

Transitioning beyond the acute phase of the COVID-19 pandemic

Approaches and tools used by a sample of EU countries in the transition and de-escalation phase – interim report

27 April 2022

Key messages

- Although globally the COVID-19 pandemic is not yet over, European Union (EU)/European Economic Area (EEA) countries are transitioning beyond the acute phase of the pandemic and towards a more sustainable and integrated approach to COVID-19 response, thanks to the high level of vaccination coverage achieved and the confidence in their strengthened healthcare systems. In February and March 2022, eight EU countries participated in a dialogue with ECDC on their approaches for transitioning into the post-acute phase and/or de-escalating measures, in order to identify common approaches and useful tools that can be used by other countries.
- The results of this analysis indicate that the consulted countries have shifted from an acute emergency phase approach, where efforts were invested in reducing transmission and protecting the healthcare system, towards a post-acute phase, which aims to ensure ongoing support and management of severe outcomes and the protection of vulnerable populations.
- In transitioning to this post-acute phase, all the consulted countries are de-escalating their response measures, including non-pharmaceutical interventions (NPIs). The countries will continue monitoring pandemic trends and key indicators but are moving away from widespread screening and towards approaches focused on testing for diagnostic purposes as well as targeted and representative sentinel surveillance, to enable continued monitoring while making a more sustainable use of resources.
- The consulted countries reported the continued importance of maintaining sequencing capacity in order to ensure the ongoing ability to detect new COVID-19 variants as well as supporting the wider ability to detect and characterise other new and emerging pathogens.
- The responding countries highlighted the continued importance of risk communication and community engagement and emphasised research readiness as a priority but reported that challenges surrounding funding and coordination remain.
- Several countries reported an increased focus on the recovery of their healthcare systems and the need to assess and address the wider health impacts of the pandemic, including delays or disruptions of childhood vaccination programmes, health screening programmes, and other medical interventions.
- While the consulted countries reported a number of efforts to review their pandemic response to date, many of them had not yet conducted formal evaluations or after-action reviews.
- ECDC has developed a number of reports and technical guidance that can support countries' transition to the post-acute phase, including those related to surveillance, testing strategies, genomic sequencing, behavioural insights, and conducting after-action reviews.

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Background

While the COVID-19 pandemic is not yet over, European Union (EU)/European Economic Area (EEA) countries are transitioning beyond the acute phase of the pandemic and towards a more sustainable and integrated approach to COVID-19 response in the longer term.

In February and March 2022, ECDC carried out a series of dialogues with selected EU countries to discuss their approaches to transitioning into the post-acute phase of the pandemic and/or de-escalating measures, including their plans regarding specific key areas. The synthesis and sharing of the experiences and approaches by the selected EU countries that participated in the dialogue are presented in this document and linked with tools ECDC has developed during the pandemic that can be used in support of this process.

Methods

Ten EU countries were selected by the EU Health Security Committee (HSC) Secretariat from among the HSC members to participate in a dialogue surrounding their approaches to transitioning into the post-acute phase of the pandemic and/or de-escalating measures. The selection was based on geographical, demographic, and epidemiological parameters, in order to select a representative composition of EU/EEA countries across different phases of transition and/or de-escalation.

Eight of the 10 EU countries replied positively and participated in the dialogues: Croatia, Denmark, France, Italy, Malta, Portugal, Spain, and the Netherlands. Seven dialogues took place between 23 February and 11 March 2022, while one country replied in writing to the questions on 15 March.

Each of the seven dialogues with countries lasted between 45 and 60 minutes and involved representatives of the HSC and members of the ministries of health, public health institutes, and other relevant actors. Attending from ECDC, in addition to a facilitator and a note-taker, were a representative from the Public Health Event (PHE) management, a senior representative from the Emergency Preparedness and Response Support (EPRS) Section, and a representative of the Coronavirus and Influenza (CaI) Disease Programme (DP).

