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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Health Security and Vaccination

Luxembourg, 30 March 2021

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Stefan Schreck, European Commission, DG SANTE C ADV01

Audio participants: AT, BE, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LV, MT, NL, PL, PT, RO, SE, SK, NO, CH, LI, UK, AL, BA, BG, MK, XK, MD, DG SANTE, DG ECHO, DG MOVE, CHAFEA, ECDC, JRC, NIVEL

1. Introducing a coherent European framework for tuning COVID-19 response measures

Background

The ECDC gave a short introduction about a coherent European framework for tuning COVID-19 response measures. The aim of the framework is to ensure efficiency and encourage public trust and compliance while continuing to protect European citizens' health. The framework is based on the concept of a 'contact budget', allowing Member States to estimate the extent to which the effective contact rate needs to change, or can be allowed to change, to achieve certain epidemiological tiers. Estimates will be given for the effectiveness of different classes of response measures, enabling Member States to choose the most suitable policies for their national context. On the basis of ongoing consultations, an interactive tool will be developed, supporting policy-makers and allowing Member States to make use of their own epidemiological parameters. Further background information can be found [here](#).

Key Discussions

DE is currently in a very challenging phase of the pandemic and is noticing **pandemic fatigue** among their population. **Mobility data** shows that people are no longer following all the rules. This can be seen from data retrieved from phones, but also from home catering data (orders for bigger groups are increasing). DE would like to know if the ECDC distinguishes mobility data for young and old people. And whether mobility data can also be used for loosening measures instead of only using it in a negative way – to tighten measures.

The ECDC is testing different models on the effectiveness of different measures. The ECDC highlights that once people are more aware of increased infectious cases around them, they are more likely to change their behaviour and are evaluating the correspondence between adherence

and incidence rates. The framework can be used for both tightening and lightening response measures but mobility data is most useful as an early indicator of changes in behaviour.

DK asked when the final framework will be ready for use. The **ECDC** responded that the framework will be launched in April.

The **Commission** will address this HSC point again once the framework is launched.

2. Findings of the Report on MS responses to the COVID-19 pandemic (NIVEL)

Background

In support of the Covid-19 response, the Commission asked the EUHealthSupport consortium led by NIVEL to carry out a project to assess the level of public health measures by Member States, as recommended in recent Commission communications and recommendations on COVID 19. Prior to the HSC meeting, all members received a **document** by the EUHealthSupport consortium on the Member States Responses to the Covid-19 pandemic.

NIVEL presented its findings during the HSC meeting. Member States **implemented a large number of measures** related to development and implementation of vaccination strategies, monitoring tests and test results, increasing access to testing, etc. A literature review of the effectiveness of interventions showed that while there was **no specific measure that was a ‘silver bullet’**, measures such as **curfews, lockdowns, restricting gatherings and school closures** were among the **most effective measures**. Due to the gaps in data availability, the study recommends to **improve the information cycle at the EU level**. It, among others, means that there is a need for identifying tangible and actionable **indicators** in future Communications, and that databases may be complemented with newly defined indicators. **Web-scraping approaches as used by ECDC-JRC can be developed further and expanded with machine learning / AI** technologies to establish more real-time monitoring. It is recommended to complement them with other sources such as existing expert networks as technologies may not suffice as stand-alone solutions. Finally, **timely and comparable data and information is essential** as it will deliver the intelligence needed to combat the pandemic in the EU and serve as input for future preparedness plans.

Key discussions

NO mentioned that they have had high level of investments in medicines and vaccines, but not so much in non-pharmaceutical interventions (NPI). However, the pandemic has demonstrated the need for international collaboration, research and development on this topic as well. Therefore, **NO** believes there is a need for guidance and recommendations regarding a framework/methodology to conduct research concerning public health and NPIs. **NO** is also interested in knowing if other countries share the same concerns regarding limited knowledge on NPIs.

FR supports the necessity to increase the interaction of data. Duplication of information and database system and management should be avoided.

3. PH measures planned for Easter

Easter holidays are traditionally associated with increased social gatherings and travelling could pose significant additional risks for intensified transmission of Covid-19. Increasing ‘pandemic

fatigue' and circulation of new variants have to be taken into account. Rates of hospital and ICU admissions, as well as the number of patients per capita in hospital and ICU due to COVID-19, remain very high, although recent stable or decreasing trends for these indicators continue to be observed in several countries. Multiple countries reported increases in hospital or ICU admissions and/or occupancy due to COVID-19. Therefore, in view of the coming Easter Holidays, the Member States were asked the following:

1. Does your country have any special measures planned for Easter?
2. Does your country already experience saturation of hospital surge/critical care capacity (in terms of equipment and personnel)?
3. Does your country report any needs with reference to the current epidemiological situation?

