding for genomic surveillance. They carry-out the analysis and report the results to the National Reference Center and GISEAD. This network exists since the beginning of the Covid-19 pandemic and is supposed to end in December 2023. Currently, the problem is that very few people are tested in the hospitals (less cases, testing policy more strict), that labs have reduced the frequency of analysis (they don't want to run the sequencing for just a couple of samples and prefer to wait to have sufficient number and this can take days/weeks), that labs report less to the National Reference Center or with a delay. Therefore we do not have an accurate, timely view on the new variants. Efforts are ongoing to (re)mobilize the platform of laboratories, to do more sampling. As an alternative, Sciensano is carrying-out sequencing in the wastewater, and the findings (proportions of variants) correspond well with the findings from the National Reference Center. This might be a promising option for the future. <p>Finally, Sciensano has a network of 10 sentinel hospital for SARI, and these hospitals are do sequencing. Unfortunately, they have the same problem of having low number of samples, and so the detection of variants with low prevalence (<10% to be confirmed) is not possible.</p>
Bulgaria	<p>Bulgaria is buying 1.3 millionen doses of the new adapted vaccine by Pfizer. The first supply of 80.000 doses for adults and adolescents will be delivered in the 3rd week of September. A second delivery of pediatric vaccines for children up to 11 years has been announced for the end of September. Vaccinations will continue for free. The national expert body of immunization is expected to present a written recommendation to the MoH by the end of this week.</p>
Czech Republic	<p>At the moment there is no publicly available information about the next steps for the winter. Some kind of announcement on the current situation and next steps, including vaccination strategy, is expected later today. More informations will follow in written. The vaccination rate with one dose is 0.7%, with the 1st booster 23.0% and with the 2nd bosster 32.7%. In total the vaccination rate is 63.70%.</p>
Estonia	<ul style="list-style-type: none"> • In the context of the 2023/2024 winter season, the Ministry will not prepare a specific seasonal plan but will switch over to a general pandemic preparedness plan which will be applicable in a broader context. The plan is currently under preparation. Estonia's National Immunisation Technical Advisory Group (in Estonian immunoprofülaktika ekspertkomisjon) has issued a general COVID-19 vaccination recommendation (one booster) for risk groups for the upcoming 2023/2024 winter season. Republic of Estonia Health Board will continue their routine surveillance (by collecting data, waste-water surveillance and sequencing) to detect any abnormalities in COVID-19 circulation. With regard to new emerging strains, the Health Board also monitors the international situation and spread in collaboration with other countries and WHO and ECDC. New strains become a concern if they cause more severe disease and there is an increased need for hospital care. • Health Board is currently preparing and will soon publish a report on COVID-19 lessons in Estonia. This will also give input to the general pandemic preparedness plan that the Ministry is currently preparing.
Germany	<p>At the moment there are no specific plans for the next winter with regard to the new Covid-19 strains BA 2.86 and EG 5 (Eris).</p>
Hungary	<ul style="list-style-type: none"> • The National Safety Laboratory of the National Public Health and Pharmaceutical Center identified the new variant of the coronavirus from human diseases using a new generation sequencing method. The number of cases linked to SARS-CoV-2 EG.5 (Eris) has shown a significant increase worldwide in recent weeks, and the World Health Organization (WHO) has designated the variant as a 'variant of interest' (VOI) category. Similar to the other omicron variants, the symptoms of the disease can be characterized by flu-like symptoms (fever, headache, runny nose, sore throat, muscle and joint pain, weakness). According to National Public Health and Pharmaceutical Center the risk of serious illness is low. Currently, the vast majority of COVID-19 infections in Hungary occur sporadically, there is no nationwide epidemic spread of the coronavirus. We do not know any specific plan. • Based on the experience of the first SARS-CoV-2 in 2020 pandemic mask wearing is recommended in hospitals (not obligatory) and hand sanitizers are installed in public buildings. Booster vaccination is still recommended especially for the vulnerable part of the population (esp. elder people).



