
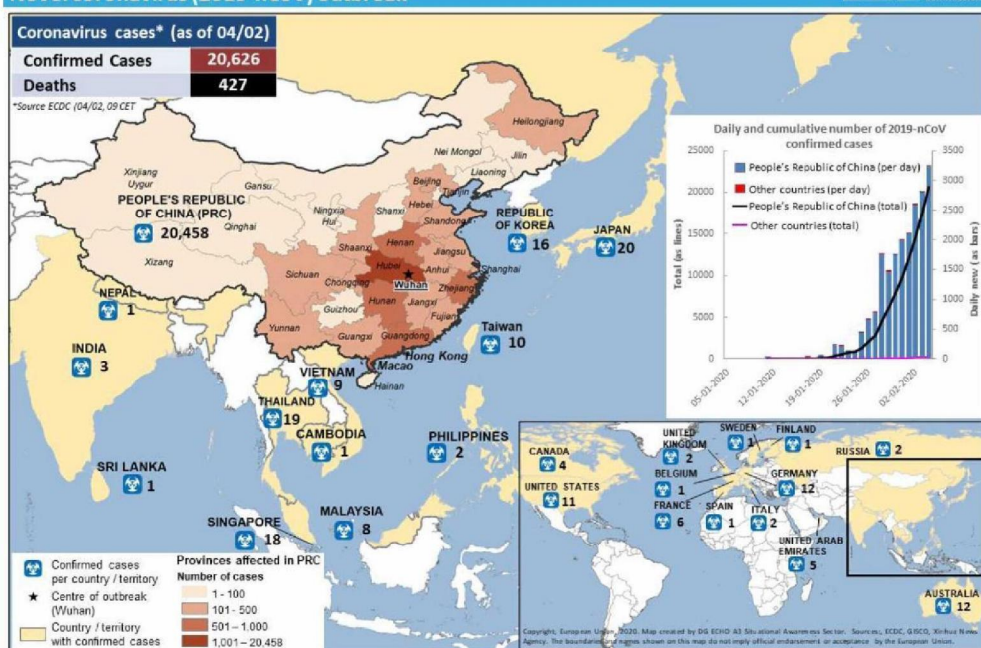
 European Commission	Integrated Situation Awareness and Analysis Situation Report No 2	 European Union EXTERNAL ACTION
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Limited

Novel Coronavirus Crisis

DG ECHO A3 Situational Awareness Sector | 04/02/2020
 Novel coronavirus (2019-nCoV) outbreak



KEY FIGURES

20 626 laboratory-confirmed cases in 25 countries worldwide

152 cases outside China of which

28 confirmed cases in 7 Member States

428 deaths - China (426 of which 414 in the Hubei province), Philippines (1), Hong Kong (1)

HIGHLIGHTS

1. Main developments

On **31 December 2019**, a cluster of pneumonia cases of unknown aetiology was reported in Wuhan, Hubei Province, China. On 9 January 2020, China Centre for Disease Control reported a **novel coronavirus (2019-nCoV)** as the causative agent of this outbreak. The outbreak has rapidly evolved, affecting other parts of China and other countries. On 24 January 2020, authorities closed the airport in Wuhan and shut down all public transport.

On 30 January 2020, WHO declared the Coronavirus outbreak a Public Health Emergency of International Concern (PHEIC). It advised all countries to be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread. WHO does not recommend specific travel or trade restrictions.

As of 4 February, 20 572 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection have been reported, including 17 healthcare workers and 428 deaths (426 from China, 1 from the Philippines, and 1 from Hong Kong). On 3 January, 64 deaths have been registered in one single day, the highest number since the outbreak.

