



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 17 December 2018

Flash report from the Plenary Meeting of the Health Security Committee (HSC)

14 December 2018, Senningen/Luxembourg

The agenda included topics on vaccination, preparedness, current threats and rapid risk assessments including lessons learned from the 2018 Ebola outbreaks, EU action on antimicrobial resistance, work plan of the Health Security Committee (HSC), exchange of passengers data for contract tracing purposes and of medical countermeasures, as well as updates on the Union Civil Protection Mechanism and mass burns preparedness, implementation of the joint procurement of medical countermeasures, and on the re-engineering of the Early Warning and Response System.

20 Member States, Norway and Serbia attended the meeting as well as the European Centre for Disease Prevention and Control (ECDC), the Consumers, Health, Agriculture and Food Executive Agency (Chafea), the Regional Office for Europe of the World Health Organisation (WHO/Europe), and the Organisation of Economic Cooperation and Development (OECD).

1. WELCOME AND ADOPTION OF AGENDA

The agenda was adopted with the addition of an AOB point. The minutes of the last plenary meeting were adopted.

2. VACCINATION

2.1 EU ACTION ON VACCINATION, COUNCIL RECOMMENDATION IMPLEMENTATION

The Chair recalled that President Juncker's State of the Union Address 2017 touched on ongoing large measles outbreaks in a number of countries and the work of the Commission with Member States to support national vaccination efforts. The Commission proposal for a Council Recommendation on strengthened cooperation against vaccine preventable diseases was approved on 7 December 2018, under the Austrian Presidency. This Council recommendation and the Commission Communication provide the political framework for strengthened cooperation at EU level in the area of vaccination, focusing on vaccine hesitancy, strengthened sustainability of national vaccination programmes, and operational options to increase coverage at EU level.

To achieve the objectives of the Recommendation, a roadmap was prepared by SANTE and is being discussed with Commission services, ECDC and other EU Agencies responsible for the areas of implementation.

The Commission will organize a stakeholder meeting to discuss the creation of a "Coalition for Vaccination", as proposed in the Council Recommendation, on 4 March 2019 in Brussels to bring together a broad range of stakeholders, with a focus on healthcare workers and their representations. Among many activities, the Commission is also planning to explore options for the development of a common EU citizens' vaccination card/passport, funded by the EU Health Programme, to address the challenge of insufficient vaccine coverage caused by cross-border movement of people within the EU.

2.2 JOINT ACTION ON VACCINATION – STATE OF PLAY

The Commission provided an update on the Joint Action on vaccination launched in September 2018. The Joint Action is led by France, with the participation of 17 Member States and is co-funded with 3.55 million euros by the Health Programme. Stakeholders from other EU countries, together with the WHO, ECDC, and EMA, and a number of organisations from the academic sector, civil society, healthcare professionals associations, NGOs, and industry are participating as collaborating stakeholders.

The Joint Action is essential to implement a number of key topics of the Council Recommendation and the Commission Communication on strengthening cooperation against vaccine-preventable diseases. Among others, the Joint Action will establish a vaccine network to operationalize cooperation under the EU-JAV and beyond, expected to start its work in March/April 2019. Member States were reminded to nominate participants to the steering group of the Joint Action.

Member States welcomed the EU policy initiatives and actions, and expressed their support towards their implementation. The HSC will continue to exchange information on national vaccination measures, plans and programmes and regularly discuss progress in the area of vaccination.

3. PREPAREDNESS

3.1. PREPAREDNESS AGAINST CHEMICAL AND BIOLOGICAL SECURITY THREATS

The Chair recalled that following the 2016 terrorist attacks in Paris and subsequent attacks in cities across Europe, the Health Security Committee has been exchanging lessons learned with regards to health sector preparedness for terrorism, emergency planning, coordination mechanisms and damage control practices, including psychological support. The HSC reflected on challenges and action areas under the EU health security framework based on the 'Background paper on health preparedness and response to terror attacks' developed by the Commission with Member States.

Key policy initiatives and frameworks at the EU level include the European Agenda on Security, the 2017 Commission Communication on an EU Action Plan to enhance preparedness against chemical, biological, radiological and nuclear (CBRN) security risks security risks, the 2016 Joint Communication on the Joint Framework on countering hybrid threats, followed by the 2018 Joint Communication on increasing resilience and bolstering capacities to address hybrid threats.