<p>Ireland</p>	<ul style="list-style-type: none"> • In relation to the currently circulating (& future) Covid-19 variants and other respiratory disease pathogens: The Chief Medical Officer, officials from the Department of Health, the HSE, the Health Protection Surveillance Centre (HPSC), and the National Virus Reference Laboratory (NVRL) continuously keep the public health advice and response under review, having regard to the evolving epidemiological situation, the potential impact of respiratory disease(s) on healthcare utilisation and outcomes, the vaccination status of the population, ECDC guidance and other international evidence and guidance. Regarding Public Health measures for winter 23/24: The Department of Health and Health Service Executive have a range of Public Health mitigation measures planned and currently being implemented to address the envisaged multi-pathogenic winter 2023/24. The Public Health Measures incl: <ul style="list-style-type: none"> • Surveillance: The Health Protection Surveillance Centre (HPSC, Ireland's specialist service for the surveillance of communicable diseases) will leverage a mosaic of integrated respiratory virus surveillance systems to provide insights into the trajectory and impact of respiratory virus infections, including COVID-19, over the coming winter, and enable the Public Health system to respond rapidly to any deterioration or change in epidemiological circumstances. A primary tool currently in use for population prevalence of COVID-19 is the wastewater surveillance program. The Health Protection Surveillance Centre publishes weekly reports on COVID-19 gathered from this source and can be found here: https://www.hpsc.ie/a-z/nationalwastewatersurveillanceprogramme/2023wastewatersurveillanceprogrammereports/ • Prevention: Immunisation: The Covid and influenza vaccines will again be co-administered this winter in order to maximise the uptake of both vaccines to eligible cohorts. Uptake levels will be further enhanced through an increased focus on a proximity model of vaccine delivery aided by an expanded role for GPs and community pharmacies. Vaccination statistics are uploaded to the COVID-19 data hub on a weekly basis. The total share of the population that has had at least one dose of a COVID-19 vaccine is 80.6%. The total share of the population that is fully vaccinated is 79.7%. See figure below from COVID-19 data hub. https://covid19ireland-geohive.hub.arcgis.com/pages/vaccinations
-----------------------	---



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317



- **Public Health Advice & Non-Pharmaceutical Interventions:**
 Public Health advice regarding the use of non-pharmaceutical interventions is kept under continuous review. Wearing a face covering/mask is no longer mandatory, however, anyone who wishes to continue to wear a face covering/mask should not be discouraged from doing so. Mask wearing is also advised based on individual or dynamic institutional risk assessment.
 Test & Trace: Testing and tracing of COVID-19 is now focused on mitigation of the severe impacts of COVID-19 for those most vulnerable to the disease and those who may benefit from specific interventions. The HSE has implemented changes to move the testing programme towards a longer-term, sustainable model in which Covid-19 is managed for public health and clinical purposes. This is similar to the model that exists for other respiratory diseases.
- **Emergency response:**
 The HSE maintains the capacity, agility, and scalability to respond to a dynamic health threat. Plans remain in place and refreshed to enable a swift and proportionate response to any deterioration of the epidemiological situation. Any future expansion of vaccination or testing can be targeted to specific population demographics or settings as required.
- **Lesson learned**
 In terms of the lessons learned from the pandemic piece, please see below – feel free to include in the minutes on the PHIRI REF site following the meeting:
 - In July 2021, the Minister for Health and Government agreed to establish a Public Health Reform Expert Advisory Group. In January 2022, the government approved the Group's membership and mandate, and the Group commenced its work. The Public Health Reform Expert Advisory Group examined the public health response to COVID-19 and made recommendations towards strengthening public health and health protection and promoting the health of the population.



