ECDC Advisory Forum

Sixty-first Meeting
Stockholm, 11 May 2020

Draft Minutes

Document number: AF61/04	Date: 9 March 2020
Summary:	The draft minutes of the Extraordinary Advisory Forum meeting (4 March 2020, audio conference) are circulated to the Members for comments and subsequent adoption at the Sixty-first Meeting of the Advisory Forum (11 May 2020).
Action:	For adoption.
Background:	Documents and presentations from the Extraordinary meeting of the Advisory Forum are available via the ECDC Advisory Forum Collaborative Workspace (Extranet)

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Opening and adoption of the programme

1. (10)(2e), Director, ECDC, opened the meeting and welcomed all the participants. She explained that the meeting was called to discuss the latest ECDC case definition published on 2 March, and the concerns expressed by some Member States in relation to the WHO classification of countries/areas reporting local or community transmission. She suggested that it was perhaps more helpful to focus on the process rather than on the WHO list itself, and noted that testing was part of the overall strategy how to address this outbreak. She added that more cases have been reported that have no link to the previously affected areas, and this might be an indication that the virus is in the community. Lastly, she mentioned that she had received indication that there might be a lack of testing material in the coming period, and encouraged Member States to bring forward any concerns in this respect to the Health Council taking place on Friday 6 March.

2. (10)(2e), Chair and Chief Scientist, ECDC, presented the draft programme of the current meeting noting that it would focus on the issues recently discussed via email. The draft programme was adopted without changes.

3. There were no objections on the participation of colleagues from WHO Geneva.

Update on Situation and Risk Assessment

4. (10)(2e), Director, ECDC, noted that there was an increasing number of COVID-19 cases without a link to affected areas or previously confirmed cases, and also an increasing number of cases from other EU countries. Due to this rapidly evolving situation, the risk level has been increased in the latest Rapid Risk Assessment published on 2nd March; the risk is now considered to be "moderate to high" or "high" for almost all the risk assessment questions (*cf.* pp. 4-6 of RRA). In this situation, she suggested that the focus should now be on preparedness issues. Colleagues in Italy had reported that that hospitals in northern Italy were at their limits, and similar situations could occur in other Member States. The ECDC Rapid Risk Assessment includes different scenarios with the necessary measures to be taken, as well as guidance.

COVID-19 case definition for surveillance and testing strategy for case detection

5. (10)(2e) noted that the case the definition that ECDC published and the one produced by WHO are functionally identical.

How should we define countries/territories/areas in terms of transmission of COVID-19?

6. A number of AF members noted that it would not be feasible to test all individuals with respiratory symptoms returning or arriving from any part of all countries listed by WHO as having some form of COVID-19 transmission. It was also noted that defining smaller areas where there is widespread transmission would allow more focused and manageable testing. It was also suggested that ECDC is in the best position to provide Member States with information on areas of transmission.

7. (10)(2e) Head of Section Surveillance, noted that ECDC advised that, at national level, countries should adapt the case definition according to their own epidemiological situation and the national capacity to test. This is also stated in the ECDC case definition (cf. p. 2).

8. (10)(2e), WHO Geneva, reported that the situation is moving very fast. He noted that WHO's latest case definition is likely to become obsolete very soon, considering the speed of the spread of the epidemic; this is an issue that WHO acknowledges, and the intention is to update the approach in the next 24/48h. He noted that travel history can still be one way to guide the testing, even in the rapidly changing situation. The focus should be on a few countries where the risk is considered to be the highest.

9. Several AF members agreed that since the spread is still limited in some areas, countries have to adapt the list of risk areas according to their needs and specific situation. There is a need to separate the case definition from the testing strategy; problems arise because these two are coupled in many countries. It was also noted that countries are encountering issues with lab capacity, and the capacity of the public health system to carry out contact tracing, to the extent that some are preparing for the next steps (mitigation phase) and adapting their surveillance system. However, there was a broad

consensus that while it is important to be preparing for the next phase of response, no members of the AF supported abandoning all efforts at containment (or delay) at the current moment in time.

10. (10)(2e) summarised the discussion noting that, whilst there is recognition that countries are under pressure, there is no desire to abandon the containment phase. It could be possible to identify areas of increased transmission within the Member States; but he noted that at the moment ECDC does not receive a satisfactory level of data to do this in a timely manner. He asked the AF members what kind of criteria have been put in place to identify clusters in their respective countries. What we are looking for is a manageable way forward of maintaining a strategy of delay stroke containment before we get into full mitigation.

11. (10)(2e), WHO Geneva, stated that it is important to understand that there may be a mix of both containment and mitigation and not one or the other. It is therefore not possible/ideal to have a "one size fits all" approach. It is an extremely fast moving situation. WHO intends to adapt its case definition with three main categories, and adding a testing recommendation that is more flexible.

12. (10)(2e) recognised the challenges, and asked the Member States to share information on areas with ongoing community transmission of COVID-19 in their respective countries; the best way to share data would be through EWRS.

Surveillance: use of syndromic reporting (IRI and SARI):

13. (10)(2e) mentioned that ECDC, in collaboration with WHO Europe, is preparing a surveillance strategy that will take into account all the various epidemiological phases with some guidance. ECDC is proposing a more focused approach, with the advice to monitor severe respiratory disease regardless of exposure. The first draft is currently under review internally, and should be ready to be shared in a few days.

Next steps

14. (10)(2e) summarised the next steps mentioning that:

- WHO will shortly produce an updated case definition for COVID-19;
- Member States are asked to declare their own areas of risk in EWRS;
- ECDC will share a draft proposal for COVID-19 surveillance strategy in the coming days.

15. (10)(2e) thanked the Advisory Forum members for sharing their concerns and suggestions. She reiterated that the Health Council meeting on Friday 6 March was a good opportunity for Member States to bring forward any difficulties they face in terms of testing material, lab capacities, etc. Lastly she suggested that it could be useful to have another AF audio meeting once the surveillance strategy has been finalised.

Annex: List of participants

Member State	Representative	Status
Austria	(10)(2e)	Alternate
Belgium	(10)(2e)	Member
Croatia		Alternate
Denmark	(10)(2e)	Alternate
Estonia	(10)(2e)	Alternate
Finland	(10)(2e)	Member
France	(10)(2e)	Member
Germany	(10)(2e)	Member
Hungary	(10)(2e)	Member
Ireland	(10)(2e)	Member
Italy		Member
Lithuania	(10)(2e) (10)(2e)	Alternate
Luxembourg	(10)(2e)	Member
Malta	(10)(2e)	Alternate
Netherlands	(10)(2e)	Alternate
Poland	(10)(2e)	Member
Portugal	(10)(2e)	Member
Romania	(10)(2e)	Member
Slovenia	(10)(2e) (10)(2e)	Member Alternate
Spain	(10)(2e)	Member
	(10)(2e)	Alternate

Observers		
Non-Governmental Organisations (NGOs)		
European Institute of Women's Health (EIWH)	(10)(2e)	Member
European Commission		
DG SANTE	(10)(2e)	
WHO		
	(10)(2e)	
	(10)(2e)	
	(10)(2e)	
	(10)(2e)	
	(10)(2e)	