The dialogues were guided by a standard set of questions in the following specific key areas:

- **Question 1.** What is the current objective of your national COVID-19 response?
- **Question 2.1.** What are your country's current plans for the coming six to nine months with regard to COVID-19 response?
- **Question 2.2.** What discussions are ongoing with regard to de-escalation and which actors are part of these?
- **Question 3.1.** Does your country's plan include any of the following components: testing strategy, control measures, communication strategy and research readiness?
- **Question 3.2.** In relation to these components, do you have any already established triggers for de-escalation? For re-escalation?
- **Question 4.** Have you performed any in-action review (IAR), or are you planning any after-action review (AAR), especially with regard to travel measures and non-pharmaceutical interventions, or a national review?

The countries' responses were noted during the meetings and the minutes were shared with the meetings' participants for their review. The reviewed answers were then analysed to identify common and divergent approaches as well as best practice used by countries to manage the key areas.

Substantial uncertainties remain regarding the future direction of the pandemic as well as optimal public health strategies for this evolving situation. ECDC will continue to monitor the situation and recommendations will be updated as new evidence arises.

Results

Question 1. What is the current objective of your national COVID-19 response?

Since the beginning of the pandemic, the countries have been responding to the emergency situation, initially with the aim of containment and subsequently with a mitigation approach, to protect the population as effectively as possible. In general, they have focused on four main objectives: understanding the etiological agent characteristics; protecting vulnerable populations; protecting the healthcare system from collapsing through strengthening resilience capacities (ideally following a holistic approach that addresses not only COVID-19 but ensures uninterrupted wider health services and hospital care); and reaching optimal vaccination coverage, including an emphasis on communication as pivotal for vaccination acceptance and trust in public health systems. However, as emerged from the dialogues, two of the eight consulted countries are still struggling to increase their country-wide vaccination coverage, due to hesitancy among their population. As a result of this, these countries are conducting targeted communication campaigns to increase vaccine acceptance in the population as well as relying on the new vaccine, Nuvaxovid (by Novavax, also known as NVX-CoV2373).

All the consulted countries have strived to be agile and flexible in their responses. From the start of the pandemic, the countries have implemented a range of non-pharmaceutical interventions (NPIs) to reduce transmission, reduce the occurrence of severe cases that puts healthcare systems under pressure, and protect vulnerable populations. The Omicron variant of concern (VOC) has proven to be highly transmissible and was being associated with a significant increase in the number of cases. Since the proportion of observed severe cases is now lower than previously in the pandemic, many countries have lifted or relaxed most of their NPIs. However, they will retain the capacity to quickly reimplement those measures in case of the emergence of a new variant of concern with higher transmissibility and/or severity.

Question 2.1. What are your country's current plans for the coming six to nine months with regard to COVID-19 response?

All the consulted countries have already performed and/or are currently implementing a de-escalation of their response measures, including NPIs as well as approaches to testing and surveillance. The countries' public health systems will continue monitoring pandemic trends and key indicators through refocused surveillance systems. Several countries are achieving this through the implementation of sentinel and wastewater surveillance systems. For example, one of the consulted countries is focusing their surveillance approach on suspected cases in primary healthcare settings and in individuals aged 65 years and older, who will be actively tested and requested to undergo isolation if positive for SARS-CoV-2. Countries will remain vigilant, especially during the autumn and winter seasons, and will reintroduce response measures if the epidemiological situation deteriorates.

Compared with the previous phases of the pandemic, the consulted EU countries are currently less focused on tracing and preventing asymptomatic cases or cases showing mild symptoms, both in terms of NPIs and contact tracing, and have moved their focus to cases showing severe symptoms. For example, one of the consulted countries is continuing contact tracing but is now focusing on the household contacts of those who are most at risk as well as non-vaccinated non-household close contacts.

A main objective for most of the consulted countries is to maintain the response structures, processes and procedures that were set up during the pandemic to ensure the ongoing protection of the population, with an emphasis on the vulnerable and with the potential to scale up measures once again such as in the case of a new variant of concern. Response measures that countries aim to maintain include infrastructures and management procedures for vaccination, communication efforts for vaccination and NPIs as well as refocused surveillance systems.

Significantly, countries reported the need to ensure the routine operation of their healthcare systems and specifically to catch up with the wider health needs of the population, such as for example cancer screening activities, which were impacted by the COVID-19 pandemic.

