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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 3 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, ES, FI, FR, HR, HU, IE, IT, LT, LV, MT, NL, PT, RO, SE, SI, NO, CH, UK, AL, BA, ME, MK, RS, XK, UA, DG SANTE, DG ECHO, DG JRC, ECDC, WHO

Key Conclusions

1. Testing strategies

One of the action areas included in the Commission Communication on short-term EU health preparedness is to achieve, via the HSC, EU level agreement for aligned testing strategies and methodologies. The Commission therefore circulated a questionnaire to the members of the HSC on current testing strategies and capacities across the EU. In total, 12 MS, as well as Norway, Switzerland, the UK, Bosnia and Herzegovina and Ukraine completed the questionnaire.

Based on the answers submitted, as well as input provided by 10 additional MS to specific sections of the latest Integrated Situation Awareness and Analysis (ISAA) Situation reports, a draft discussion paper was prepared and circulated by the Commission to the HSC. As a side note, the Chair commented that for some countries, differences in replies to the testing questionnaire and ISAA questionnaire were observed, and that this could possibly reflect the fast pace in which testing approaches are changing.

The Chair presented the discussion paper, which sets out concrete actions points for consideration by countries when updating or adapting their national testing strategy. It focuses on two parts: testing and contact tracing, which are the key pillars to effective and successful strategies. It is divided into the topics addressed in the questionnaire, such as testing capacities, testing strategies, testing turn-around-time, schools, incoming travellers and antigen and antibody tests, and has been complemented by the latest statistics and epidemiological data for context.

The paper clearly shows that there are great differences between countries in terms of the testing capacities in place and the approach taken to test symptomatic and asymptomatic cases. For example, testing of some of the key priority groups, such as incoming new hospital patients, healthcare workers and other people who work in long-term care facilities does not always happen on a systematic basis. The same applies to the quarantine and testing measures

put in place for incoming travellers. Another important issue shown by the paper is that large differences exist between countries concerning the testing turn-around-time. It is crucial to limit the time between symptom onset and the testing request, and the test results should be rapidly fed back also to the individuals tested and to the public health officers.

The Chair noted that the paper shows a strong need for common targets, criteria or approaches to the key elements included in the document. The overall goal is to achieve an agreement within the HSC on a common approach to COVID-19 testing across Europe.

ES took the floor, thanking the Commission for the paper and requesting the questionnaire to be recirculated to the HSC, so that those countries that had not yet responded could still provide the Commission with their answers. Moreover, ES noted that the information included from the ISAA questionnaire does not seem to reflect the latest state of play concerning strategies taken by Member States. As a general remark, ES asked to be provide more specific guidance concerning some elements of the paper. It would also be helpful if the section on antigen and antibody tests could be expanded on, particularly as rapid new tests are becoming available that are allowing to have the test result in 15-30 minutes.

DE also expressed their support for the paper and stressed the need to reflect on the different techniques used for estimating the number of positive COVID-19 cases. Moreover, in the context of schools and the use of masks, it was noted that different approaches are being implemented by the Länder and that this should be reflected in the paper. Concerning the use of rapid antigen tests, DE mentioned that they are currently considering allowing negative antigen rapid test results to be acceptable while positive rapid test should be controlled by PCR confirmation.

The Chair responded that the topic of schools, and approaches taken by countries in the context of their reopening as well as testing is very important and will be put on the agenda of the next HSC meeting.

BE and FR also expressed their support for the discussion paper and added that in both countries, a large part of the recommended action points are already being implemented or are being planned.

In response to the question from IT the Chair noted that the actions points in the paper should be considered as recommended elements for effective testing strategies.

As next steps, it was agreed that the HSC will provide comments on the discussion paper and/or complete the testing questionnaire that will be circulated by the Commission by next week Tuesday. Based on the input, the Commission will further update the paper which will be discussed at the next HSC meeting.

