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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 26 August 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: BE, BG, CY, CZ, DE, DK, EE, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PT, RO, SE, NO, CH, UK, AL, BA, ME, MK, RS, XK, UA, DG SANTE, DG ECHO, DG JRC, ECDC, CHAFEA, WHO

Key Conclusions

1. Update from countries on preparedness and response measures

The Commission introduced the agenda of the meeting and opened the floor to countries to provide an update on the state of play of their preparedness and response measures in place. In particular, countries were asked to indicate any gaps or specific needs they may have now or foresee to encounter in the future.

NL continues to see high rates of asymptomatic cases that are returning from their holidays, the quarantine period was shortened from 14 to 10 days.

IT informed that they have prepared a report on the country's response to the COVID-19 outbreak, which was shared with stakeholders. The document provides information on issues such as transmission patterns, preventive measures, measures in school settings, and burden on the healthcare system. IT was asked to circulate the report to the HSC.

DE is preparing for the potential vaccination phase. Moreover, it is closely monitoring travellers returning from high-risk areas. At the moment, DE offers a free COVID-19 testing within 24 hours after arrival to the country. The testing capacity is 10/1000 inhabitants per week. Finally, DE is considering to also shorten the quarantine period from 14 to 10 days, in line with measures already taken by NL and NO. DE indicated plans to increase capacity for testing, including laboratory supplies.

MK informed countries that they see a decrease in the number of positive cases and the quarantine measures in place for symptomatic and asymptomatic people were further elaborated on. Asymptomatic cases are required to stay 10 days at home and if they are still without symptoms on the 11th day, they are considered to have recovered from COVID-19. Patients with symptoms are required to stay home for either 21 days or until they have not shown any symptoms for at least three days in a row. MK has increased its testing capacity, which is currently around 2.000 tests/day.

MT has increased its testing capacity and presented measures taken for specific settings such as outdoor gatherings and nightclubs. Moreover, the country requires incoming travellers from RO, BG and ES to take a COVID-19 test (72 hours before departure) and will extend this requirement to other countries as of Friday. MT also raised a question related to schools, and asked whether any criteria exist for closing of schools after they have reopened. The Chair indicated that this point will be taken up at the next HSC meeting.

Follow-up:

- *HSC members are encouraged to get back to the Commission by 28 August COB concerning any specific gaps or needs they are currently experiencing or foresee to be facing in the upcoming months.*
- *This is related to the actions set out in the Commission Communication on short-term preparedness, and countries were reminded to complete the questionnaire that was circulated by the Commission.*
- *In terms of upcoming Joint Procurement, countries are encouraged so send precise lists of items required for testing or medical equipment etc. to the Commission.*
- *In case of immediate needs for medical countermeasures, countries are encouraged to use the EWRS and post requests for specific items as other countries may be able to help out.*

2. Testing strategies

The Commission referred to the Commission Communication on short-term preparedness, which sets out the importance of testing and refers to the need of ensuring the availability of necessary testing capacity. To better understand what testing strategies and needs countries have in terms of testing and capacities, a questionnaire was circulated to the HSC, to which 12 MS, NO and UK replied. The answers to this questionnaire, as well as information provided for certain sections of the ISAA report, will be used by the Commission to prepare a discussion document for the next HSC meeting on a common EU testing strategy.

The Commission gave a short overview of some of the information received by countries in response to the questionnaire. Firstly, while most countries are testing all symptomatic cases, but some have a prioritisation system in place for symptomatic cases. One country tests all asymptomatic cases and most other countries systematically test asymptomatic cases among certain population groups or settings. For incoming hospital patients or people requiring specific treatments or medical interventions, different approaches are taken by countries in terms of testing. Moreover, high variations were reported by countries for the testing turn-around-time, particularly concerning the time between the request for a test and the sampling. Countries are reporting the use of consideration of the use of antigen and/or antibody testing, and different measures (both compulsory and voluntary) are taken for contact tracing.

