



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management
Crisis management and preparedness in health

Luxembourg, 25 March 2020

Health Security Committee

Flash report

Audio meeting on the outbreak of COVID-19

Chair: Wolfgang Philipp, SANTE C3

Audio participants: BE; CZ; DE; DK; EE; ES; FR; HR; HU; IE; IT; LV; LU; NL; NO; PT; SE; SI; SK; DG SANTE; DG ECHO; DG RTD; DG CNECT; ECDC; WHO

1. Laboratory testing – strategies, capacities in Member States: ECDC presented on laboratory shortages related to SARS-CoV-2 sampling and diagnostics. The Health Security Committee discussed changes in laboratory testing, different testing possibilities and aspects influencing changes to strategies in view of the EU recommendations on testing strategies. It was agreed that strategies broadly depended on testing availability capacities, as well as identification of risk groups or risk areas across Member States. The Commission then presented an overview of the research work financed by the Commission related to points of care tests and other diagnostic tests, noting also a call for 90 million euros under the Innovative Medicines Initiative, focusing in therapeutics and diagnostics. The Commission asked Member States regarding the recommendations of the Advisory Panel of the Commission on testing strategies and asked for their feedback on their uptake and any further areas for the Advisory Panel to consider. Member States asked for advice on rapid diagnostic testing for consideration, the Commission noted that work is ongoing with ECDC. Finally, the Commission highlighted research into testing undertaken in Switzerland and will share any further information on this via the Health Security Committee.

Follow up:

- *Member States to revert on recommendations of the Advisory Panel*
- *Advice on rapid diagnostic testing to be provided for the HSC, as well as information on testing research undertaken in Switzerland*

The Commission then presented an overview of the status of the joint procurements, comprising personal protective equipment, ventilators and testing supplies. Some Member States raised the possibility of further procurements and will revert to the Commission with the needs identified, which will then be dealt with via the Joint Procurement Agreement Steering Committee. On this topic, the Commission also reminded Member States of the newly launched capacity for medical countermeasures via rescEU and that the Health Security Committee will be kept informed on any developments under this new framework. It was also highlighted by the Commission that the Health Security

Committee was the fora to discuss technical issues and act as the main body for coordination of these topics.

Follow up:

- *Member States to revert to Commission with needs for additional joint procurements by 26/03*
- *Commission to keep HSC informed of rescEU developments*

2. Hospital Capacities and needs in MS: Spain signalled potential upcoming limitations with specialist for intensive care units. As a result, the Health Security Committee discussed the possibility for the EU wide support in terms of health professionals from countries with less immediate intensive care burden to be transferred to countries where needs were more acute. This could complement the already undertaken cross-border coordination of patients and also provide training for health care professions of other countries, in case of further strain in other national contexts at a later stage. The Commission could facilitate the coordination on such a proposal, which will be further explored within the Health Security Committee and this the Commission asked for countries to consider their needs and potential capacities to offer in this regard.

Follow up:

- *Spain to revert on specific needs*
- *Commission will liaise with concerned countries on this point and potential proposal to operationalise, if needed and agreed by Member States*

3. Digital Solutions in healthcare: The Commission presented its work on the overview of digital solutions, including in tracking and tracing areas of the virus, which has been developed in discussion with Member States. The work ongoing between the Commission and the World Health Organization was highlighted on a digital application for symptoms checker and possibility to have this translated to all languages. Another relevant tool related to the forecasting of needs of member States regarding intensive care beds and for which the Health Security Members were asked regarding any possible input to enable its functioning. Regarding artificial intelligence initiatives, Member States noted this needs to be aligned with regulations in place, specifically regarding the medical devices regulation and must ensure the safety of patients foremost.

4. The Commission reminded Member States to provide information on hospitals treating cases, to use the Webconferencing COVID19 clinical management support system. It aims to support clinicians and the healthcare provider's community and allow clinicians to communicate easily to exchange knowledge and discuss cases across the EU.

Follow up:

- *Commission to send reminder to the HSC on this.*

5. AOB: The Commission reminded the members of the Health Security Committee of the established ad-hoc Working Group on clinical case management and that nominations from countries not yet involved remains open and welcomed.

Follow up:

- *Member States to revert with nominations to the Commission.*