Geographical distribution of cases:

Asia	China (20 458), Japan (20), Thailand (19), Singapore (18), Republic of Korea (16), Taiwan (10), Malaysia (8), Vietnam (9), United Arab Emirates (5), India (3), the Philippines (2), Cambodia (1), Nepal (1), and Sri Lanka (1)
Europe	Germany (12), France (6), Italy (2), United Kingdom (2), Russia (2), Belgium (1), Finland (1), Spain (1) and Sweden (1)
America	United States (11) and Canada (4)
Oceania	Australia (12)

Among the cases reported, **24 have been reported in EU/EEA**: twelve cases in Germany (two imported, ten locally-acquired), six cases in France (five imported, one locally-acquired), two cases in Italy (imported), one case in Belgium (imported), one case in Finland (imported), one case in Spain (imported) and one case in Sweden (imported). Cases were also reported in the UK (2) and Russia (2).

China CDC assesses the transmissibility of this virus to be sufficient for sustained community transmission without unprecedented control measures. Further cases and deaths are expected in China in the coming days and weeks. Further cases or clusters are also expected among travellers from China, mainly from Hubei province. Therefore, health authorities in EU/EEA Member States should remain vigilant and strengthen their capacity to respond to such an event.

There are considerable uncertainties in assessing the risk of transmissibility, due to lack of detailed epidemiological analyses. According to European Centre for Disease Prevention and Control (ECDC), the reproductive number (R_0) (number of people infected by a single carrier) has been estimated to be 2.2, which means a transmissibility similar to SARS. The average incubation period is estimated at 5.2 days, with cases going up to 12.5 days. This supports a 14-day period for tracing and monitoring. On 3 February, two additional preprint scientific studies were released and supported the hypothesis of the bat origin of the virus. According to new estimates originated from a modelling analysis, the basic reproduction number seems to be 2.6. Scientific evidence suggests that the total number of infections is somewhere around 75.000.

2 (16)

LIMITE

On the basis of the information currently available, the European Centre for Disease Prevention and Control considers that:

- the potential impact of 2019-nCoV outbreaks is high;
- the likelihood of infection for EU/EEA citizens residing in or visiting Hubei province is estimated to be high;
- the likelihood of infection for EU/EEA citizens in other Chinese provinces is moderate but will increase;
- there is a moderate-to-high likelihood of additional imported cases or associated clusters in the EU/EEA;
- the likelihood of observing further limited human-to-human transmission within the EU/EEA is estimated as very low to low if early detection of cases and adherence to appropriate infection prevention and control (IPC) practices are implemented, particularly in healthcare settings in EU/EEA countries;
- assuming that cases are detected in EU/EEA in a timely manner and that rigorous IPC measures are applied, the likelihood of sustained human-to-human transmission within the EU/EEA is currently low;
- the impact of the late detection of an imported case in an EU/EEA country without the application of appropriate infection prevention and control measures would be significant, therefore in such a scenario the risk of secondary transmission in the community setting is estimated to be high.

Based on the evolution of the epidemic in China and the detection of cases and one cluster with autochthonous transmission in EU/EEA, public health authorities are encouraged as a precautionary measure to further review their preparedness for community transmission of novel respiratory and high consequence pathogens. All EU Member States and EEA countries have pandemic preparedness plans, which will be well suited for use in such a scenario. Consideration should be given to convening the multi-sectoral pandemic planning committees described in the national plans.

Entry screening at airports has been implemented in several countries worldwide. The US has reinforced preventive measures especially for non-US citizens who have had a recent stay (last 14 days) in China excluding Hong Kong and Macau. Non-US citizens with a travel history to China are not allowed to enter the country.

Australia has limited entry to all travellers who have left or transited through China from 1 February, with the exception of Australian citizens, permanent residents and their immediate family and air crews who have been using appropriate personal protective equipment.

Direct connecting flights from Wuhan China to London Heathrow LHR (UK), Paris Charles de Gaulle CDG (France), Rome Fiumicino FCO (Italy) were suspended as of 23 January. Several flight restrictions and discontinuations were introduced to and from mainland China by European and other airlines until mid-February and even end of March, respectively.

2. Measures taken by Member States/EEA countries

DG SANTE opened an alert notification on 9 January on the Early Warning and Response System. Member States have been reporting response measures implemented at national level. A majority of countries report communicating advice to travellers and information for the public and healthcare professionals.