Question 2.2. What discussions are ongoing with regard to de-escalation and which actors are part of these?

Several countries reported a large number of actors involved in the transition and de-escalation dialogue, some of them following a bottom to top approach. Countries reported the involved actors to include political and public health decision-makers and stakeholders from the general population, among others. One of the consulted countries stressed the importance of maintaining an open society and is attributing an important role to the societal aspect of any futures response, reinforcing and guiding individual citizens' responsibility.

These ongoing discussions are currently primarily focused on plans for transition, including triggers for de-escalation/re-escalation, vaccination programmes for COVID-19 (e.g., the potential administration of a further booster dose, in particular for people at higher risk and maintaining vaccination efforts in order to prepare for a potential surge in autumn/winter), and on the recovery and reinforcement of healthcare systems, both primary care and hospitals.

One of the consulted countries is currently working on different scenarios, including a series of protocols for targeted settings/populations, while maintaining an agile and flexible approach for de-escalation/re-escalation of response measures. Moreover, the same country is updating its national influenza pandemic preparedness plan.

Question 3.1. Does your country's plan include any of the following components: testing strategy, control measures, communication strategy and research readiness?

Testing strategy

Some countries do not intend to change their testing strategies, while others are currently revising them.

Countries revising their testing guidance have narrowed indications for testing. A number of the consulted countries are now focusing testing activities on certain target groups, including vulnerable groups and those in contact with vulnerable settings, and are less focused on testing asymptomatic/mild cases and their contacts. With this approach, the groups for sustained/targeted testing include healthcare workers, people in contact with vulnerable individuals, settings with vulnerable individuals such as healthcare settings and long-term care facilities (LTCFs), individuals with risk factors, and individuals over approximately 65 years. While some countries continue to test, contact trace, and quarantine contacts, the majority are transitioning to reducing these practices for asymptomatic/mild cases and in some cases differentiating by vaccine status. One country currently only recommends testing for those who are symptomatic, and COVID-19 test results are only specifically needed for medical care in patients over 65 years or at risk of severe illness (including pregnancy).

For public health surveillance purposes, efforts are less focused on testing symptomatic non-risk groups and those outside of healthcare settings, while investments are ongoing to maintain and further expand the coverage of syndromic sentinel surveillance systems in the ambulatory sector as well as in the acute and chronic healthcare settings.

As a result of these testing practices, some common characteristics of the current situation include lower overall testing volumes, high numbers of self-tests and rapid antigen detection tests and hence difficulties in interpreting positivity rates.

Control measures

As countries continue to remove NPIs, common measures being kept in place include improved ventilation, hand and respiratory hygiene and recommendations to stay at home when sick, while mask use and physical distancing differ significantly across countries and settings. Settings for which measures are typically kept in place include public indoor spaces and institutions as well as public transport.

Communication strategy

Several countries mentioned the importance of communication and public engagement in relation to removing control measures and de-escalation, in order to enable continued preparedness considering pandemic fatigue among their populations. Active engagement with the population and relevant stakeholders was expressed as key for compliance with NPIs and for the de-escalation or re-escalation of measures. Constant transparency surrounding the implementation of NPIs was also mentioned as being very important. One country specifically highlighted their current objective to plan a communication strategy aimed at reinforcing and guiding individual responsibility for NPIs and for protecting vulnerable populations.

As efforts are de-escalated, so are communication outputs. Countries are transitioning from the provision of daily to weekly updates in technical reports or press conferences, which ultimately reduces the volume of information communicated to the general public. One country expressed the need for clear communication strategies particularly in connection to changes to the public response, vaccination strategies or when launching campaigns. Messages need to be adapted to different geographical areas, as well as to specific population groups depending on vaccination coverage. One country reported that private companies will help with communication and engagement activities, for example by highlighting the importance of self-testing to their employees.

