



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 5 May 2020

Health Security Committee

Audio meeting on the outbreak of COVID-19

Summary Report

Chair: Wolfgang Philipp, SANTE C3

Audio participants: AT, BE, BG, CZ, DE, DK, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, NO, CH, UK, DG SANTE, DG ECHO, SG, ECDC, EMA, CHAFAEA, WHO

Key Conclusions

1. Update on Emergency Support Instrument (ESI) and Clearing House: An update was provided on the developments of the ESI and the Clearing House for medical equipment. The Clearing House aims to establish an overview of essential needs of medical equipment in Member States, helps identify available supplies, and accelerates their matching with national demands. It also works on facilitation along the supply chain and longer-term issues of supply. An online information platform for Member States was launched on 16 April and it is starting to be filled in with information by some countries, and an online survey was completed by Member States and associated countries on the expected shortages of medical equipment. A meeting took place on 4th May with national contact points and industry attachés on issues around production capacities of medical equipment (notably PPE) Similar meetings might follow. Challenges remain regarding the market availability and disruption of the supply chains of some products. It is important to make distinction between short and long term needs to inform industrial decisions on reconversion or investment into new production capacities.

Regarding the ESI, the governance involves all relevant Commission services; project teams are being set up and will work on the list of possible actions established as well as on flagship initiatives (testing; vaccines; industrial reconversion). The Commission aims to establish strong coordination with the Member States for the ESI around information on priorities, with the IPCR being the main contact point, but with the HSC and the CPC also kept involved. The first two actions to be financed under the ESI were presented: (1) package on mobility (EUR 220 million) includes: i) assistance to medical personnel and operational support for mobile medical response capacities ii) transport cargo iii) transport of patients;(2) a package on procurement of essential health-related product (EUR 100 million): the first 10 million masks were bought and will be delivered very soon A factsheet was developed to provide more information for Member States on the difference between joint procurement, rescEU and the Emergency Support Instrument.

Follow up:

- *The HSC continues to exchange on the above topics; updates will also be shared on the implementation and priorities of ESI.*

2. Cross-border support in health care: An update was provided on the arrangements to facilitate cooperation in cross-border healthcare using the EWRS under the EU Guidelines on EU Emergency Assistance on Cross-Border Cooperation in Healthcare related to the COVID-19 crisis. A template to facilitate cross-border cooperation for patients and medical personnel is available on the Early Warning and Response System. Member States through the Health Security Committee contact points are invited to use the template for sharing requests for intensive care places or assistance from medical staff as well as offers. At the same time, key contact points involved in cross-border collaboration for healthcare have been shared with National Contact Points in the Cross-Border Healthcare responsible for patient information, to ensure EU coordination of requests and offers, and effective communication across countries. Member States can ask for full reimbursement of expenses or for the Commission to organize the transport arrangements directly. Contact points for Civil Protection Authorities have been made available on the template posted on EWRS. DE provided information on the medevac and treatment of two WHO workers in Germany, organized with the Commission. The Commission thanked for the rapid response and support of Germany.

Follow up:

- *Member States are encouraged to use the outlined mechanisms, further updates will be shared by the Commission.*
- *The HSC to revert back on the questions related to the transport of patients and healthcare personnel and potential cross border medical teams.*

3. Exit strategies: Countries (BE, DE, DK, FR, IT, NL) provided an update on de-escalation measures. DE is opening schools, classes are taking place in small groups to keep social distancing, measures are accompanied by studies. NL is opening primary schools from 11 May (50% in classroom, 50 e-learning). BE emphasised the importance of exchanging information on de-escalation measures in the HSC, BE will reopen small shops 11/5, schools on 18/5 in small groups. Masks will be compulsory inside public spaces, and outside when it is not possible to keep distance. BE is upscaling contact tracing capacities. Countries are closely monitoring of the impact of de-escalation measures.

ECDC introduced an online tool showing level of SARS-CoV2 transmission by region based on self-reported data by countries (at NUTS2 level) and a map with the same information based on data collected by ECDC (using national websites). An ECDC document providing input to forthcoming EC guidelines for the tourism sector was shared with the HSC, with overall positive comments.

Follow up:

- *The HSC continues to exchange information on exit strategies, including updates in writing. On contact tracing the Commission is discussing with ECDC possibilities and technical capacities under EWRS.*
- *The HSC to revert back with comment on the online tool by the end of 8 May.*
- *The HSC to revert back with comments by the end of 6 May on the ECDC document regarding the guidelines on tourism.*

4. Vaccination strategy: The discussion aimed to follow-up on the conclusion of the HSC meeting of 22 April on the need for further coordination in the HSC regarding vaccine production, distribution, stockpiling as well as common understanding on risk groups and immunization strategy.

Some countries expressed interest in joint procurement of vaccines, and reported on risk groups and vaccination strategies under development. Needs depend on the actual epidemiological situation and specific vaccine candidates, countries experts are currently assessing needs. FR noted the need for an EU approach for the coordination on immunizations strategy and securing access. On the regulatory side, further information will be provided by EMA on the authorization process.

Follow up:

- *A dedicated meeting will be organized on this point. Countries can still provide replies to questions in writing by the end of 9 May.*

5. Kawasaki-like disease in children with possible connection to COVID-19: ECDC is closely following the information about the emergence of a post-inflammatory syndrome in children in Europe, exhibiting symptoms consistent with this Kawasaki-like disease, with possible connection to COVID-19. This follows events being reported by the UK and Member States. BE, IT and FR reported on cases. ECDC noted a plausible link between Kawasaki-like disease and COVID-19. ECDC is following the reports from countries and scientific information available, discussing with Member States experts.

Follow up:

- *Update will be provided in next HSC meetings.*

6. AOB

Ukraine participation in the HSC: The Commission asked the HSC on the potential participation of Ukraine in the HSC. Observer status has already been granted to 4 Western Balkans partners upon their request, EWRS will also be accessed in the context of the COVID-19 outbreak. No objections were raised by the HSC,

ECDC 30 days forecast: ECDC is working with 10 countries, modellers from countries will be able to compare their methods. ECDC is working to finalize the forecast next week.

Healthy Gateways - Passenger Locator Forms: The EU Joint Action Healthy Gateways approached the Commission with a suggestion to develop digitalized Passenger Locator Forms (PLF), which would be filled out through a WebApp (interactive form) on mobile phones or tablets. This comes after reported requests from several Member States and based on the rationale that paper-based large number of PLFs can be challenging when needed for contact tracing activities. Healthy Gateways would also develop an electronic passenger database in real-time for storage of all the PLFs. Nominated contact points would be granted access to the database which would facilitate the contact tracing procedures. DE welcomed the proposal, MT suggested piloting the form under the Joint Action first.

Follow up:

- *The HSC to revert with comments by 7 May cob.*

Availability of seasonal influenza vaccines

The Commission asked about Member States preparedness for the upcoming influenza season, which is even more important due to the ongoing COVID-19 pandemic. BE and DE informed on decisions and discussions at national level on the needs for influenza vaccines.

Follow up:

- *Member States to get back to the Commission on the possibility of joint procurement for influenza vaccines by the end of 9 May.*