

eHN COVID-19 - Epidemiological guidelines (ECDC)

2020-05-18

Technical meeting

Participants:

Commission Units: SANTE (A1, B3), CNNECT (H2, H3), RTD (E3), JRC (E1, E2), RTD (E3), ECDC

Member States: CY, CZ, DE, DK, EE, ES, FI, FR, GR, HR, IT, LV, MT, NL, NO, PL, PT, SE, SK

Other: WHO

Meeting Summary

MS acknowledged and welcomed the effort done by the ECDC to prepare a guideline document on mobile applications in support of contact tracing for Covid-19. After a brief overview of the document by the ECDC, a fruitful discussion took place among MS representatives, ECDC and EC on the different sections of the document. It became soon clear how many aspects related to the apps need further reflections and discussion, especially with app developers to understand the feasibility of some of the options indicated by ECDC as a desirable/interesting for epidemiological reasons, but which may not be implemented on the context of the tracing apps (e.g. length of quarantine, second order contacts, how to integrate manual contact tracing with apps contact tracing etc). Therefore, these options should be discussed with the app developers. In line with this, MS agreed to send written comments on the guideline document to the ECDC by Wednesday this week. The ECDC will then circulate the consolidated version of this guideline document by this Friday, to be further discussed at the eHealth Network meeting next Tuesday at 11, together with epidemiologists and app developers. The ECDC guidelines will also be discussed tomorrow in the Health Security Committee meeting.

Meeting detailed discussion

The purpose of this meeting was to discuss the draft technical report on 'Mobile applications in support of contact tracing for COVID-19' developed by the ECDC, with a view to describe to Member States representatives the 'soon to be' guidance from the ECDC and receive feedback and MS approval in relation to it. This in view of the necessity to discuss the document with the Health Security Committee (HSC) that will take place tomorrow.

The **opening round for general comments** provided good input from Member States. In general, Member States found the guideline as a useful document to consider when developing an app as it draws attention to different important aspects such as privacy risks, data exposure etc. However, some Member States did not have specific comments due to the tight deadline. Consequently, Member States requested the ECDC to present the most important sections of the guideline document as well as the timeline foreseen for publishing this guideline. While ECDC stressed the importance to publish the proposed guideline as soon as possible, due to the fact that some Member States are currently producing apps, it also addressed MS request and outlined specific sections for public health authorities to consider when reviewing different solutions or when working with app developers to design, implement and evaluate an app. Within this introduction of the document, the ECDC clearly stated that the guideline aims to facilitate the dialogue between public health authorities and app developers, and underlined the need to consider the guideline as a 'wish list' and 'living' document that will be regularly updated.

The different sections that were addressed with Member States were the following.

Confirmation of infection

ECDC explained that it would be recommended to ensure public health authorities engagement in providing a code to the positively tested person to avoid a potential abuse of the apps. In this way, the person diagnosed

with COVID19 will enter this code to trigger the relevant notification in the app. On this aspect, MS did not have any comments.

Epidemiological parameters

Proximity (time and distance)

On epidemiological parameters related to time and distance, the ECDC informed Member States that the use of the parameter of less than 2 meter distance for an exposure of at least 15 minutes is a good starting point that needs to be further tested and calibrated to assess whether it 'captures' contacts most at risk, while keeping in mind that the optimal time and distance settings may vary during the course of the epidemic.

Estonia pointed out that while the need to be as precise as possible on the 'risk score' is understandable, on the other hand, evaluating the effectiveness of risk will be difficult. In fact, Estonia underlined the fact that, even with perfect data, where one knows that people were face to face for 15 minutes at 2 meter distance, there are still probability that individuals will not develop the symptoms due to for instance an immunity to the disease. Estonia representative indicated how this aspect needs to be clear to avoid raising people's expectations. France further enquired on how it would be possible to review the proportion of people that contracted COVID19 while basing on certain time and settings as the parameters, when data are anonymous. ECDC replied how in a decentralised option, it is possible to get information on the number of contacts notified per case anonymously. Similarly, in relation to another question posed on how to assess the level on infectiousness on a positive person, ECDC suggested that apps should have a feature asking to user to self-declare when symptom started. In this way, the algorithm could use that data to compute. For instance, the DPT3 platform may allow for this possibility. The only limitation is for people who do not develop symptom at all but they are tested for other reasons and find to be positive. These people would not be able to be calculated for.

