



ECDC Advisory Forum

Minutes of the Extraordinary Advisory Forum meeting 17 March 2020 (via audio conference)

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Opening and adoption of the programme

1. Andrea Ammon, Director, ECDC, opened the meeting and welcomed all the participants. Referring to previous email exchange, she explained that it had not been possible to consult with the Advisory Forum prior to publishing the latest Rapid Risk Assessment on COVID-19 (*cf.* RRA from 12 March 2020). Instead, given the rapidly evolving situation, she suggested discussing what should be included in the next RRA. She added that one factor that led to the latest RRA was the teleconference that the Commission President had held with the Heads of State on 10 March; while acknowledging that the EU has limited competence in this area, the Member States had clearly stated that they wanted clear information from the EU level on which measures to take. ECDC had therefore tried to be as clear as possible in the latest RRA. In the past days, most Member States have installed the measures outlined in the RRA. This has been done to different degrees in different countries, which was expected, but also with different durations and this was something that would need to be discussed. Lastly, she noted that colleagues from WHO/Europe and WHO Headquarters were present in the meeting, and could provide a more global input to the discussions on the surveillance strategy and testing.
2. Mike Catchpole, Chair and Chief Scientist, ECDC, welcomed the participants and asked whether anyone wished to amend the draft programme. The draft programme was adopted without changes. No specific conflicts of interest were declared with respect to the agenda.

Update on Situation and Risk Assessment

3. Andrea Ammon commented on the latest Rapid Risk Assessment on COVID-19, and noted that the main reason to be very firm about the necessary measures at this stage was that, without mitigation, the natural development of the epidemic would quickly lead to health systems, and in particular ICUs, being overwhelmed, as had been seen in China and Italy. The RRA had been updated in terms of recent findings on infection from asymptomatic and pre-symptomatic patients, the risk of infection among vulnerable groups, and some results from modelling showing that, without any measures taken, most countries in Europe would have a scenario like Wuhan by the end of March or even earlier. For this reason, the overall risk had been raised for the overall population; the risk of severe disease associated with COVID-19 infection for people in the EU/EEA and UK is currently considered moderate for the general population, and high for older adults and individuals with chronic underlying conditions. The measures outlined in the RRA aim to decrease the peak of the epidemic so that health systems can cope with the increased influx. This will also buy time for the clinical trials currently going on. Concerning surveillance and testing, she noted that a number of prioritisation criteria had been included in the updated surveillance strategy to take into account the shortages in laboratory material reported by several Member States; due to the lack of such material, testing cannot be carried out as widely as previously recommended, but will have to be restricted and prioritised.
4. Mike Catchpole recalled that during the previous audio meeting, some concerns had been raised regarding how to communicate about the change from containment to delay/mitigation. He hoped that the document *Risk communication for promoting social distancing in relation to the COVID 19 pandemic* addressed some of these concerns. He asked the Advisory Forum members whether they had any questions or concerns on the measures outlined in the RRA, and what their views were regarding the timeline of these measures.
5. One AF member raised concerns regarding the WHO requirement that individuals kept in isolation have to give two negative PCR samples before being released from quarantine. This requirement had led to some perfectly healthy individuals being kept in long home quarantine.
6. Another AF member asked at what point testing should stop, and whether there were any other measures that could be put in place.
7. Mike Catchpole responded that, firstly, there was still uncertainty about the true extent of transmission in the community and, in this situation, testing remained crucially important to inform the likely future projection of the epidemic. Secondly, the epidemic had not yet reached its peak in Europe, and it was important to still make efforts to delay the spread.
8. Responding to the comment on the WHO requirement of two subsequent negative PCRs, Oliver Morgan, WHO Headquarters, mentioned that this was still an unanswered question, and WHO was currently reviewing its guidance on this matter.
9. Mike Catchpole said that one AF member had asked in writing whether there was any information available on the use of rapid tests as a method for triage as well as for the general public. He informed

that the ECDC technical team was looking into this question, but more data and information was needed to be able to comment on this. He asked the AF members for their views on how long the social distancing and other measures would need to be maintained. In this context, he made reference to the recent paper from the Imperial College COVID-19 Response Team in UK making the case for a prolongation of measures until a vaccine becomes available.