Work under the EU health security framework contributes to strengthening health security, including through the coordination of preparedness, early warning and response to serious cross-

border health threats at EU level; capacity building exercises, workshops, as well as Joint Actions under the Health Programme on preparedness and IHR implementation, points of entry, laboratory strengthening, vaccination; and work on increasing availability and access to medical countermeasures, through joint procurement and vaccination.

DG HOME informed about the policy context and security landscape regarding the adoption of the EU CBRN Action Plan, noting the importance of engaging with and closely cooperate with the HSC. Attention on CBRN threats stepped up after intelligence showed terrorist groups had both the intention and capability to acquire and use CBRN materials. The October 2017 anti-terrorism package introduced two relevant action plans, the renewed CBRN action plan and the action plan on supporting the protection of public spaces.

Regarding the CBRN action plan, it is now more focused and coordinated, tackling four main issues: i) reducing the accessibility of CBRN materials; ii) ensuring a more robust preparedness for and response to CBRN security incidents; iii) building stronger internal-external links in CBRN security with key partners; iv) enhancing our knowledge of CBRN risks.

The European Council conclusions of 22nd March 2018 in the aftermath of the Salisbury poisoning incident called for strengthening the resilience of the EU to chemical, biological, radiological and nuclear-related risks, including through closer cooperation between the EU and its Member States as well as NATO. The European Council invited the Commission and the High Representative to take this work forward and report on progress by the June European Council. Several actions were outlined in more detail as follow up to this request, and in particular, several actions were taken as regards chemical threats. Finally, the Commission presented a number of recent incidents with chemical and biological agents in Member States.

WHO/Euro is actively involved and increasing capacities in all hazards, specifically in CBRNE, cyber and fires, through a planned new Health Security Interface team, and will continue working with international organisations, OPCW, NATO and Interpol in this regard.

3.2 LESSONS LEARNED FROM TERROR ATTACKS, PUBLIC HEALTH EXPERIENCE FROM NORWAY

Following the incidents in central Oslo and at Utøya Island on 22 July 2011, the Norwegian Government commissioned the Gjørsv Report into the incidents. The Directorate of Health also commissioned an evaluation of the medical response to the events.

The evolution of the attacks and the immediate response was explained. The conclusions of the report regarding this phase of the events were also presented, including a number of shortcomings which were identified. The effects of proximity to death and bereavement and the Norwegian approach to coping with these events were also laid out and analysed. Two models for proactive psychosocial outreach were presented. One important result was including psychosocial preparedness and follow-up in the Act of Health and Care Services.

Member States welcomed the presentations, and exchanged experience with recent threats. The HSC agreed to continue exchanges within the HSC on preparedness to security threats. The list of national

contact points for the CBRN advisory group of HOME will be sent to the HSC for information sharing and potential involvement of experts in relation to biological threats.

The Commission will continue to provide updates on the activities under the Health Programme, and circulate the reports of exercises and workshops and discuss follow-up on conclusions. The Commission will reflect on the issue of limited capacities to participate in exercises organized under different EU and other frameworks and the need for better coordination in terms of planning, as raised by Member States.

3.3 UPDATE ON JOINT ACTIONS ON PREPAREDNESS

Greece provided an update on the EU "Healthy Gateways" Joint Action, running from May 2018-April 2021. The action is co-funded by the Third EU Health Programme and received 3 million EUR (80% co-funding). The consortium includes 35 authorities (17 partners, 3 affiliated entities, 15 collaborating stakeholders) from 27 European countries and Taiwan. The Joint Action aims to support cooperation and coordinated action of European Member States to improve their preparedness and response capacities at points of entry (PoE), including ports, airports and ground crossings, in preventing and combating cross-border health threats from the transport sector. In future public health emergencies of international concern (PHEIC), the Joint Action will move from its inter-epidemic mode to emergency mode, supporting coherent response of EU Member States as per Decision No 1082/2013/EU, and the International Health Regulations (2005). The Joint Action includes 9 Work Packages (WPs): 1 – Coordination; 2 – Dissemination; 3 – Evaluation; 4 – Sustainability; 5 – Ground Crossing; 6 – Air transport; 7 – Maritime transport; 8 – Chemical threats; 9 – Capacity building and training.