Levels of exposure

The ECDC continued its presentation by describing two different levels of exposure: the **high risk exposure**, where contacts are asked to self-quarantine, and the **low-risk exposure**, where contacts are asked to respect physical distancing measures and avoid travel. In line with this, ECDC suggested that Member States engage with app developers to enquire whether it would be possible to send different notifications to people in relation to their risk of exposure.

Poland asked clarification on who decides whether someone goes in self-quarantine, and specifically whether this would be the app or the health authority. ECDC clarified that it should be the app that is automatically programmed to send notifications according to the risk of exposure. This would be in line with the decentralised option, where data are anonymous. The Netherlands underlined the fact that in a decentralised anonymous app, as codes are generated every 15 minutes, there is no possibility to assess the 'risk exposure' of a person, as there is no possibility to identify people. It was agreed that this aspect should be further assessed and discussed with DPT3. Also, the Commission asked the ECDC to make clearer in the text the need to analyse with app developers the feasibility to introduce different levels of exposure.

Look-back period

On the look-back period, the ECDC recommended that public health authorities should discuss with app developers whether it is possible to enable a feature in the app where infected persons are asked to enter what day they were first symptomatic. This would enable the app to only notify the contact persons who had an exposure during the infectious period of the case, starting from two days before symptom onset until the case was isolated, as is done during manual contact tracing. For asymptomatic cases, a generic look-back period of 14 days would instead be recommended as done in manual contact tracing. If apps do not have the features of asking symptom onsets, public health authorities could instead consider what a reasonable number of days could be during which contact persons should be considered for notification. The length of lookback period would preferably be guided by up to date local data on distribution of times from symptom onset to the receipt of a positive result.

In relation to this, France underlined the importance to assess a 'window of increased risk' in case of asymptomatic people that got tested for other circumstances and found themselves to be positive to COVID19.

Personal follow-up of contacts

The ECDC recommended few options that could be explored by health authorities with apps developers, to allow the possibility to call contact person, namely:

- Users consent upon downloading the app that their phone number is automatically transferred to public health authorities in case of a match with an infected user. This should be an opt-in system and not a condition of using the app.
- In case of a match with an infected user, contact persons are notified with a message and are then asked to upload their phone number should they wish to be contacted.
- In case of a match, contact persons are notified by a message with a phone number that they are asked to call.
- In case of a match, contact persons are notified by a message with comprehensive public health information included and the number to a hotline that they can call if they want.

Poland intervened and clarified the need to check with app developers if this feature is possible to be introduced in case of a match with an infected users. The concern is related to the adoption of a decentralised approach, where data are anonymous.

On this, Germany asked to further look into this and informed the group of its intention to adopt a hot line number that will be outsourced to certain providers at the national level. As currently still few questions need to be addressed (e.g. how to include regional national authorities; how public authorities within one country can be organised), its implementation is still unclear. An opt-in would be a good solution but its feasibility need to be assessed.

While Italy enquired whether all options had to be adopted or Member States could adopt only one of the listed options. The Commission clarified how the above is a wish list that need to be discussed with app developers first, especially in relation to its feasibility, and therefore where Member States are free to choose which one to adopt.

Integration with manual contact tracing

On the integration with manual contact tracing, the ECDC asked Member States if there is any appetite to link the two systems, where people who test positive and for whom manual contact tracing is initiated are asked if they have the app, and the contact persons traced using the mobile apps is included in the database that is used to keep track of contacts that are traced through the manual process. This is currently the case for Ireland and Malta.

