



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 27 November 2020

## Health Security Committee

### Audio meeting on the outbreak of COVID-19

#### Summary Report

**Chair:** Wolfgang Philipp, European Commission, DG SANTE C3

**Audio participants:** AT, BE, BG, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PT, RO, SE, SI, SK, NO, SI, CH, UK, AL, ME, MK, XK, UA, MD, AD, DG SANTE, DG ECHO, DG HOME, DG HR, DG MOVE, ECDC, WHO

#### Key Conclusions

##### 1. Quarantine and isolation

The Chair gave an overview of the issue of isolation and quarantine regarding COVID-19 cases or contacts, including related to travel, discussed in previous HSC meetings. The aim is to reach, via the HSC, an EU level agreement for a unified approach to quarantine and isolation measures in line with the guidance issued by the ECDC and the WHO, and based on the current knowledge and evidence available on SARS-CoV-2 and transmission risks. The Chair introduced the paper - previously circulated to the HSC on '*EU health preparedness: recommendations for a common EU approach regarding isolation for COVID-19 patients and quarantine for contacts and travellers*'. The Chair asked for feedback from countries on the paper, stressing that a common position of the HSC does not compromise any national provisions currently in place. Countries gave an overview of their isolation and quarantine measures. LT, UK and PT have sent comments in writing.

While FR was not yet ready to provide a comment on the document, it supports a convergent approach.

SE raised concerns about the recommendations arguing that these measures are subject to national competence and based on local conditions, however SE considered the recommendations about quarantine and isolation rules related to travels acceptable so far. SE also welcomes a coordinated approach on this.

IE is already in agreement with the recommendations regarding the isolation of cases. However, in relation to travel, unlike SE, IE is very concerned about the implications of the travel measures. IE does not agree with ECDC risk assessment about the limited impact of travel on the spread of COVID-19, and is concerned about what will happen with increased travel in the

month of December. Therefore, IE cannot agree on the recommendation in relation to travel, as it stands.

HU shares the same position of IE, particularly on travel, adding that the dimension of national competency should appear more prominently in the document.

NL supports HU and IE position, particularly on travel.

ES generally agrees on the content of the document particularly on proposing testing based on origin for travel, but it is still uncertain about the use of RATs.

While recognising the need for a common approach, DE cannot agree on the document, particularly on the section for quarantine measures for travellers and supports IE position. DE proposed that the document contains explanations or an analytical chart about the length of quarantine so as to provide information on how many positive people can be lost if we reduce quarantine from 14 to 10 to 7 days with or without testing. This kind of analysis would be helpful to support decision- making. The Chair informed that ECDC is working on this with EASA.

BE expressed agreement on the content of the document adding that the vast majority of action points are already applied in BE, which is also in favour of a coordinated EU approach.

IS agrees on the proposal on the isolation of cases and supports the IE position on travel. Due to testing at the border and application of quarantine IS has been able to control spread within the country. In addition, IS is coding a genomic sequencing of all isolates both within the country and at the border so as to track where the virus is coming from. IS stressed the importance of testing of travellers coming in the country. IT cannot yet agree on the document and supports the position of IE and HU particularly on travel. IT also recommended changing the wording in the document to stress national competence. The Chair clarified that the document is not binding, reminding that the aim is to find a common denominator based on the information provided from countries, including the scope and format of the document, including its title

EE is not yet able to express a position on the document, and asked about the availability of the EASA and ECDC guidance and for a presentation to the HSC before its publication. The Chair noted that the ECDC together with EASA are working on recommendations for air travellers including testing at the border, including guidelines on testing and quarantine for travellers. This document is still in the draft phase, as EASA, DG MOVE are consulting with stakeholders and Member States.

DE stressed difficulties to find a balance between containment measures, availability of RATs and the need for the economy, tourism and communities to go back to normal; for these reasons DE welcomes discussions at the HSC.

The Chair recalled that the HSC discussion document includes, for the time being, a compilation of recommendations based on scientific evidence, existing guidance and from provisions in place currently in the countries. The Chair recalled the effort to try to find a reasonable and common position to be further discussed in the HSC. The Chair invited countries who are still examining the document, to send comments in writing, by next week Thursday.

### **Follow-up**

- *Countries to provide final comments by 3 December, the paper would then be revised and presented for discussion towards an agreement to the HSC.*

## **2. Experience with population testing**

The Chair asked Slovakia, to introduce experience with implementing a nationwide testing programme using antigen tests.

