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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 20 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: AT, BE, BG, CZ, DE, DK, EE, ES, FI, FR, HR, HU, IT, LT, LU, LV, MT, NL, PT, RO, SE, NO, CH, UK, AL, BA, ME, MK, RS, XK, DG SANTE, DG ECHO, DG HOME, DG HR, DG JUST, ECDC, CHAFEA, WHO

Key Conclusions

1. Follow up on the Communication on short term preparedness; gaps and needs

The Commission referred to the increasing trends in 14-day case notification rates of COVID-19 in the EU and EEA. Additionally, some countries are reporting a resurgence of observed cases or large localised outbreaks. The HSC was asked to provide written updates on the implementation of the actions laid out in the Commission Communication on short-term EU health preparedness for COVID-19 outbreaks. Until the deadline, 11 countries provided the Commission with the requested information.

In summary, the submitted information shows that in the area of testing, contact tracing and public health surveillance, while most actions are either in progress or implemented, a majority of countries have indicated that they have not planned or do not support the running of scenario based stress tests for contact tracing systems, testing capacities and testing deployment. Regarding supply of personal protective equipment, medicines and medical devices, most countries have either implemented the related actions or are in progress, including for instance monitoring access, availability and risks of shortages of medical countermeasures, establishment of overview of needs for medical supplies, national productions capacities and stockpiles. Actions to ensure healthcare surge capacity, including taking part in the Online European Network of clinicians and development of training modules is in place in 5 countries, 4 are in process. Regarding non-pharmaceutical measures, most countries informed that sharing of information concerning effectiveness of measures, re-introduction of measures, best practices related to internal and external border crossing is implemented. Regarding support to vulnerable groups, 8 countries have designed and implemented specific high density, low threshold testing strategies for vulnerable groups, while 2 are in progress. Sharing of best practices and provision of mental health and psychosocial support is in place in 3 countries, 6 are in progress. Actions to mitigate seasonal influenza are in progress in the majority of countries, with a couple having these actions already implemented or prepared and scheduled.

Follow-up:

- *The Commission reminded those countries that had not yet done so, to submit updates on the implementation of the different actions laid out in the Commission Communication.*
- *The Commission will circulate a table to the HSC highlighting the status of implementation of the different actions based on the information submitted.*
- *The Commission is currently compiling input from other Commission services and will share this information with the HSC in due time.*
- *The Commission asked the HSC what specific support countries need (e.g. from the EU, bilaterally or multilaterally) to enhance preparedness and response.*

2. Update from countries: Deconfinement/reconfinement measures; measures at borders, control measures related to travellers; testing and contact tracing:

While the impact on deconfinement and reconfinement measures are a standing point for discussion of the HSC, the Commission asked countries to focus their updates on the topic of testing and contact tracing. Some countries have reported shortage of tests, as well as delays between testing and contact tracing. Extensive testing and contact tracing of the population continues to be essential, and any resurgence in cases should be rapidly detected and followed up in line with existing provisions.

Further building on the previous agenda item on the Communication on short-term EU health preparedness for COVID-19 outbreaks, the Commission circulated a questionnaire to the HSC on testing and testing strategies including input from countries. The HSC was asked to send replies by 20 August as a basis for discussion towards a common testing strategy. Until the deadline, 10 countries replied to the questionnaire. Moreover, in the context of contract tracing, the HSC was reminded that BE had requested contact points on this matter, and that only DE had responded to this request.

FR informed the HSC that there are increasing numbers of COVID-19 cases in France, and set out some of the current measures put in place as part of their national COVID-19 strategy. FR currently has a capacity of carrying out 700.000 tests/week. Finally, FR asked for further ECDC guidance on the management of asymptomatic cases.

DE also reported an increase in the number of COVID-19 cases, of which 30% are imported cases due to people travelling back to Germany from their holiday destinations. It mainly concerns young people, between 20 and 30 years old, who present mild symptoms and therefore the number of hospitalisations has not increased accordingly.

NL is scaling up contact tracing as they are also experiencing an increase in new COVID-19 cases. These concerns mainly clusters at home and in family settings, and therefore the government have implemented new measures, limiting people to invite a maximum of six people at their homes. Moreover, as part of the new measures, the quarantine period has been shortened from 14 to 10 days, which is in line with measures taken earlier by NO.

IT reported that the country is currently not in critical condition, but that it is monitoring the situation carefully as the numbers of new cases in all regions have been increasing. Of the new cases, 29% is estimated to be due to travelling. As a new measure, people travelling from HR, ES, MT or EL are now required to do a COVID-19 test either 72 hours before departure or within 48 upon arrival in IT.

