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 (10)(2e) <(10)(2e)@rivm.nl>;
From: (10)(2e) <(10)(2e)@rivm.nl>
Sent: Thur 3/12/2020 7:32:50 PM
Subject: FW: Rapid Risk Assessment on COVID-19: sixth update
Received: Thur 3/12/2020 7:32:53 PM
[Surveillance strategy.docx](#)
[RRA-sixth-update-Outbreak of novel coronavirus disease 2019\(COVID-19\).pdf](#)
[who-china-joint-mission-on-covid-19-final-report.pdf](#)

Ter info. Voorgestelde surveillance strategie richt zich op vergrote dekking ILI/ARI en op SARI surveillance. Laten we maandag maar eens bespreken....

(10)(2e) doe jij morgen mee aan de ECD/WHO call?

Groeten,

(10)(2e)

From: (10)(2e) <(10)(2e)@ecdc.europa.eu>
Sent: donderdag 12 maart 2020 19:02
To: (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>; (THL) <(10)(2e)@thl.fi>; (10)(2e) <(10)(2e)@elisabethinen.or.at>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@vzbb.sk>; (10)(2e) <(10)(2e)@chl.lu>; (10)(2e) <(10)(2e)@iss.it>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@hse.ie>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@hvjz.hr>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@insa.min-saude.pt>; KRM ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@spkc.gov.lv>; (10)(2e) <(10)(2e)@insp.gov.ro>; (10)(2e) <(10)(2e)@tcd.ie>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@msssi.es>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@med.uoa.gr>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@yahoo.com>; (10)(2e) <(10)(2e)@who.int>; (10)(2e) <(10)(2e)@ijzcg.me>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@agihis.lv>; (10)(2e) <(10)(2e)@ages.at>; (THL) <(10)(2e)@thl.fi>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@arsnorte.min-saude.pt>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mh.government.bg>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@jfm.uniba.sk>; (10)(2e) <(10)(2e)@bkus.lv>; (10)(2e) <(10)(2e)@inmi.it>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; (10)(2e) <(10)(2e)@terviseamet.ee>; TGV ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@isciii.es>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@hvjz.hr>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@ec.europa.eu>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; PHE Manager <(10)(2e)@ecdc.europa.eu>
Cc: Corporate Governance Secretariat <(10)(2e)@ecdc.europa.eu>
Subject: RE: Rapid Risk Assessment on COVID-19: sixth update

Dear (10)(2e) and fellow Advisory Forum colleagues

Thank you for pointing out that there was an issue with the references – this has now been fixed (see attached version).

With regards to (10)(2e)' question about the evidence for the effectiveness of cordon sanitaire as a public health measure to reduce the spread of infection, the key evidence from China comes from the recent report on the WHO-China Joint Mission, in which it is stated (page 10, highlighted in yellow in the attached copy of the report):

"The cordon sanitaire around Wuhan and neighbouring municipalities imposed since 23 January 2020 has effectively prevented further exportation of infected individuals to the rest of the country."

In this email I am also taking the opportunity to inform you all of ECDC's revised surveillance strategy for COVID-19, which is attached for your information and comments. In addition, I would like to inform you that WHO intends to ask its IHR focal points to report on a daily and/or weekly basis aggregated data on the number of cases and deaths, age-distributions, number of hospitalised cases and number of persons in ICU and ventilated. ECDC and WHO-Euro have come to an agreement to avoid double reporting according to the following:

1. Daily reporting of cases and deaths to WHO HQ: ECDC currently collects these data through our epidemic intelligence. The database is public and can be shared with WHO. All data reported by EI for EU/EEA countries are based on official information that countries are publishing on their national institute websites. We think this approach is accurate and we would not ask Member States to proactively report this information.
2. Weekly aggregated reporting: this will initially be based on case-based data reported to ECDC. As countries move from case-based to aggregate reporting, we will ask EU/EEA MS to report these aggregated data to TESSy. This will include the reporting of a qualitative indicator on the level of spread as defined by WHO.
3. Case-based reporting in TESSy: We noted that almost all countries made an effort to report cases, however the quality remains low, especially for the variables that would be most of interest now. Since the objective of this surveillance is not to estimate incidence or impact, but to describe cases, we would rather focus on having a good reporting of fewer variables that matter (date of onset, date of symptoms worsening, date of ICU admission, final outcome, underlying conditions, age/gender). We will encourage countries to report these variables in our communications with countries.

ECDC will also publish by the end of the week a public dashboard based on limited analyses of TESSy data.

Kind regards

(10)(2e)

From: (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>

Sent: 12 March 2020 07:25

To: (10)(2e) <(10)(2e)@ecdc.europa.eu>; (THL) <(10)(2e)@thl.fi>

Cc: Corporate Governance Secretariat <(10)(2e)@ecdc.europa.eu>; (10)(2e) <(10)(2e)@elisabethinen.or.at>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@vzbb.sk>; (10)(2e) <(10)(2e)@chl.lu>; (10)(2e) <(10)(2e)@iss.it>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@hse.ie>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@hvjz.hr>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@insa.min-saude.pt>; KRM ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@spkc.gov.lv>; (10)(2e) <(10)(2e)@insp.gov.ro>; (10)(2e) <(10)(2e)@tcd.ie>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@msssi.es>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@med.uoa.gr>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@yahoo.com>; (10)(2e) <(10)(2e)@who.int>; (10)(2e) <(10)(2e)@ijzcg.me>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@agihis.lv>; (10)(2e) <(10)(2e)@ages.at>; (THL) <(10)(2e)@thl.fi>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@arsnorte.min-saude.pt>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mh.government.bg>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@ifmed.uniba.sk>; (10)(2e) <(10)(2e)@bkus.lv>; (10)(2e) <(10)(2e)@inmi.it>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; (10)(2e) <(10)(2e)@terviseamet.ee>; TGV ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@iscii.es>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@hvjz.hr>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@ec.europa.eu>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; PHE Manager <(10)(2e)@ecdc.europa.eu>