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

www.phiri.eu

Gesundheit Österreich
GmbH

	<ul style="list-style-type: none"> • The report of the Public Health Reform Expert Advisory Group went to Government on 6 September. Following Government decision, the report was published and its recommendations are currently being considered by the Minister for Health and officials in the Department of Health. • Arising from the publication of the report, the Minister for Health is to appoint an expert to design a new emerging health threats agency. It is expected that a proposal on the scope and function of the agency will be brought to Government within six months. • The agency will build on existing assets and infrastructure to focus on infectious diseases, pandemic preparedness and other emerging threats to public health. • Additional expertise will be allocated to the office of the Chief Medical Officer in the Department of Health in order to strengthen public health capacity. • The Taoiseach has stated that a comprehensive evaluation of how the country managed COVID-19 will provide an opportunity to learn from our experiences in dealing with a pandemic. It will include a review of the whole-of-government response to the pandemic and how we Ireland might be in a stronger position if another pandemic or a similar type of event were to occur. It will include a consideration of the health service response covering hospitals, the community and nursing homes, along with the wider economic and social response. • The exact format that the evaluation will take is currently under consideration. It is intended however that it will be established in 2023.
Italy	<ul style="list-style-type: none"> • With regard to the new Covid-19 strains BA 2.86 and EG 5 (Eris) the Italian Ministry of Health issued a new circular with recommendations for Emergency departments and Long-term health care residences (RSA) (in Italian language: https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2023&codLeg=96149&parte=1%20&serie=null). The Ministry has provided new guidelines to follow for both symptomatic and asymptomatic subjects. These are recommendations on the execution of swabs which, based on the health status of the patients, will be fundamental in trying to stem new outbreaks: Recommendations to the emergency departments As regards access to the emergency room for hospitalization, the circular states that for patients who do not present symptoms compatible with Covid-19, the triage carried out when accessing the emergency room does not require the execution of the SARS-CoV-2 test. For patients who present symptoms, a swab test is indicated and the facility is advised to maintain a broader epidemiological surveillance program with the search for other viruses, such as: influenza viruses A and B, RSV, Adenovirus, Bocavirus, Human coronaviruses other than SARS-CoV-2, Metapneumovirus, Parainfluenza viruses, Rhinovirus, Enterovirus. However, the behaviour to be implemented is different for patients who, based on their medical history, have declared having had close contact with a confirmed Covid-19 case. If the exposure occurred in the last 5 days, diagnostic tests are indicated, the same recommendation even if asymptomatic, with patients who need to be hospitalized or transferred to high-risk care settings who will need to be subjected to a swab test. Rules for Long-term health care residences (RSA) The Ministry of Health has recommended that guests who must access residential health and social-health facilities, in which there are frail people at risk due to age or concomitant pathologies, are advised to carry out diagnostic tests at the time of access, at the facility. The circular then states that "visitors/companions who present symptoms compatible with Covid-19 must avoid accessing the aforementioned facilities". For health and social care workers who present symptoms, however, access to care settings, both inpatient and outpatient, where immunocompromised and fragile patients are present is prohibited, according to the methods and procedures adopted by the management of the structures. • Based on the experience of the first SARS-CoV-2 in 2020 pandemic, particular attention has been paid to the indications provided for long-term residential health and social-healthcare facilities, in order to avoid new dangerous outbreaks that could explode right where the most vulnerable are staying (especially in this kind of facilities patients died during the first COVID-19 pandemic). In addition, the MoH is enforcing the information for the autumn and winter vaccination campaign 2023/2024 (https://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5452&area=nuovoCoronavirus&menu=vuoto) with the 'Ministerial circular 14 August 2023' (in Italian language: https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2023&codLeg=95893&parte=1%20&serie=null). The objective of the national campaign is to prevent mortality, hospitalizations and serious forms of COVID-19 in elderly and highly frail people, and to protect pregnant women and health and social care workers.



<p>Lithuania</p>	<p>Epidemiological situation of influenza and COVID-19 in Lithuania</p> <ul style="list-style-type: none"> • In the 2022-2023 season, 9 times more cases of influenza, 12 times fewer cases of COVID-19 and 1.2 times more cases of other ARVs were registered in Lithuania compared to the 2021-2022 season • The highest incidence of influenza, COVID-19 and ARVs was recorded in December (50th week of 2022), when it reached 1844 cases per 100.000 population. The highest incidence is usually recorded in January-February. • Currently, the overall cumulative incidence rate in Lithuania is 365 cases per 100.000 inhabitants (336 cases per 100 000 inhabitants last week). • In the EU/EEA, there has been an increase in the number of SARS-CoV-2 transmission signals in recent weeks, compared to the previously very low level of incidence. <p>Vaccination with influenza and COVID-19 vaccines</p> <ul style="list-style-type: none"> • Since the start of COVID-19 vaccination <ul style="list-style-type: none"> - 70% of persons vaccinated with at least one dose of vaccine - 32.3% - with the first booster dose - 1.3% of the population with the second booster dose • Influenza vaccine <ul style="list-style-type: none"> - 12.3% more at-risk persons were vaccinated in the 2022-2023 season compared to the 2021-2022 season - 94.6% of the vaccine doses purchased with public funds have been vaccinated - The total vaccinated population is 10.1% <p>Vaccination strategy</p> <ul style="list-style-type: none"> • Influenza and COVID-19 vaccination (updated XBB vaccines) will be the most recommended for people at risk during a single doctor's visit • Vaccination strategy to be presented to the public at the end of September 2023, internal communication underway • Influenza vaccine is publicly funded only for at-risk populations, others must pay • COVID-19 vaccine will be made available to all residents aged 6 months and older. The uninsured will have to pay for the updated vaccine and the vaccination service according to the procedure established by the vaccinating health facility <p>Testing</p> <ul style="list-style-type: none"> • Testing procedures remain unchanged (Recommendations for testing only for those with symptoms) • Wastewater monitoring (Vilnius, Kaunas and Klaipeda: samples once a week) • Sequencing <ul style="list-style-type: none"> - 10 healthcare institutions are participating at this process - Very few samples received in the summer period <p>Organisation of personal healthcare services</p> <ul style="list-style-type: none"> • During a peak Perioden, in the absence of a declared epidemic: Healthcare institutions may apply stricter infection control requirements (wearing of PPE, limiting the duration or number of patient visits, etc.) • In the event of a declared epidemic at municipal or national level <ul style="list-style-type: none"> - wearing of medical masks or respirators in a healthcare institution - in accordance with the procedures laid down by the head of the establishment - other enhanced infection control measures: <ul style="list-style-type: none"> - provision of home-based personal healthcare services for patients with influenza or COVID-19 disease - restricting patient visits or requiring the wearing of masks when visiting patients or residents, in accordance with the facility's internal procedures - recommending the wearing of masks in the common areas of the establishment for all persons in the establishment
<p>Malta</p>	<ul style="list-style-type: none"> • For surveillance, Belgium has a system in place for genomic surveillance:



