

European Commission’s advisory panel on COVID-19
Report second preliminary meeting (audioconference)
Sunday 15/03/2020 at 20:00

The President explained the latest developments in the EU and the on-going discussions with Member States.

The discussion moved to the agreed agenda:

1. Health screening at internal and external EU borders

The Panel explained the limitations of border controls in order to limit the spread of the epidemic. Literature shows that health screening has limited success in detecting affected people due to the long incubation period and the possibility of asymptomatic carriers (only about a quarter of infections would be detected).

Such controls deviate resources from more urgent tasks such as contact tracing or support in healthcare centres.

If external border restrictions were to be imposed, it was agreed that they should include sufficient flexibility to allow the movement of essential products and healthcare related workers (including researchers). Considering the situation in the EU, it is important to issue travel advice to all citizens.

The President explained that Member States are increasingly setting internal border closures and that travel restrictions at the external border could help overcome this issue. Internal border closures can delay the travel of essential personnel as well as create bottlenecks for the transport of food, medicines and medical devices. The President explained the agreement reached with France and Germany following their “export bans”. The agreed approach would allow circulation within the EU and authorised exports on a case by case basis.

2. Testing strategies in a situation of scarcity of tests – Who and how to test?

With an increasing number of COVID-19 cases, prioritisation strategies for testing must be developed to avoid delays and creating scarcity.

It must be made clear that not everyone needs to be tested.

The Panel generally supported the strategy proposed by the ECDC:

1. Testing of hospitalised patients with Severe Acute Respiratory Infections (SARI) in order to inform appropriate clinical management, including isolation and PPE measures;
2. Testing any cases of acute respiratory infection in hospitals or long-term care facilities (LTCF) in order to guide infection control and PPE use to protect both vulnerable persons and healthcare

staff; testing of symptomatic healthcare staff, even with mild symptoms, to guide decisions on exclusion from and return to work; the aim is to protect health and social care services;

3. Testing of patients with ARI/ILI in sentinel outpatient clinics and among patients admitted to hospitals with SARI in order to assess virus circulation in the population.
4. Elderly people with underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, and immunocompromising conditions exhibiting signs of acute respiratory illness, given that they may more rapidly need respiratory support. Particular attention should be given to vulnerable environments, for example homes for elderly persons, especially when the virus has been detected there.

The Panel explained that testing strategies must be understood, and communicated, together with containment measures (e.g. how to consider households with COVID-19 patients, nursing homes, etc.).

It was agreed that laboratories are either already or will soon be under pressure. In view of the high number of cases, it was suggested to stop testing asymptomatic cases and stop any double testing/sampling to save time and resources. Samples sent to laboratories should have indications about their relative priority and certain flows of samples may need to be prioritised for rapid response needs.

The need to develop faster and cheaper tests was raised. International experiences must be closely looked at and replicated when possible.

Members of the Panel advised on the need to have clear communication on the antibodies tests being used as these are less effective than other methods.

The President and Commissioner Kyriakides agreed to raise the issue of testing strategies with Member States and to quickly work on EU guidelines. They invited the Panel to rapidly submit written input by email so that they can be considered.

3. Social behaviour measures (social distancing, school closures, etc.): hierarchy in terms of effectiveness and exit strategies

The President outlined the situation in the EU concerning social distancing measures. Most Member States have adopted drastic measures but there are still some that have to. The President asked for advice on a possible hierarchy of measures.

A member of the Panel outlined the measures taken in his home country with different steps gradually increasing their severity. It was agreed that closing nightclubs, cinemas, theatres, museums and sporting centres was essential to limit social contact. Closure of schools and universities could help in limiting the spread, though it was noted that school closures follow the logic used for influenza while there is no evidence yet that it is an effective measure for coronavirus. School closures may, for example, have a negative impact on grandparents looking after grandchildren. These suggestions followed closely the ECDC recommendations (14/03/2020 Rapid Risk Assessment).

Restricting commercial activity (restaurants, shops, etc.) was also seen as contributing to limiting social contacts. Advising remote work was also highlighted as important.

The importance of supporting healthcare workers during the pandemic was raised. Measures such as keeping certain day-care facilities open for such workers were praised.

The Panel agreed that protecting vulnerable groups was essential. In particular, the elderly must be isolated as much as possible during the outbreak, though the age threshold may differ from one country to another.

As time passes, it is important to start communicating that the virus will likely be part of our lives (like other viruses); it cannot be eliminated, but its spreading can be delayed and managed through social distancing measures.

It was agreed to develop and communicate EU guidelines on social distancing measures. The Panel was invited to submit written input including on their length.

Follow-up:

- Next phone conference on Wednesday 18 March at 18:00
- Panel invited to suggest topics for discussion (refugee populations was already flagged)
- Panel invited to share input on testing and social distancing measures

Participants in the phone conference:

- European Commission: President von der Leyen, Commissioner Kyriakides, I. Juhansone, K. Vandenberghe, R. Reig Rodrigo
- Peter Piot (London School of Hygiene and Tropical Medicine)
- Marion Koopman (Erasmus MC)
- Arnaud Fontenot (Institut Pasteur)
- Christian Drosten (Charité)
- Lothar Wieler (Robert Koch Institute)
- Maria Capobianchi (National Institute of Infectious Diseases, Rome)
- Kåre Mølbak (Statens Serum Institute, Copenhagen)

Observer:

- Andrea Ammon (ECDC Director)