



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 08 April 2020

## Health Security Committee

### Audio meeting on the outbreak of COVID-19

**Chair:** Wolfgang Philipp, SANTE C3

**Audio participants:** AT, BE, BG, CY, CZ, DE, DK, EE, ES, FI, FR, GR, HR, HU, IE, IT, LU, LV, MT, NL, NO, PL, PT, RO, SE, SK, CH, RS, UK, DG SANTE, DG ECHO, DG CNECT, ECDC, EMA, WHO

#### Key Conclusions

1. Rapid Risk Assessment – 8<sup>th</sup> Update: The ECDC presented their 8<sup>th</sup> update of the rapid risk assessment, which will be available online as usual. The Health Security Committee and the Commission questioned a couple of points regarding what level of enhanced surveillance would be needed as well as resources and systems available for contact tracing and isolation of high risk contact groups, before consideration of lifting some of the national measures. The ECDC noted that the risk analysis aims to inform countries that enhanced surveillance systems are necessary in order to monitor and have an overview of the impact of lifting national measures and ensure that hospital capacities do not become overwhelmed. With regard to the resource requirements needed for enhanced contact tracing, isolation and surveillance, ECDC drew attention to the previously published document regarding resources estimation for contact tracing<sup>1</sup>.

#### Follow up:

- *The ECDC was reminded to provide a solid modelling of the epidemics in Europe for the risk assessment and to accompany the work on exit strategies.*

2. Exit strategies: The Health Security Committee exchanged information on national approaches to potential de-escalation of measures as well as the criteria for pursuing this. AT, DK, EE, ES, MT, NO, UK participant introduced plans and measures in place in relation to de-escalation measures related to kindergarten, schools and shops. Criteria for the lifting of measures was discussed, noting that gradual lifting requires strong surveillance systems, testing, contact tracing, quarantine, and personal protective measures are important, as well as a strong focus on monitoring socio-economic impacts and modelling work. The Commission and members of the Health Security Committee highlighted the importance of these technical exchanges on criteria and strategies for de-escalation, which should be exchanged in advance of implementation with the Health Security Committee and noted the importance of EU level coordination. As such, the Commission will keep this

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<sup>1</sup> [https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-resources-for-contact-tracing-2-March-2020\\_0.pdf](https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-resources-for-contact-tracing-2-March-2020_0.pdf)

topic on the upcoming agendas of the Health Security Committee for the short-medium term future.

Follow up:

- *Health Security Committee Members were asked by the Commission to keep the HSC and the Commission informed of all developments related to the lifting of measures, monitoring of the impacts, the criteria for such de-escalation and health care capacities available, in a timely manner. The topics will be discussed in all future HSC meetings on COVID-19*

3. ECDC technical report on face masks for the public: The Health Security Committee, the Commission and the ECDC exchanged views on the technical report of the ECDC on face masks for the general public. The World Health Organization noted its agreement with the ECDC report, which is in line with updated guidance from the WHO on this matter. Key highlights from the ECDC report are:

- The use of medical face masks by healthcare workers must be given priority over the use in the community.
- The use of face masks in public may serve as a means of source control to reduce the spread of the infection in the community by minimising the excretion of respiratory droplets from infected individuals who have not yet developed symptoms or who remain asymptomatic. It is not known how much the use of masks in the community can contribute to a decrease in transmission in addition to the other countermeasures.
- The use of face masks in the community could be considered, especially when visiting busy, closed spaces, such as grocery stores, shopping centres, or when using public transport, etc.
- The use of non-medical face masks made of various textiles could be considered, especially if – due to supply problems – medical face masks must be prioritised for use as personal protective equipment by healthcare workers. This is based on limited indirect evidence supporting the use of non-medical face masks as a means of source control.
- The use of face masks in the community should be considered only as a complementary measure and not as a replacement for established preventive measures, for example physical distancing, respiratory etiquette, meticulous hand hygiene and avoiding touching the face, nose, eyes and mouth.
- Appropriate use of face masks is key for the effectiveness of the measure and can be improved through education campaigns.
- Recommendations on the use of face masks in the community should carefully take into account evidence gaps, the supply situation, and potential negative side effects.

The conclusion was that the Health Security Committee supports the technical report from the ECDC, noting objection by Sweden supporting also the reservations from the Netherlands and Norway on how the guidelines are communicated and the lacking evidence of use of mask in the community. The use in healthcare and elder care should be highlighted by ECDC in the report.

4. AOB: Ireland raised a discussion point regarding the methods used to assess COVID-19 mortality and asked countries what was currently in place. It was concluded that ECDC should be asked to carry out a review and provide guidance.

Follow up:

- *Member States are invited to provide further feedback on the questions raised by Ireland.*
- *The ECDC will review approaches being used and provide guidance on assessment and monitoring of COVID-19 mortality for consideration of the Health Security Committee.*