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

	<p>There's a national network/platform of 16 labs who receive funding for genomic surveillance. They carry-out the analysis and report the results to the National Reference Center and GISEAD. This network exists since the beginning of the Covid-19 pandemic and is supposed to end in December 2023. Currently, the problem is that very few people are tested in the hospitals (less cases, testing policy more strict), that labs have reduced the frequency of analysis (they don't want to run the sequencing for just a couple of samples and prefer to wait to have sufficient number and this can take days/weeks), that labs report less to the National Reference Center or with a delay. Therefore we do not have an accurate, timely view on the new variants. Efforts are ongoing to (re)mobilize the platform of laboratories, to do more sampling.</p> <p>As an alternative, Sciensano is carrying-out sequencing in the wastewater, and the findings (proportions of variants) correspond well with the findings from the National Reference Center. This might be a promising option for the future.</p> <p>Finally, Sciensano has a network of 10 sentinel hospital for SARI, and these hospitals are do sequencing. Unfortunately, they have the same problem of having low number of samples, and so the detection of variants with low prevalence (<10% to be confirmed) is not possible.</p> <ul style="list-style-type: none"> • For surveillance, Belgium has a system in place for genomic surveillance: There's a national network/platform of 16 labs who receive funding for genomic surveillance. They carry-out the analysis and report the results to the National Reference Center and GISEAD. This network exists since the beginning of the Covid-19 pandemic and is supposed to end in December 2023. Currently, the problem is that very few people are tested in the hospitals (less cases, testing policy more strict), that labs have reduced the frequency of analysis (they don't want to run the sequencing for just a couple of samples and prefer to wait to have sufficient number and this can take days/weeks), that labs report less to the National Reference Center or with a delay. Therefore we do not have an accurate, timely view on the new variants. Efforts are ongoing to (re)mobilize the platform of laboratories, to do more sampling. <p>As an alternative, Sciensano is carrying-out sequencing in the wastewater, and the findings (proportions of variants) correspond well with the findings from the National Reference Center. This might be a promising option for the future.</p> <p>Finally, Sciensano has a network of 10 sentinel hospital for SARI, and these hospitals are do sequencing. Unfortunately, they have the same problem of having low number of samples, and so the detection of variants with low prevalence (<10% to be confirmed) is not possible.</p>
<p>Norway</p>	<p>For the moment, Norway follows the current strategy and preparedness plan updated earlier this year and keeps updated if needed. https://www.regjeringen.no/no/dokumenter/regjeringens-strategi-og-beredskapsplan-for-handteringen-av-covid-19-pandemien/id2907427/</p> <p>It mostly focuses on vaccination and surveillance. It doesn't talk specifically about the new variants, but surveillance is meant to uncover this. For the new variants, monitoring prevalence includes virological surveillance (surveillance is one of the pillars of the new strategy) as well as monitoring knowledge of the new variants and their ability to evade immunity. We are vaccinating older and vulnerable groups this fall, and this is a plan regardless of the new variants. These are in a way also lessons learned from the Covid-19 pandemic.</p>
<p>Poland</p>	<p>There is constant and ongoing surveillance of infectious diseases, including COVID-19. Data are available in epidemiological reports published by the National Institute of Public Health PZH-National Research Institute http://www.wold.pzh.gov.pl/oldpage/epimeld/2023/index_mp.html At the same time, monitoring of SARS-CoV-2 variants is carried out. From September 1 this year "Weekly Report on acute respiratory viral infections" (so-called ARI report) was implemented. The report is available in the tab https://ezdrowie.gov.pl/portal/home/badania-idane/raport-o-poradach-ambulatoryjnych-udzielonych-z-powodu-ostrych-infekcji-ukladuoddechowego</p> <p>Decisions regarding vaccinations against COVID-19 for the 2023/2024 season have not been made yet. Vaccinations and booster doses are available for people who have not completed the full vaccination course. More info on page https://pacjent.gov.pl/aktualnosc/szczepienia-przeciwno-covid-19</p> <p>The experiences related to the course of the COVID-19 pandemic are reflected in the digital platform conducted by the MoH called Maps of Health Needs https://basiw.mz.gov.pl/en/analyses/. They are documents that identify the health needs of individual regions and the country as a whole. The site collects demographic and epidemiological data, data on the services provided, as well as on the use of human resources and equipment. Based on these, a forecast of future health service needs for individual provinces and the country as a whole is drawn up. The data shown in the database are a basis for the elaboration and evaluation of different programs and projects of a strategic importance both on the central and regional level.</p>



