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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

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Health Security Committee

Audio meeting on the outbreak of COVID-19

Draft Summary Report

Chair: Wolfgang Philipp, European Commission, DG SANTE C3

Audio participants: AT, BE, CZ, DE, DK, EE, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PT, RO, SE, SK, NO, CH, UK, AL, BiH, MK, RS, XK, UA, DG SANTE, DG ECHO, DG HR, DG JRC, CHAFEA, ECDC, EEAS, EMA, WHO, Pluristem/kENUP Foundation (external participation for the first agenda point)

Key Conclusions

1. Pluristem's Cell Therapy (presentation by kENUP Foundation)

The HSC received a presentation from Pluristem on their novel cell therapy treatment for COVID-19 in line with the discussions on the development of novel treatments.

2. Testing strategies

The Chair introduced the updated version of the common testing strategy that was circulated to the HSC prior to the meeting. The document was updated based on the input of eight additional Member States to the testing questionnaire and two countries had sent updated information on their current testing strategies. With the additional input received, the content of the document is now based on the information sent in response to the testing questionnaire by 19 MS as well as NO, CH, UK, BiH and UA. Moreover, 5 Member States did not complete the testing questionnaire but responded to the latest ISAA questionnaire to provide information. Information on the current approaches and testing strategies to be received from 3 remaining Member States (EL, PT, SI).

In addition, ECDC is working on a technical paper on testing strategies, and which will complement the HSC document. The common testing strategy is thus a practical paper, setting out concrete action points and policy recommendations for consideration by countries when updating or adapting their national testing strategy. ECDC will built on this by providing the technical background and evidence-base of why efficient testing strategies are key for preventing and tackling the COVID-19 outbreak.

NO indicated that it considers the document to be very useful. In relation to the action point on testing of all symptomatic cases it was noted that with the flu season coming up, the number of people with respiratory symptoms will significantly increase, and capacities will not be

sufficient to ensure that all symptomatic cases will be tested for COVID-19. NO also raised the point of how countries can define and plan their testing capacities for the upcoming season and how countries are estimating the number of people that will need to be tested, including those with respiratory symptoms that do not visit health services.

ES agreed that the upcoming flu season it pose challenges for COVID-19 testing. While the country will do its utmost best to cover all, if necessary, it will start focusing on those target groups that are most critical (e.g. healthcare workers, elderly, etc.). Concerning the common testing strategy. Thirdly, ES raised a point related to the use of antigen tests, which are, at the moment, considered not to be sensitive enough for diagnostic purposes. The country is currently validating different tests and will soon have further information on what they found in terms of test performance.

EE raised several points, focusing on the links between a short Test Turnaround Time and contact tracing, the definition of high-risk close contacts, cross-border mobility and the importance of having comparable testing data across the EU. EE also added that it would be helpful if ECDC could analyse the different testing approaches taken by Member States in different scenarios.

DE commented that currently, only the RT-PCR test is used for diagnostic purposes and that around 1 million tests are carried out each week. The country focuses on symptomatic cases and specific groups among the asymptomatic cases and that it is, at the moment, not facing any shortages in terms of testing resources and capacities. The use of antigen tests will be included in the DE testing strategy, as the short TAT is considered to be a strong advantage. Thirteen antigen tests with a CE label are currently being validated and results are expected by end of September. DE highlighted that it would be helpful to coordinate efforts and thus for countries that are going through antigen test validation processes, to bring their results together.

IT added that a specific approach for testing of all people with respiratory symptoms is currently under discussion in the country and that it would be helpful to have further information from other countries how they are defining priorities and planning testing capacities. For now, there are no shortages for the supply of tests but authorities are working in a way that this could be be guaranteed also for the future. Finally, IT mentioned that antigen tests have been used in the country during the month of August in ports and at airports, to screen passengers arriving from high-risk areas. They used an antigen test that was validated by the national institute of Infectious Diseases (IMNI) “Spallanzani” and that appears to have a high sensitivity rate (about 80% % for samples with high viral concentration). However, IT stressed that it does not consider the antigen test result as an alternative to quarantine measures.

PT will provide the completed testing questionnaire and comments on the common testing strategy, including the use of multiplex PCR kits that allow for the testing of influenza, COVID-19 and other respiratory diseases. Moreover, the use of rapid tests for specific symptomatic target groups is under evaluation in the country.

FI asked ECDC whether it has collected any information on the specificity or sensitivity of different antigen and antibody tests. Moreover, it added that it has launched its national mobile application and that, during the first week after its launch, a third of the population had downloaded the app.

