

ECDC Advisory Forum

Minutes of the Extraordinary Advisory Forum meeting 9 June 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 to the sixth Extraordinary Meeting of the Advisory Forum dedicated to COVID-19.

2. Mike Catchpole, Chair and Chief Scientist, ECDC, presented the draft programme noting that the purpose of the meeting was to consult with the Advisory Forum members before finalising the 10th update of the Rapid Risk Assessment on COVID-19, and to discuss the ECDC draft framework for monitoring COVID-19 in EU/EEA and the UK. The draft programme also included an item on exchange of information and experience.

3. The draft programme was adopted without changes. No specific conflicts of interest were declared with respect to the agenda.

Update on Situation and ECDC activities related to COVID-19

4. Andrea Ammon gave a brief update on the current situation noting that the evolution of the pandemic over the summer months will depend on how people behave and on the capacity to detect new cases. She mentioned that the plea from the Ambassadors within the EU crisis response mechanism was that ECDC would come up with further advice or guidance on tourism and the issue of re-opening borders. While ECDC had never advocated the closure of the borders, in order to provide further advice on measures related to tourism, ECDC would need additional information from the Member States. She added that a number of measures for airports and for tourism more broadly had been outlined to maximise the safety, but these can of course not guarantee 100% safety. Nonetheless, it is of course important that these safety measures are adhered to. In this context, the communication to the general population is crucial. In conclusion, she noted that she was looking forward to the discussions on the two draft documents on the agenda.

ECDC COVID-19 Rapid Risk Assessment: Update No. 10

5. Ettore Severi, Expert Emergency Preparedness and Response, ECDC, presented a summary of the proposed updates in the 10th Rapid Risk Assessment to be published on 11 June. He noted that the RRA will follow a similar structure as before. It will contain updated data on the epidemiological situation and response measures, as well as on population-based serostudies. The RRA will assess the risk of severe disease for the general population and for groups at increased risk of severe outcome. It also looks at the risk of incidence rising to levels requiring stricter measures. It further includes an updated projection for the EU/EEA and the UK, and considerations about response measures to maintain in the coming months.

6. He then presented the sub-national maps with 14-day incidence to be included in the RRA (slide 4) as well as a map showing ongoing community transmission in the EU/EEA and UK (*cf.* slide 6).

7. In the discussion that followed, some AF members noted discrepancies in the sub-national data displayed compared to the figures they had at national level, and asked what data sources had been used for creating the sub-national maps. Carlos Matias Dias, AF Member, Portugal, stressed that the interpretation of the indicators and maps should consider the context, namely the different testing strategies among countries. One AF member asked for a clarification on the testing strategy recommended by ECDC noting that testing should be directed to symptomatic persons and not to perfectly healthy individuals. Lastly, some questions were raised on the basis for the projections showing a rather sharp increase in the COVID-19 incidence already towards the end of July (*cf.* slide 10).

8. Concerning testing, Bruno Ciancio, Head of Section Surveillance, ECDC, mentioned that ECDC had started collecting data in TESSy about the number of tests performed at national level and a summary report with data per Member State would be published during the current week. He confirmed that the ECDC recommendation for community testing focussed on persons with symptoms. Within this group, it is recommended that testing should be performed to the highest possible number. Regarding the maps, he clarified that there were three types of maps: one was based on self-reported data from TESSy, while the other two were based on Epidemic Intelligence data collected from national websites.

9. Responding to the comments on the sub-national maps, Vicky Lefevre, Head of Unit Public Health Functions, ECDC, clarified that the maps together with the data sources had been shared with the National Focal Points for COVID-19 in the Member States.

10. Tarik Derrough, Principal Expert Emergency Preparedness and Response, ECDC, confirmed that the sources were official data on public websites. In the case of France, ECDC received data directly from

Santé Publique France. For Germany, the RKI dashboard is used and for Finland data is taken directly from THL. He added that ECDC would be happy to share the full set of data sources used with the National Focal Points for COVID-19 in the Member States in order to double check. Data from TESSy is collected every week on Wednesday.

