



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Seventh meeting of the Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic

**Copenhagen, Denmark
12 October 2021**

ABSTRACT

The Technical Advisory Group (TAG) on Safe Schooling During the COVID-19 Pandemic was set up to provide strategic and technical advice to the WHO Regional Office for Europe on matters relating to schooling in times of COVID-19, including the epidemiology of school transmission, infection prevention and control and public health measures and their effects on the development and well-being of school-aged children. The TAG aims to identify findings from emerging evidence to inform policy decisions in terms of education, social, development and health outcomes for children and adolescents. This report is of the seventh TAG meeting, held on 12 October 2021.

Keywords

CHILD
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CONTENTS

	<i>Page</i>
Background	1
Proceedings of the seventh TAG meeting, 12 October 2021	2
Summary of the seventh TAG meeting.....	2
Opening	2
Updates	3
Country experiences.....	5
Discussion and next steps.....	7
Closing.....	9
Annex 1	11
Programme	11
Annex 2	12
Participants	12

Background

SARS-CoV-2 has disrupted the lives of children and adolescents. The impact has been less due to the infection and disease itself, but rather the public health and social measures (PHSM) for infection control that affect their everyday lives, education, health and well-being. The WHO Regional Office for Europe has established a European regional Technical Advisory Group (TAG) on Safe Schooling During the COVID-19 Pandemic to build an understanding of the effectiveness and adverse effects of infection prevention and control and other measures implemented in school settings and their impacts on children's lives. The purpose of the TAG is to ensure that children's lives and education are as unaffected and uninterrupted as possible, while ensuring the safety of children, educators and other school staff and keeping COVID-19 transmission under control.

TAG meetings held in October and November 2020 led to recommendations being made to a high-level meeting of Member State ministries of health and education in December 2020. A third TAG meeting in January 2021 reviewed the COVID-19 situation with a focus on the new variants of SARS-CoV-2 and discussed the possible impact of using recently licensed vaccines in the context of schools and children's health and education. The fourth TAG meeting reviewed and revised the recommendations.

The WHO Regional Director for Europe, together with partner agencies, hosted a high-level meeting on 2 July 2021 at which experiences from the school year were summarized and the TAG recommendations were presented and deliberated. While the fifth TAG meeting looked at which issues would need to be brought forward to the high-level meeting, the sixth TAG meeting revisited the recommendations.

As evidence accumulates, experiences increase and a new academic year is progressing, the role of the TAG in appraising the evidence and reviewing recommendations for schooling in the time of COVID-19 is more important than ever. The seventh TAG meeting reviewed some technical updates, but the main focus was building on TAG members' experience on how the TAG recommendations in schooling during COVID-19 are being implemented in countries and in determining a way forward.

The programme and participants of the seventh meeting are given in Annexes 1 and 2.

Proceedings of the seventh TAG meeting, 12 October 2021

Summary of the seventh TAG meeting

The seventh TAG meeting presented an opportunity to reflect on the work done to date and identify what further actions are needed to maintain young people's safety and well-being in the changing COVID-19 landscape.

Updates were presented to the TAG on several issues. The latest data show that the Delta variant has almost completely replaced the other circulating variant strains of SARS-CoV-2 in Europe. While vaccination coverage in the Region is strong, the spread of coverage is unequal, and vaccination proposals for young people are inconsistent. Country experiences show a range of approaches to school opening and mitigation measures are in place, but overall, 45 countries out of 53 in the Region have opened their schools, which is a huge improvement since spring.

Responses from TAG members to questions sent out in advance of the meeting show that schools in Europe are doing their best to keep open, reflecting the TAG's primary recommendation. This is positive, but countries need to ensure appropriate mitigation measures are in place in schools to protect children as the pandemic proceeds. Members feel the recommendations are still relevant, although those on testing and vaccination strategies need to be reconsidered to reflect the progress being made in these areas

TAG members unanimously supported the suggestion that the TAG continues its work.

Opening

Natasha Azzopardi-Muscat (Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe) opened the meeting by observing that the situation on schooling during the COVID-19 pandemic had changed since the TAG's first meeting in October 2020, and even since the summer of 2021. Schooling still makes the headlines in a number of countries. The well-being of children and adolescents – particularly their mental and social well-being – remains the priority, and it is recognized how important school is as a setting to support and safeguard children and adolescents who are most marginalized, most vulnerable and who have suffered most in the pandemic.