Research readiness

Several of the consulted countries expressed research readiness as a priority. However, challenges surrounding funding and coordination remain. All countries reported the overall aim to maintain or increase sequencing capacity, not only related to COVID-19 but also to other pathogens. While some countries are struggling to cover the target number of samples for whole genome sequencing, others expressed a clear objective to maintain a high

level of sequencing with the aim of detecting new variants, sending all positives for sequencing as needed. Further, the ability to conduct neutralisation tests as needed was also stressed as important.

However, lower levels of COVID-19 testing have led to a challenge in maintaining a clear picture of the epidemiological situation, as well as in reaching sequencing targets. One country reported that the early detection of emerging SARS-CoV-2 variants remains an extremely difficult objective to achieve. With its current system, it is difficult to detect variants until they reach at least 1% population prevalence. Current sequencing numbers allow the tracking of trends over time and support the detection of variants with higher severity but are not likely to rapidly detect those that cause higher transmission. The need for collaboration between countries was mentioned, as countries with higher sequencing capacity can test higher proportions of cases and are therefore likely to find new variants earlier.

A second country reported being better prepared to detect variants, with higher volumes of specimens now being subject to sequencing. In addition, networks are now in place in the country to monitor trends and detect the emergence of new variants. Going forward, the country plans to adapt its sentinel surveillance and laboratory networks to ensure the routine genetical characterisation of sentinel samples. Resources have been invested to ensure adequate equipment and infrastructures for high throughput sequencing for any new or emerging pathogen in the future. However, the country reported an additional need to invest in further human resources to support continued genomic surveillance.

Important research topics mentioned include vaccine effectiveness and duration of immunity, large sero-epidemiological studies, piloting of SARS-CoV-2 sentinel surveillance in hospitals, monitoring of risk factors for severity and developing guidelines and knowledge to support care related to post-COVID-19 condition (also known as 'long COVID'). Research readiness was identified a priority during an internal COVID-19 evaluation in one country, in particular that better research readiness, including protocols and emergency resources, are necessary to strengthen preparedness plans.

Question 3.2. In relation to these components, do you have any already established triggers for de-escalation? For re-escalation?

Three countries reported having established triggers/tiers for de-escalation, re-escalation or for the removal of all measures. Two countries have proposed triggers or plans for triggers, but political decisions are pending or are currently being negotiated. Three countries have no formally established triggers, but mention that measures are guided by hospitalisations, intensive-care unit (ICU) admissions or/and incidence and test positivity rates. The countries expressed the importance of establishing triggers, but also reported finding it difficult. This is partly because triggers depend on the dominant variant and it is possible new VOCs will emerge. In addition, should triggers/indicators be used, their application may not be at the national level but rather at the regional/local level based on specific characteristics of the locality and their epidemiological situation. One country reported, as a lesson learned, that ICU occupation will not be used as an indicator in the future, but the country will explore more qualitative approaches with different indicators that take political consensus and economic and social indicators into consideration. The country would like to provide some predictability on what the population can expect, even if not when they can expect certain measures.

Examples of triggers and indicators currently considered in countries

Denmark's government developed a national warning system to help assess/trigger re-escalation and de-escalation. It is a five-tier system with a gradual escalation or de-escalation of response based on six NPI categories; testing and detection, hygiene, isolation, contact, people at higher risk of severe illness, and communication. Based on the tier the epidemic is in, interventions in these NPI categories can be triggered.

Table 1. Five-tier system for escalation/de-escalation developed by the Danish government

Level	Category
1	Low and local spread of infection with the potential for a flare-up
2	Local and regional outbreak with the potential to spread
3	Widespread infection in society, with the potential of rapid acceleration in infections numbers
4	Widespread infection in society and slight capacity pressure on hospitals
5	Widespread infection in society and the risk of treatment capacity in hospitals being exceeded

Multiple indicators, such as weekly confirmed COVID-19 cases per 100 000, positivity rate, growth rate (R) and the occurrence of outbreaks are used, among others. Denmark is currently at level 2. Further information can be found on Denmark's National Warning System on the website of the country's ministry of health (in Danish) [1].