11. Responding to the questions on the projections for the summer months, Helen Johnson, Expert Mathematical Modelling, ECDC, clarified that this projection reflected what ECDC considered possible to happen based on the de-escalation of measures across the EU. She acknowledged that the curve shows the average over the whole of EU while the situation can differ from one country to the other. Another caveat is that there is little knowledge about how people will behave once measures are being lifted. The modelling is based on the assumptions that people's behaviour will be the same as before the pandemic while there is of course now more awareness among the population. In this context, the close monitoring of telecommunications data is a useful source of information.

12. Following these clarifications, one AF member noted that the maps showing the 14-day incidence were helpful but it was crucial that the data is aligned with national data. Another AF member agreed that there should be a standardised way of providing data.

13. Mike Catchpole, Chief Scientist, ECDC, thanked for the comments and confirmed that ECDC will make further contact with the NFPs for COVID-19 in the countries with regards to the data. Referring to the projections, he noted that there were uncertainties on how the epidemic will evolve over the summer months, and stressed the importance of monitoring the situation closely.

Draft framework to monitor COVID-19 in the EU/EEA and the UK

Teymur Noori, Expert HIV, ECDC, presented the draft ECDC framework for monitoring COVID-19 14. in the EU/EEA and UK. He explained that ECDC receives multiple and frequent questions from the European Commission, EU Agencies, and Member States on indicators and measures related to COVID-19. The overall objective of the monitoring and evaluation framework is to provide a set of standardised indicators to guide responses to COVID-19 on sub-national, national and EU level. The framework encompasses eight pillars related to surveillance and response. Seven of the pillars are aligned with the pillars of the WHO COVID-19 Strategic Preparedness and Response Monitoring and Evaluation Framework. The additional pillar concerns vaccine monitoring, with the objective of having a framework for monitoring vaccine deployment in Member States, for when vaccination becomes a key area for the COVID-19 response. He stressed that the suggested indicators for subnational and national level should only be considered if helpful to guide and inform responses at those levels. Reporting on any suggested additional EU level indicators is made on voluntary basis. The collected data will be used for weekly surveillance reports as well as for modelling estimates, Rapid Risk Assessments, early warning, indicator dashboard on the ECDC website, and to support responses to the Commission, EU Agencies, and Member State requests. Lastly he mentioned that the monitoring framework had been previously shared with the COVID-19 network and discussed in the Health Security Committee. It was foreseen to be published on 12 June.

15. Referring to the previous comments on the importance of a standardised approach, Mike Catchpole commented that this was exactly the aim here. He added that the likelihood of further waves was high, and the monitoring framework was important for this reason. He asked the AF members if they had any comments on the process and the timelines, or on the indicators themselves.

16. Several AF members raised concerns regarding the high number of indicators and noted that staff was still overloaded. Some concern was also raised about the feasibility of applying the framework overall and due to the regional set-up in certain countries. It was inquired whether the aim of the framework was to support Member States or rather to have an EU level picture of the situation. One AF member noted that it would be useful to have information on measures taken in order to ensure the security of travellers and what happens if people get sick in another EU country. Another AF member pointed out that the indicators for pillar 3 are already collected under the IPCR¹ form.

17. Teymur Noori thanked the AF members for their useful feedback. He understood that there was a high pressure on colleagues in the Member States and reiterated that the reporting on any additional EU level indicators would be voluntary. The end goal was to improve the data collection and to have a set of standardised indicators that would hopefully be helpful for Member States and the EU as a whole. This

¹ EU's integrated political crisis response mechanism

being said, the advice to the Member States was to collect the data according to what was considered useful and feasible at national level.

18. Mike Catchpole added that there were requests from political and other levels to have standardised data and indicators as well as standardised measures. He had taken note of the comments regarding the number of indicators and said that ECDC would do some work on prioritization/justification of the indicators.