Follow-up:

- *The Commission will recirculate the testing questionnaire to the HSC. Those countries who have not yet submitted their answers are highly encouraged to do so by **Tue 8 Sept COB**.*
- *All members of the HSC are highly encouraged to send their written comments, suggestions for drafting, and corrections in case of inaccuracies concerning the testing paper by **Tue 8 Sept COB**. This also includes responses to the general comments submitted by ECDC and left in the comment boxes of the paper that was circulated.*
- *HSC members are encouraged to send to the Commission any information they have on the current use of antigen tests (in combination with the PCR confirmatory test).*

- *HSC members are encouraged to check in their countries who are providing data and input to the ISAA questionnaire, as there shouldn't be discrepancies between what is submitted to this questionnaire and what is received by the Commission in response to the testing questionnaire.*

2. Update from countries on preparedness and response measures

FR gave an update on the state of play concerning the COVID-19 outbreak in the country and the measures put in place in response to it. During the past 7 days, 1 million people were tested, and testing has particularly been ramped up in the most populated areas. Currently, the positivity rate is 4.3% and the average age of cases is below 40 years of age. No major demographic changes are observed. Concerning schools, the overall goal is to reopen all schools as of September, and masks will be mandatory for pupils over 11 years of age. Every three hours the class rooms will be ventilated for at least 15 minutes and contingency plans for distant learning have been put in place. Finally, FR is considering shortening the quarantine period from 14 to 10 days.

ES reported that the situation in the country is similar to France. The median age of positive cases is around 37 years and they mainly see mild cases, which is also reflected in the hospitalisation rate (currently 4%, compared to around 50% in March and April). The rate of asymptomatic cases is around 40-45% and includes both asymptomatic and pre-symptomatic cases. Comparing the characteristics of current cases with the results of the seroprevalence study carried out late April, ES estimates that it is likely that they are currently detecting probably over 70% of the total infected people. The number of PCR tests has doubled during the last 6 weeks and the positivity rate is around 7%. Despite the increased testing efforts, the virus is increasingly circulating and ES is observing strong regional differences. Finally, ES is discussing whether the quarantine period for close contacts in case of absence of symptoms can be shortened from 14 to 10 days, without the need to take a PCR test.

IT provided an update in particular concerning the use of the COVID-19 mobile application. Since its introduction mid-July, the application has been downloaded 5.3 million times and nearly 1800 people were notified through the system that they had been in contact with an infected person. Of these people, 147 tested positive, while the total of positive cases during the period was nearly 25.000. This means that the app currently detects 0.5% of positive cases.

DE reported that they are seeing a declining 7-day incidence rate and that they continue to see a regional difference: the South and West are more affected than the East and North. They had experienced an increase in positive cases over the summer time, which was mostly due to returning travellers. They are currently carrying out over 1.1 million tests per week and have a declining positivity rate, which is currently 0.7%. Schools have reopened in Germany, which has so far not caused a significant increases in positive cases. Germany is continuing its contact tracing efforts and is discussing whether the quarantine period can be shortened from 14 to 10 days. The COVID-19 application in Germany has so far been downloaded 17 million times, but it was stressed that such an application is an addition and can never replace the efforts by the public health services. Finally, DE stressed that there is a need to strengthen the public health services at local level and that, at the Federal level, efforts are ongoing to recruit more staff and ensure the availability of sufficient technical equipment.

Follow-up:

- *The Commission will circulate the latest version of the table concerning the implementation by countries of the actions included in the Commission Communication on short-term EU health preparedness.*
- *The HSC is encouraged to review the table and provide further input and updates to the Commission by **Thu 10 Sept COB**.*
- *Based on the input to the table on the implementation of the Communication, the Commission will draft an overview progress report by mid-September that will be circulated to the HSC and shared with the political level.*

3. Update from countries on opening of schools

In EE, the schools opened three days ago, and the Ministry of Education has published recommendations on how schools can organise themselves and which measures can be implemented. It is up to educational institutions to decide how to organise the lessons (e.g. distance or e-learning or stationary lessons).

In NL, the primary schools are open again and no physical distancing of 1,5 meters is required for the children. In secondary schools, students are not required to keep distance among themselves, but from adults and teachers they should respect 1,5 meters. Masks are not mandatory, but schools are free to implement related measures as they see fit. There is an ongoing discussion in NL on how safe transport to and from schools can be ensured, particularly for vulnerable children such as those with physical or mental impairments.