SK presented the process in designing the intervention results and experience with the programme. SK used SD biosensor and tested around 5 mil people over two weeks and in two rounds and identified around 50.000 positive cases during the mass testing intervention. SK presented detailed analysis of the data and the results. Amongst the key results are a drastic reduction in prevalence, which – according to the microsimulation model used – could not be achieved by lockdown alone. Isolation of household members in the intervention was also a factor of success. The programme had a high cost and required time. SK will share the presentation and informed that a paper with experiences and results from SK will be published and shared with HSC.

The Chair recalled the short survey with three questions to the HSC, previously circulated. The three questions concern the mutual recognition of COVID-19 test results; in which settings/situations are currently used and approved for public health measures and whether member states would support a common position of the HSC on mutual recognition of RAT test results. The Chair thanked countries for providing 14 responses<sup>1</sup> to this short survey. A first outline of a possible HSC common position, based on the information and details submitted by countries, will be prepared and discussed in further detail next week.

### **Follow-up:**

- *Countries to respond to the survey by beginning of next week.*

## **3. Sharing experience on the using of Passenger Locator Forms (PLFs) by countries**

The Chair recalled that PLFs are a key element implemented in parallel of other non-pharmaceutical interventions in the context of travel. PLFs ensure that contact tracing, whether cross-border or not, can be performed and allow the rapid identification of potential contact cases on board of any transport mode. Around 16 Member States are still using paper PLFs, while 11 Member States have developed and implemented digital PLFs. Furthermore, the Commission, in collaboration with EASA and the Joint Action Healthy Gateways are working to develop an EU common digitalised PLF to support the exchange of information and replace the current burdensome paper-based systems. The Chair gave an overview of the work of EASA and the Joint Action Healthy Gateways. The EASA will provide an information exchange system for EU Member State public health authorities that have national digital PLF systems covering aviation. The system will establish the interconnection and interoperability mechanisms for the exchange of contact tracing data. This would be done without any change to existing platforms in order to ensure fast delivery and support from the interested Member States. This strand of the work will be pilot tested before the Christmas break. Technical meetings have already taken place with Italy and Spain to connect their databases. The Healthy Gateways stream focuses on building a complete system set for those Member States that do not have an own system. To this end, a data entry form must be developed alongside a data storage component, and a data analysis and consultation component. The Joint Action is discussing with several countries to pilot test their stream of the project – including potentially

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<sup>1</sup> AT, BG, CZ, DE, FI, IT, LU, PT, SE, SK and BiH, IS, NO, UK

with Spain, Germany and Poland. The Chair asked countries to share and exchange their experience with the use of PLF.

IT informed that it already joined the pilot programme and strongly support collaboration between EASA and public health authorities.

SE has not joined due to considerations regarding data protection and management, but is following these developments. The Chair stressed that once a final product is available, there will be more information on data protection and management.

DE welcomed the two projects and asked for more information. DE also wishes to find a solution at the EU level on the issue of data protection in the future.

ES is also participating in the projects. ES noted that these projects should not replace the proposal to the HSC to have a central database of air travellers to allow for the swift identification of infected cases with the aim to avoid that each country goes through a time consuming long process of contacting each companies.

NO showed interest in the legal basis, and on cost benefit analysis for the implementation analysis.

The Chair thanked for the feedback, which will be transmitted to the EASA and the Healthy Gateways Joint Action.

#### **Follow-up:**

- *EASA and Joint Action Healthy Gateways will be invited to present their initiatives in full detail to the HSC.*

#### **4. SARS-CoV transmission related to minks**

The Chair recalled the issue of SARS-CoV-2 identified in minks in several EU countries and the veterinary measures taken at national level, noting that a mutated strain of SARS-CoV-2 virus, associated with mink farms in Denmark, was identified in 12 human cases. From a human health perspective, findings of mutated SARS-CoV-2 strains are significant as there are potential implications for immunity, reinfection, vaccination and treatment of COVID-19. The Commission has been in contact with several vaccine manufacturers on this matter and no concerns were raised by the manufacturers. LT removed special measures for people returning from countries with mink farms and that the UK continues to have measures in-place. The Chair informed that since September, no new human cases of the variant form have been identified and the Danish Health Minister said the mutated strain has ‘most likely become extinct’. It is important to continue monitoring the situation, particularly with enhanced testing, sequencing and characterisation. The Chair asked the HSC about ongoing or planned measures on the human health sides.