There are concerns in Europe about the large variation between countries in the evolution of the pandemic and in measures being taken within schools. Inconsistencies exist on, for example, policies related to testing, face coverings, isolation and vaccination. In some countries the issue of equity on the availability of vaccines remains of critical importance, with several still struggling to obtain access to vaccination even for priority population groups.

These and other issues remain pertinent questions for the TAG to consider. The WHO Regional Office for Europe remains extremely grateful to the TAG and its members for their dedication, commitment, time and willingness to share their expertise as the TAG recommendations are disseminated to all political levels.

Antony Morgan (Chair of the TAG and Professor in Public Health, Glasgow Caledonian University, United Kingdom) felt it was a moment for members to congratulate themselves on their achievements so far, but that issues remain to be addressed. The seventh TAG meeting

presented an opportunity to reflect on the work done to date and identify what further actions are needed to maintain young people's safety and well-being in the changing COVID-19 landscape.

The group should consider if the recommendations were still relevant and how they could be kept up to date and effective in practice. The meeting would not be considering amendments to the recommendations, however.

Updates

Richard Pebody, WHO Regional Office for Europe, provided an update on the latest epidemiological developments in Europe.

The latest data show that the Delta variant has almost completely replaced the other circulating variant strains of SARS-CoV-2 in Europe. Delta has significantly increased transmissibility compared with the original variants, including Alpha, and evidence is emerging of higher risk of hospitalization and reinfection with the Delta variant. There is no suggestion at this stage that these risks differ by age.

There has been an upsurge in case notifications across the Region over the summer period, coincident with the emergence of the Delta variant and relaxation of mitigation measures in many countries, including the resumption of national and international travel. The highest rates of transmission are in the 15–24 years age band, with rates in the 5–14 band steadily increasing into the autumn, associated with children's return to schools.

The upsurge seen in recent weeks mainly has taken place in countries in central and eastern Europe and the Baltic States. One of the key elements behind this is the rollout of vaccine programmes, with high population uptake across European Union (EU)/European Economic Area (EEA) countries and the United Kingdom but much less in central and eastern European countries. Vaccine uptake in children and young people aged 0–18 also varies across the Region, with some countries achieving reasonably good uptake levels and others having lower levels or no programme at all in place. A shift to younger age groups becoming infected is now being seen in many countries due to higher levels of vaccination in older age groups.

Kayla King (Consultant for Country Health Emergency Preparedness and the International Health Regulations, WHO Regional Office for Europe) gave an overall view of indicators being collected to monitor COVID-19 measures in schools in Europe. A composite severity score for countries' PHSMs is compiled by considering national policies, school closures, business closures, restrictions on gatherings, domestic movement restrictions and international travel restrictions. The analysis shows more relaxation of restrictions in countries in western than eastern Europe.

The picture for schools is similar, with heavier restrictions in place in countries of the central and eastern parts of the Region. Forty-five countries out of 53 in the Region nevertheless have opened their schools, which is a huge improvement since spring. Belarus, Lithuania and Ukraine have recommended suspension of in-person teaching, Israel, Romania and Serbia require suspension of in-person teaching at some levels, and Kyrgyzstan and the Russian Federation still have closures at subnational level.

While some countries opened schools in August, most did so in September, with infection prevention and control measures such as face coverings, staggered start times, hygiene measures

within classrooms, hand hygiene facilities, disinfection processes, physical distancing and (for some) temperature-taking in place. The only Member States for which no reopening plan at national level was found were the Russian Federation, Tajikistan and Turkmenistan.

Vaccination of teachers, students, administrative staff and parents has gained pace. Some schools require what is called CVRT, under which people entering school premises need to demonstrate either a vaccination certificate, a negative test result or recovery from COVID-19 within at least 180 days, without which they may not enter. In addition, 36 Member States now require (rather than recommend) students, teachers or administrative staff to wear face coverings within school premises, and 16 either recommend or require them to test regularly for COVID-19. Eight Member States require teachers to be vaccinated.

The PHSM team at the Regional Office hope to launch a PHSM dashboard and platform before the end of 2021 to allow access to all the data collected. It has also created a calibration tool for PHSM for countries across the Region based on WHO recommendations and guidance.