ES will reopen its schools next week and guidance and recommendations for this have been published at the national level. It is up to the regional and municipal level if and how they implement these. ES added that in the context of mass gatherings, high levels of transmission have not been observed. Spread of the virus is linked to family meetings, nightlife and gatherings of youth. ES has published a guidance that can be used by municipalities prior to organising an event, on how to establish risks and decide if events should go ahead or not.

Schools will reopen end of September in MT, and guiding principles have been published to support schools with this. Concerning mass gatherings, new legislation was adopted setting out specific standards that should be considered. The approach seems to be working, and most events organised nowadays are seated events, of which 100 people inside and 300 people outside are allowed.

- *The item of the opening of schools, and in particular the measures introduced by countries, including testing, will be kept on the agenda. This is relevant throughout the period the schools are opening, to share learning and experiences across the EU.*

4. AOB

Remdesivir

The Chair gave a short update on that state of play concerning the distribution of Remdesivir. The allocation of the second delivery is ongoing, based on the ECDC allocation key. The next delivery has been brought forward from October to mid-September. Moreover, discussions are ongoing between the Commission and the pharmaceutical company Gilead that is producing the medicine to assess if 10.000 additional doses could be delivered. Finally, countries were reminded that in case there is no immediate need for Remdesivir, additional

doses should be released so that these can be reallocated to others that are in need of the medicine. The allocation of Remdesivir is not for stockpiling but for treatment of current cases.

A joint procurement of Remdesivir is currently under preparation and shall be concluded by the end of September to avoid any delivery gap.

Overview on EU support to Enlargement and Neighbouring countries in responding to the COVID-19 crisis

The EU has mobilised, together with the European Investment Bank, a financial support package for Western Balkans of more than €3.3 billion. This includes reallocations from the Instrument for Pre-Accession Assistance of €38 million of immediate support for the health sector, in particular through delivering essential supplies to save lives, such as personal protective equipment, masks and ventilators; €374 million from bilateral IPA assistance to address health, social and economic recovery needs, €5 million of regional assistance to health, €23 million from IPA and IcSP for vulnerable groups and a €455 million economic reactivation package at the regional level, in close cooperation with the International Financial Institutions. It also includes a proposal for €750 million of Macro-Financial Assistance and a €1.7 billion package of assistance from the European Investment Bank.

Western Balkan countries were invited to join the EU Joint Procurement Agreement for medical equipment and they were invited as observers in the EU Health Security Committee. Information is also being shared from the ECDC and the EWRS. Western Balkans can also apply for the EU Solidarity Fund that was expanded to be able to cover also major public health emergencies.

The EU Civil Protection Mechanism was activated for assistance in situations such as the COVID-19 outbreak and it can be activated for in-kind assistance by any government whose capacity is overwhelmed through the Emergency Response Coordination Centre. Five Western Balkan countries have already benefitted from the EUCPM. Partner countries that participate in the EUCPM are also able to access the strategic rescEU stockpile of medical equipment such as ventilators and protective masks to help countries in the context of the COVID-19 pandemic. Montenegro and North Macedonia have recently received protective masks from the rescEU stockpile. Macro-Financial Assistance covers five Western Balkan countries with urgent external financial needs, i.e. those that experience balance-of-payments problems due to the COVID-19 crisis.

Regarding Turkey, €8.75 million have already been redirected for the prevention and treatment of COVID cases and further amounts are being identified. The implementing periods for IPA funds have been extended following the request of Turkish authorities, and Turkey has also expressed interest in assistance mobilised from the EU Solidarity Fund. Moreover, Turkey agreed to the mobilisation of savings and contingencies under the Facility for Refugees in Turkey to support the COVID-response for refugees (health care interventions and socio-economic support measures to mitigate the COVID impact). The EU has allocated €800 million to refugee health care under the Facility for Refugees, out of which €500 million has been contracted to date, and the balance is to be contracted in autumn.

ME took the floor, reiterating that the help and support received from the EU has been important and crucial for the region in addressing the COVID-19 crisis.