



Coronavirus disease 2019 (COVID-19) pandemic: widespread transmission in the EU/EEA and considerations for de-escalation—eighth update of ECDC’s Rapid Risk Assessment

Preliminary draft
April 2020

Draft key messages: RRA8



- **There are large increases in new cases and deaths in the EU/EEA and the UK**, including signals on excess mortality (EuroMoMo) from several countries, both in >65 years old and in all age-groups.
- There is **not yet evidence at the EU/EEA that the peak has been reached** or that new infections or deaths will soon start to decline.
- **Strain on health systems continues**, with limited lab, testing, PPE, health care capacity including ICU, ventilator and health staff capacity.
- The EU/EEA and the UK remain in the mitigation phase (scenarios 3-4). Countries in the EU/EEA have put in place a number of control measures, particularly on physical distancing. Given the lag of 2-3 weeks between transmission and observed trends in mortality, it is too early to assess the true effectiveness of implemented measures.
- Based on available evidence, it is **too early to implement de-escalation of measures** in the EU/EEA and the UK.

Draft key messages: RRA8 (2)



- A **framework for considerations around de-escalation** is presented; endpoints would include: targeted protection of risk groups, limit transmission to avoid overwhelming of HC capacities, measured gradual acquisition of population immunity until vaccine developed. Before countries consider lifting response measures, strategies need to be in place to ensure active case-finding, contact tracing, isolation, quarantine, etc.
- **Considerations around de-escalation will need to be informed by robust data** in key areas including: population susceptible to disease, delineation of most vulnerable populations for adverse outcomes of infection, evidence on efficacy of control measures overall and by risk group, including in the community and health care facilities.
- Countries should **urgently prioritise data and technology gaps in these areas** to inform planning for coordinated de-escalation in the future.
- **Strong and enhanced focus should remain on: i) community measures including physical distancing; ii) measures for health settings; and iii) robust testing and surveillance strategies.**



Overall structure



Event background

Disease background

Short-term modelling on epi progression and health care capacity saturation

Risk assessment questions

Considerations and options for response

- Considerations regarding de-escalation
- Community measures and social distancing
- Measures for health care settings
- Testing and surveillance strategies

Research needs

Limitations

Event background



- ✓ Updated epi situation, including EuroMoMo data
- ✓ Refer to graphs (in annex) with epi curve and deaths by country with timing of response measures

Disease background



Enhanced data/scientific literature on the following:

- ✓ Proportion of cases requiring ICU/ventilation
- ✓ Vulnerable groups, including children/severity in <60years old and risks for severe disease according to defined risk factors
- ✓ R and R_0 (clearer explanation)
- ✓ Population immunity
- ✓ Asymptomatic/pre-symptomatic transmission and consequences for measures to be taken

Short term modelling on epidemic progression and HC capacity saturation



- Short term forecast
- Modelling insights on health care capacity: allocation of resources and forecasting capacity

Risk assessment questions



1. What is the overall risk, as of 8 April 2020, of severe disease in the general population and in populations with defined risk factors associated with COVID-19 in the EU/EEA and UK?
2. What is the risk of occurrence of widespread national community transmission in the EU/EEA and the UK in the coming weeks with and without full distancing measures?
3. What is the risk to health and social care systems being exceeded in the EU/EEA and the UK in the coming weeks with and without full distancing measures? (consider not only ICU capacity, but also general staffing issues in hospitals and LTCF, and issues such as drug shortages)



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Considerations and options for response: Introduction



- Short introduction on current phase of the epidemic (EU/EEA remains at scenario 3-4)
- Why it is still too early for de-escalation. Scientific data warning about removing measures prematurely, illustration from dynamic models.
- Sketch out possible endpoints which safeguard health while promoting productivity: measured gradual acquisition of population immunity (→ re-introduction to work of those recovered); limiting transmission until vaccine developed; targeted protection of risk groups, etc
- Build scaffold of key questions that need to be answered to progress towards de-escalation
- Identify data and technology gaps for each stage

Key questions for de-escalation and considerations to have in place before going toward de-escalation (data needed)



- Are sufficient surveillance and monitoring systems in place to assess the epidemiological consequences? (link to surveillance and testing)?
- Is sufficient testing capacity and contact tracing in place? (link to surveillance and testing)?
- What proportion of people in the population is susceptible? (Serosurveys, estimates from mortality data)
- Who is most in need of protection from the virus? (Risk profile associated with severe disease and death [age, smoking, co-morbidities])
- Who can safely return to business as usual? (Development of and testing strategies for point of care tests, contact tracing in place)
- How effective are the control measures at reducing transmission? (Plenty from external modellers on effect on behaviour [mobility], then on incidence [not much data at this stage]. Need to estimate relative effectiveness of different measures [data to come])
- How much targeted protection do the control measures give to risk groups? (Need more data on this. Basis for future modelling)
- How can hospital practices be optimised to reduce transmission? (Lots of insight from IPC guidance)



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Short-term modelling on epi progression and HC capacity saturation

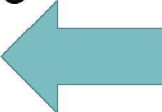
Risk assessment questions

Considerations and options for response

- Considerations regarding de-escalation
- **Community measures and physical distancing**
- **Measures for health care settings**
- **Testing and surveillance strategies**

Research needs

Limitations



Refer to RRA7 and other documents rather than repeating things that have not changed

Considerations and options for response: Community measures and physical distancing



Short key principles for the mitigation phase → refer to RRA7/other documents

Add

- ✓ new evidence on efficacy of mix of measures
- ✓ response measures by country (in annex)
- ✓ use of masks for infection control in community
- ✓ short paragraph on importance of support to mental health/resilience for communities, vulnerable populations and health workers
- ✓ short paragraph on considerations for de-escalation (ie, risk communication, mix of measures)

Preparedness and public health response: Measures for health care settings



Short key principles for the mitigation phase → refer to RRA7/other documents

Add

- ✓ new discharge criteria

Preparedness and public health response: Testing and surveillance strategies



Short key principles for the mitigation phase → refer to RRA7/other documents

Add

- ✓ Reference to forthcoming surveillance strategy
- ✓ RDT
- ✓ Defining/classifying COVID-19 mortality
- ✓ Importance of studies on population immunity (sero-epi), long-term immunity, (sentinel/population-based), enhanced contact tracing, focus on hotspots, vulnerable groups, number of severe cases, affected LTCFs, excess mortality); apps for contact tracing, etc (may fit into surveillance/testing)