Communication

29 Member States/EEA countries and the UK have reported sharing information to the public, through national webpages and other form of media (e.g. press statements).

22 Member States/EEA countries and the UK have reported sharing information with healthcare services including updates on the situation, information on risk assessment and case management, on hygiene measures and laboratory testing. Most countries report having made this information available online.

13 Member States/EEA countries report having shared information with other sectors (e.g. Ministry of Interior, Ministry of Foreign Affairs, Animal Health, Sanitation inspection, Air operators and airport) and setting regular meetings for exchange of information and updates.

4 Member States/EEA countries reported having activated their incident management/emergency management systems (Denmark, Germany, Spain, France).

Travel advice

26 Member States/EEA countries and the UK have reported sharing travel advice for travellers; these include countries with information made available on national websites (Ministry of Health and/or Ministry of Foreign Affairs), sharing information at airports on screens or through leaflets and countries that shared guidance on precautionary measures to be taken in China.

Some countries gave more specific indications on the content of the travel advice: 6 Member States are advising against non-essential travel, out of which 4 to Hubei province in China (Denmark, Finland, Sweden, Norway) and 2 to China (Lithuania and Iceland).

Germany also issued a warning to travel to Hubei, and advises postponing non-essential travel to China. And the United Kingdom has also shared advice against non-essential travel to Wuhan.

Denmark advised travellers to contact their embassy in Beijing or the Ministry of Foreign Affairs.

Several airline companies have suspended flights to China; the Italian government has announced the suspension of all flights from China, including Taiwan as of 31 January.

Travel limitations

Italy has taken measures to restrict all flights to and from China (including Hong Kong, Macao, and Taiwan). Italy notified these measures by so-called Notices to Airmen (NOTAMs).

Up until now, globally, 46 airlines have suspended flights to and from China.

Japan put in quarantine a ship (at Yokohama harbour) with 3 500 on-board (2,500 passengers and 1,000 staff) after diagnosing an 80 years old passenger with n-CoV

Surveillance at Points of Entry

6 countries are reporting enhanced surveillance at points of entry (mainly airports) for travellers incoming from China. Measures include checking for symptoms of coronavirus and questionnaires.

7 Member States/EEA countries and the UK are reporting enhanced surveillance at points of entry (mainly airports) for travellers incoming from China. Measures include checking for symptoms of coronavirus and questionnaires. France reported dedicating part of a terminal in Charles de Gaulle Airport to incoming flights from China and deploying medical teams at airports to provide information and identify potential sick people. Italy reports using the Public Health Passenger Location Cards (also applied in Germany) and checking passengers' body temperatures at two airports – Rome Fiumicino and Milan Malpensa.

Diagnostics capacity

Most EU27/EEA countries have reported having the laboratory capacity to detect 2019-nCoV through reference laboratories or arrangements with laboratories abroad.

Member States have not reported on the Early Warning and Response System the availability of diagnostic kits in their countries, but commercial tests are being developed and the following companies have already announced that they have tests which are developed (Roche, Novacyt, Sansure Biotech). Both Roche and Novacyt are looking into how to ensure their devices make it to the EU market. Such tests need to be properly validated before being used, in order to avoid a potentially high number of false test results.

Quarantine

National authorities are responsible for deciding on quarantine measures. Some Member States have informed DG SANTE that they have legislation in place enabling the implementation of quarantine measures if needed, while others are considering quarantine measures and evaluating other options (e.g. home quarantine). Repatriated citizens have been quarantined in Germany and France.

Most Member States have not reported on intended quarantine measures in their country. Information gathered includes:

- Ireland, France, Croatia, Latvia, Luxembourg, Malta, Slovakia, Finland report having legislation enabling quarantine measures.
- Iceland is considering home quarantine for Icelandic citizens, and are working on options for quarantine of tourists from high risk areas.
- Germany has shared guidance on quarantine for contact persons on the national website.
- Bulgaria is considering implementing quarantine for people arriving from Wuhan.

