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DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY
Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 31 January 2020

Audio meeting of the Health Security Committee – 31 January 2020

Public Flash report

Outbreak of novel Coronavirus infections in China and other countries

Chair: (10)(2e), SANTE C3

Audio participants: AT, BE, BG, CY, CZ, DE, DK, EE, ES, FI, FR, HR, LT, IE, IS, MT, NL, NO, PO, PT, RO, SE, SI, SK, UK, DG DEVCO, EEAS, DG ENV, DG HR MS, JRC, DG JUST, DG MOVE, DG RTD, ECDC, EMA

1. Opening

The Chair welcomed the participants of the HSC meeting, noting that the European Commission convened today's audio meeting of the Health Security Committee to update the HSC on cases of Pneumonia associated with a novel Coronavirus in Wuhan, China and in particular discuss national measures, plans and needs for coordination EU level.

The Chair provided a summary of actions undertaken by DG SANTE and other services:

- * Following and compiling response measures of EU MS through the Incident Management module of the EWRS.
- * Discussion with other services, from which we will receive updates today: including EMA, RTD, ECHO, MOVE,
 - o Initiated discussion with ECHO regarding support for Medevac / Expatriation and other response capacities – UCPM.
 - o Shared with the HSC EMA's current status regarding therapeutics and vaccines.
 - o Discussion with RTD on mobilisation of Emergency Funds.
 - o Discussion with DG MOVE on measures at points of entry, sharing information through EWRS as well as stakeholder groups of Eurocontrol and EASA, including on contact tracing.
 - o Discussion with EASA information exchange related to air traffic/contact tracing as well as with air flight operators to share incoming airlines passenger data timely. This was issued by format of a Safety Information bulletin, published by EASA this week.
 - o Discussion with PREPARE Project on the activation of clinical trial network, protocol under development, will be shared with MS.

- * DG SANTE activated the Emergency mode of the EU Joint Action Healthy Gateways – production of guidance at points of entry and aircraft and ship operators.
- * DG SANTE – Joint Action SHARP to review isolation facilities across the EU.
- * ECDC updates the Risk Assessment and production of technical guidance.
- * The first ISAA report with Member States information has been shared on the 30th

The Chair noted that an overview of all response measures shared by Member States will be shared with the Health Security Committee later today.

The Chair provided a quick overview of the current situation, with reports of nearly 10,000 laboratory confirmed cases of 2019-nCoV cases and 213 deaths. In Europe, there are now 16 laboratory confirmed cases: Germany: 5; France: 6; Finland: 1; Italy 2 and the U.K.:2. Last night, the World Health Organization called a Public Health Emergency of International Concern.

2. World Health Organization – Public Health Emergency of International Concern (PHEIC)

The Chair noted that on 30th of January, WHO held an IHR Emergency Committee and declared the current outbreak a Public Health Emergency of International Concern (PHEIC). noted the recommendations from the WHO following the declaration of the PHEIC, yesterday the 30th of January 2020. We take note of this declaration. We have also taken note of the recommendations made by WHO in respect of the declaration, mainly addressed to China, which call for enhanced preparedness for the rest of the world. We have already been working hard with Member States and our global partners, including WHO to ensure preparedness, providing technical support and guidance. At this stage, it is beneficial to continue the discussion on areas where further strengthening of coordination of EU measures could be implemented. The Chair invited countries feedback based on the PHEIC declaration.

ES noted that there were not significant changes in the recommendations from those issues from the WHO on the 23rd of January. There are no EU requirements in the recommendations. This has created increased media attention.

The Chair asked countries if there had been any national measures implemented as a result of the PHEIC.

UK noted that they had increased the perceived risk level from low to moderate.

DE noted that they continue to work on the confirmed cases in Germany and are sharing all relevant information with Member States. Situation is still under investigation and aspects remain unclear, such as contact tracing and asymptomatic transmission or not. DE will keep countries informed of the findings in due course.