Jonathan Suk, European Centre for Disease Prevention and Control (ECDC), reported that current 14-day notification rates show a gradient from western to central and eastern Europe, with particular concerns about the current situations in Bulgaria and Romania.

ECDC's 16th rapid risk assessment had been carried out a few weeks prior to the meeting. It confirms the dominance of the Delta variant, the heterogeneity of vaccination coverage (with some regions having low rates compared to the EU average), accumulating evidence of waning immunity, and ongoing relaxation of non-pharmaceutical and other measures.

Internal modelling forecasts indicate that as winter approaches, Delta will pose a high risk of enhanced disease burden for some countries; this excludes consideration of seasonal influenza, which may also contribute significantly to the health-care burden in coming months. Countries with vaccination coverage at or below the EU average have a very high risk of experiencing a significant surge of cases, hospitalizations and mortality, while those above the EU average are likely to be able to maintain and manage surging cases due to Delta. Vaccine effectiveness in the context of waning immunity needs to be factored into considerations, however.

The rapid risk assessment had a full section on schools and children. The coming months are likely to see greater proportions of reported cases among children due to increased vaccination of adults. The high transmissibility of Delta means that the risk of transmission in school settings is higher than with previously circulating SARS-CoV-2 strains. This means the types of measures currently in place in schools will result in a much higher risk of transmission.

While severe health outcomes in children remain relatively rare compared to other age groups, the higher absolute numbers of cases could lead to surges in hospitalizations. Paediatric intensive care capacity in Europe is much smaller than for adults, so ECDC is urging educational systems to maintain a high level of preparedness going forward. Measures to reduce transmission in school settings of SARS-CoV-2 may also help to mitigate transmission of other respiratory diseases. ECDC has reiterated the need to keep schools open due to the negative physical, mental and educational impacts of school closures.

ECDC will continue to model areas such as the relative impact on overall transmission across different age groups of vaccination of children, the increased overall burden of disease (including post-COVID conditions) in children and adolescents and the severity of Delta,

particularly among children and adolescents. A systematic literature review on susceptibility of transmission by children is underway, and ECDC is continuing to assess the effectiveness of specific infection prevention and control measures, including in schools. Work on understanding the magnitude of school outbreaks is complicated due to the lack of systematic surveillance and reporting in Europe.

Liudmila Mosina, Technical Officer for New Vaccine Introduction, WHO Regional Office for Europe, provided an update on WHO recommendations on vaccinations. COVID-19 vaccination in Europe has been very successful so far, although much remains to be done. Disparities between countries continue, with high rates of completed series of vaccinations achieved in high-income countries (64%) but much lower rates in upper-middle-income and lower-middle-income countries (36% and 17% respectively).

Because of these lower coverage rates, especially among older people in low-, lower- and upper-middle-income countries, WHO recommendations on vaccination of teenagers have not changed. WHO recommends vaccinating teenagers who are at significantly higher risk of developing severe diseases due to underlying conditions, those who are in contact with vulnerable people, and immunocompromised individuals. Countries should postpone vaccination of all adolescents until their vaccine supply increases to ensure they achieve high vaccination coverage in high-risk groups.

The European Technical Advisory Group of Experts recommends that countries should have effective strategies to communicate their decisions to the public and to adolescents. Countries also need to establish good systems to monitor adverse events following immunization, prevent and effectively manage any potential stress-related responses to immunization and continue implementing precautionary measures in school.

There are no official reports from countries on COVID-19 vaccination of adolescents, but WHO estimates that 42 (mostly high-income) countries in the Region currently recommend vaccinating all teenagers. One has recommended vaccinating adolescents at risk and 10 have not yet made recommendations. Data on vaccine coverage for 12–15 and 15–16-year-olds are not collected routinely, but 16 countries have age-aggregated data for those below 18 years. Countries like Finland, Poland, Denmark and Austria are reporting quite high coverage with the first dose of vaccine in this group.

The WHO Strategic Advisory Group of Experts (SAGE) recently has recommended extending the primary series of vaccination to people who are moderately and severely immunocompromised. It also recommended providing a third dose not as a booster, but as part of the extended primary series. SAGE has confirmed that co-administration of COVID-19 and influenza vaccines is acceptable.

Country experiences

Sergey Sargsyan, Armenia, explained that the COVID-19 case rate among children in the country jumped from 4% to 6% in August even before schools returned, probably due to the Delta variant. Around 30 children are hospitalized and two child fatalities due to COVID-19, mainly related to comorbidities (one case as a result of multisystem inflammatory syndrome), have been recorded over the last 18 months.