ECDC provided an introduction on the recently published guidance on [mass testing](#). ECDC explained that different population-wide testing approaches have already been used in various countries, including household testing, individual testing and the testing of incoming travellers, irrespective of whether or not they are displaying symptoms. Factors that need to be considered prior to implementation of any population-wide testing strategy which is to include all individuals are the epidemiological situation, costs, logistics, technical feasibility, resource availability, contact tracing capabilities, barriers to testing, potential false positivity and timely notification. Moreover, population-wide testing strategies can complement other public health measures and are more effective when paired with case isolation and contact tracing.

ECDC noted five main strategies for testing including to: reliably monitor SARS-CoV-2 transmission rates and severity; mitigate the impact of COVID-19 in health care and social-care settings; detect outbreaks in specific settings; control widespread community transmission; and maintain COVID-19 elimination status once achieved.

Follow-up:

- *HSC members were reminded to complete the questionnaire on testing and testing capacities by 28 August COB.*
- *The Commission is preparing a discussion paper on testing strategies for the next HSC meeting with the view of preparing for an agreement in the HSC later.*

3. ESI updates

- ESI projects on ICU training and increasing testing capacity

The Commission signed a contract with the European Society of Intensive Care Medicine (ESICM) of €2.5 million (ESI funding) for training of healthcare professionals supporting and assisting Intensive Care Units (ICU). The training will provide intensive care medical skills to healthcare professionals in the 27 MS and the UK who are not regularly working in ICUs. This will help increase the capacity of staff that could be deployed at a time when there is need for rapid, temporary and significant scale-up of ICU capacity. This programme, implemented evenly across the EU, will cover a minimum of 1,000 hospitals and 10,000 doctors and nurses, and will be deployed between August and December 2020. ESICM will be in touch with the relevant actors and the members of the HSC can contact them in order to get further information. The contact persons are indicated in the documents circulated.

Regarding the projects on increasing testing capacity, ESI will support the International Federation of the Red Cross (IFRC), working with the Red Cross national societies, to provide training so that more staff are available to take samples and perform tests, and to increase Member States' testing infrastructure, especially via mobile equipment for sampling and analysis. This is because MS have expressed that there are two limitations in the resources to perform tests and to take samples: specific training required to carry out such tasks and available infrastructures. Non-health staff can be trained for sample collection. Laboratory technical staff should be trained on COVID-19 updated specific diagnostic methods. Mobile structures to be deployed where most needed would provide additional capacity. This collaboration is open to the 27 EU MS and UK, through the national Red Cross Society. The project will be implemented by the IFRC Regional office and the contact point in each MS will be the national Red Cross Society.

- ESI Mobility package

DG ECHO explained that, in line with the 24 April Financing Decision, the ESI Mobility Package has three strands: transport of cargo, transfer of patients and transfer of medical teams including operating costs. DG ECHO shared a Guidance Note with the conditions for award with the application procedure some weeks ago. Applications for cargo transport closed on 10 July, and results will be shared with Member States soon. An application deadline was given on this strand to ensure equitable treatment of applications. Funding for transfer of patients and transport of medical personnel is on a "first come first served" basis, and applications can thus be made at any time. This is due to the urgent, sometimes life-saving nature of actions. Funding is available for new actions, and retrospective requests if the transport arrived at its destination on or after 24 April 2020. Finally, as there is still funding available, Member States are encouraged to apply. The procedure is set out in the Guidance

Note, complemented by Q+A on the ESI website. Authorities should first write a notification on the EWRS, and then apply through CECIS.

4. AOB

Regarding **remdesivir** (Veklury), the allocation of the second delivery is ongoing, and ECDC will be asked to launch the allocation key this week and inform the Commission of the allocation numbers per country for the next delivery, foreseen for 1 September. The HSC was reminded that the allocation of remdesivir is not for stockpiling but for treatment of current cases. ES has already expressed the need for additional doses.

Follow-up:

- *Countries are encouraged to inform the Commission in case they do not need the full allocation of remdesivir, so that it can be reallocated to those countries that are reporting shortages.*
- *Member States are encouraged to use EWRS for requests related to the immediate shortage and exchange of medical countermeasures, including for remdesivir.*