10. One AF member mentioned that there did not seem to be sufficient evidence to answer the question regarding the duration of measures. He asked whether ECDC had any overview of existing modelling results in order to give a more collective view of the consequence.

11. Mike Catchpole responded that there is a degree of consistency in what modelling is showing, at least as concerns the inevitability of the exponential rise in the number of cases if measures are not taken. There is some evidence from China that the package of measures has had a significant impact, even if many uncertainties naturally remain. Similarly, studies on non-pharmaceutical countermeasures for influenza seem to indicate that a package of measures has an impact on the size of the peak.

Surveillance strategy and testing for case detection and management

12. Mike Catchpole asked the AF members on their views regarding the capacity to test on one hand, and on the prioritisation of testing as part of routine systems for monitoring flu on the other hand.

13. One AF member reported that testing had been increased in his country, but there were issues with shortage of swabs among other things. The risk of misinterpretation of PCR results was also an issue. Another AF member reported that vulnerable groups were currently prioritised; due to lack of testing material and staff it was necessary to rationalise the testing. Efforts were now made to start COVID-19 testing more broadly as part of ILI and SARI surveillance. One AF member raised concerns regarding cross-border movements between adjacent areas with different incidences, as well as the effect of the upcoming Easter holidays. Modelling shows that the Easter holidays will come at a very critical point on the epidemic curve. Cross-border seeking of health care was also an issue, and it was not clear what was happening in Europe regarding border control.

14. Mike Catchpole noted that border controls is clearly a significant measure and, as such, would need to be reported in EWRS.

15. Frank Van Loock, European Commission, reported that the recent closure of borders across the EU had created a lot of confusion as well as issues in terms of trade, not only for goods but also for essential medical transports such as bone marrow, essential medicines and PPEs. This issue had been addressed the day before in a joint audio meeting between Ministers of Interior and Ministers of Health. He mentioned that he would try to share the notes from this meeting. He added that some Member States have closed their borders for incoming travel and others for outgoing travel. A number of maps have been drawn up to describe the situation.

16. Mike Catchpole asked the ECDC PHE team if they had any questions to the AF regarding the surveillance strategy. Gianfranco Spiteri, Expert ECDC PHE team, ECDC, raised a point discussed with the NFPs in Member States, namely that several countries are asking patients not to visit GPs but to call helplines, which means that the flu surveillance systems might not be as sensitive as in normal circumstances to detect COVID-19 as well as flu. He asked the AF members for their views on the impact on the sentinel surveillance systems, and how useful these systems were for detecting COVID-19 spread in the community. One AF member replied that the sentinel system was well established in countries, and it was useful to continue this monitoring during the mitigation phase. It would be beneficial if the EU could help countries in Europe that are experiencing difficulties in setting up such systems and ensure that they get them up running in time.

17. Mike Catchpole noted that, based on previous discussions in the Advisory Forum, there seemed to be a fairly consistent view on the value of building COVID-19 monitoring into the existing systems for influenza surveillance.

18. One AF member stated that one difficulty was the lack of protective equipment for GPs. Another concern was that there seemed to be a delay and some reluctance to the use of ILI surveillance in several countries. He suggested that participatory surveillance systems could perhaps also be used.

19. Oliver Morgan, WHO Headquarters, thanked the Advisory Forum members for their feedback. He added that the challenge was twofold; to implement the continuous level of surveillance that helps understanding the basic epidemiology of the outbreak while at the same time being able to respond in an

agile way to the to the public health needs of the outbreak. He stressed the importance of sharing experiences from across Europe so that this could also be incorporated in the WHO guidance.

Response measures in the context of the epidemic situation

20. Frank Van Loock, European Commission, noted that one major threat for the moment was the advice coming from a number of sides to look for increasing herd immunity and having less stringent measures and less follow-up. He stressed that such advice will undermine all the actions taken across the EU, and proper messaging should therefore be found at different levels, including WHO, to tackle such undermining messages.