Isolation of patients

8 countries report having shared guidance on isolation precautions and criteria (Denmark, Germany, Spain, France, Italy, Cyprus, Luxembourg, Hungary).

14 countries reported having adequate capacity for isolation, with either referral hospitals (e.g. Denmark has two referral hospitals dedicated to manage all suspected cases requiring isolation) or using single beds available for isolation in health care settings.

The EU health programme Joint Action SHARP on implementation of the international health regulations and Laboratory capacity is working on the evaluation of isolation capacity for novel Coronavirus cases.

Personal protective equipment (PPE)

7 countries have shared information with healthcare services on Infection Prevention and Control (IPC) (e.g. use of personal protective equipment (PPE) (Bulgaria, Denmark, Germany, Spain, France, Cyprus, Hungary).

4 Member States/EEA countries have shared guidance on use of PPE for the population (Denmark, Germany, France, Lithuania).

7 Member States/EEA countries have shared guidance on hygienic measures with the population (Denmark, Germany, Spain, France, Italy, Lithuania, Iceland).

Regarding the availability of PPE in Member States, only a few countries have informed the Commission of their current situation via the Early Warning and Response System. Three Member States (Latvia, Romania and Spain) reported having appropriate supplies of PPE for the time being, although stocks are limited. Two other Member States (Czechia and Malta) reported being in need of PPE, with Malta having already started a procurement procedure. Ireland has reported that it needs additional supplies and is in favour of a common procurement approach for PPE.

Contact tracing

6 EU Member States/EEA countries reported having contact tracing procedures, including temperature check for contacts (Germany, Spain, France, Italy, Cyprus, Hungary). Some other countries reported contact tracing starting at the onset of symptoms.

Transmission reduction measures:**Blood and other Substances of Human Origin:**

6 countries have reported sharing information and guidance with blood banks as part of transmission reduction measures (Spain, Italy, Austria, Portugal, Slovenia, Norway).

Other measures include reducing contagiousness through hygienic measures and use of personal protective equipment (PPE), social distancing, ensuring diagnostic and treatment capability and capacity, case reporting aboard conveyances, air safety measures for transmission reduction measures, risk assessment measures, and transport to hospital.

Measures in place in Member States hotspots

Related to measures in place in Member States hotspots, medical checks are under the responsibility of Member States authorities, measures include in particular:

- Greece: regular health checks continue on the field; the Greek national health council held a meeting on 3 February to discuss the issue again and the main conclusion of the meeting has been to reinforce in terms of medical staff the healthcare facilities designated to deal with possible cases of the virus both at laboratory and clinical levels.
- Italy: The Department for civil liberties and immigration of the Ministry of Interior sent a circular to the relevant prefectures about medical checks at disembarkations in relation to the Coronavirus. In a nutshell, the circular states that the medical units will already screen all migrants on the vessel for possible infectious diseases before they disembark. Further checks are then carried out directly on the wharf and in the hotspots. The circular further states that the list of all countries visited by a migrant in the 14 days before the disembarkation can be established in order to check if he/she was in a country where the virus is already present, in which case he/she would be put in quarantine in case he/she would present any relevant symptoms.
- Malta: With regard to the coronavirus, newly arrived migrants are screened at various stages following their arrival and accommodated in Initial Reception Centres. These are separate from the main open centres. Overall, the Maltese authorities have arrangements to manage emerging infectious diseases. Authorities have already stepped up their preparedness and response containment including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread. An isolation unit has been set up near the main general hospital. Critical cases would be treated at the hospital's Infectious Diseases Unit.
- Spain: So far, there is no particular instruction given by the Ministry of Interior in this respect in the context of the disembarkation operations in Spain, regular sanity checks continue in the field.
- Cyprus: no specific new measures to report for the time being, besides basic hygiene ones including masks, at registration points. As in the other countries of deployment, the EBCGA also raises awareness among police and its own Liaison Officers.
- The European Border and Coast Guard Agency (EBCGA/FRONTEX) is following the issue and informing and advising all deployed experts on the development of the situation and how to proceed. A fact sheet has been disseminated by the Agency to the experts for information purposes.
- DG HOME continues to monitor the situation by all our means in close contact with Member States and EU agencies.