The latest achievements of the Joint Action include: **for WP1**, coordination meetings took place with ECDC, EC DGs, WHO HQ, WHO EURO, FRONTEX, PANDEM project Phase I, SHARP Joint Action (under development), US CDC; preparations are underway for 1st General Assembly/collaborative group meeting on 13-14 June 2019; a working group was established for development of EU network of professionals (POENET). **For WP2**, the Joint Action website (<https://www.healthygateways.eu/>) and social media channels were launched. **For WP3**, the evaluation plan was developed (near finalization). For WP4, the JA sustainability plan was developed, as well as model templates of national sustainability plans. **For WP5**, the development of state of the art report is underway; the WP was represented at two international conferences: International Union of Railways Seminar on CBRNE terrorism (June 2018, Paris France) and WHO International Consultation Meeting (October 2018, Lyon France). **For WP 6**, an on-line questionnaire for identification of tested best practices on core capacities implementation at airports were developed and disseminated; a draft tool was developed for contingency plan development/assessment at airports; and collaborations were established with ICAO/CAPSCA and EASA. **For WP7**, an on-line questionnaire was developed and disseminated for the identification of best practices on core capacities implementation at ports; preparations are underway for an EU-level training course on 'Preparedness and response to public health events at ports' (12-14 March 2019, Piraeus, Greece); and common ship inspection schedule were developed at EU level and conducted audits of inspections and pilot-testing of inspection grading system at ports (to date, 39

inspections and 10 audits conducted). **For WP9** (training and capacity building), training needs assessment questionnaires were developed and disseminated for PoE and two webinars were organised: Passenger ship inspection grading system (12 September 2018) and Border health measures by US CDC (11 December 2018).

Finland, as coordinator (DE and IT are co-coordinators), gave a presentation on the Joint Action on "Preparedness and IHR implementation, including laboratory strengthening", which proposal is under preparation under the 2018 Annual Work Programme. (Budget: EUR 7,900,000). 30 Member States, EU and neighbouring countries are participating in the Joint Action.

The Joint Action aims to improve preparedness and response planning for serious cross-border threats and the implementation of IHR, in view of the EU and the global emergency preparedness context, as well as to improve the core functions of public health laboratories, by the coordination, in collaboration with ECDC, of a reference network of European microbiology laboratories specialised in highly pathogenic or newly emerging pathogens to improve laboratory capacity

The first preparatory meeting of the Joint Action took place in June, and the proposal is being revised based on the results of the Quality Assessment Workshop.

4. HEALTH SECURITY COMMITTEE WORKING DOCUMENTS

4.1. HEALTH SECURITY COMMITTEE WORK PLAN

The Commission presented its proposal for a work plan for the Health Security Committee. The work plan was developed with the HSC Working Group on Preparedness and Response Planning, involving Member States, ECDC and WHO/Europe. It aims to structure activities of the HSC for 2018-2020, and is a living document that will be regularly updated.

The proposed work plan focusses on the role of the HSC in the implementation of Decision 1082/2013/EU to ensure its full effectiveness, as well as on policy areas relevant to crisis management and preparedness in health, following the recommendations of the 2016 Special Report of the European Court of Auditors and the HSC 'Action Plan to strengthen preparedness to cross-border health threats in the EU and support the use of the International Health Regulations'.

The document also includes work plans for the Working Group on Preparedness and Response Planning, the Communicators' Network, and the ad-hoc Working Group on the Early Warning and Response System.

The HSC agreed to adopt the HSC work plan, with an addition suggested by Germany.

4.2. EXCHANGE OF PASSENGERS DATA FOR CONTACT TRACING PURPOSES

For a successful contact tracing, public health authorities need to receive relevant identification and contact information of passengers without undue delay. Cooperation between the transportation sector and public health authorities is therefore crucial. However, several Member States have expressed difficulties in the past months in receiving relevant data from airlines for contact tracing purposes.

The issue was also discussed by the Health Security Committee in June 2018, and the Commission prepared an assessment on the legal framework regulating the sharing of personal data between transport and public health sectors in the context of contact tracing activities, in consultation with the Working Group on Preparedness.

Member States discussed the necessity of contact tracing in case of an infective measles case on a cross-border flight. Possible follow-up actions in order to facilitate the exchange of passengers data for contact tracing purposes between the transportation sector - airlines in particular - and public health authorities were further discussed by the HSC.

It was agreed to proceed with the follow up actions to support the contact tracing of passengers, such as through the exchange of best practices and regular updates within the HSC; follow-ups on contact tracing events, developing guidelines, and non-binding soft law instruments in the area, such as memorandum of understanding, and recommendations.

