EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 30 March 2020

Health Security Committee

Summary report

Audio meeting on the outbreak of COVID-19

Chair: Wolfgang Philipp, SANTE C3

Audio participants: AT, BE, BG, CY, CZ, DE, DK, EE, EL, FR, HR, HU, IE, IT, NL, LU, PL, PT, SE, SI, SK, NO, CH, UK, DG ECHO, DG RTD, DG CNECT, EMA, ECDC, WHO

1. Rapid risk assessment: ECDC presented the updated risk assessment published on 25 March. The risk assessment followed a ten-fold increase in the number of cases and ongoing community transmission in several EU countries. Currently i) the risk of severe disease associated with COVID-19 for people in the EU/EEA and the UK is considered moderate for the general population and very high for older adults and individuals with chronic underlying conditions; ii) the risk of occurrence of widespread national community transmission of COVID-19 in the EU/EEA and the UK in the coming weeks is moderate if effective mitigation measures are in place and very high if insufficient mitigation measures are in place; iii) the risk of healthcare system capacity being exceeded in the EU/EEA and the UK in the coming weeks is considered high.
   There is currently a shortage of testing materials and personal protective equipment for laboratory and health care workers treating COVID-19 patients. A key issue is the availability of rapid tests on the market, which are not validated; low sensitivity and specificity is of concern. Among control measures, the importance of hand washing routine, social distancing, increasing surge capacities and implementing infection prevention and control (IPC) measures in long-term care facilities was highlighted. ECDC is updating guidance on IPC, contact tracing, and preparing an overview of rapid tests.

2. Exit strategies: ECDC is working with JRC on the standard scenarios and methodology for modelling on de-escalating measures, in contact with European and international modelling teams as well as other CDCs. Discussion is ongoing within the Advisory Panel on exit strategies. Luxembourg noted ongoing work on modelling in collaboration with the Ministry of Health and asked to link up with modelling teams.

   Follow up:
   - *ECDC to update on the work on exit strategies, and to facilitate linking up with modelling teams in Member States.*
   - *The point will be kept on the agenda, to discuss new information from modelling and strategic considerations*

3. Cross border collaboration:

The Commission asked for updates from the HSC on health care capacities, shortages or needs for assistance. Cross-border collaboration such as the transfer of patients, or health care staff is ongoing between several Member States, as a signal of European solidarity. The Commission is working on a guidance on the application of existing rules as regards cross border healthcare to further facilitate such care, covering aspects including coordination of requests, transport, reimbursement, treatment.

Follow up:

- *Member States having experience with cross-border collaboration to revert to the Commission with feedback on potential areas to be covered by the guidance.*
- *Commission to keep HSC informed on developments.*

4. Update on clinical trials:

Activities around clinical trials and enrolment to studies are fragmented across Europe, trials with investigational therapeutics (e.g., remdesivir, kaletra, interferon, chloroquine/hydroxychloroquine) are conducted at multiple locations and formats.
Member States were encouraged to join multicentre clinical trials testing multiple treatment arms, to allow for systematic evidence generation on the effectiveness of investigational therapeutics in a coordinated way. A WHO core protocol is being developed for a multi-centre adaptive randomised clinical trial to evaluate the efficacy and safety of investigational compounds (SOLIDARITY trial). An INSERM sponsored clinical trial (DISCOVERY trial) has also been developed and received approval in France. EMA provided an update on these trials, and authorization in Member States.
The Commission provided an update on the meeting of the HSC ad-hoc working group on clinical case management. The exchange of information on trials and case management guidelines is ongoing through the Health Policy Platform.
The Commission informed on plans for joint procurement for investigational therapeutics, and asked the HSC to express interest and specify needs.

Follow up:

- *Member States are encouraged to join multicentre clinical trials, by WHO and INSERM.*
- *Member States to revert with nominations to the HSC working group on clinical case management. The HSC will be updated on developments.*
- *Member States to revert on interest for the joint procurement for investigational therapeutics, and specific needs by 31 March close of business.*

5. AOB: The HSC will be open for the participation of candidate countries.
The Commission informed the HSC on the possibility of opening the EWRS for these countries to allow for the exchange of notifications and information on response measures related to COVID-19. The Commission reminded that the EWRS is a secured platform for information exchange.