EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 3 July 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, SANTE C3

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

Key Conclusions

1. Blueprint for EU vaccination plan for COVID-19: The Commission presented the revised blueprint including major points on objectives, vaccination coverage, priority groups and number of doses needed for the EU, as well as comments received from the HSC. In order to reach objectives for sufficient vaccination levels, planning and the potential security of supplies, risk communication, community engagement and behavioural insights should be taken into account.

   Follow up:
   - *The HSC agreed to the vaccination framework and was offered to send any final remarks or comments on the blueprint by 3 July, to finalize for adoption.*

2. ECDC rapid risk assessment: ECDC introduced the rapid risk assessment on the resurgence of reported cases of COVID-19 in the EU/EEA, the UK and EU candidate and potential candidate countries. Decreasing trends in disease incidence are being observed in Europe overall. Community transmission is reported in most countries, some countries experience a resurgence of cases or large localised outbreaks.
   The overall risk in countries reporting an increased incident and substantial ongoing community transmission is moderate for the general population, and very high for risk groups. It is very important to have in place a robust monitoring framework, capacities for extensive testing, contact tracing and prompt identification of clusters, a long-term sustainable implementation of non-pharmaceutical interventions, and a strong risk communication strategy. SE noted that new cases detected are mild cases, and severe ones are dramatically going down, asked ECDC to use data from SE dashboard and weekly report.

   Follow up:
   - *Countries to inform ECDC on any further data sources to consider in upcoming risk assessments.*

3. Exit strategies, impact of deconfinement measures, superspreading events: As regards COVID-19 outbreaks in specific occupational settings, SANTE asked ECDC to prepare a specific risk assessment for occupational settings where clusters have been observed – these include slaughterhouses, packaging and logistic dispatching facilities and coalmines. The Commission reminded countries to inform about these data and information. ECDC will approach countries in the next days, asking to facilitate more information on relevant outbreaks.
   FR asked ECDC to update the guidance contact tracing and public transports, considering current transmission dynamics. Testing of people coming from red zones is ongoing at borders. DE informed about control measures addressing outbreaks in slaughterhouses, including the closing of the plant, lockdown of the affected districts and extensive testing. Those travelling in the holiday period must show a recent negative test. NL is also experiencing outbreaks in slaughterhouses, will update the HSC.

   Follow up:
   - *Countries to inform ECDC and the HSC on superspreading events and clusters.*
   - *ECDC to update guidance on contact tracing and public transports.*

4. Update on joint procurement: The HSC was updated on the state of play with access to investigational therapeutics. Agreements were reached with several producers to meet the needs of the countries communicated earlier; letters will be shared in the next days. Regarding remdesivir, the Commission has been in discussion with the manufacturer, Gilead, regarding production capacity and procedures for providing access to remdesivir for European countries. Details and next steps will be shared with countries. On 3 July the Commission granted a conditional marketing authorisation for remdesivir, for the treatment of COVID-19 in adults and adolescents from 12 years of age with pneumonia who require supplemental oxygen. EMA also informed on new results from clinical trials regarding no beneficial effect linked to lopinavir-ritonavir, and the benefit of dexamethasone for certain patient groups according to some studies.

   Follow up:
   - *The HSC will continue to be updated on the developments related to investigational therapeutics.*

5. AOB – testing: At its last meeting the HSC agreed to ask ECDC to provide guidance on mass testing, considering ongoing activities several countries on mass testing. ECDC explained that it is not recommending mass testing due to a lack of supportive evidence. In the latest rapid risk assessment and surveillance strategy ECDC recommends an expanded yet targeted testing approach focused on active surveillance and early detection of all symptomatic cases.
   The Commission invited ECDC to organize a webinar where countries that practice mass testing can describe their approach and experiences. ECDC was asked to gather all available information on mass or universal testing practices available from European and non-European countries and provide its scientific opinion on such measures.

   Follow up:
   - *ECDC to collect information on mass testing including experience from countries to provide scientific opinion.*