Schooling has been in-person since December 2020 and schools have been working as normal since September 2021. There is no testing strategy for schools due to lack of resources and

facilities, but mitigation measures remain in place, although ensuring teenagers wear face coverings is problematic. Children who are positive for SARS-CoV-2 or have a positive case at home must not attend school for 14 days. Attendance at school for children with chronic diseases or who are vulnerable is based on individual assessments. Such children may have online teaching or home-based education programmes. Vaccination is not available to under-18s currently.

Walter Hass, Germany, displayed a heat map that showed the seven-day incidence of notified cases in the country. It demonstrated clearly a move in cases from the older adult population to the working-age adult population in the second wave, and then a further move to adolescents and children in the current wave. This reflects the virulence of the Delta strain and the high vaccination rate in the adult population. Lack of a vaccine in younger age groups leaves them vulnerable to infection, and there are signs that they are now involved earlier in spread of the disease.

School outbreaks are increasing again, with the number at the end of September exceeding those found at any point during the previous waves. Around 77% of cases involved in these outbreaks were between 6 and 14 years, which again represents a change in the epidemiological situation.

Many challenges to allowing continuous in-person schooling remain. A balance needs to be struck between the intensity of preventive measures in the school setting and removing impediments to schooling continuity: measures taken to curb the spread of the disease have particularly severe impacts on mental health and social well-being. There is also a tension between the wish for federal, country-wide regulations and the desire at state level to retain local flexibility.

Children's susceptibility to COVID-19 and the ability of the virus to transmit between children is real, and children can develop severe illness and post-COVID conditions. Measures taken in schools should include natural ventilation, face coverings and other non-pharmaceutical interventions. Preventive measures are not an obstacle to, but a prerequisite for, opening schools and having uninterrupted learning, but it is not always easy to convince people of this.

Anders Tegnell, Sweden, reported that while incidence in Sweden has been comparatively light compared to many other countries, probably due to high vaccination coverage, spread is increasing among young people. Incidence among 10–19-year-olds currently is two to three times higher than in the general population. Vaccination has been available to 16-year-olds for some time, but most young people between 16 and 18 have had only one dose. Vaccination of 12-year-olds will commence very soon, mainly as a school-based vaccination programme. This approach has worked well in the 12–15 and 16–18 groups.

Sweden has never had a complete school lockdown, although distance education has been used. Schools require specific permission from the public health agency to close. School outbreaks have been few and are managed by sending affected pupils home for a few days to limit spread.

Only people who are not vaccinated or have been exposed to the disease (and not those who only have symptoms) will be tested from 1 November. Children can be tested from the age of 6 years. The main mitigation measure in schools has been social distancing, which seems to have worked well. Research has shown that teachers have no higher risk of contracting COVID-19 as any other professionals who need to be in their workplaces.

Schools basically are working normally now. Education outcomes have remained good, according to school authorities, and support is available for children in vulnerable situations.

The biggest current problem is that some children, mainly with low socioeconomic status and many of them born in other countries, come from communities that have low vaccination levels, making the children vulnerable to infection.

Mark Jit, United Kingdom (England), reported that following a successful roll-out of vaccines to older people, the national Joint Committee on Vaccination and Immunisation recommended that 16-year-olds receive two doses of vaccine, having considered the risk–benefit implications for this group. The four chief medical officers (CMOs) in the United Kingdom have now approved vaccination for 12–15-year-olds with a single dose of vaccine. A single dose of vaccine is considered to confer benefits for 12–15-year-olds by reducing the chances of rare but severe adverse effects like myocarditis while achieving the protection afforded by the vaccine.

Very few compulsory policies remain for schools. Twice-weekly rapid testing is encouraged for staff and students in secondary schools but is not mandatory. Staff and students with a positive lateral-flow test and symptoms are required to self-isolate until they get a negative PCR test. Close contacts are no longer required to be contact-traced or to quarantine, and close school contacts can self-isolate. Household contacts are not required to quarantine if they are fully vaccinated or are under 18 years old. These new rules were put in place to minimize disruption to classes, although they have also had an impact on transmission in schools. Face coverings are no longer advised, and guidelines on ventilation have been issued.