In Spain, the proposal pending political acceptance includes indicators for a 'low level' of risk to the health system: ICU occupancy due to COVID-19 <10% and hospital occupancy <5%. In triggering response

measures, indicators will most likely also be informed by trends from data obtained by testing vulnerable and symptomatic cases, specifically those aged 65 years and older and also those captured by sentinel surveillance systems for severe acute respiratory infections/acute respiratory infections (SARI/ARI), which are either in development or already in place. Data from regions already implementing SARI and ARI surveillance will also help develop an understanding of trends and establish triggers related to SARI/ARI incidence as well as COVID-19 incidence and the prevalence of variants. In addition, Spain plans to operate wastewater surveillance, which will include approximately 50% of the population in major cities. A further indication on the COVID-19 epidemiological situation will additionally be taken from rates of sick leave, as reported to the national insurance system as an indicator for COVID-19, which provides a good understanding of absenteeism for those aged 16 to 65 years. Spain will also use information on suspected cases extracted daily from electronic systems from primary healthcare.

Portugal will keep all measures in place until it reaches a defined target in the number of deaths per 14-day notification. Other sources will be used in addition to inform the response decisions. Surveys are ongoing to collect public opinions, specifically as related to pandemic fatigue and to the acceptance of messages and response measures.

Question 4. Have you performed any in-action review (IAR) or are you planning any after-action review (AAR), especially with regard to travel measures and non-pharmaceutical interventions, or a national review?

One country could not reply to this question due to lack of time, while a second stated that the team has not been involved in response review exercises, although they acknowledge the possibility of adding them to their de-escalation plans. The remaining consulted countries reported efforts to continually learn and improve as the pandemic evolved, but without a formal IAR or AAR as staff were busy coordinating the response. Countries reported that the lessons learned will be helpful in adapting plans for the coming months as well as in updating their pandemic and other emergency preparedness plans.

Three consulted countries have reviewed or are in the process of reviewing the performance of their response during the pandemic. The [Dutch Safety Board](#) has compiled a series of three reports covering the response during the pandemic. The first report has already been published and focuses on the first period of the pandemic up to September 2020 [2]. One country has recently agreed on the terms of reference for an independent evaluation of its response at the national and regional levels, while the health authorities of another country have performed several in-house reviews that cover their response during the pandemic.

Regarding NPIs, the Netherlands' [Scientific Council for Government Policy](#) published a report that describes five different scenarios over the course of the pandemic and the different measures that can be taken [3]. This document will form the basis for government plans in the upcoming months.

Another country did not conduct an official review but reported that weekly discussions surrounding NPIs were held with all its regions. In this country, the regional governments have the capacity to implement or lift NPI measures, with the exception of those implemented at the national level. As the epidemic situation differed between regions, some regions implemented very specific measures that were not put in place by other regions. During the weekly meetings, participants assessed the effectiveness of those NPIs to decide if they could be implemented in other regions or even at the national level.

Finally, one country conducted a study focusing specifically on the risk of transmission related to travel. This was conducted because the country received many travellers during the year. The results of this study indicated that no positive travel-related contact of an index case was detected, and therefore assessed the risk of transmission in an aircraft as very low. As a lesson learned, the country will continue to ask for the EU COVID-19 certificates but without the need for quarantine or other specific measures.

Discussion and conclusions

ECDC's dialogues with selected EU/EEA countries to discuss their approaches for transitioning to the post-acute phase of the pandemic and/or de-escalation of measures as well as plans on specific key areas revealed both similarities and differences in approaches.

In general, countries reported a shift in approach from the acute phase of the pandemic when efforts were invested in reducing transmission of the virus and protecting the healthcare system through widespread testing of all symptomatic cases, exhaustive contact tracing, country-wide vaccination campaigns and widespread use of NPIs. In the long-term, countries' approaches are transitioning towards the management of severe outcomes and protecting vulnerable populations. This represents an approach that is aimed to be sustainable, whilst ensuring that scalable systems for the detection and response to COVID-19 remain in place to re-activate and scale up response on the emergence of new variants of concern or pandemics from other pathogens, including testing, tracing, operational research, and effective use of non NPIs, as necessary [4-6].