Subject: SV: Rapid Risk Assessment on COVID-19: sixth update

Dear all

We are now moving into a phase of wide spread use of measures that we traditionally been very doubtful about their effect. Closing schools and travel restrictions such as cordon sanitaires are such. It is therefore very important we remain very careful

about what we can say, and try the follow up their effect in the present pandemic. You here seem to say that cordon sanitaires have been effective in China and Italy and refer to a report from China. Is this available, there seems to be a reference 79 that I cannot find in the list or is there more list? I also wonder if there is any indication that they worked in Italy?

Med vänlig hälsning

(10)(2e)
Avdelningschef

Från: (10)(2e) <(10)(2e)@ecdc.europa.eu>

Skickat: den 11 mars 2020 23:13

Till: (10)(2e) (THL) <(10)(2e)@thl.fi>

Kopia: Corporate Governance Secretariat <(10)(2e)@ecdc.europa.eu>; (10)(2e) <(10)(2e)@elisabethinen.or.at>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@vzbb.sk>; (10)(2e) <(10)(2e)@chl.lu>; (10)(2e) <(10)(2e)@iss.it>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@hse.ie>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@hzjz.hr>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@insa.min-saude.pt>; KRM ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@spkc.gov.lv>; (10)(2e) <(10)(2e)@insp.gov.ro>; (10)(2e) <(10)(2e)@tcd.ie>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@msssi.es>; (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>; aura.timen_rivm.nl <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@med.uoa.gr>; van Dissel Jaap <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@yahoo.com>; (10)(2e) <(10)(2e)@who.int>; (10)(2e) <(10)(2e)@ijzcg.me>; (10)(2e) <(10)(2e)@nnk.gov.hu>; (10)(2e) <(10)(2e)@agihis.lv>; (10)(2e) <(10)(2e)@ages.at>; (THL) <(10)(2e)@thl.fi>; (10)(2e) <(10)(2e)@santepubliquefrance.fr>; (10)(2e) <(10)(2e)@arsnorte.min-saude.pt>; (10)(2e) <(10)(2e)@szu.cz>; (10)(2e) <(10)(2e)@mh.government.bg>; (10)(2e) <(10)(2e)@mphs.moh.gov.cy>; (10)(2e) <(10)(2e)@nijz.si>; (10)(2e) <(10)(2e)@ifmed.uniba.sk>; (10)(2e) <(10)(2e)@bkus.lv>; (10)(2e) <(10)(2e)@inmi.it>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; (10)(2e) <(10)(2e)@terviseamet.ee>; TGV ssi.dk <(10)(2e)@ssi.dk>; (10)(2e) <(10)(2e)@sam.lt>; (10)(2e) <(10)(2e)@folkhalsomyndigheten.se>; (10)(2e) <(10)(2e)@fhi.no>; (10)(2e) <(10)(2e)@isciii.es>; (10)(2e) <(10)(2e)@gov.mt>; (10)(2e) <(10)(2e)@rki.de>; (10)(2e) <(10)(2e)@wiv-isp.be>; (10)(2e) <(10)(2e)@pzh.gov.pl>; (10)(2e) <(10)(2e)@landlaeknir.is>; (10)(2e) <(10)(2e)@hzjz.hr>; (10)(2e) <(10)(2e)@rivm.nl>; (10)(2e) <(10)(2e)@ec.europa.eu>; (10)(2e) <(10)(2e)@ecdc.europa.eu>; PHE Manager <(10)(2e)@ecdc.europa.eu>

Ämne: RE: Rapid Risk Assessment on COVID-19: sixth update

Dear (10)(2e)

Many thanks for such rapid feedback.

To answer your questions:

1. this is the version to be published tomorrow, unless there are very exceptional reasons for revision
2. there is evidence from China that the cordon sanitaire approach has contributed to the delay or reduction of spread – as such we believe that it is a measure, quite possibly of last resort, that should be given consideration. It is, of course, for Member States to determine if and when to apply risk management measures, according to their own assessment of the risks and benefits entailed, and as such we believe that it is appropriate to identify all measures that might be considered.

We can indeed discuss any aspects of this RRA at our next extraordinary meeting of the Advisory Forum, although this will, *perforce*, be after the RRA has been published. We have also shared this RRA with the relevant National Focal Points, whose role is to represent their Member States in their defined areas of responsibility.

Kind regards

(10)(2e)

Please find attached the sixth, and most recent, ECDC RRA on COVID-19. This has been produced with considerable rapidity, and the deadline for completion has been brought forward at the request of the European Commission. As a consequence of the speed with which this has had to be produced, it has not been possible to share anything with you before now (the process of drafting and editing was only completed late this evening), and we have been asked to publish this at some point tomorrow (Thursday). I regret that this means that you are seeing this only a few hours before it will be published, but as you will be aware, the situation is rapidly changing, as evidenced by today's declaration of a pandemic by the WHO, and there is a rapidly diminishing window of opportunity to put in place the necessary measures to mitigate the impact of the anticipated increase in case numbers now that it

appears that community transmission is becoming more and more common across the EU/EEA and the UK.

ECDC will convene a further extraordinary meeting of the Advisory Forum in the next few days, at which this RRA and the priorities for further assessments, advice and support can be discussed

Kind regards

(10)(2e)

<image8081ac.GIF>

(10)(2e)

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