19. Referring to the comment on data reported to IPCR, Andrea Ammon, Director, ECDC, clarified that this was the highest level of EU coordination on crisis response at the level of the Ambassadors of the EU Permanent Representations. She added that if there was agreement that the data reported to the IPCR was correct, then ECDC could use this data for the concerned indicators.

20. Responding to a question on the coordination with WHO, Richard Pebody, WHO/Europe, ensured that the purpose was indeed to have a coordinated approach between ECDC and WHO.

Exchange of Information and Experience

21. Mike Catchpole asked the AF members whether they had any information or experiences they wished to share with other members.

22. Mika Salminen, AF Member, Finland, reported on the experience of using sewage screening for COVID-19 monitoring and asked whether any other country was doing similar monitoring.

23. Franz Allerberger, AF Alternate, Austria, asked whether any Member States were using antigen tests routinely. He further asked if there was any new information from sequencing studies.

24. Mike Catchpole encouraged AF members to provide any information they had on antigen tests to Franz Allerberger in writing. As this information could be of interest to others as well, it was suggested to include all the AF members in the correspondence.

25. Frode Forland, AF Member, Norway, reported on a review carried out in Norway to check the evidence base for the use of saliva as material for PCR- testing. The different methods are currently being validated with the aim of implementing this easier way of testing soon. He agreed to share the link to the report with the Secretariat for further circulation to the Advisory Forum.

26. Ingrid Keller, DG SANTE, European Commission, reported on an EC project on surveillance of COVID-19 in waste waters. She suggested sending further information via email, including contact details for the colleagues in charge of the project.

27. Responding to the question on sequencing, Bruno Ciancio mentioned that ECDC was currently looking into this and some Member States were involved in the studies. A draft publication was under production and further information could be provided later on.

28. Referring to the discussions on the risk assessment, Rebecca Moore, European Institute of Women's Health, noted that there seemed to be a more relaxed attitude among the population in general, and stressed the importance of communicating that travelling is not risk free.

29. Mike Catchpole said that the point was well taken, and ensured that the RRA would make clear that the risk has not gone away.

Closure and next steps

30. Andrea Ammon thanked the AF members for their contributions. Concerning the issues raised around data collection she ensured that ECDC will liaise with the national contact points in the Member States. She agreed that the communication to citizens needed to be intensified as there were some indications of more relaxed attitudes towards COVID-19 and it was therefore important to repeat the message.

31. Mike Catchpole also thanked all the participants for their valuable input. The meeting was adjourned.

Annex: List of participants

Member State	Representative	Status
Austria	Franz Allerberger	Alternate
Belgium	Sophie Quoilin	Alternate
Croatia	Aleksandar Šimunović	Alternate
Denmark	Kåre Mølbak	Member
Finland	Mika Salminen	Member
France	Bruno Coignard	Alternate
Germany	Osamah Hamouda	Member
Greece	Sotirios Tsiodras	Member
Hungary	Zsuzsanna Molnár	Member
	Ágnes Hajdu	Alternate
Ireland	Lorraine Doherty	Member
Italy	Silvia Declich	Member
Lithuania	Nerija Kuprevičienė	Alternate
Luxembourg	Isabel De La Fuente Garcia	Member
Malta	Tanya Melillo	Alternate
The Netherlands	Susan van den Hof	Alternate
Poland	Magdalena Rosińska	Alternate
Portugal	Carlos Matias Dias	Member
Romania	Florin Popovici	Member
Slovenia	Marta Grgič Vitek	Alternate
Spain	Fernando Simón	Member
	Marina Pollan Santamaria	Alternate
Sweden	Anders Tegnell	Member

Member State	Representative	Status		
	Birgitta Lesko	Alternate		
Observers				
Norway	Frode Forland	Member		
Non-Governmental Organisations (NGOs)				
European Institute of Women's Health (EIWH)	Rebecca Moore	Member		
European Commission				
DG SANTE	Ingrid Keller			
WHO Europe				
	Jukka Pukkila			
	Richard Pebody			