3. ECDC - Rapid Risk Assessment

The Chair invited ECDC to provide an update on the Rapid risk assessment, updated yesterday.

ECDC reported on the status of the case definition of the virus and divergences with that of WHO. ECDC has been in discussion with WHO on how to look at aligning the case definitions and there is an expectation that WHO will update theirs soon. ECDC is working to ensure that their case definition is wide enough to ensure that no cases go undetected. ECDC noted the survey on laboratory capacity that they have undertaken and with preliminary results indicating strong capacity in EU. ECDC considers that in the current situation, it is beneficial for laboratory diagnosis to take place.

The Chair thanked ECDC for the updates and noted as well the offer on laboratory network support from the Joint Action SHARP and via ECDC. Information has been shared and will be shared accordingly.

FI noted that they have shared all relevant information on the case in Finland via EWRS.

The Chair noted a question from DG HR Medical Service regarding travel history to all of China or just Wuhan Province for the case definition.

ECDC noted that this is the divergence with WHO. Their case definition is for travel history for all of China.

ES noted that collaboration between ECDC and countries on case definitions would be beneficial, to try and harmonize the definition.

The Chair noted that ECDC will reach out to discuss the case definition with countries in order to see where harmonization is possible.

PT noted that changes in case definitions can result in measures being implemented in countries and thus important to consider.

NO highlighted the need for a harmonization of approaches to the management of suspected cases and isolation procedures.

FR provided an update on the cases in France. The last two cases are also receiving treatment. Investigations into asymptomatic transmission or not are ongoing. France will share all information as soon as available. France asked if the declaration of the PHEIC would lead to additional actions taken by the Commission.

The Chair noted that there are no current plans to implement additional activities as a result of the PHEIC. Part of the reason for this meeting is to review with countries whether additional actions are needed or not and we seek feedback from countries. As it stands, actions taken and ongoing by the Commission are in line with WHO recommendations. The Chair provided a quick overview of the rapid risk assessment of ECDC, with risk evaluated as

- * the potential impact of 2019-nCoV outbreaks is high;
- * the likelihood of infection for EU/EEA citizens residing in or visiting Hubei province is estimated to be high;
- * the likelihood of infection for EU/EEA citizens in other Chinese provinces is

moderate and will increase;

- * there is a moderate-to-high likelihood of additional imported cases in the EU/EEA;
- * the likelihood of observing further limited human-to-human transmission within the EU/EEA is estimated as very low to low if cases are detected early and appropriate infection prevention and control (IPC) practices are implemented, particularly in healthcare settings in EU/EEA countries;
- * assuming that cases in the EU/EEA are detected in a timely manner and that rigorous IPC measures are applied, the likelihood of sustained human-to-human transmission within the EU/EEA is currently very low to low;
- * the late detection of an imported case in an EU/EEA country without the application of appropriate infection prevention and control measures would result in the high likelihood of human-to-human transmission, therefore in such a scenario the risk of secondary transmission in the community setting is estimated to be high.

IE asked whether there should be a common position in the EU on quarantine

The Chair noted that ECDC was looking into this and had issued a statement on the topic yesterday: “The ECDC considers quarantine (also of repatriated, healthy citizens) an effective measure if implemented comprehensively, but a very inefficient use of resources, as further described in the updated rapid risk assessment of 30 January. Should quarantine/self-isolation/ active monitoring be undertaken, it should be done for 14 days.”. We ask countries to share information on any quarantine or isolation measures in place or being planned via EWRS.

DE noted that quarantine measures is not just medical but also have legal and political considerations that need to be taken into consideration.

The Chair noted that quarantine measures is a national decision with a variety of considerations required. We ask for countries just to share their respective measures via EWRS for information sharing purposes.

4. Response Measures

The Chair reminded that since the 9th of January, MS have been sharing response measures on the EWRS, either as comments or through the incident management module. Chair reminded of importance of using the incident management module. In order to concentrate all info in one place, please use the initial notification. The Chair informed that the cases have to be reported through TESSy.