4.3. EXCHANGE OF MEDICAL COUNTERMEASURES

The Commission presented its proposal for the creation of a standard operating procedure regarding the ad hoc urgent exchange of medical countermeasures through the Early Warning and Response System (EWRS), as outlined in the previously circulated background paper.

Member States expressed support for the proposal and remarked that the procedure and the work on templates should not create much extra burden. Member States reiterated that the mechanism should remain voluntary and that legal or liability issues should be dealt with on a bilateral basis. It was proposed that the mechanism can also be used to exchange medical countermeasures which may be of surplus for a given country and are coming close to their expiry date but could still be useful for another country. Further information sharing on initiatives regarding stockpiling including medical devices, was considered as an important issue. WHO/Europe remarked that the exchange of medical countermeasures is also a working area and topic of core capacities under the Joint External Evaluations.

The Commission concluded that there was overall support from the HSC to proceed with the development of the standard operating procedure for the exchange of medical countermeasures. It will continue to be based on the EWRS. Any further templates will be developed with the HSC Working Group on Preparedness. The Commission also noted that as the issue of stockpiles was part of other EU-level policy initiatives, a concept paper will be tabled to the HSC providing an overview of those initiatives and proposing a way forward.

5. CURRENT THREATS AND RAPID RISK ASSESSMENTS

Since the last HSC plenary meeting on 22 June 2018 and as of 11 December 2018, 57 message threads have been opened through the Early Warning and Response System, reporting a number of events, mostly due to communicable diseases; to antimicrobial resistance and healthcare-associated infections; chemical threats; environmental threats; and threats of unknown origin.

Since June 2018 four audio meetings of the HSC took place discussing topics on AMR, Ebola, Measles, West Nile Fever and Smallpox vaccine preparedness.

The ECDC informed that since the last meeting, 15 Rapid risk assessments and rapid outbreaks assessments have been produced, and presented the assessments related to the Listeria multicounty outbreak and the current Ebola outbreak.

The ECDC also informed about the results of the survey on risk assessments prepared at the request of the HSC to evaluate the extent to which Member States have taken up options for action identified in these assessments.

The ECDC received responses from 14 countries. According to the results, risk assessments are widely shared in the countries and while they are only in English this does not seem to be a problem. The survey confirmed that the rapid risk assessments are used to update policies, inform health authorities, clinicians and health professionals. Additional uses were for travel advice, updating official websites and giving presentation.

The 2018 Ebola outbreaks in the Democratic Republic of Congo have been prominent threats in the recent period. The first Ebola outbreak in 2018, from the 5th of April through the 24th of July, in DRC Equator, reported 54 cases of Ebola virus disease. Of these cases, 33 died including 17 deaths among confirmed cases. The European Commission took urgent action to support the WHO and the national authorities help manage and contain the spread of Ebola. EU Member States have been regularly informed about the outbreak through the Early Warning Response System and regular updates to the HSC. As regards risk/crisis communication, the HSC Communicators Network was activated in May to coordinate this part of the response, immediately after this was requested by the HSC. Most countries reported having in place available communication materials from the previous Ebola crises which can be easily adapted should there be a need. The Commission circulated relevant Commission, ECDC and WHO materials on Ebola in support of MS communication measures.

The ongoing Ebola outbreak in the Democratic Republic of the Congo occurs in the context of prolonged humanitarian crises and an unstable security situation. As of 11 December, there have been 498 Ebola virus disease cases, of which 450 confirmed and 48 probable, including 285 deaths since the beginning of the outbreak. ECDC produced a Rapid Risk Assessment and a first update on this outbreak in the month of October. Three audio conferences of the HSC were held in the months of September, October and November.

On 17 October 2018, the IHR Emergency Committee concluded that the epidemic is not at this stage a public health emergency of international concern.

The response to the Ebola outbreak entailed the activation of the Civil Protection Mechanism and mobilisation of an ECDC's epidemiologist to support to outbreak response activities in the field, in coordination with the European Medical Corps. The European Commission is in constant contact with the national authorities working on the frontline, the WHO and partners on the ground to channel support.

A survey on preparedness for management of viral haemorrhagic fever cases, organised by SANTE, was circulated to the HSC in relation to the Ebola outbreak in Equator Province in the Democratic

Republic of the Congo. Information on the capacities for Medical evacuation (MEDEVAC) in the European Member States was collected in the aforementioned survey and discussed by the HSC.