Additional information on measures at points of entry and travel restrictions

Measures differ from one Member State to the other, EACCC regularly updates information in the factsheet.

- **Italy** has taken quite severe measures to restrict flights to and from China (including Hong Kong, Macao, and Taiwan). Italy notified these measures by so-called Notices to Airmen (NOTAMs).
- **Germany** has also issued a NOTAM- Pilots-in-command must hand over the health part of the aircraft general declaration to the authorities; passenger locator forms (PLFs) must be distributed by the crew to passengers and handed over to the authorities; booking data must be kept for 30 days, in particular data to identify the passengers and their assigned seat.
- In **Cyprus** passengers who originally departed from People's Republic of China are identified (Cyprus has no direct flights from the PRC), asked to complete a questionnaire, then escorted to the airport medical services, where they are screened for symptoms of the nCoV. If a passenger is found to be displaying symptoms of the virus, they will be transported to the hospital by ambulance, where they will be monitored and cared for.
- **France:** Health information and control (visual detection of suspicious cases). Two repatriation flights carrying French and European citizens were operated last week from Wuhan to Istres (southern France), where EU nationals were then attended to by their respective authorities
- **Lithuania:** Entry screening for passengers from China (a public health specialist interviews every passenger arriving from China).
- **Austria:** No Entry-Screenings planned, possibly health declaration forms /Public Health Authorities (PHA) are discussing possible implementation of entry-screenings/ passenger locator forms (PLFs) for flights from China.
- **Bulgaria** has no direct flights to/from China. However, enhanced monitoring at the Sofia Airport, including by infrared cameras.
- **Croatia:** issued [guidelines](#) according to the general information (WHO, EASA). There was a recorded entry of tourists from Wuhan into Croatia last Saturday, by road from Slovenia (they flew into Milano). They left Croatia on Sunday for Bosnia and Herzegovina and they were monitored during their stay in Croatia.
- **Czech Republic:** Ban on all direct flights between China and the Czech Republic, effective from 9 February. Crew and passenger obligation to remain at airport and seek medical assistance
- **Poland:** Specific measures (including entry screening and how to handle suspected cases) were discussed with major aviation stakeholders; passengers arriving from the affected area must fill in a Passenger Locator Card
- **Enhanced monitoring** at airport by sanitary services (partly with the **recommendation to have passenger locator forms available** are reported from Estonia, Finland (Finland is repatriating its citizens from China on other Member States' flights, no designated evacuation flights are planned at present), Ireland, Netherlands, Portugal, Romania, Slovakia, Slovenia, Spain, and Sweden. No action reported yet by DK.
- **Important national decision with potential consequences in EU:**
- **US:** introduced certain travel restrictions for passengers who have recently travelled from, or were otherwise present within, the People's Republic of China within the preceding 14 days of the date of the person's entry or attempted entry into the United States. Any non-US citizen (alien subject) under these conditions will not be allowed to board an aircraft traveling to the United States. This prohibition will not apply to US nationals and assimilated, but they may be allowed to travel to the US only to one of the United States airports where the United States Government is focusing public health resources to implement enhanced screening procedures: which are:
 - John F. Kennedy International Airport (JFK), New York
 - Chicago O'Hare International Airport (ORD), Illinois;
 - San Francisco International Airport (SFO), California;
 - Seattle-Tacoma International Airport (SEA), Washington;
 - Daniel K. Inouye International Airport (HNL), Hawaii;
 - Los Angeles International Airport, (LAX), California; or
 - Hartsfield-Jackson Atlanta International Airport (ATL), Georgia

Additionally, an Emergency Amendment/Security Directive has been issued by the US ordering aircraft operators (airlines) to refuse boarding to a flight to the United States if the passenger has been present in China within the preceding 14 days of the date of the person's entry or

attempted entry into the United States. This does not apply to US nationals and assimilated, who can only travel to the seven airports listed above.