ECDC responded that it is collecting test validation data through its lab network. ECDC will share data and information has been collected for different tests and share this with the HSC.

Before closing this agenda item, the Chair referred to the HSC meeting of 26 August, during which the Commission presented an agreement with the Red Cross, funded through the ESI, to increase testing capacities in MS. Only a few countries have, to date, set up agreements or working relations with the Red Cross that would allow this deployment, and the Commission strongly encourages other Member States to also consider doing this. The Chair reiterated that the Red Cross will not act in Member States in this regard, if national health authorities do not make any requests.

Follow-up:

- *The HSC is encouraged to review the second version that was circulated of the common testing strategy and to provide further input and updates to the Commission by* ***Fri 11 Sept COB.***
- *The HSC is encouraged to submit information on the planning of their testing capacities and resources, as well as any foreseen shortages and particularly in light of the upcoming flu season, to the Commission by* ***Fri 11 Sept COB****.*
- *HSC members are encouraged to submit information on national validation studies and data they have on the use and performance of antigen and/or antibody tests. This topic will be discussed in further detail at the next HSC meeting. Also the use of multiplex PCR tests for diagnostic purposes will be addressed at the next meeting.*
- *ECDC will assess whether information and data has been collected via work with lab networks on antigen and/or antibody tests that is relevant to the HSC discussions at the next meeting.*
- *HR submitted two technical questions on amplification cycle thresholds for PCR and a JRC database on in vitro devices to be clarified.*

3. Follow-up to the Commission Communication on short-term preparedness for COVID-19 Action areas: stress tests for contact tracing systems; supply of essential products; seasonal influenza (update from countries and discussion)

The Chair invited the HSC to share updates on the status of implementation of the Communication; specific actions continue to be discussed at the upcoming meetings.
For this meeting, the Action areas discussed were stress tests for contact tracing systems, supply of essential products and seasonal influenza. Regarding stress tests, the action in the Communication invites Member States to run scenario-based national stress tests for contact tracing systems, testing capacities and testing deployment. Most countries informed that stress test exercises are not a priority at the current moment. The Chair enquired about plans for implementation of stress tests in the futures in relation to contact tracing or other areas and about conclusions of stress tests for the countries that did implement this type of exercises.

BE informed that the real life test was in March, during the outbreak. BE drew the first lessons learned from the situation and is working on a strategic plan for the future. BE noted that stress tests are being carried out to test the future corona alert application.

NO informed that stress tests are planned at local level in regions. On 10 September, a first seminar took place with civil protection stakeholders and municipalities of the country to discuss the approach and scenarios based on the current outbreak. NO considers that it is important for the local level to understand the pressure of the outbreak. Results from these stress tests will be shared.

Regarding supply of personal protective equipment (PPE) and medical countermeasures, 3 action items were addressed: to support equitable access and deployment of needed medical

countermeasures (the action is implemented in 7 countries, in 8 countries is ongoing); to monitor access, availability and risks of shortages of medical countermeasures and their key ingredients and components; and to increase capacity and speed up certification and conformity assessment of products to be placed on the market while ensuring safety, accuracy and conformity with EU standards (most countries responded that these actions are implemented / in place/ongoing)
The Chair asked whether countries have any further needs for medical countermeasures, and whether countries have implemented any changes to the monitoring of the availability.

SE informed that they have identified problems with the supply of nitrile gloves. With regards to medicines, 4 regions in SE are responsible for procurement of medicines for COVID-19 and that 3 different scenarios for the future of the outbreak are taken into account in this procedure. SE noted that for PPE and ventilators, the 21 regions in SE work in a common organization of procurement in addition to the procurement at national level.

DG ECHO updated the HSC on the stockpiling under rescEU: the first round of application was for PPE and ventilators (the exact number will be shared after grants are assigned), the second call is for PPE, medical devices and testing devices.

Regarding seasonal influenza preparedness, the corresponding action items invite Member States to increase influenza vaccination coverage. Seven countries responded that this action is implemented, 9 that discussions are ongoing, to ensure additional national procurements for influenza vaccines (e.g. through excess supply production) (7 countries responded that this is implemented. 8 responded ongoing), to prepare adapted vaccination infrastructures for seasonal influenza in a COVID-19 outbreak setting (e.g. to cater to potentially larger seasonal influenza vaccination uptake) (3 countries responded that this action is implemented. 12 responded ongoing discussions / planned).
The Chair asked the HSC to update on the situation at national level regarding these action items, namely on vaccination campaigns, needs for influenza vaccines and adaptation of vaccination infrastructures/systems to the COVID-19 outbreak setting.

