Participants to the Communicable Disease Network Committee met on 9 and 10 April 2003 and agreed the following future actions for the longer-term to be taken in order to provide the Community Network with tools to better address the SARS problem in Europe, as well as to respond to similar public health threats.
This document is complementary to a document on 'immediate actions for the surveillance and control of SARS in Europe'.

FUTURE ACTIONS

In the European Union, surveillance and co-ordination at Community level need to be strengthened, to address the threat to public health. The EU Communicable Diseases Network started its work four years ago to detect and control communicable diseases in people irrespective of the cause and means of transmission. The Network serves to survey and investigate the outbreaks. This also involves identifying the cause and defining control measures. The Commission's role is to co-ordinate and to support these activities. This SARS outbreak puts to the test the real capacities of the two pillars of the Network: epidemiological surveillance, and early warning mounting an effective response. The Network committee has, together with the Commission, defined and put into operation an effective surveillance system. This system picks up all suspected and probable SARS cases in the EU and gives a complete and clear picture of developments during the outbreak (see, http://europa.eu.int/comm/health/ph_threats/com/sars/sars_en.htm). In addition, it is necessary to plan and prepare future actions. Each of the following proposed future action is an issue not yet addressed / in place at EU level.

1. SARS expert Group
The Commission, under auspices of the Network Committee, will establish a specialist group of experts from different disciplines to advise the Commission and national authorities on all aspect of SARS and to rapidly respond to new issues.

2. European Guidance
With the support of the Expert Group the Commission and the Network Committee should keep under review the standing advice on SARS and attempt to standardise as far as is possible standards and advice across Europe. There should be a project to monitor the guidance that has been produced by national authorities so that examples of good practice can be recommended and disseminated.

3. Responding to a WHO call for assistance
Member States should identify a pool of experts (epidemiologists, virologists, infectious disease experts, and so on) to go to the field on behalf of the EU under the GOARN framework. Under this condition the EU should have resources for covering the mission of the Member States experts and arrangements should be made to ensure the security and health of these experts.

4. Surveillance and response: Responding to extension of the epidemics to other regions,
A mechanism should be established to provide immediate practical support to EU countries (and the accession countries) that suspect they are experiencing an outbreak. This should include providing diagnostic, investigative and control capacity.

5. Legal framework in the Member States

In order to set common guidelines on case and contacts management, agreement is needed on a common procedure to minimise the risk of transmission from contacts of probable or suspected cases by restricting movement (quarantine). All these measures should respect the principle of minimal disruption of individual activities and should be legally feasible.

6. Laboratory tests

Guidelines on collection, storage and shipment of clinical specimens should be prepared at European level. A common protocol is needed on the basis of agreed case definitions. The Community should facilitate international shipment of specimens between laboratories, by providing specific guidelines according to current regulations. Across Europe more laboratories should be able to perform valid testing.

The European laboratories that can currently deliver testing for SARS associated virus(es) should be supported by the European Union to extend the capability to other national laboratories. This will inevitably require additional person and consumables resources and an overall improved surge capacity, as well as some form of commitment to training of personnel from other EU States.

The EU response capability will be enhanced if it places reference and support responsibilities in institutes / organisations which have linked public health and microbiological expertise to ensure that lab work is not divorced from public health control measures, to improve integration of response, and to ensure seamless coordination and communication strategies.

Guidelines for priority testing need to be defined to prevent convenience testing and wastage of resources and allow the prompt testing of high priority specimens. Resources for facilitating the spread of diagnostic ability across EU could be provided by the Commission, when this would have an essential impact on the response in controlling the disease.

Priority criteria should be established for identifying specimens requiring rapid testing, for example from the first cases appearing in a new country or especially cases suspected to represent outbreaks in a European country.

7. Potential for vaccines and treatment

It is clear that, should this epidemic develop significantly, a vaccine will eventually be needed. European Vaccine Manufacturers would have to be mobilised. A vaccine could theoretically be based either on inactivated virus, viral sub-units or on a significantly engineered biosafe, non-pathogenic but highly immunogenic coronavirus. The Commission should promote research in this area.

8. Antivirals

Antiviral drugs are valuable for immediate action to treat infected patients. Unfortunately, available antivirals tested so far have not proven their efficacy against SARS. The development of new antiviral drugs and other adapted treatment options could thus also be a priority for research.

9. Stockpile of antivirals and protective equipment

In case the SARS outbreak would propagate to Europe it may be that manufacturers of antivirals and antibiotics produce insufficient doses to meet uprising market needs. The same holds for protective equipment like masks and gloves.

Manufacturing capacity within the Community and that of companies supplying the Community is not generally known and information should be obtained from manufacturers about production capacities for vaccines, antivirals and antibiotics. Specifically manufacturers of antivirals should supply information about capacity to produce material for stockpiling. Antibiotics and antivirals may be already stockpiled in Member States as part of national preparedness and response plans (for Influenza). Again, as in the case of Influenza preparedness, possibilities could be explored to plan for co-ordinated production, distribution and use, including stockpiling, at Community level

for antivirals, antibiotics and protective equipment. A first step is to explore the political will and legal framework for ensuring equity of distribution in the event of a pandemic when only a limited number of Member States are producers of antivirals/antibiotics.

10. Support for research

As to Commission supported research through the Framework Programmes (FP) for Research, it is evident that the Commission does not currently possess the appropriate mechanisms to provide rapid support for the type of short term research needed in this situation. Also other mechanisms for funding should be considered but could not realistically be launched before October 2003, at the earliest (e.g. NEST - INSIGHT initiative and policy supporting priority 8 under area 2.2 of FP6). It should be noted that the FP5 is already funding several projects strongly related to the relevant research areas, already involving most of Europe's expertise on coronavirology.

For a longer-term research commitment, appropriate sustainable priorities need to be defined. Coordination of the available results from epidemiological and virological studies would be needed. EU resources could be made available for further studies.

11. Community preparedness plan

Plans already prepared for other public health issues (e.g. Influenza) should be reviewed and the current SARS problem should be used as an occasion to test the planned procedures. Each MS should therefore document its current SARS response and if suitable review the preparedness plans. Similar action should be performed at EU level.

All countries examine existing local and national outbreak plans to ensure that they could respond effectively and rapidly to an outbreak of SARS in the hospital or the community. The Commission and the SARS expert group will consider existing plans that may be regarded as models.

12. European Centre

In the view of the Commissioner for Health and Consumer Protection (Mr. Byrne), maybe the most effective way to strengthen Community activities is to set up a European Centre for Disease Prevention and Control. The Commission is well advanced in the preparation of the enabling legislation and will propose to establish such a Centre by 2005. The Centre will enhance surveillance. It would co-ordinate and facilitate common responses - like supporting investigation teams - and collaborate with Member States, third countries and international organisations, in particular the WHO. It would not replace existing national capacity, but rather hook them up to act as a reference and co-ordination point both in routine and crisis situations. This will also play an important role in an enlarged Europe.