In the section of the database dedicated to the course of the COVID-19 pandemic in Poland <https://basiw.mz.gov.pl/en/analyses/covid-19-pandemic-in-poland/> official statistics and materials published by entities cooperating with the Ministry of Health within the COVID-19 epidemic monitoring and forecasting team in Poland are presented.

The informatization of healthcare system is one of the priorities of the Polish Ministry of Health. Our principal objective is to provide optimized care for patients and access to individual health data. Our activities also focus on providing support to medical personnel and on increasing the efficiency, quality and accessibility of health services.

SARS-CoV-2 pandemic has proven that the development of digital health solutions is a relevant and justified approach. Digital health solutions have significantly contributed to relieving the burden on the healthcare sector while maintaining quality and continuity of service delivery.

Thanks to previously developed and systemically deployed digital solutions, such as.:

- Patient's Internet Account (IKP) and its mobile version – my Patient's Internet Account application (mojeIKP),
- e-prescription,
- e-dispensation,
- e-referral

it was possible to provide medical services remotely, which proved to be crucial during the pandemic.

The COVID pandemic has changed Poland's healthcare system in many areas, helped develop and implement new tools, based on existing infrastructure and yielded some innovative solutions which include i.a.:

- the Home Medical Care Programme (DOM),
- the covid scanner application,
- the COVID-19 Patient Register and the Register of entries to Poland (Ewidencja Wjazdu do Polski - EWP),
- e-registration for vaccination against COVID-19,
- the home quarantine application.

The Intergovernmental cooperation, including within the EU, has been significant for all of us during this difficult time. The EU Digital Covid Certificate, which was prepared in response to the COVID-19 crisis, has proven to be an effective tool for maintaining the freedom to move among travel restrictions. Its success has led to 51 third countries and territories joining in addition to 27 EU member states.

The infrastructure and services which have been implemented during the pandemic period are continuously expanded and used. Good examples in this regard are the Home Medical Care Programme and the e-registration system which optimize service delivery to patients. Home Medical Care Programme continues to pilot relevant telemedical solutions (currently e.g. smart ECG patch or multi-diagnostic tool), while e-registration has been extended to cover e.g. vaccination against HPV for minors.

PL also supports the transition of the established EU DCC standard to the infrastructure of the Global Network of Digital Health Certificates managed by the World Health Organization (WHO). PL believes that the exemplary cooperation of EU Member States during the pandemic shall continue under the auspices of WHO, in order to facilitate exchange of the vaccination and health status data.

PL has also noted a change of perception of the remote solutions in healthcare. COVID-19 pandemic contributed to setting the digital health provision as the new norm, widely accepted in society. PL continues the digital transformation of the healthcare system towards the personalized, preventive, participatory, pre-emptive system. COVID-19 pandemic contributed to dynamic of those processes.

In terms of crisis management the conclusions and experiences from the pandemic will be used in the risk analysis of threats and in preparation procedures to ensure health security in the event of further threats. The organizational solutions used during the pandemic were introduced into the crisis management plans (National Crisis Management Plan and Crisis Management Plan of the Minister of Health).

The current edition of the National Crisis Management Plan (2021/2022 update) takes into account the experience of public administration bodies resulting from counteracting the effects of the SARS-CoV-2 epidemic, in particular in the safety net and the modified procedure for applying for and providing assistance as part of international cooperation.



