Ruimte voor eigen afweging in casus def ecdc, who volgt later deze week

Van: (10)(2e) < (10)(2e) @ecdc.europa.eu> Datum: 26 februari 2020 om 10:18:53 CET (10)(2e) < (10)(2e) @rivm.nl>, @folkhalsomyndigheten.se>, (10)(2e Aan: @ages.at < 10)(2e) @ssi.dk>, @hse.ie>, @ages.at>, (10)(2e) < (10)(2e @hzjz.hr>, (10)(2e) @wiv-isp.be>, @hzjz.hr < (10)(2e) @szu.cz>, (10)(2e) @terviseamet.ee < @terviseamet.ee>, @thl.fi>. @rki.de>, (10)(2e) @med.uoa.gr < (10)(2e) @med.uoa.gr>, Dr. @rki.de < (10)(2e) < @nnk.gov.hu>. @santepubliquefrance.fr>, <@spkc.gov.lv < @spkc.gov.lv>, (10)(20) @iss.it < @iss.it>, oC (10)(2e) < @rivm.nl>, @insp.gov.ro < (10)(2e) @insp.gov.ro> (10)(2e) (10)(2e) (*a*nijz.si>, @jfmed.uniba.sk < @jfmed.uniba.sk>, (10)(2e) @msssi.es < (10)(2e) @msssi.es>, < @folkhalsomyndigheten.se>, (10)(2e) @landlaeknir.is < (10)(2e) @landlaeknir.is>, < (10)(2e) @fhi.no>, (10)(2e) @gmail.com < @gmail.com>, < (10)(2e) @who.int>, @gov.mt @ec.europa.eu>, @sam.lt>, @gov.mt>, @sam.lt < @chl.lu < (10)(2e) @landlaeknir.is>, @chl.lu>, @mphs.moh.gov.cy (10)(2e) @mphs.moh.gov.cy>, (10)(2e) @insa.min-saude.pt< (10)(2e) @insa.min-saude.pt>, (10)(2e) @pzh.gov.pl < (10)(2e) @pzh.gov.pl> (10)(2e) @ecdc.europa.eu>, PHE Manager < (10)(2e) @ecdc.europa.eu>, PHE Technical CC: < (a) ecdc.europa.eu>, (10)(2e) < (10)(2e) (a) ecdc.europa.eu>, (10)(2e) Group < @ecdc.europa.eu>

Onderwerp: RE: SV: Today's Extraordinary Advisory Forum and extension of deadline for comments on the "Scenarios" manuscript

Dear Colleagues

Thank you for this feedback. We have updated the case definition to reflect the views expressed by (1022) and supported by several of you, that there should be more discretion in determining whether to test for COVID-19 in symptomatic individuals returning from countries with presumed <u>localised or low-level</u> transmission. The updated version now makes explicit that for such individuals returning from countries with presumed localised or low-level transmission. The updated version now makes explicit that for such individuals returning from countries with presumed localised or low-level transmission, testing for COVID-19 should be based on "a case-by-case clinical judgement and … on national recommendations" (<u>https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov</u>). Please note that we believe that WHO will be updating their case definition this week, and we will review the current definition on our website in the light of the new WHO case definition, as and when it is published.

Best

(10)(2e

From: (10)(2e) < (10)(2e) @rivm.nl>
Sent: 25 February 2020 15:45
To: (10)(2e) < (10)(2e) @folkhalsomyndigheten.se>; (10)(2e) < (10)(2e) @hse.ie>; (10)(2e)
<pre>; (10)(2e) < (10)(2e) @ecdc.europa.eu></pre>
Cc: (10)(2e) @ages.at; (10)(2e) < (10)(2e) @wiv-isp.be>; (10)(2e) @hzjz.hr; (10)(2e)
(10)(2e) @szu.cz>; (10)(2e) @terviseamet.ee; (10)(2e) < (10)(2e) @thl.fi>; (10)(2e) @rki.de;
(10)(2e) @med.uoa.gr; Dr. (10)(2e) < (10)(2e) @nnk.gov.hu>; (10)(2e)
< (10)(2e) @santepubliquefrance.fr>; (10)(2e) @iss.it; (10)(2e) @spkc.gov.lv; (10)(2e) (10)(2e)
< (10)(2e) @rivm.nl>; (10)(2e) @insp.gov.ro; (10)(2e) @jfmed.uniba.sk; (10)(2e)
< (10)(2e) @nijz.si>; (10)(2e) @msssi.es; (10)(2e) < (10)(2e) @folkhalsomyndigheten.se>; (10)(2e)@landlaeknir.is; (10)(2e)

