



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 21 July 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Wolfgang Philipp, SANTE C3

Audio participants: AT, BE, CZ, DE, DK, EE, ES, FI, FR, GR, HR, HU, IE, IT, LT, LU, LV, NL, PL, PT, SE, SI, CH, NO, UK, AL, BiH, MK, RS, XK, UA, DG SANTE, DG ECHO, ECDC, WHO

Key Conclusions

1. Blueprint for an EU Vaccination Plan for COVID-19: The HSC was invited to accept the final version of this document, after a further round of comments. As there was no objections from the HSC, the document was considered accepted.
2. Discussion on exit strategies/deconfinement/reconfinement and the impact of measures: FR and LU updated the HSC on measures implemented. In FR, wearing facemasks has been mandatory in closed spaces since 20 July. LU has introduced new restrictions in terms of social gatherings.

Follow-up: Countries to continue updating the HSC and the EWRS about measures and the impact of those.

3. Discussion on control measures for travellers coming from high-risk areas: Countries informed the HSC about how they handle such travellers. FR specifically noted that they will keep the HSC informed. DE has a positive and a negative list and travellers coming from countries on negative the list are asked to contact health authorities and go into quarantine, unless they are tested and the result is negative. It is being discussed how to implement the quarantine. DE requested a common approach at EU level. In EE, travellers coming from countries with > 16 cases per 100 000 inhabitants (EU as well as third countries) must go into quarantine. BE has set up a colour code system. Countries/regions with > 100 cases per 100 000 inhabitants are red, and travellers coming from those areas must go into quarantine. There are also orange areas, where testing and quarantine for travellers is recommended but not mandatory, and green areas. The Netherlands works with a system of colour codes as travel advice: green (no risk – currently no country in the world), yellow (risk comparable to the Netherlands, “vacation possible, but watch out”), orange (high risk, “only essential travel, vacation is not essential”) and red (very high risk, “do not travel”). Travellers, regardless of nationality, from areas which have been designated orange or red are strongly advised to self-isolate for 14 days upon arrival. ES controls all

incoming travellers, those with COVID-19 symptoms having to do a PCR test. In BiH, non-nationals can enter the country if they have a letter of invitation and a negative test.

Follow-up: Testing to be discussed further in the HSC. DG SANTE to see if a reporting questionnaire (Integrated Situational Awareness and Analysis) can be adapted so as to provide even more information on the topic, in view of a common approach, as requested by DE.

4. Discussion on new developments regarding external borders and potential transit: DG SANTE gave an update about the Council Recommendation on the temporary restriction on non-essential travel into the EU and the possible lifting of such restriction¹. In short, this Council Recommendation draws up a list of third countries in relation to which travel restrictions should be lifted. The list is revised every two weeks, and two countries – Serbia and Montenegro – were removed from the initial list on 16 July. DG SANTE underlined that all countries to which the Council Recommendation applies (EU 27 (except DK and IE) and EEA countries) should implement it. Some countries have lifted restrictions to only some of the third countries listed, whilst others have opened borders to additional countries, with challenges in relation to passengers in transit as a result. DE, FR, NL and BE informed about their position. DE expressed understanding that countries may not open for all of third countries on the list but countries should not open for third countries *not* on the list. FR and NL agreed to this position. FR has closed borders for Algeria even though this third country is on the list, following a high number of cases. NL complies with the list and extended lifting of restrictions to people in long-distance relationships. BE has closed for all third countries but may start to comply with the list now that Serbia and Montenegro have been removed.

Follow-up: Coordinated approach to be discussed further in the HSC.

5. Presentation by LU on mass testing strategy: Since the beginning of the pandemic, LU has invested heavily in PCR tests. LU can carry out 20 000 tests per day. Until May/June, numbers of COVID-19 cases were low but rose in July, due to social gatherings. Currently, LU is focusing its testing strategy in four groups (workforce most exposed to COVID-19, travellers, general population, contacts of cases), which are invited to be tested once or regularly. LU does not consider itself a high-risk country despite currently being red-listed by other countries and emphasised that, whilst a broad testing strategy led to the identification of more cases, it has also led to a better understanding of virus spread and consequently control of the situation. Numbers of COVID-19 cases are stabilising and expected to decrease. The endpoint of the strategy would be to keep numbers of COVID-19 cases at a manageable level while waiting for a vaccine.

Follow-up: LU to share presentation with the HSC. Testing strategies to be discussed further in the HSC in view of developing a common approach.

6. Update on joint procurement: The Commission has received offers for the joint procurement procedure for ICU medicines, and evaluation is ongoing. The Commission has approached vaccine manufactures to know whether additional doses of seasonal influenza vaccine is available. Correspondence from the Commission to countries regarding availability of certain therapeutics has been sent. The Commission is in dialogue with Gilead concerning the procurement of Remdesivir (Veklury) and will revert with updates in due course. The Commission highlighted that COVID-19 vaccines, once developed, may come without syringes and other items (delivered as multi-dose vials), and that there could be shortages

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1595360792603&uri=CELEX:32020H0912>

of those. Member States were asked to comment on their preparedness regarding the availability of supplies for immunisation (e.g. syringes, alcohol, wipes, PPE) and any interest in joint procurement for these items. NL and IT are already looking into this matter and signalled their interest in a future joint procurement.

Follow-up: Member States to inform the Commission in case of interest for joint procurement of seasonal influenza vaccine by 24 July. Member States to inform the Commission in case of interest for joint procurement of syringes and other medical items for use during COVID-19 vaccination.

7. Short presentation by the ECDC of their Threat Assessment Brief: Eurasian avian-like (EA) A(H1N1) swine influenza viruses²: This threat assessment brief looks into circulating swine influenza viruses with pandemic potential. Member States are invited to read the document carefully and the ECDC will follow-up developments.
8. Update by ES on Possible animal – human transmission on a mink farm in this country: Possible animal-human transmission of COVID-19 has appeared on a mink farm in ES. All minks have been killed, and laboratory analyses are ongoing.

Note: The agenda point on the Commission communication on short-term EU health preparedness for future COVID-19 outbreaks was postponed to the next HSC meeting, on 24 July.

²<https://www.ecdc.europa.eu/sites/default/files/documents/Eurasian-avian-like-A-H1N1-swine-influenza-viruses.pdf>