An extremely rapid rise in cases has been seen in secondary school students (aged 12–16), but the rates for older students (17 through to mid-20s) has declined, probably due to vaccination being rolled out gradually to this group.

Discussion and next steps

Antony Morgan reminded participants of the purpose of the meeting, which was to enable the group to share experiences on the implementation status of the recommendations, identify what activities were being taken forward in countries to establish whether the recommendations continue to be relevant, and define what potential future work the TAG could undertake.

Participants had received some questions prior to the meeting to allow them to provide country perspectives on whether the recommendations were still relevant and what future advice should be given to WHO. Responses were received from Armenia, Croatia, Finland, France, Germany, Ireland, Sweden, Switzerland, the Russian Federation and the United Kingdom (one response each from England and Scotland). The responses are personal reflections and not based on a full review of country situations, but they provide a snapshot of what is going on and highlight some of the issues that are being raised.

The responses indicate that schools in Europe are doing their best to keep open, reflecting the TAG's primary recommendation. This is positive, but countries need to ensure appropriate mitigation measures are in place in schools to protect children as the pandemic proceeds.

The responses also show that people feel the recommendations are still relevant, but that those on testing and vaccination strategies need to be reconsidered to reflect the progress being made in these areas. Practices on face coverings and other mitigation measures differ across countries,

perhaps reflecting lack of evidence in these areas – this is something the TAG may wish to consider.

Other questions for the TAG to debate are whether there is a need to deepen any recommendations or make them more specific or more nuanced given the current COVID-19 situation, and defining what role (if any) the TAG can play in supporting further effective communication of knowledge and understanding.

Walter Hass felt it was very important that the recommendation on keeping schools open remains central to the TAG's work, but school opening requires that measures to mitigate disease transmission are in place. School opening is also put at risk when infected children spread the disease among classmates, leading to quarantine and disrupting the ability to offer in-person learning to many children. A balance needs to be struck between the well understood emotional, social and educational harms of school closures and the infection risks to children of keeping schools open, especially during the winter months.

Pierre-Andre Michaud, Switzerland, believed the group should continue to endorse most of the recommendations, but the issue of vaccination needs to be looked at anew. He asked if the TAG should support the introduction of more systematic vaccination of children where possible and suggested that the next TAG document should include comment on vaccination of school staff and children at least from age 12.

Bruce Adamson, United Kingdom (Scotland), said that from a Scottish perspective, the TAG recommendations had been very helpful and had been referenced in discussions around schools. There is much appetite for more development of discussion around vaccination.

The European Network of Ombudspersons for Children has issued a statement that complements very strongly the work the TAG has done. The statement emphasizes the need to involve children and young people in decision-making and consider the broader rights impacts alongside the direct health impacts on children when decisions are being made.

Malinn Ljunggren Elisson, United Nations Children's Fund (UNICEF), stated that UNICEF believes the TAG remains a valid forum for discussion and consideration of evidence. The UNICEF #ReopenSchools initiative highlights how United Nations agencies like WHO, UNICEF and the United Nations Educational, Scientific and Cultural Organization can work with the World Bank globally, regionally and at country level to strengthen and support countries to reopen their schools.

The differences in vaccination coverage between high- and upper- and lower-middle-income countries in the Region are concerning. The TAG provides a very important platform to have these issues discussed and to inform UNICEF country offices on how to support governments. Low vaccine coverage will result in spread of the virus among younger age groups – this again reinforces the relevance of the TAG, which can identify measures to mitigate the spread of the virus that are affordable to countries with constrained economies.

Martin Weber, WHO Regional Office for Europe, suggested a rephrasing of the vaccination recommendation along the lines suggested by Pierre-Andre Michaud and raised the issue of adolescents' rights. Conflicts sometimes arise when adolescents want to be vaccinated but their parents deny consent. WHO has been working on empowering adolescents to make decisions

concerning all aspects of their health. The TAG may wish to consider making a recommendation about empowering adolescents from specified ages to decide about their own vaccination.

Pierre-Andre Michaud responded by saying the issue of whether adolescents could decide to be vaccinated against the will of their parents was being hotly debated in Switzerland, but he was unsure to what extent the TAG could take a position on what is basically an ethical issue. His personal view is that adolescents of 12 or 13 years who have been fully informed by a health professional should have the right to get the vaccine against the will of their parents. This kind of situation brings turmoil within families, however, so health professionals should balance the rights of the child against the potentially detrimental effects on family relationships.