(19)(2e) @fhi.no>; (10)(2e) @gmail.com; (10)(2e) @ec.europa.eu>; (10)(2e) <(10)(2e) @who.int>; (10)(2e) @gov.mt; (10)(2e) @sam.lt; (10)(2e) @chl.lu; (10)(2e) <(10)(2e) @landlaeknir.is>; (10)(2e) @mphs.moh.gov.cy; (10)(2e) @insa.min-saude.pt; (10)(2e) @pzh.gov.pl; (10)(2e) <(10)(2e) @landlaeknir.is>; (10)(2e) @mphs.moh.gov.cy; (10)(2e) @insa.min-saude.pt; (10)(2e) @pzh.gov.pl; (10)(2e) <(10)(2e) @ecdc.europa.eu>; PHE Manager (10)(2e) @ecdc.europa.eu>; PHE Technical Group <(10)(2e) @ecdc.europa.eu> Subject: RE: SV: Today's Extraordinary Advisory Forum and extension of deadline for comments on the "Scenarios" manuscript
Dear all,
I also agree with (10)(2e)
Best ^{(10)(2e)}
From: (10)(2e) (10)(2e) @folkhalsomyndigheten.se> Sent: dinsdag 25 februari 2020 09:17 To: (10)(2e) @hse.ie>; (10)(2e) @ssi.dk>; (10)(2e) @ecdc.europa.eu> Cc: (10)(2e) @ages.at; (10)(2e) @tivisemet.ee; (10)(2e) @wiv-isp.be>; (10)(2e) @hsi.e;; (10)(2e) (10)(2e) @ages.at; (10)(2e) @tivisemet.ee; (10)(2e) @thi.fi>; (10)(2e) @rki.de; (10)(2e) @med.uoa.gr; (10)(2e) @tovisemet.ee; (10)(2e) @gskc.gov.lu; (10)(2e) @rki.de; (10)(2e) @med.uoa.gr; (10)(2e) @insp.gov.ro; (10)(2e) @gskc.gov.lu; (10)(2e) @indlaeknir.is; (10)(2e) (10)(2e) @rivm.nl>; (10)(2e) @folkhalsomyndigheten.se>; (10)(2e) @indlaeknir.is; (10)(2e) (10)(2e) @folkhalsomyndigheten.se>; (10)(2e) @folkhalsomyndigheten.se>; (10)(2e) @indlaeknir.is; (10)(2e) @indlaeknir.is; (10)(2e) @indlaeknir.is; (10)(2e) @indlaeknir.is; (10)(2e) @in
l also agree with
Med vänlig hälsning
(10)(2e) Avdelningschef
Från: (10)(2e) @hse.ie Skickat: den 25 februari 2020 09:14 Till: (10)(2e) (10)(2e) <
Kopia: (10)(2e) @ages.at; (10)(2e) @wiv-isp.be>; (10)(2e) @htziz.hr; (10)(2e) < (10)(2e)

Ämne: RE: SV: Today's Extraordinary Advisory Forum and extension of deadline for comments on the "Scenarios" manuscript

I would concur with (10)(2e) nalysis and conclusions. The issue is not so much a Public Health one as in an ideal world we would rest fully in both scenarios but about the capacity of the health system to cope, even with community testing and self-isolation.

My conflict is how harsh should we be in insisting on public health measures at this point in liding self isolTion of all

returning from the known areas like China Iran or even North Italy.

Maybe we need a further discussion on the measures?

(10)(2e) Dr (10)(2e) AND for Public Health/ Child Health HSE (10)(2e) MCRN 19719

Sent from my Samsung Galaxy smartphone.

Original message
From: $(10)(2e) < (10)(2e) $
Date: 25/02/2020 07:58 (GMT+00:00)
To: (10)(2e) < (10)(2e) @folkhalsomyndigheten.se>, (10)(2e) < (10)(2e) @ccdc.europa.eu>
$\frac{\text{Cc.}}{(10)(2e)} (10)(2e) < (10)(2e) (10)($
19/28 < (10)(28) @szu.cz>, (10)(28) @terviseamet.ee, (10)(28) < (10)(28) @thl.fi>, (10)(28) @rki.de,
(10)(2e) <u>@med.uoa.gr</u> , "Dr. (10)(2e) " < (10)(2e) <u>@mk.gov.hu></u> , (10)(2e)
\leq (10)(2e) <u>@santepubliquefrance.fr>,</u> (10)(2e) (10)(2e) <u>@hse.ie></u> , (10)(2e) <u>@iss.it</u> ,
(10)(2e) <u>@spkc.gov.lv</u> , (10)(2e) <u>@rivm.nl</u> , (10)(2e) <u>@insp.gov.ro</u> ,
$(10)(2e) \qquad \qquad$
$< (10)(2e) \qquad \boxed{\text{@folkhalsomyndigheten.se}}, (10)(2e) \boxed{\text{@landlaeknir.is}}, (10)(2e) \qquad < (10)(2e) \boxed{\text{@fhi.no}}, (10)(2e) $
(10)(2e) <u>@rivm.nl></u> , (10)(2e) <u>@gmail.com</u> , (10)(2e) < (10)(2e) <u>@ec.europa.eu></u> , (10)(2e)
(10)(2e) "<(10)(2e) @who.int>, (10)(2e) @gov.mt, (10)(2e) @sam.lt, (10)(2e) @chl.hu, (10)(2e) (10)(2e) @chl.hu, (10)(2e) (10)(1
(10)(2e) < (10)(2e) <u>@landlaeknir.is></u> , (10)(2e) <u>@mphs.moh.gov.cy</u> , (10)(2e) <u>@insa.min-saude.pt</u> ,
(10)(2e) @pzh.gov.pl, (10)(2e) < (10)(2e) @ecdc.europa.eu>, PHE Manager

