Luxembourg, 26 June 2020

# **Health Security Committee**

# Audio meeting on the outbreak of COVID-19

## **Summary Report**

Chair: Wolfgang Philipp, SANTE C3

**Audio participants:** AT, BE, BG, CZ, DE, DK, FI, HR, HU, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, NO, CH, UK, AL, BiH, ME, MK, RS, XK, UA, DG SANTE, DG ECHO, DG JRC, ECDC, EMA, WHO

### **Key Conclusions**

1. Blueprint for EU vaccination plan for COVID-19: The Commission updated the HSC on the European strategy to accelerate the development, manufacturing and deployment of COVID-19 vaccines in the coming 12-18 months. This includes securing the production of vaccines in the EU and sufficient supplies for its Member States, via advanced purchase agreement through the funding of the Emergency Support Instrument, as well as adapting the EU's regulatory framework and making use of existing regulatory flexibility. The Commission presented an updated draft blueprint following the discussion and comments from the HSC at the last meeting. ECDC raised the importance of considering

#### Follow up:

reasons.

• The HSC to send final comments on the revised blueprint to the Commission by 30 June, for discussion at the next HSC meeting.

the possibility of passive immunization for those who cannot be vaccinated for health

- The ECDC to provide more detailed information for the HSC on the developments related to passive immunization using monoclonal antibodies in writing.
- 2. Exit strategies: Countries provided an update on deconfinement measures, focusing on their impacts. BE, IT and NL have been gradually lifting measures, closely monitoring the epidemiological situation. NL observed no increase so far in the number of cases after primary schools have started. In BE number of hospital admissions and deaths are decreasing. In UA there is a sharp rise in the number of cases, laboratory networks have been strengthened, with increased testing. NM experienced the first wave in May, now a rising incidence is observed linked to specific clusters, testing is increased.

### Follow up:

• The HSC continues to exchange information on exit strategies focusing on the impact of deconfinement measures.

3. ECDC guidance on COVID-19 prevention and control in migrant refugee centres 1: Reception and detention centres include closed environments and camp like settings, which are known to be at higher risk for outbreaks of COVID-19. Examples of outbreaks have been detected in such settings in several countries. The guidance highlights public health principles and considerations for infection prevention and control, including physical distancing, hand and respiratory hygiene and testing. ECDC plans to publish two additional reports, related to infection prevention and control in prisons, and to the provision of support for medically and socially vulnerable populations in the context of COVID-19.

#### Follow up:

- The HSC will discuss further guidance in relation to vulnerable groups and specific risk settings.
- 4. <u>Transmission dynamics and superspreading events:</u> ECDC introduced key issues around the epidemiological interpretation of the reproduction rate (R0). It is important to identify clusters and the reasons for their development such as in certain occupational setting, to tailor control measures. NO highlighted that a structured data and information collection on key superspreading events, e.g., sports events, is missing. BE noted difficulties related to contact tracing and gaining information from patients on attending specific events.

### Follow up:

• Countries to send information in writing on superspreading events to inform each other, for further discussion in the HSC.

# 5. AOB - testing

The Commission noted that regarding the opening of borders with third countries, some Member States asked that data on testing is included in criteria. Countries were asked to ensure that data on testing is reported to the ECDC. Guidance on pooled testing was also prepared by the ECDC<sup>2</sup>.

The Commission asked countries to update on ongoing and planned activities related to mass testing and ECDC to provide further guidance.

## Follow up:

• Countries to ensure that data on testing is reported to the ECDC.

• ECDC to provide guidance on mass testing, including in specific occupational and other settings.

https://www.ecdc.europa.eu/en/publications-data/covid-19-guidance-prevention-control-migrant-refugeecentres

https://www.ecdc.europa.eu/sites/default/files/documents/Methodology-estimating-point-prevalence%20-SARS-CoV-2-infection-pooled-RT-PCR-testing.pdf