	<p>During the pandemic, support on an unprecedented scale was provided by providing strategic reserves of medical equipment and supplies. The actions taken, including financial and equipment support for hospitals, enabled most healthcare entities to prepare for the possible occurrence of an increased number of hospitalizations due to COVID-19. The legal changes also resulted in an update of the procedure for managing the state's strategic reserves. Due to the SARS-Cov-2 coronavirus epidemic, a number of actions were also taken to provide health care services by units of the State Emergency Medical Services system to patients with suspected or confirmed SARS-CoV-2 coronavirus infection and patients with other diseases.</p>
Portugal	<p>At the end of September, flu vaccination and Covid-19 vaccination will be launched for people over 60 years old. The government is discussing a new increase of Covid-19 and in hospitalization, but so far the situation is under control. The use of masks is being discussed and the mandatory wearing of masks in hospitals will be reintroduced. In this situation, it is unfavorable that the Director General of Health is still under nomination.</p>
Romania	<p>Romania follows the current strategy and the updated training plan. www.insp.gov.ro/HCNSU-nr-16-din-08-03-2022.pdf</p> <p>At the moment, surveillance is put in the foreground. It doesn't specifically talk about new variants, but the surveillance is meant to uncover that.</p>
Serbia	<p>The working group of the Ministry of Health for dealing with the conditions of the COVID-19 pandemic at the session held at the Institute of Public Health of Serbia "Dr. Milan Jovanović Batut" made recommendations for dealing with the level of primary health care, hospital institutions, as well as regarding the wearing of masks in health institutions and with vaccination:</p> <p>At the level of primary health care:</p> <ul style="list-style-type: none"> - The importance of testing patients with signs and symptoms of acute respiratory infection, primarily and especially those who have risk factors for the development of a severe clinical picture. - Testing for COVID-19 is mandatory for all employees in healthcare institutions, if they have symptoms of an acute respiratory infection. - Mandatory testing of contacts with covid-positive persons in health care institutions, in accordance with the valid Professional-methodological instructions for dealing with the conditions of the COVID-19 pandemic. <p>At the level of hospital institutions:</p> <ul style="list-style-type: none"> - Testing of patients as a condition for hospitalization remains the same, in accordance with the valid Professional-methodological instructions for dealing with the conditions of the COVID-19 pandemic. - Testing is necessary for admission to hematology and oncology departments, as well as geriatric departments and departments where patients with primary and severe immunodeficiencies are treated. - It is necessary to test all patients who have symptoms and signs of acute respiratory infection, at the time of admission for hospital treatment. - The prohibition of visits in hospitals is the responsibility of the Commission for the Prevention of Hospital Infections of each health institution. - Commissions for the prevention of nosocomial infections in health institutions are obliged to assess the epidemiological situation in their institution within the next seven days, to propose measures, as well as to regularly and continuously monitor the epidemiological situation in the health institution in cooperation with the territorially competent institute/institute for public health, and in accordance with the current Professional and methodological instructions for dealing with the conditions of the COVID-19 pandemic. <p>Vaccination Vaccination against COVID-19 is carried out in accordance with the recommendations of the Expert Committee for Immunization, and in accordance with the Expert Methodological Instructions of the Institute for Public Health of Serbia. The importance of vaccination against COVID-19 and seasonal influenza vaccination (which can be administered simultaneously or at any time interval) was emphasized, considering the upcoming season of respiratory infections.</p> <p>The working group took the position that it is necessary to wear protective masks in all healthcare institutions.</p>



	With regard to hospital capacity for accommodating hospitalized patients suffering from COVID-19, the Working Group is of the opinion that for now, additional capacity expansion is not necessary. The epidemiological situation will be monitored and accordingly the Working Group will respond in a timely manner and provide guidelines for introducing the necessary changes.
Slovenia	No movement form MoH. Vaccination rate quite low, some new campaigns launched in next 10 days. Vaccinations stays for free.
The Netherlands	Ongoing surveillance on SARS-CoV-2 including mutations are in place: waste water surveillance, serology, sentinel surveillance etc. Starting from 2nd October 2023, risk groups are offered a COVID-19 revaccination with an XBB 1.5 mRNA vaccine. The aim is to prevent serious disease, hospital admission and death from COVID-19 in these groups. For more information: https://mijnvraagovercorona.nl/en



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101018317

www.phiri.eu

Gesundheit Österreich
GmbH 