(10)(2e) @ccdc.europa.eu>, PHE Technical Group < (10)(2e) @ccdc.europa.eu> Subject: SV: Today's Extraordinary Advisory Forum and extension of deadline for comments on the "Scenarios" manuscript

Dear all

I had to leave during the teleconference.

I wonder if the concept of a risk-based approach will be maintained:

- In patients coming from countries with presumed widespread community transmission, member states are encouraged to look for nCoV in patients with mild symptoms
- In patients coming from affected countries with presumed localized or limited community spread, members states are encouraged to examine for nCoV in cases with specific exposure history or where there a signs of viral pneumonia/SARI This clarification is urgently needed because it bear huge ramifications for the triage of patients in the health systems. It is not an issue for testing capacity, but an issue of health care organization and management, including infection precautions. This is in particular the case because we expect that the list of countries with transmission will expand, and we have to take decision that

can work over the next few weeks. Hope for a rapid clarification.

Kind regards (10)(20)

Fra: (10)(2e) (10)(2e) @folkhalsomyndigheten.se] Sendt: 25. februar 2020 07:51 (10)(2e) < (10)(2e Til: @ecdc.europa.eu> (10)(2e) @ages.at; (10)(2e) < @hzjz.hr; (10)(2e) Cc: <u>@wiv-isp.be</u>>; >; (10)(2e) (10)(2e) < (10)(2e) @ssi.dk>; @terviseamet.ee; (10)(2e) @thl.fi>; (10)(2e) @szu.cz>; < (10)(2e) @rki.de; (10)(2e) @med.uoa.gr; Dr. < (10)(2e) @nnk.gov.hu>;

< (10)(2e) @santepubliquefrance.fr>; (10)(2e) @hse.ie; (10)(2e) @iss.it; (10)(2e) @spkc.gov.lv;
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(10)(2e) @insa.min-saude.pt; (10)(2e) @pzh.gov.pl; (10)(2e) < (10)(2e) @ecdc.europa.eu>; PHE Manager
< (10)(2e) @ecdc.europa.eu>; PHE Technical Group < (10)(2e) @ecdc.europa.eu>

Emne: Re: Today's Extraordinary Advisory Forum and extension of deadline for comments on the "Scenarios" manuscript

Hi

Se are looking for more details from italy if it is possible to say something about the risk in the ski resorts

(10)(2e)

Skickat från min iPad

24 feb. 2020 kl. 23:26 skrev (10)(2e) < (10)(2e) @ecdc.europa.eu>:

Dear Colleagues

Thank you for your contributions during today's extraordinary Advisory Forum meeting. I realise that the technical issues made engaging in, and following, the discussions difficult for some, but as ever your advice and comments were invaluable to ECDC in shaping our activities and outputs. I think that you have given us a clear mandate on several important issues, including the revised case definition, the classification of countries as having presumed country transmission, and to move forward (in partnership with WHO) with the proposal to integrate testing for COVID-19 into sentinel influenza surveillance. We will write soon with some questions about country support needs in respect of options for response to the likely scenarios that will unfold with the progression of the current spread of COVID-19 (in particular with regards to preparedness in infection prevention and control in hospital settings). We will also seek your further thoughts on the scenarios that were circulated prior to today's meeting and prior to AF60.

When I wrote to you on 20 February (see email below), I asked if you would provide any comments on the attached draft manuscript that is based on the scenarios paper circulated for today's meeting and AF60. I realise that everyone is extremely busy dealing with the ongoing situation, but I would still ask that if anyone has any significant comments or concerns regarding the manuscript (which I attach again for your convenience), you let me know. We consider that there is benefit in publishing this to make it accessible to a wider audience, but in the light of the discussion during AF60 we need to be sure that you have no concerns about the content of the paper and how it will be interpreted. Could I ask, therefore, that if you have any significant comments or concerns you send these to me by the end of Thursday this week.