Aircraft operators at the last point of departure to the US shall track the possible travel history of each person and identify passengers concerned by the above restrictions, by means of:

- Questioning them during the check-in (or boarding) process;
- Examine the individual's passport for entry/exit stamps; or
- Examine the individual's Passenger Name Record (PNR) Data

At this stage the US has not indicated which entity should be responsible for the re-routing of passengers allowed to fly nor for the well-being of those that are not allowed to fly.

3. EC response

On 28 January, following the President's decision to activate Phase II of ARGUS (the overall Commission crisis coordination system). The Crisis Coordination Committee was convened and chaired by Commissioner Lenarčič, as the European Emergency Response Coordinator. DG SANTE was appointed Lead Service for the production of the Integrated Situational Awareness and Analysis (ISAA) reports as part of the Integrated Political Crisis Response (IPCR) arrangements.

A second Crisis Coordination Committee meeting has been scheduled for 4 February afternoon.

Action under the EU health security framework (DG SANTE, ECDC)

The Commission works with Member States/EEA countries within the Health Security Committee to coordinate preparedness and response to the outbreak, with EU Agencies, in particular the European Centre for Disease Protection and Control (ECDC), the European Medicines Agency (EMA), the European Union Aviation Safety Agency (EASA), and the World Health Organization (WHO). So far, 5 meetings of the Health Security Committee were convened on 17, 22, 27 and 31 January, and 4 February.

The meetings of the Health Security Committee addressed: risk assessment and EU case definition for monitoring, coordination of preparedness and response measures related to travel advice, points of entry measures, aviation safety, communication with the public and health care professionals, management of cases including the use of medical countermeasures, their availability and mechanisms for exchange, repatriation, quarantine and isolation, clinical networks to exchange data and protocols for best treatments, as well as laboratory networks to support clinical diagnosis.

The Health Security Committee Communicators Network involving communication experts from EU/EEA countries, WHO and ECDC met on 24 January to share and discuss rapid communication messages. The UK continues to participate in the Health Security Committee meetings related to the 2019-nCoV outbreak.

EU Member States/EEA countries continued to notify alerts of 2019-nCoV cases as well as response measures undertaken via the Early Warning and Response System (EWRS). So far, more than 270 updates on information related to the preparedness and response measures countries are taking regarding 2019-nCoV were received. Access to the Early Warning and Response System related to the 2019-nCoV outbreak was opened to Switzerland 3 February 2020.

The Commission (DG SANTE) has received support from projects with Member States (known as Joint Actions) co-funded under the Health Programme for the provision of technical advice on guidance on points of entry measures, laboratory preparedness, including isolation capacities, as well as support from EMA, EASA and the ECDC.

- SANTE has continued to share summary tables of preparedness and response measures received from Member States through Early Warning and Response System and through individual contacts.
- The Joint Action EU Healthy Gateways has shared guidance on measures at Points of Entry and is organizing a training course on Wednesday 5 February to support and advise Member States in their approach to measures at Points of Entry.

- The Joint Action on Strengthened International Health Regulations and Preparedness in the EU (SHARP) is working on the evaluation of isolation capacity for novel Coronavirus cases. SHARP has offered with the help of Erasmus Medical Centre in Rotterdam to support partners of the Joint Action in detection of 2019-nCoV and/or confirmation of samples.
- ECDC has shared a list of laboratories in the EU who are ready to support any Member State in detecting the 2019-nCoV and/or confirmation of samples.
- SANTE has shared information from the PREPARE consortium – an EU funded network for harmonized large-scale clinical research studies in infectious diseases – collaborating with countries to optimize their work on the clinical treatment protocols of the 2019-nCoV, ensuring the best treatment regime for future patients. Member states were asked to connect their specialised hospitals treating nCoV infected patients with the network.
- SANTE initiated a review of Member States stocks for personal protective equipment (PPE) and is exploring the availability of stocks in Member States having excess for transfer of countries seeking to fill stocks.
- The Chinese authorities are interested in procuring medical equipment from the EU market including protective clothing, masks and goggles. A message to this effect was communicated to the Health Security Committee and via the Common Emergency Communication Information System (CECIS). The Chinese have approached some EU Member States bilaterally on this issue.
- Regarding the repatriation of EU citizens from Wuhan, China, the Commission (DG SANTE) has been in close cooperation with DG ECHO who is coordinating this aspect of the response.
- Advice on quarantine was shared with the HSC. The ECDC considers quarantine (also of repatriated, healthy citizens) an effective measure if implemented comprehensively. Should quarantine/self-isolation/active monitoring be undertaken it should be done for 14 days. Information on quarantine measures are shared their respective measures via EWRS for information sharing purposes.
- SANTE has further asked ECDC to prepare advice for the general public, guidance for healthcare facilities on preparedness and for the management of cases, update on contact tracing guidelines, advice on containment and mitigation via "non-pharmaceutical" control measures, advice on reception procedures for expatriated EU citizens, estimation of PPE needs in healthcare for patient management.