Since the last HSC plenary, WHO made a request for Assistance to the Union's Civil Protection Mechanism for a Medevac Support team to provide training on handling EpiShuttles. Norway offered a team who provided training session on the Epishuttles/Medevac protocols in August. The European Commission is funding Ebola vaccine development with over €160 million. The EU has provided funding for the vaccine (rVSVΔG-ZEBOV-GP) which was deployed in DRC earlier this year (May-July, Equateur province) and which is also being used in the current outbreak in North Kivu.

Current situation regarding vaccination in DRC: more than 20 000 people have been vaccinated so far since the outbreak started in North Kivu, and prophylactic vaccination started in neighbouring countries. Deployed experts and health care staff that fulfil the eligibility criteria can be vaccinated upon arrival in the DRC. As regards the availability of vaccines in the Member States, WHO clarified in a previous HSC audio meeting that access to vaccines and therapeutics for the healthcare personnel receiving evacuated Ebola cases from any country other than the DRC shall be sorted out addressed bi-laterally with between that country and the pharmaceutical company.

SANTE is in contact with WHO to clarify this the procedure and share any relevant information with the HSC and is waiting for a letter from WHO outlining such details.

Member States are providing information through EWRS on plans regarding vaccination with unlicensed vaccines against Ebola, and if there are legal provisions or guidelines regarding this issue. The Commission will also contact EMA to reflect on the issue.

6. UPDATE ON THE UNION CIVIL PROTECTION MECHANISM AND ON MASS BURNS PREPAREDNESS

The Chair recalled that the Commission adopted a proposal to amend the Union Civil Protection Mechanism (UCPM) in November 2017 triggered by a number of recent natural disasters, and in particular a series of disastrous forest fires. The situation called for immediate action to strengthen the existing Mechanism. Following the adoption by both legislators their respective mandates, trilogue discussions started on 4 September and provisional political agreement was reached on the proposal on 12 December. The HSC was regularly informed on the developments during audio and plenary meetings.

DG ECHO provided and update on the review of the Civil Protection Mechanism, and ongoing work regarding mass burn casualty disasters, and preparedness to evacuate and provide highly specialised care for severe burn patients and further indications of how the Mechanism will be strengthened by the rescEU proposal.

Structures and mechanisms under the Civil Protection Mechanism were presented, with particular emphasis on prevention and a higher level of protection and resilience; preparedness of systems, services and personnel; and response through the European Emergency Response Capacity (EERC) including certification and registration, the Emergency Response Coordination Centre and its alert and response system (CECIS). The European Medical Corps and recent deployments were

discussed, following UCPM activation (Mobile lab, yellow fever, DRC in 2016; Public health team, yellow fever, Angola in 2016; Mobile lab, Marburg virus disease, Uganda in 2017) and outside of UCPM activation (UK medical team, Diphtheria, Bangladesh in 2017; Norway isolation pod, Ebola, DRC in 2018; ECDC epidemiologist, Ebola, DRC in 2018).

The rescEU proposal strengthening the Union Civil Protection Mechanism was introduced, agreement is reached on establishing a reserve at European level of civil protection capabilities in the first instance aerial forest fighting planes. In addition further development of rescEU would cover capabilities for responding to low probability high impact events and are likely to include Emergency Medical assets, including Medevac, as well as assets to respond to CBRN disasters.

On mass burns disasters, work is ongoing in close collaboration with European burns association, to put in place a European Burns plan to facilitate mobilisation of European support, and ensure preparedness and rapid response. Outstanding issues include medevac capacity, cost coverage of long-term treatment, secure sharing of patient data. It was emphasised that strong national preparedness should be underpinned by strong European level preparedness and that links should be established between civil protection and health authorities before a crisis/disaster.

The Commission agreed to share the list of contact points in the Civil Protection Committee.

7. EU ACTION ON ANTIMICROBIAL RESISTANCE (AMR)

SANTE updated on the implementation of the 2017 EU One Health Action Plan against AMR. The action plan is based on three pillars: 1. Action in the EU in human and animal fields with the aim of making the EU a best practice region; 2. Boosting research, development and innovation; 3. Shaping the global agenda on AMR. The action plan include more than 70 actions for a more integrated, comprehensive and effective approach to combating AMR, including on One Health Network; joint Commission and ECDC visits to Member States; co-funding WHO activities to help Member States; joint action to support collaborative activities by Member States to tackle AMR and health care associated infections. The progress report on the implementation of the action plan is available¹, the next report will be published in February 2019.