Kind regards



<image030026.gif></image030026.gif>	(10)(2e)	European Centre for Disease Prevention and Control (ECDC)
	SMS	Gustav III:s boulevard 40, 169 73 Solna, Sweden
	Phone +46 (10)(2e)	Phone (10)(2e)
	(10)(2e) @ecdc.europa.eu	www.ecdc.europa.eu
Follow ECDC on:	<image66a04c.png><image74< td=""><td>4a9d3.PNG><image628e67.png><image87b496.png></image87b496.png></image628e67.png></td></image74<></image66a04c.png>	4a9d3.PNG> <image628e67.png><image87b496.png></image87b496.png></image628e67.png>

<image9d733f.PNG>

From: (10)(2e)
Sent: 20 February 2020 21:58
To: (10)(2e) @ages.at' < (10)(2e) @ages.at>; (10)(2e) < (10)(2e) @wiv-isp.be>;
(10)(2e) @hzjz.hr'< (10)(2e) @hzjz.hr>; (10)(2e) <(10)(2e) @szu.cz>; (10)(2e)
<pre></pre> (10)(2e) @terviseamet.ee' < (10)(2e) @terviseamet.ee>; (10)(2e)
(10)(2e) @thl.fi>; (10)(2e) @rki.de'< (10)(2e) @rki.de>; (10)(2e) @med.uoa.gr'< (10)(2e) @med.uoa.gr>;
'Dr. (10)(2e) (10)(2e)
< (10)(2e) @santepubliquefrance.fr>; (10)(2e) @hse.ie' < (10)(2e) @hse.ieb; (10)(2e) @iss.it'
< (10)(2e) @ <u>iss.it>;</u> (10)(2e) _@spkc.gov.lv' < (10)(2e) _@ <u>spkc.gov.lv>;</u>
(10)(2e) @rivm.nl'< (10)(2e) <mark>@rivm.nl>;</mark> (10)(2e) @insp.gov.ro'< (10)(2e) @insp.gov.ro';
(10)(2e) <mark>@jfmed.uniba.sk' < (</mark> 10)(2e) <mark>@jfmed.uniba.sk>;</mark> (10)(2e)
< (10)(2e) @ <u>nijz.si>;</u> (10)(2e)@msssi.es'<(10)(2e)@ <u>msssi.es</u> >; (10)(2e) @folkhalsomyndigheten.se'
< (10)(2e) <mark>@folkhalsomyndigheten.se>;</mark> (10)(2e) <mark>@landlaeknir.is' <</mark> (10)(2e) <mark>@landlaeknir.is'</mark> ; (10)(2e)
< (10)(2e) @fhi.no>; (10)(2e) < (10)(2e) @rivm.nl>; (10)(2e) @gmail.com'< (10)(2e) @gmail.com>;
(10)(2e) @folkhalsomyndigheten.se' < (10)(2e) @folkhalsomyndigheten.se <mark>>;</mark> (10)(2e) < (10)(2e)
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Cc: (10)(2e) < (10)(2e) @ecdc.europa.eu>; PHE Manager < (10)(2e) @ecdc.europa.eu>; PHE Technical
Group < (10)(2e) @ecdc.europa.eu>

Subject: COVID-19 documents for Advisory Forum review (deadline end of 24 February)

Dear Colleagues

Thank you once again for the excellent discussion, the sharing of knowledge, and the advice that you gave at this week's Advisory Forum. During that meeting we agreed to send to you a revised version of the COVID-19 case definitions along with a revised proposal for the criteria for assessing the level of community transmission in affected countries. These revised versions are attached (in one document) to this email. We have attempted to reflect in the revised versions the helpful feedback that you provided this week. I would be grateful if you could provide any comments that you have on these revised versions by the end of Monday next week (24 February).

I also attach a proposed manuscript for peer review publication that is based on the scenarios that we discussed, and that were broadly supported as a useful analysis in this week's Advisory Forum. The scenarios have also been presented and discussed at the Health Security Committee, where they were also well received, with comments on their usefulness from several members of that Committee. However, in response to the request from the Advisory Forum that ECDC consult on outputs that have potential implications for policy, and recognizing that we did not discuss the detailed options set out for consideration in response to each scenario, we are now seeking your comments on this paper prior to its submission for publication. In view of the value of sharing this analysis as early as possible, I would again ask that you provide any comments that you might have by the end of 24 February.

Kind regards

(10)(2e)

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<COVID-19 Scenarios Draft Manuscript.docx>

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