FR informed that the vaccination campaign in FR will start as usual in October this year (13/10/2020) until January and will take into account the novel context of co-circulation of COVID-19 and seasonal influenza. This possible co-epidemic reinforces the importance of vaccination of healthcare professionals, at a time when continuity of care is crucial in a context of hospital stress induced by the COVID-19 pandemic. It may also lead to an increased demand for vaccination by the general population, which must be anticipated in order to protect first and foremost the vulnerable people targeted by the recommendations of the French National Authority for Health (HAS). In the recommendation issued on May 20, 2020, the HAS recommends maintaining the usual campaign schedule and ensuring that priority is given to immunizing frail people and health professionals. The challenges this year are to prioritize the vaccination of the people targeted by the vaccine recommendations, to adapt the communication strategy to the context of the COVID epidemic and to anticipate the behaviours of the populations, and to monitor the vaccination campaign in order to be able to manage the risks of supply tensions.
FR noted that securing supply of vaccine doses is necessary, that negotiation have been made with pharmaceutical companies and that for the first time a state stockpile of influenza vaccines has been put in place to ensure security of supply in case of shortage. Concerning vaccination infrastructures, FR noted that these are essentially limited to vaccination in the liberal sector and that in this exceptional health context, the liberal sector is ready to make influenza vaccinations accessible to the target populations.

IT informed that the Annual Circular note about Influenza was published, that target population will include elderly starting from 60 instead of 65 years old, as well as children from 6 months to 6 years old. Another main target group will be healthcare workers. IT noted that mandatory vaccination of healthcare workers is dependent of specific orders at regional level.
In terms of needs, IT is gathering input from regions, asking them if needs are covered. Information will be shared promptly.

BE noted no changes in vaccination infrastructures. Phasing in delivery of vaccines is in place. Standard vaccination processes will start from mid-October, with priority to risk groups (elderly, patients with chronic illnesses, pregnant women and healthcare workers). Rest of the population will be able to get vaccinated after the 15th of November.

NL is planning to increase influenza vaccination awareness through campaigns including social media. Extra influenza vaccines are stockpiled. Additional guidelines by the Dutch general practitioner association have been produced, on safe influenza vaccination practices in relation to COVID-19.

DE noted that there is a need to increase vaccination coverage for influenza vaccination in elderly (60 and above) and risk groups such as pregnant women and healthcare workers. DE plans to intensify the campaign with posters in public spaces. DE relies on the system in place with regards to practices for vaccination of the population.

Follow-up:

- *The HSC is invited to continue to share updates on the implementation of the Commission Communication.*
- *At the next HSC, additional specific action items from the Communication will be discussed to get a full overview on the implementation.*
- *The Commission will produce an implementation report in the coming weeks, summarizing all inputs from Member States on the implementation of the Communication.*

4. Opening of schools measures and impact (update from countries)

The Chair reminded the HSC that the issue of reopening of schools was discussed at previous HSC meetings and that various countries have shared guidance on educational settings, which were circulated to the HSC.

DE explained that schools are the responsibility of the "Länder", which makes it difficult to monitor the current situation. However, a concrete example was given of the State of North Rhine-Westphalia, which has already opened its schools again as one of the first States. A slight increase in cases was observed, but nothing that posed a real danger to pupils or teachers. At the start of the reopening of the schools, masks were obligatory in the classrooms and when moving between floors. While this is no longer an obligation since 1 September, some schools have continued to implement this rule upon the request of students, teachers and parents. This shows that schools are adopting their own pragmatic approaches that they seem best fit for their students and context.

The Chair commented on a development that several countries are currently experiencing higher peaks of new cases compared to the previous wave of the pandemic. The Commission asked the ECDC to look into the epidemiological situation, particular in the context of the approaching influenza season, and to prepare an updated risk assessment. The topic will be further discussed at the next meeting.

5. AOB

Remdesivir

The Chair stressed that it is key for countries to provide the Commission with a timely notification if remdesivir is running low so that the Commission can act accordingly. Often, 1-2 days in advance is not enough to ensure a timely delivery. Moreover, the Commission asked the HSC members to clarify with their colleagues in regions and hospitals that they should not contact the producer directly (e.g. through the general customer service number of email), but to communicate any possible shortages through the HSC member to the Commission. This ensues a coordinated access to remdesivir.