The ECDC provided a brief overview of the recent point prevalence survey of healthcare-associated infections, including antimicrobial resistance, in acute care hospitals. A key part of the action on AMR is the prevention and control of infection – particularly healthcare associated infections which are resistant to antibiotics. According to the findings, there are 4.5 million healthcare-associated infections in EU/EEA acute care hospitals, and 4.4 million healthcare-associated infections in EU/EEA in long term care facilities. 91 000 attributable deaths are due to healthcare-associated infections in acute care hospitals, and 33 000 attributable deaths are due to antimicrobial resistance. According to a recent systematic review, 35% - 55% of healthcare-associated infections (depending on the type) are still preventable with multifaceted interventions.

The OECD provided a presentation on the economic model of AMR supported by the EU Health Programme. Last month OECD published the first results from this work, showing that AMR will keep increasing globally with a projected rise in resistance to 2nd and 3rd line antibiotics.

¹ http://ec.europa.eu/health/amr/sites/amr/files/amr_2018-2022_actionplan_progressreport_en.pdf

Interventions to increase hygiene show the most positive effects but do not address some of the key determinants of AMR. Public health interventions to tackle AMR are a cost-effective (and very often cost-saving) investment in EU countries; combining interventions in a comprehensive public health package provides best results.

Member States welcomed the updates on activities, and new evidence related to AMR. The Chair highlighted improving the evidence base on the costs and benefits of different strategies for fighting AMR is one of the key objectives of the European one health action plan against antimicrobial resistance. The work by OECD and ECDC suggests that most of the deaths from AMR in the EU can be avoided using technologies currently available and at very low cost. The challenge is to take forward these findings, and to make these investments to tackle AMR and to work with health staff, in order to achieve considerable reductions in burden through AMR.

The HSC will continue to discuss policy level and strategic issues related to AMR.

8. UPDATES

8.1. IMPLEMENTATION OF THE JOINT PROCUREMENT OF MEDICAL COUNTERMEASURES

SANTE provided an update on the joint procurement, a voluntary mechanism enabling participating Member States and the Commission to purchase jointly medical countermeasures for different categories of cross-border health threats, including vaccines and anti-toxins. In 2016 the first joint procurement procedure of botulism anti-toxin was completed with the participation of four Member States and the Commission. The calls for tender for the joint procurement of pandemic influenza vaccines to improve preparedness for the next pandemic were launched in early 2018 with 18 Member States and the Commission being involved in the process. Negotiations with the main producers of pandemic influenza vaccines were organised. An update on the negotiations was presented at the meeting of the Specific Procurement Procedure Steering Committee on 13 December 2018. Member States will now have the opportunity to decide whether to accept the proposed framework contract and sign up for the reservation of allocated doses of pandemic influenza vaccines.

Member States have expressed interest for additional Joint Procurement Procedures, including for personal protective equipment, anti-toxins, diagnostics and vaccines. These procedures are currently in preparatory phase with the aim to launch these procedures once the contracts for pandemic influenza vaccines have been signed.

Member States can still express their interest to participate.

8.2. EWRS REMODELLING, STATE OF PLAY AND NEXT STEPS

Since June 2017, the Early Warning and Response System (EWRS) is undergoing a process of update, to be made compatible with the newest IT technologies, and to integrate features to allow using the system more efficiently for notification and crisis management.

To this end, SANTE has been closely working with ECDC and the ad-hoc HSC working group on the EWRS update, which was established after the HSC plenary meeting of June 2017.

The first version of the updated EWRS went live on 15 October. This includes all the functionalities that were available in the previous platform, as well as new characteristics and functionalities, including a structured notification template; a search function; and a new tool to notify and monitor public health measures in response to serious cross border threats to health.

Since the go live, the platform has been used for the purposes of notification and management of threats under Decision 1082/2013/EU. Over the course of the next year, more modules and functionalities will be gradually added to the updated platform, including on risk communication, preparedness, simulation exercises, situation awareness, and on interlinking with other EU information and alert systems.

The HSC will be updated on the process regularly.

The next plenary meetings of the HSC are tentatively scheduled for 4-5 June and 21 November 2019.