Key discussions

EL is currently facing the third wave of the pandemic. The hospital capacity (both plain Covid19 and ICU beds) is at the moment responding to the pressure but it is close to its limits. The Greek Orthodox Easter is at the beginning of May this year and discussions on appropriate measures are ongoing.

No further comments were provided by the HSC participants.

4. AOB

4.1 Use of rapid anti-gen test in the occupational health sector

DE is currently giving recommendations to businesses and companies on regular testing at the workplace for those employees who cannot telework. There is now a political discussion whether DE should make this recommendation mandatory. Some workplaces already offer free tests to their employees who come to the office – which is supported by the government.

The floor was opened to other Member States for their input and to share whether they have similar plans and discussions ongoing in their countries:

- **BE** is currently updating its testing strategy and is finalizing their decision to offer saliva-tests for work places that cannot offer teleworking twice a week.
- **DK** mentioned that on 25 March, the government updated the testing strategy including testing in workplaces. Moreover, the Danish government has recently approved a reopening plan to ease out of lockdown. During the initial phase of reopening, mass testing with both PCR- and antigen test is a key part of the strategy. Currently, DK is carrying out 200.000 daily PCR-tests with a 24-hour response time and is expecting to do 500.000 daily antigen tests by May 2021. As of 1 March testing capacity is at 400.000 daily (incl. both PCR- and antigen test).

Part of the DK testing model is:

- Everyone to have easy access to antigen- and PCR testing facilities by having facilities covering the country.
- Increasing local antigen test capacity by improving access and making them user-friendly for easy testing at schools and institutions.
- Smaller mobile testing capacity to use in specific areas during outbreaks etc.

Testing is split into two tracks, “health-track” and “society-track”, testing in the health track is testing at hospitals, clinics etc. Whereas in the society track is testing at test station and mobile-testing facilities.

DK’s primary testing strategy is to test:

- People who are symptomatic and close contacts
- Patients 24 hours before procedural hospital admissions
- Patients and health-staff in eldercare etc. if covid-19 is detected.
- If outbreaks occur.
- Healthcare- and elderly-care staff
- As part of isolation
- If tested positive with an antigen-test

All citizens in DK also have free access to PCR-test. As more of the population is vaccinated and the spread of COVID-19 is contained the testing capacity will decrease and adapted to the situation.

- **EL** is in the process of updating their strategy and is also introducing self-testing kits for massive testing. The Greek government will be providing every citizen with one self-test kit every week, free of charge, in order to increase the testing capacity, detect infected people and take response measures such as self-isolation and contact tracing earlier.

4.2 Reporting data to the ECDC

As for now, the data on vaccination is still limited to draw conclusion at EU/EEA level. So far, only 11 countries report data. The ECDC would need the data from **ALL** countries before the end of the month (**by tomorrow**). Therefore, the Commission urges the Member States to report data related to vaccination to the ECDC. In particular regards vacation of health care workers. Only 10 countries are providing this information at the moment.

4.3 Passenger Locator Form (PLF)

The PLF implementing decision was published on 25 March 2021 and is currently **open for consultation**. Therefore, the Commission welcomes comments to the proposal for the “COMMISSION IMPLEMENTING DECISION amending Implementing Decision (EU) 2017/253 as regards alerts triggered by serious cross-border threats to health and for the contact tracing of passengers identified through Passenger Locator Forms”. Comments can be shared through the following [link](#). The deadline for input is: **22 April 2021**.

The specific HSC meeting to discuss the Passenger locator form will be held during the second half of April, with participation from DG SANTE, DG MOVE, EASA, ECDC and Healthy gateways Joint Action. A new meeting invitation will be sent soon.

4.4 ESI – Rapid Antigen Tests (RAT)

Most **ABBOTT** deliveries have been completed. The Commission set a deadline for last week Tuesday to complete and return the donation contracts. If Member States have not done so already, they were asked to **send their Abbott contracts without delay**. Concerning **ROCHE**,

all the donation contracts have been sent out to the Member States. Member States were asked to **complete and return the contracts**. Deliveries have already started for some Member States (all parties signed the donation contract).

4.5 COVID-19 vaccination, testing and recovery certificates (agreed)

Regarding the discussion paper on possible uses for COVID-19 vaccination, testing and recovery certificates, no extra comments on the paper were received. Therefore the paper was consider as agreed.

4.6 Global version of the Scenario Analysis Toolbox

JRC has completed a new version of the Scenario Analysis Toolbox, which is valid for all countries in the world. It uses data from the World Health Organization (WHO) as far as regards the cases and it allows the same type of analysis but only at National level because the WHO data is collected at National level.

The next HSC meeting will be held during the week of 12 April.

[Prepared by D. Pietersz]