5. Points of Entry

The Chair informed MS that we have compiled a table of measures at PoE from information to incoming travellers to screening and that we will share this table with the HSC. This information comes from several sources: EWRS, HSC and the European Aviation Crisis Coordination Cell

DG SANTE has shared with the HSC and the EWRS guidance documents produced by the Joint Action Healthy Gateways on advice for measures at PoE and advice for aircraft and ship operators. Following the events related to the cruise ship in Italy, Healthy Gateways consortium informed us that they will update the guidance document to include more details on contact tracing and free pratique procedure, as well as the development of a check list for authorities to follow when investigating the response and measures implemented on board ships and on board aircrafts. A webinar will also be organised next week on Health Measures at PoE – we will share with the HSC any information we receive from Healthy Gateways to participate

The Chair noted that for the management of Points of Entry, Member States have at their disposal the World Health Organization's guidelines and detailed guidance provided by the EU funded Joint Action EU Healthy Gateways, for points of entry management.

6. Points of Entry

The Chair asked for updates from countries on the repatriation process of citizens.

DE noted that they are undertaking a repatriation of citizens and their families. At the moment, it is for more than 100 people. Exit screen in China will take place, and upon return to DE, they will all go to a communal quarantine location. This is to help given that not all individuals will have accommodation in DE as it may not be their country of primary residence.

The Chair noted that FR has informed that quarantine will also take place in France for a period of two weeks.

7. Personal Protective Equipment

The Chair noted that the Commission is reviewing capacities for personal protective equipment and also high isolation capacities across the EU. The Commission has not yet received any specific requests for additional personal protective equipment, notably masks. The Commission continues to collaborate with countries on this topic and if there are any needs, countries are asked to communicate this.

8. Laboratories

The Chair noted that the Joint Action SHARP has offered to SHARP partners from the Erasmus MC to provide real-time RT-PCR for detection. If you have suspected cases of 2019-nCoV and need support for the detection, you may send your samples to the EMC. SHARP will cover the costs for shipment of the samples if needed.

ECDC also shared other laboratories in the EU who have offered to provide support in primary diagnostic testing/ and or confirmation.

- * Charité – Universitätsmedizin Berlin Institute of Virology, Berlin, Germany
- * Respiratory unit, Public Health England, Colindale, the United Kingdom
- * Institut Pasteur, Paris, France
- * Institut für Virologie, Marburg, Germany
- * National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands
- * Institute of Microbiology and Immunology, University of Ljubljana, Slovenia
- * Public Health Agency of Sweden, Solna, Sweden

The Chair also reiterated that the ECDC has launched a survey on laboratory capacity in Member States. Additional information on laboratory testing has been shared on ECDC's website: <https://www.ecdc.europa.eu/en/novel-coronavirus-china>

9. AOB

The Chair also noted the specific requests that the PREPARE research and its clinical network they shared. The PREPARE research consortium is planning to send on Monday the eCRF (Case Report Form) developed by WHO-ISARIC to more than 3,000 contacts (clinicians and diagnostic labs) in 42 European countries. PREPARE has a network of more than 1,000 hospitals and close to 900 diagnostic labs. The specific requests are:

- * To help this work can the HSC provide the list of hospitals where the 2019-nCoV infected cases will most likely be hospitalized. This would then be sent to PREPARE in order to contact them and invite them to participate in the observational and intervention trials.
- * PREPARE is also asking to be informed on where a new patients with confirmed 2019-nCoV are hospitalized. PREPARE would then contact them and invite them to fill in the eCRF. They would also share a sampling scheme for pharmacokinetic studies with Remdesivir if this drug is on compassionate use, to make sure all hospitals use the same scheme.
- * As Remdesivir is used in some of these patients, and collecting standardized data and samples in a systematic manner would be very helpful to decide on the effectiveness of this drug.
- * High-level support in Member States of protocol approval by IRBs would help speeding up the trials. Connecting to the competent authorities in Member States would be a great help to rapidly start clinical studies in the EU.
- * The EU has a unique position with several well-established committees allowing excellent collaboration between Member States. Through these committees, such as the HSC, we could fill the gap between Public Health and clinical research. An objective most countries in the world have not been able to.