In particular, Malta clarified that integration among the two systems is seen by them as the only possible way forward. Therefore, the contact number of the health authority is provided to the contact person, who has the option to remain anonymous or contact the health authorities, if they so wish (third scenario above adopted).

On this, Germany further intervened by stating that it is developing an automatic system, where a call is automatically sent from the laboratory to the contact person (not including the public health authority).

Finland, instead, enquired over the meaning of the integration with manual tracing. It argued that if in manual tracing it is possible to enquire to the infected person the name of the people he/she had been in contact with, in an app this is not possible, as data are anonymised. The integration among the two systems need therefore to be improved as the two systems are very different. One possibility could be to ask to the contact person that uses the app to release more information. In fact, if there is not a possibility to interrogate the contact person, it is difficult to break the chain. For this reason, Finland underlined the possibility of introducing additional features allowing the contacts to enter into contact with health authority that could require more information to the contact person, in order to enable better integration with the manual tracing. The alerted person can decide to reveal this information or not, but at least an opportunity should be provided (e.g. on exposed keys). The ECDC agreed on the need to further discuss on this point.

In this regard, Poland supported Finland. Poland asked therefore for a change of the guideline document to clarify that it is not possible to include the contact person traced using the mobile app in the data base. As it is

not possible to know the identity of the contact person, as everything is anonymised in a decentralised model, this should be deleted.

For this reason, France emphasized the need to highlight what we are able to do and not and only after to discuss the several ways to achieve it. It was asked to the ECDC to clarify the definition of contact person, whose definition is still missing in the guideline document. ECDC agreed to do this. Also, France further emphasised the need to allow the possibility to donate data and therefore to ask Apple and Google for this specific option to be introduced. This would be optimal from an epidemiological perspective.

Also, Italy underlined the need to specify that the database for manual contact tracing is in control of public health authorities.

Follow-up of contact persons

On this issue, the ECDC described the possibility to use apps to facilitate more regular follow-up of contacts by health authorities (e.g. via a messaging system where authorities can follow up contacts on a regular basis during the relevant period to ask whether contacts have developed symptoms).

Croatia reported the last meeting held with their IT developers and their use of the decentralised system as the way forward to avoid any privacy issues. This is the way that Apple and Google are proceeding, where any kind of personal data are excluded. Also, HR underlined the need to differentiate between two main apps that can be taken into consideration: exposure notification apps and contact tracing apps. Exposure notification is the main objective of Apple and Google solution whereas the contact tracing is a completely different solution.

Length quarantine

ECDC described that the currently recommended length of quarantine is 14 days after the last exposure. This can raise problems as it can quarantine people unnecessarily. On the other hand, tailor notification of the app might reveal the people a person was in contact with.

The Commission clarified the need to discuss the feasibility of this option and the need to discuss with app developers before publishing this document. The discussion will need to continue through the e-health Network.

Second order contacts (feasibility/utility to be explored)

The ECDC explained how some mobile apps have the option of potentially alerting so-called 'second-order' contacts as well. This means that when a user is declared to be positive their contact persons are alerted as normal, but the app also alerts the contact persons of the people who had direct contact with the infected user.

The Commission reiterated the need to discuss the feasibility of this option and its usefulness. France agreed that feasibility is key and an assessment on this with app developers is needed. Malta expressed the need to keep therefore this option and eventually to delete it if considered unfeasible after next discussions.

As the time for the meeting run out, ECDC asked Member States to check the document and especially its Annex and come back to ECDC with comments as soon as possible.

Next steps

- Member States will provide to the ECDC written comments on the guidance paper by Wednesday this week (20.05), and will put in copy the e-Health Network for information. The updated document will be circulated on Friday to the eHealth Network by the ECDC.
- The guidance paper will also be discussed tomorrow by the Health Security Committee (HSC) and written comments will also be received by the HSC.
- On Wednesday (20.05) this week the mobility data paper will be discussed with Member States.
- Further discussion on the guidance document will take place during next week eHealth Network meeting on Tuesday (26.05) at 11 o'clock where app developers will also be invited to participate.

