



ECDC Advisory Forum

**Minutes of the Extraordinary Advisory Forum Meeting
24 February 2020 (via audio conference)**

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Opening and adoption of the programme

1. Mike Catchpole, Chair and Chief Scientist, ECDC, opened the meeting and welcomed all the participants.
2. The draft programme was adopted without changes. No specific conflicts of interest were declared with respect to the agenda.

Update on current epidemiological situation for COVID-19 and current ECDC threat assessment

3. Vicky Lefevre, Acting Head of Unit Public Health Functions, ECDC, gave an update on the current epidemiological situation related to the COVID-19 outbreak referring to the ECDC Threat Assessment Brief disseminated the previous evening. She presented current numbers in regards to the outbreak with an extra focus on Italy, where clusters of local transmission had been identified. This event had lead ECDC to update the assessment of the overall current risk to low to moderate. She added that transmissions had also been observed in a hospital affecting health care workers. The current risk of occurrence of similar clusters elsewhere in the EU/EEA is considered moderate to high. The containment measures taken in the affected regions were listed:

- quarantine and active surveillance for those who had close contact with people affected by the virus; this includes an obligation for people who had previously stayed in an epidemiological risk area abroad to inform the prevention department of a competent healthcare company so that self-isolation with active surveillance can be implemented;
- a ban to leave or access an affected municipality or area;
- suspension of demonstrations, events and all forms of meetings at public or private venues;
- suspension of childcare, school education services and educational trips;
- closure of museums to the general public;
- suspension of public competitions and public office activities, with the exception of the provision of essential and public utility services;
- suspension of work for some types of business and a shut-down of certain commercial activities;
- the possibility that access to essential public services and businesses for the purchase of basic necessities will become conditional on the use of personal protective equipment;
- access restrictions or suspension of transport services for cargo and passengers, with only a few clearly defined exceptions.

4. Mike Catchpole, Chief Scientist, ECDC, asked for comments on the assessment that occurrence of similar clusters across Europe is at least moderate. There was broad agreement among the participants that the risk is moderate to high indeed.

Proposed case definition COVID-19

5. Mike Catchpole then asked for comments on the proposed case definition circulated prior to the meeting. Participant expressed concern with the definition of 'suspected case' which includes patients with acute respiratory tract infection with a history of travel or residence in a country/area reporting community transmission during the 14 days prior to symptom onset. Based on the WHO classification which defines areas geographically at country level, this is very difficult to implement because of insufficient testing capacity. The discussion on country classification was postponed until the end of the meeting. In addition, questions were raised by several participants on the definition of a close contact for health care workers. Following discussion, it was concluded that healthcare workers wearing appropriate PPE should not be considered close contacts at high risk of COVID-19 infection. Only those without recommended personal protective equipment (PPE) or with a possible breach of PPE should be considered as close contacts.

Country Support Needs

6. Andrea Ammon, Director, ECDC, referred to the updated ECDC Strategic Report (Document AF Extraordinary/07) and asked whether the information on the measures to be taken in the different scenarios was detailed enough. She added that currently different parts of Europe faced different scenarios but that all countries could still review whether they needed to further invest in preparedness. She asked if any of the Member States needed support in this respect, and what kind of guidance was needed for the different scenarios.

7. Due to poor audio connection, it was agreed that ECDC will ask for written comments on the strategic scenarios document.

8. The issue of lack of surgical masks was raised by one participant. In response to this comment, Mike Catchpole noted that there was still possibility to join the joint procurement organised by DG SANTE (deadline the same evening 24 February).

9. One participant asked for a clarification on whether the mode of transmission was still considered to be via droplet/contact, or whether it should also be referred to airborne transmission. Cornelia Adloch, Expert Surveillance, ECDC, responded that the evidence for airborne transmission is still weak and transmission via droplet considered as main mode of transmission.

COVID-19 Surveillance

10. Mike Catchpole opened the discussion on surveillance noting that a one-page PowerPoint presentation had been circulated before the meeting. The PPT explains the switch towards using influenza sentinel surveillance for COVID-19. In addition, a WHO document "Operational considerations in the Interim Phase - Leveraging influenza systems for COVID-19" had been circulated to the Advisory Forum immediately before the meeting. Richard Pebody, WHO/Europe, summarised the content of the document, which outlines a phased approach to leverage the Global Influenza Surveillance and Response System (GISRS) and associated national influenza surveillance systems to bridge the critical gaps and to prepare countries for a potential community spread of COVID-19.

11. In summarising the topic for discussion, Mike Catchpole noted that there were two issues to consider:

- 1) **The move** – to move surveillance of COVID-19 into existing flu surveillance systems and the capacity to do so;
- 2) **Time** – when to switch, i.e. the criteria for switching it on.

12. The AF discussion focussed on the right time to start testing ILI/ARI and SARI patients for COVID-19. Some countries have already started. The majority of members who took the floor agreed that COVID-19 surveillance through flu sentinel surveillance should start sooner rather than later.

13. Frank Van Loock, DG SANTE, European Commission, suggested liaising with the clinical research network PREPARE; this network of primary and hospital care units has a lot of clinical data that could complement routine surveillance.

Country/ Territory/ Area classification with regards to transmission of COVID-19

14. The Advisory Forum members discussed the updated ECDC assessment of areas with presumed community transmission (document AF Extraordinary/06). Based on the AF input, it was agreed to include on the list only villages/regions under lockdown, not nearby big cities or entire countries. Similarly as China is not included as a whole country but assessed at the province level.

15. Mike Catchpole noted that in terms of providing sub-national assessments of community transmission it is easier for ECDC to do this for EU/EEA countries than it would be for countries outside of the EU. He also noted that it was likely that classifying community transmission status at a sub-national level might only be relevant for a few more weeks, as after that transmission may be widespread in most countries.

16. Any individual with relevant clinical symptoms who has recently been in a locality with community transmission or country with wide-spread transmission falls under the category of suspected case

definition, and travellers with symptoms returning should be tested, but leave the final decision to the clinician and possibly country to decide to include only severe cases (SARI).

Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Herman van Oyen	Member
Croatia	Aleksandar Šimunović	Alternate
Czech Republic	Jan Kynčl	Member
Denmark	Kåre Mølbak	Member
Finland	Mika Salminen	Member
France	Jean-Claude Desenclos	Member
Germany	Osamah Hamouda	Member
Greece	Sotirios Tsiodras	Member
Hungary	Zsuzsanna Molnár	Member
Ireland	Kevin Kelleher	Member
Italy	Silvia Declich	Member
Latvia	Jurijs Perevoščikovs	Member
Luxembourg	Isabel de la Fuente Garcia	Member
Poland	Małgorzata Sadkowska-Todys	Member
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member
Slovenia	Marta Grgič-Vitek	Alternate
Spain	Fernando Simón Soria	Member
Sweden	Anders Tegnell	Member
Observers		
Norway	Frode Forland	Member

Non-Governmental Organisations (NGOs)		
European Public Health Association (EUPHA)	Aura Timen	Member
European Institute of Women's Health (EIWH)	Rebecca Moore	Member
European Commission		
DG SANTE	Frank Van Loock	
	Ingrid Keller	
WHO		
	Nedret Emiroglu	
	Dorit Nitzan	
	Richard Pebody	