EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
**HealthSecurity and Vaccination**

Luxembourg, 17 September 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, FI, FR, HR, HU, IE, IT, LV, MT, PL, PT, RO, SE, SK, NO, CH, UK, AL, BiH, ME, MK, RS, XK, UA, DG SANTE, DG ECHO, DG HR, DG JRC, CHAFEA, ECDC, WHO

**Key Conclusions**

1. Testing strategies

The Chair referred to the draft final version of the recommendations for a common EU testing approach for COVID-19, which was circulated to the HSC prior to the meeting. He explained that the document has been further updated based on the comments made during the previous HSC meeting, written comments submitted by HSC members, and two further completed testing questionnaires. As a result, the draft final version of the report covers information on current testing approaches in 25 Member States, as well as Norway, Switzerland, the UK, Bosnia and Herzegovina and Ukraine. The Chair also stressed that the document provides an overview of the different testing strategies implemented based on countries' current needs and situation. As testing objectives and the implemented related measures in countries are rapidly changing, it is not possible to keep updating the document in parallel to the ongoing developments within the countries.

The Chair asked for final comments of the HSC on the document to reach agreement on the content. Such an agreement would be in line with one of the action points included in the Commission Communication on short-term EU health preparedness for COVID-19 outbreaks, which states that via the HSC, EU level agreement should be sought for aligned testing strategies and methodologies.

The Chair informed the HSC that ECDC finalised a technical document on "testing objectives for COVID-19", which has not yet been published but which was circulated to the HSC prior to the meeting. The document sets out five different testing approaches to achieve specific public health objectives under different epidemiological situations, and provides background information and technical details on COVID-19 testing methods and approaches. As the documents complement each other, they would be published at the same time.

ECDC presented the five testing objectives outlines in the document: control transmission; monitor incidence and trends and assess severity over time; mitigate the impact of COVID-19 in healthcare and social-care settings; rapidly identify all clusters or outbreaks in specific settings; and prevent (re)introduction into regions/countries with sustained control of the virus. Furthermore, the document provides details on methods for testing, including contact tracing, and limitations.

The Chair opened the floor for final comments or remarks on the draft final version of the document setting out recommendations on for a common EU testing approach for COVID-19. FI noted that it still had some minor suggestions for factual changes, and that these would be sent to the Commission in writing. The same applied to EE, who wished to update a reference to a contact tracing app that has been launched in the country since 20 August. Moreover, EE commented on the action point regarding the need to have a TAT of 24 hours, as this may not be feasible due to available resources. The Chair replied that the 24 hour TAT should be a target for MS, as this would provide a high level of efficiency.

FR informed the Commission and other HSC members that there would be a press event that evening, during which the French Minister of Health was expected to announce the use of rapid antigen tests at the regional level, specifically to test asymptomatic cases and people not involved in contact tracing procedures. Every positive result by the rapid antigen test would need to be confirmed with a RT-PCR. The Chair noted that also in AT, the use of rapid antigen tests is currently being piloted (in universities) and that it is an area that Member States are increasingly exploring. It was agreed that an additional sentence would be added to the final version of the common EU testing strategy, further highlighting this rapidly developing area.

As no further comments were made, the Chair concluded that the document had been agreed by the HSC, pending final comments that would be provided by the HSC members in writing to the Commission by 17:00 that day.

**Follow-up:**

- *Testing strategies and particular points, e.g. on antigen tests, will be regularly followed up by the HSC.*

2. Completeness of data in TESSy

The ECDC provided a presentation on COVID-19 data availability, highlighting the importance of the completeness reporting by countries. ECDC uses a mix of data from TESSy (validated by Member States) and from official national or subnational websites.
There is a limited availability of data at regional level. The completeness and quality of data is essential to make a more accurate risk assessment and avoid misclassification. This topic is also discussed with Member States in the HOME working group. The majority of countries does not report on some indicators (on testing rates, test positivity, hospital and ICU admissions) to TESSy.

FR noted that it is not possible to communicate individual based data due to reasons of GDPR, only aggregated data.

The Chair emphasised the importance of reporting these data to ensure the accuracy of risk assessment and a coordinated approach regarding response measures. The Chair asked ECDC to provide a more complete picture on data availability in countries and an update on the situation.

**Follow-up:**

- *The ECDC will provide a detailed summary on the completeness of reporting by countries, as well as an update in 2 weeks to discuss any change in reporting.*

3. State of play on rescEU

DG ECHO introduced action under rescEU and work of task team on medical stockpiling.

In March 2020, an implementing act was adopted on stockpiling of medical countermeasures and personal protective equipment under rescEU, creating an additional element of preparedness, besides stockpiles of Member States. The stockpile is financed by the Commission in 100%. Direct grants are provided for countries that are responsible for the development and maintenance of the stockpile.

The rescEU stockpile can be composed of intensive care medical equipment including ventilators; personal protective equipment; laboratory supplies; vaccines and therapeutics (e.g., Ebola, COVID-19 vaccines once available). The stockpiles can be physical or virtual, all products must comply with international standards and be CE-marked.

The rescEU stockpiling is implemented in phases. Phase 1 covered masks and ventilators two first grants was signed with Romania and Germany; phase 2 covered PPE, intensive care medical devices for COVID-19 and vaccines and therapeutics against Ebola; phase 3 covers PPE, medical equipment and testing items for COVID-19 and therapeutics and vaccines for Ebola. The deadline to apply for grants if the 3rd phase is 25 September.

Work on other rescEU medical capacities include medevac for highly infectious diseases and disaster victims, EMT-3 filed hospitals.

**Follow-up:**

- *The HSC will continue to be updated on the work under rescEU.*

4. Joint procurement for Intensive Care Unit (ICU) medicines

The Chair provided an update on the joint procurement for ICU medicines. 10 Member States, as well as the UK, NO, LI, MK, and ME are participating, covering a large number of medicines (analgesics, antibiotics, muscle relaxers, anaesthetics, resuscitation, other). The evaluation has been finalized. Not all but most of the volumes are sufficiently covered.

The Chair asked for information on any additional needs or shortages of ICU medicines in Member States. The question was also raised at previous HSC meetings in line with the implementation of the Commission Communication on Short-term EU health preparedness for COVID-19 outbreaks.

The Chair also provided an update on the joint procurement for large scale vaccination supplies. So far 25 countries have sent their demands. The tender specification are under preparation in consultation with countries. The launch of the tender is expected next week.

The joint procurement of remdesivir (Veklury) is currently under preparation, with the participation of all Member States, and shall be concluded by the end of September/beginning of October to prevent a delivery gap. Remdesivir will be accessible to countries through this

joint procurement exclusively, to ensure coordinated access to the medicine during the pandemic.

**Follow-up:**

- *The HSC shall send updates on ICU medicines demands and planning by 25 September.*

5. AOB

AT asked the HSC about the reporting requirement of suspected cases of COVID-19. DE legislation was extended to include suspected cases. In HU, the reporting requirement includes the suspected cases of a list of communicable diseases.

**Follow-up:**

- *Countries to share information with Austria.*