DK confirmed that no more cases have been found and informed that on decision by the Government, almost 100% of mink farms have been culled so far and the remaining animals are at a distance of more than 7.8 km of the infected areas. DK continues to monitor the situation.

FR has increased surveillance on its mink farms, so far it has found one positive case. As soon as the results on the type of strain are ready, FR will share with HSC.

NL informed that all infected animals have been culled and there will be a ban on mink farming in the NL from 2021. NL called for a European Joint approach on this matter.

EL presented an overview of the situation in the country. EL has enhanced surveillance of both farmers and minks, with testing carried out on a weekly basis.

WHO/Europe informed that it has just completed a rapid survey with 53 countries in the region on the fur industry and COVID-19 in coordination with the ECDC. WHO has also convened the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (OIE) for a tripartite joint rapid risk assessment.

BE informed it had increased surveillance and biosafety measures. BE Government is also discussing to advance the ban that is foreseen by the end of 2021.

UK announced that the travel ban on Denmark will be lifted on 28 November.

Countries should take into consideration ECDC options for action, e.g.: (i) enhanced human testing, sequencing and characterisation of antigenic properties and virus infectivity (ii) targeted actions in mink farms and immediately associated sectors, (ii) enhanced infection prevention and control measures.

#### **Follow-up:**

- *Countries to inform each other and the Commission of any measures removed or put in-place. HSC members are also urged to liaise with their animal health counterparts.*

#### **5. Update on JP on vaccine supplies**

The Chair informed that the joint procurement on supplies for vaccination is currently under evaluation, with the participation of 27 countries. This call covers 27 types of medical equipment, including vaccine carriers, waste containers, injecting devices, disinfection solutions, personal protective equipment and anaesthetic consumables. The tender was launched on 28 September. The evaluation preparatory meeting took place on 19 October and the evaluation has started. The Chair pointed out that unfortunately, many of the offers are incomplete and several reiterations of requests for clarifications were necessary to be able to determine the compliance with the minimum technical requirements. The evaluation is planned to be finalized beginning of December, depending of complete offers, to allow for placing orders as of December. To speed-up placing orders, contracting authorities will be invited to prepare their specific orders based on the award decision and send them to the contractors immediately once the framework contract(s) are signed.

The Commission will continue to inform countries through the (Specific Procurement Procedure Steering Committee) SPPSC. Participating countries should be reactive to the Commission's requests on this matter, and communicate with the Commission on this call for tenders via their SPPSC members/alternates through the JP functional mailbox. Participating countries should also prepare their specific orders based on the award decision and send them to the contractors immediately once the framework contract(s) are signed.

#### **Follow-up:**

- *The Commission to keep the HSC updated on developments.*

#### **6. COVID-19 vaccination communication campaign**

The Chair informed that the Commission is preparing a communication plan, consisting of a series of communication actions and products (e.g. materials, factsheets, etc.) on the topic of

COVID-19 vaccination. These are intended to support national, regional and local authorities, experts, healthcare professionals, civil society and a wide range of other partners.

The Chair pointed out that this will be a common “toolbox” of communication materials distributed to the stakeholders in an effort to avoid conflicting messages on common topics, such as COVID-19 vaccine safety, that may undermine the uptake of vaccination. The communication plan will aim to enhance confidence in COVID-19 vaccine’s benefits, to show how vaccination can help a gradual return to ‘normal life’. It will include, e.g. explaining the robustness of the authorisation process at EU level and the safety and efficacy of COVID-19 vaccines. The communication plan will be rooted in transparency, empathy and community engagement, with information presented in accessible, understandable and multilingual form. It will use the power of example and role models. The Commission will share communication material (toolbox) for use especially but not exclusively via social media channels – that other partners can use, adapt and build on for their public. The Commission is working with the EU Representations in Member States.

The plan will be presented and discussed in the HSC ComNet at a dedicated audio meeting on 4 December, together with ECDC and EMA. The HSC will be kept informed of the main developments on this communication plan.

HU asked updates about the Emergency Support Instrument and the possibilities to have RATs through this mechanism. The Chair answered that the Commission has launched the call for tender and invited several companies to submit an offer by 30 November.

**Follow-up:**

- *The Commission to keep HSC updated on main developments on the discussions taking place in the HSC Communicators’ Network.*