Antony Morgan suggested that a possible way forward for these kinds of questions, in which the TAG may not feel confident in making a full recommendation, might be to include in the recommendations document a series of debating points highlighting the importance of further discussion and consideration on particular issues. This would enable the TAG to highlight, but not necessarily make a recommendation on, important issues like children's rights.

Walter Hass agreed with this proposal, as he had concerns that making recommendation in areas such as adolescent versus parental consent may be out of scope for the group and could potentially bring the TAG into conflict with other groups. It is perhaps more within the scope of official committees and expert groups set up specifically to consider issues around vaccination to make these kinds of decisions. Raising the issues within the recommendation document nevertheless would be helpful in promoting discussion at country level.

Vivian Barnekow, WHO Regional Office for Europe, emphasized that the benefit to WHO of the TAG was that the TAG could forward recommendations and ideas that WHO may not be in a position to bring forward itself. The TAG supports WHO to support countries. On the issue of children of 12 and upwards being able to accept vaccination without the consent of their parents, she thought it may be useful to draw parallels with youth-friendly services. WHO has been advocating for many years that these should be confidential and should be able to provide effective therapies, including contraception, without parental consent or even their knowledge. This is an important issue that she would be very pleased to see the TAG taking forward.

Walter Hass briefly touched on another issue. Implementing the TAG recommendations calls for close collaboration between the health and education sectors, a collaboration that is reflected in the TAG membership. At country level, however, it often appears that health and education are two separate worlds. Recommendations from the education sector in Germany, for instance, seem to have been made with little contact between the scientific groups making the decisions and the health sector. There may be a role for the TAG in accelerating or facilitating collaboration between sectors.

Antony Morgan agreed and stated that the TAG could make some statements about implementation which draw out some of the issues being raised. Recommendations, or advice statements, are worthless if they are not followed through in some systematic fashion. It will be very important for the TAG to keep this on its agenda.

Closing

Martin Weber noted how the presentations to the meeting had shown that countries are doing different things, whether on issues of vaccination, contact-tracing in schools or wearing face

coverings. The TAG will need to monitor this closely. He felt it may be useful for a draft text of a recommendation on adolescent autonomy on vaccination to be circulated within the TAG members for approval. A possible approach may be to develop a scenario-based recommendation that addresses the issue in a more nuanced way.

From WHO's perspective, there is a continued role for the TAG, and it would be useful for the group to meet again before the end of 2021.

Antony Morgan then asked group members to indicate through the Zoom Chat function whether they thought the TAG should continue its work. The response was unanimous that the TAG should continue.

In closing the meeting, Professor Morgan reminded group members that the pandemic is not over – it has changed and will continue to change – and there is more the TAG can do to promote the well-being of children in schools and ensure they are kept as safe as possible.

Annex 1

PROGRAMME

Seventh meeting of the Technical Advisory Group on Safe Schooling During the COVID-19 Pandemic

12 October 2021

14:00–14:10	Opening the meeting and setting the scene	Antony Morgan, TAG chair Natasha Azzopardi Muscat WHO Regional Office for Europe
14:10–14:20	Latest epidemiological developments in Europe	Richard Pebody WHO Regional Office for Europe
	Questions	
14:20–14:30	General update on status of school opening and public health and social measures	Kayla King WHO Regional Office for Europe
	Questions	
14:30–14:50	Short presentations from selected TAG members on the situation in countries and the measures being implemented	Armenia – Sergey Sargsyan Germany – Walter Haas Sweden – Anders Tegnell United Kingdom (England) – Mark Jit
	Questions	
14:50–15:00	Update from European Centre for Disease Prevention and Control	Jonathan Suk European Centre for Disease Prevention and Control
	Questions	
15:00–15:10	Update on WHO recommendations on vaccination of adolescents and school staff	Liudmila Mosina WHO Regional Office for Europe
	Questions	
15:10–15:20	Feedback on implementation of TAG recommendations in countries based on data from TAG members	Antony Morgan TAG chair
15:20–15:55	Discussion and next steps towards TAG 8	Antony Morgan Tag Chair
15:55–16:00	Closure of the meeting	Martin Weber WHO Regional Office for Europe

Annex 2

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The WHO Regional Office for Europe

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