



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 27 April 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, SANTE C3

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

Key Conclusions

1. ECDC 30-day projections: The Health Security Committee (HSC) discussed ECDC preliminary forecasts of COVID-19 cases and mortality in the EU/EEA for the next 30 days. ECDC presented a dynamic compartmental model of SARS-CoV-2 transmission and associated progression to COVID-19 disease, of increasing severity. The model, developed by the ECDC, can be used to forecast the number of reported cases and deaths, together with the requirement for hospital and intensive care (ICU) beds. The HSC welcomed ECDC modelling work. Several countries noted differences compared to results at national level, e.g., concerning the value of reproductive number, as well as discussed differences in data sources used for the forecasting and calculations and challenges for risk communication at national level. ECDC highlighted the importance of reporting comparable hospital admission and ICU data and receiving information on modelling work from Member States. The HSC noted the need for coordination to provide forecast at EU level.

Follow up:

- *The HSC agreed that countries link up their modellers with the ECDC to ensure the use of the same data, and combine the modelling approaches to have the best possible results.*
- *The HSC to revert back to the Commission and ECDC on national experts working on modelling to continue work on the forecast.*

2. AOB: update on investigational therapeutics: EMA updated on the recent [statement](#) related to side effects with chloroquine and hydroxychloroquine.

Follow up:

- *Countries to revert back on needs assessment including any changes in relation to investigational therapeutics and ICU medicines.*