Many of the responding countries are implementing or planning an approach for long-term testing strategies that move away from widespread RT-PCR screening testing and towards more surveillance, objective-driven and outbreak-specific testing. This approach is in line with ECDC guidance for long-term testing strategies for COVID-19 [7]. Several countries stressed how diagnostic testing will need to focus on diagnostic relevance, such as being reserved for timely testing of people with compatible symptoms and risk factors for severe COVID-19, and people who have contact with vulnerable populations, such as healthcare workers in acute and long-term care settings. In the longer term, for surveillance purposes, countries reported how testing should follow targeted and representative sentinel sampling approaches to enable continued monitoring of disease trends and detect early signals of emergence or introduction of new variants, while making a sustainable use of resources. ECDC has published two technical documents on this topic - 'Transition from COVID-19 emergency surveillance to routine surveillance of respiratory pathogens' [7] and 'Evaluation of the SARS-CoV-2 testing policy in Belgium from June to December 2021' [8] -.

The consulted countries highlighted the need to maintain sequencing capacity in order to ensure the ongoing ability for genomic surveillance and the detection of new COVID-19 variants, as well as supporting the wider ability to detect and characterise other new and emerging pathogens. Countries reported plans to integrate sequencing into surveillance systems such as sentinel systems, which is in line with ECDC guidance that national testing and surveillance strategies must include plans and capacities for genomic surveillance. Further guidance on the international dimension of genomic sequencing in surveillance approaches is outlined in ECDC's technical guidance documents 'Transition from COVID-19 emergency surveillance to routine surveillance of respiratory pathogens' [7] and 'Guidance for representative and targeted genomic SARS-CoV-2 monitoring' [9].

The respondent countries highlighted the continued importance of risk communication and ongoing community engagement. ECDC has published a technical document on this topic 'Behavioural Insights research to support the response to COVID-19: a survey of implementation in the EU/EEA', which highlight the importance to build and maintain capacity in social and behavioural sciences as well as risk communication and community engagement, as a key components of a comprehensive preparedness and response framework, for better preparedness against both COVID-19 and other infectious disease threats [9].

The consulted countries highlighted research readiness as a priority but reported that challenges surrounding funding and coordination remain. Research gaps remain regarding vaccine effectiveness, duration of immunity, burden of post-acute COVID-19, among others.

Several countries report an increased focus on the recovery of their healthcare systems and the importance of general population health is mentioned as a focus area for the post-acute phase. In the medium and longer term, countries highlighted the importance of addressing the wider health impacts of the pandemic and the related response measures, including where there may have been delays or disruptions, e.g., to childhood vaccination programmes, health screening programmes, and other medical interventions.

While the consulted countries reported a number of efforts to review their pandemic response to date and identify and implement lessons learned, many of them had not yet conducted formal evaluations. Countries agreed on the importance to focus on learning and implementing lessons from the COVID-19 pandemic, for example through the use of AARs, already in this early post-acute phase. The consulted countries highlighted that gaps remain in the evaluation of NPIs, which would include the need to assess their effectiveness, impact, cost effectiveness and social acceptability. Guidance from ECDC is available for conducting in-action and after-action reviews of the public health response to COVID-19 [10]. The consulted countries additionally highlighted, based on their experiences with COVID-19, the need for response plans to remain flexible.

Countries expressed needs for support and guidance related to detecting and managing potential new variants of concern and reported the wish for a better global view of the next steps. Additional areas of support from ECDC

identified by the countries included specific guidance on contact tracing in the new phase, on developing pandemic preparedness plans, and on performing AARs.

Countries are now facing a transition to the post-acute phase of the pandemic, following different approaches and at different timelines. However, they are encountering similar challenges. Learning from others' experiences and tools represents an opportunity to support countries in their way forward.

This document aims to collate some of the approaches and tools identified by EU countries to manage their transition to the post-acute phase of the COVID-19 pandemic. It is not intended to be exhaustive, or an end point, but aims to serve as a starting point for further reflection and discussion at country level.

Any request for further assistance from EU/EEA countries (e.g., in setting up AARs) can be directed to the EPRS Section at ECDC by writing to preparedness.response@ecdc.europa.eu.

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