21. One AF member noted that the patient organisations she had been in contact with welcomed the leadership from ECDC and were overall comfortable with the measures put in place. Referring to the discussion on the duration of measures, she asked how long patients can expect to be in lockdown. She mentioned that there were some discrepancies in measures across Europe and UK, and asked whether this was down to different epidemiological situations in the various countries, or whether patients in certain countries should be worried about higher mortality rates or health system overload. Likewise, she noted that some EU countries were not encouraging testing outside the hospitals at the moment, which differed from the WHO advice, and inquired whether this was mainly due to lack of resources.

22. Mike Catchpole responded that based on the analysis of reported cases, different countries in the EU appear to be in slightly different stages of the epidemic and, to some extent, variations in approach probably reflects this aspect, even if there might also be other factors. He added that colleagues in SANTE were working very closely at various levels to see how coordination and consistency of action can be ensured.

23. Another AF member noted that there were challenges related to border issues and stressed the need for solidarity and consistency within the EU when it comes to the measures to be taken.

24. Based on the earlier discussion related to the RRA, Mike Catchpole said that no major objections had been expressed on the options outlined in the RRA, and thereby it seemed that there was consistency of views on the measures that needed to be taken.

25. Andrea Ammon, Director, ECDC, concluded that there is a need to look at possible criteria or evidence for the de-escalation of measures, meaning implicitly also how long these measures have to be maintained. Citizens seem to have widely accepted the drastic measures put in place, but the question is for how long; decision makers will need to be able to give good answers and rationale for why these measures need to be maintained for longer time and to what extent. She stressed the need for continuing testing and surveillance in order to measure the activity and intensity of the epidemic as this information is necessary to support the decision making. ECDC will look into this internally.

26. One AF member commented on the issue of clinical trials calling for a concerted action across Europe rather than initiatives in individual Member States.

27. Mike Catchpole responded that there was absolute recognition at the EU level of the need for coordination in this area, and added that a number of mechanisms are being put in place in this respect.

28. Andrea Ammon recalled that, during the face-to-face meeting in February, some AF members had requested a narrative for the transition between containment and mitigation. The ECDC document on risk communication for promoting social distancing had tried to address this question; now most EU countries were already beyond the containment stage and therefore this paper was perhaps less useful. Nevertheless, AF members were invited to send any comments on the document in written.

29. Mike Catchpole recalled that ECDC had shared a proposal for self-declaration of affected areas in the Member States. He mentioned that a number of countries had added their data in EWRS, and suggested continuing this approach as long as it appears to be useful. He clarified that the suggestion was to follow the WHO definition of community transmission.

Closure and next steps

30. Mike Catchpole thanked all the participants for their valuable input and added that ECDC will continue to communicate with the Advisory Forum about its activities, and will share documentation as it becomes available. Further discussions with the AF are to be expected; in the meantime ECDC will look into a number of points raised during the meeting.

Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Herman van Oyen	Member
Croatia	Sanja Kurečić Filipović	Alternate
Czech Republic	Jan Kynčl	Member
France	Bruno Coignard	Alternate
Hungary	Zsuzsanna Molnár	Member
	Ágnes Hajdu	Alternate
Ireland	Kevin Kelleher	Member
Latvia	Jurijs Perevoščikovs	Member
Luxembourg	Isabel De La Fuente Garcia	Member
Poland	Magdalena Rosińska	Member
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member
Slovenia	Irena Klavs	Member
	Marta Grgič-Vitek	Alternate
Spain	Marina Pollán	Alternate
Sweden	Birgitta Lesko	Alternate

Observers		
Non-Governmental Organisations (NGOs)		
European Institute of Women's Health (EIWH)	Rebecca Moore	Member
European Commission		
DG SANTE	Frank Van Loock	
WHO		
	Nedret Emiroglu	
	Jukka Tapani Pukkila	
	Oliver Morgan	
	Ana Paula Coutinho Rehse	