DG RTD highlighted importance of PREPARE project in provision of support for clinical treatment protocols and ensuring the best treatment regime for future patients. They confirmed that the research proposal has been released for 10 million for the novel corona virus.

10. Closing and next steps

The Chair asked countries to revert as to whether they would appreciate an audio meeting at health state secretary level to discuss the 2019n-CoV and asked for replies on this by today at 16h.

The Chair summarized the key points of the meeting:

1. Public Health Emergencies of International Concern (PHEIC): The HSC noted the PHEIC recommendations in comparison to the recommendations issued by WHO on 23 January 2020, which Member States and the EU are already actively following. There were no specific requests to the Commission for additional support, in taking forward the measures recommended by the PHEIC.
2. Research: The Commission highlighted that a Commission research proposal has just been launched for vaccines for the novel corona virus, for EUR 10 million.
3. Clinical networks: The PREPARE consortium – an EU funded network for harmonized large-scale clinical research studies in infectious diseases – seeks collaboration with countries to optimize their work on the clinical treatment protocols of the 2019-nCoV, ensuring the best treatment regime for future patients. Member states were asked to connect their specialised hospitals treating nCoV infected patients with the network.
4. Laboratories: The Commission noted that the Joint Action SHARP, has indicated one of their partners, Erasmus MC, has offered help for providing real-time RT-PCR for detection. If a country has suspected cases of 2019-nCoV and need support for the detection, they may send samples to the EMC. If needed, the Joint Action would cover the costs of shipment of samples. The European Centre for Disease Prevention and Control (ECDC) has also shared a list of laboratories in the EU/EEA that have offered to provide support in primary diagnostic testing/and or confirmation. This enables rolling out a strong laboratory network across the EU.
5. Case definition: following discussions of the updated case definition for surveillance provided by ECDC, the ECDC will contact technical counterparts in Member States to explore what further refinements may be needed.
6. Points of entry: For the management of Points of Entry, Member States have at their disposal the World Health Organization's guidelines and detailed guidance provided by the EU funded Joint Action EU Healthy Gateways, for points of entry management. It was proposed that Member States work in line with these. The Joint Action Healthy Gateways will provide a webinar on using the guidance next week to which experts from all countries are invited.
7. Medical countermeasures, personal protective equipment: The Commission noted that it has been in touch with several countries regarding medical countermeasures, specifically personal protective equipment (PPE). No countries have, as of yet, requested support to

obtain additional countermeasures. Four countries indicated the potential need for PPE in case of an expanding situation in the EU. The Commission will continue to provide support if need be and asked countries use the procedures agreed in the HSC to enable the exchange of medical countermeasures between countries via EWRS.

8. Information on measures: The Commission will consolidate and share all information received from countries, allowing an overview of the variety of measures taken so far. The ongoing practice of full information sharing and coordination is essential to mitigate the 2019-nCoV outbreak and ensure the EU's ability to prepare for any further transmission into Europe and to provide the care needed for cases in the EU and the limitation of any further transmission within the EU.
9. Repatriation: France, UK and Germany provided a short overview of the repatriation procedures currently being undertaken. France and Germany confirmed that repatriated individuals will undergo a 14 day quarantine upon arrival in the EU. The Union Civil Protection Mechanism was activated this week to support repatriation of EU citizens. Countries were asked to share available legislation or measures in place on quarantine and isolation, and plans of potential implementation of such measures related to nCoV-2019.
10. Medical evacuation: The Commission also reminded countries that there is a medical evacuation procedure in place between the Commission (DG SANTE and DG ECHO) and the World Health Organization, in case this is of need at any point for the evacuation of patients in the EU.