FI added that they are also observing increases in travel-related COVID-19 cases, particularly among people travelling back from the Balkan areas.

The question was raised why the increase in positive cases is, at the moment, not resulting in increases in higher mortality rates, and if this is linked to increased testing resulting in more cases being detected, also among the younger population. ECDC noted that the current observations may be part of a first phase that will spread further in the future. The question will be further discussed during the next HSC meeting, and further observed and analysed.

EE informed the HSC that as of 1 September and solely for work-related purposes, it will be possible for people travelling back to Estonia to take a COVID-19 test rather than to self-quarantine for 14 days.

ES noted that they indeed see a lower mean age among the positively tested cases in the country. While the mean age was 63 years at the peak of the COVID-19 crisis, it is now 36 years. Moreover, while case fatalities were around 30% and hospitalisation around 55% during the peak of the crisis, these numbers are now 0.3% and 4%, respectively. Moreover, due to increased testing capacity, ES is detecting now many more cases, including asymptomatic tracing, which is estimated to be around 40-50%. There is thus a clear increase in incidence rate, while hospitalisation and mortality rates are decreasing.

Next, DG HOME gave an update on a meeting that took place that morning on travel restrictions and measures taken by countries restricting the free movement of people in the EU due to the COVID-19 pandemic. On 13 May, the Commission published a Communication setting out which restrictions could be implemented by Member States, stressing that these should be proportionate and non-discriminatory. Moreover, a letter was sent by DG HOME and DG JUST to the EU ambassadors with 13 guiding principles to ensure a coordinated approach for travel-related measures in EU countries in the context of the COVID-19 pandemic. DG JUST added that it is crucial to ensure that the travel-related measures and restrictions put in place are clearly communicated to citizens as well as easily available.

DE responded that, being the country holding the current EU Presidency, it appreciates a common approach for travel-related measures, including testing and quarantine. This should be an agenda point on the next meeting of the IPCR end of the month.

Follow-up:

- *The Commission reminded those countries of the HSC who had not yet replied, to submit their answers to the short questionnaire on testing and testing strategies, particularly in relation to needs and shortages, which will form the basis for a discussion document for the next HSC meeting.*
- *The Commission is checking internally the possibility of organising a meeting on issues related to testing, contact tracing and personal data protection.*
- *FR will send to the Commission further information on asymptomatic cases observed. ECDC to prepare guidance.*
- *ECDC to provide further details on the development of recommendations or guidance on cases as described by FR.*
- *NL to forward further details on the argumentation why the quarantine period has been shortened from 14 to 10 days.*
- *The letter from the Commission sent to the ambassadors of the EU countries on border restrictions, will be circulated to the HSC.*

3. Medical countermeasures, update on joint procurements:

The Commission informed the HSC that while many countries have concluded joint procurement framework contracts related to ICU medicines, personal protective equipment, ventilators and lab equipment, many orders are still to be placed. The Commission therefore stressed that it is important for countries to review and assess their stocks and, if necessary, and make the required orders. In case countries no longer need to make orders regarding certain items, the Commission should be informed so that their capacity can be used by another Member State or so that the company can sell their capacity to another country in the world.

Moreover, a questionnaire was circulated to countries regarding new options for joint procurement to identify the items in particular they would be interested to procure. So far, 21 countries responded to this questionnaire.

The Commission also informed the HSC that an advanced next delivery of remdesivir (Veklury) under the Emergency Support Instrument was negotiated with the producer Gilead. The last delivery will take place early October, a joint procurement for remdesivir is under preparation to ensure that access to Veklury will continue from October onwards. This joint procurement will be the exclusive way for all 37 countries that signed the JPA to access Veklury for the next months.

With regards to the seasonal influenza vaccine, the Commission was discussing with vaccine manufacturers the availability of seasonal influenza vaccine. Countries have been informed on developments, bilateral contracts have been established to procure restricted amounts of vaccine by interested countries.

Follow-up:

- *Countries should review their stocks and assess whether there will be a need to order (in the future) any of the items related to the Joint Procurement Framework Contract they signed. If not, they should inform the Commission.*
- *The Commission will circulate a table setting out the answers to the questionnaire on future joint procurement options.*
- *The Commission reminded the HSC to indicate if they have any specific needs in terms of future Joint Procurement Framework Contracts.*

4. AOB

IT asked ECDC whether they are planning to update their new case definition, in line with changes recently introduced by WHO. ECDC is currently discussing the question with WHO/Europe.

Follow-up:

- *ECDC will keep the Commission and the HSC informed on any further developments with regards to the case definition.*