Medical countermeasures (DG SANTE, EMA)

There are currently no vaccines against coronaviruses.

There is no specific treatment for this disease so the clinical approach is symptomatic-based on the patient's clinical condition. Supportive care (e.g. supportive therapy and monitoring – oxygen therapy, fluid management, empiric antimicrobials) for infected persons can be highly effective.

The EMA has started its activities to support research and development of investigational therapeutics and vaccines. Meetings with developers are being organised to streamline development and ultimately prepare for possible approval of these medicinal products.

While data from in vitro activity of antivirals and cross-reactivity of antibodies is not yet available, Remdesivir has been identified as a candidate worth considering for testing in clinical trials based on current knowledge. Trials in China are under consideration for this investigational agent. Besides the preferred option of randomised clinical trial (including European centres as well), a potential common protocol to be used across Member States for Compassionate Use might be also considered. A discussion on availability of drug supply for Remdesivir and other repurposed agents is also taking place.

For vaccines, it is expected that developers consider inclusion of antigens from the new coronavirus but it is unlikely that Middle East Respiratory Syndrome (MERS) or Severe Acute Respiratory Syndrome

(SARS) candidates would be progressed considering the limited chance that antibodies are sufficiently cross-reactive to the new virus. A similar reasoning can be anticipated for monoclonal antibodies.

Timelines for vaccines and antibodies-based therapies are currently difficult to forecast but might take several months. In order to advance these countermeasures as rapidly as possible, EU regulators stand ready to discuss with developers the requirements and any product specificity.

EMA is also actively supporting the international efforts and WHO on prioritisation of therapeutics and vaccines, on clinical study designs and definition of the research agenda (including at the Global Research Collaboration for Infectious Disease Preparedness (GLOPID-R) meeting on 11-12 February in Geneva). International collaboration with regulators such as US Food and Drug Administration (FDA) has already started, the activation of International Coalition of Medicines Regulatory Authorities (ICMRA) global collaboration has been done, and support to Coalition for Epidemic Preparedness Innovations (CEPI) efforts is ongoing.

In case the outbreak expands, supply can be a problem for a mix of investigational agents such as Remdesivir, and for some already approved and repurposed products such as Kaletra where the supply chain should be closely monitored.

Regarding the need for **Personal Protective Equipment (PPE)**, in particular Filtering Facepiece Particles 2 & 3 (FFP2 and FFP3) masks, several countries have already identified a likely need for help in procuring additional stocks of PPE and in procuring medical countermeasures (antivirals), if available. SANTE is in direct contact with these Member states and tries to find supply through commercial channels and through exchange with other Member States.

Commission's Emergency Response Coordination Centre (ERCC) and support to China (DG ECHO)

The Commission's Emergency Response Coordination Centre (ERCC) is closely monitoring the outbreak with other Commission services, EU Agencies and EU Member States. The ERCC is using the Common Emergency Communication and Information System (CECIS) to coordinate with Member States and Participating States within the Union Civil Protection Mechanism (UCPM), and holding regular videoconference meetings with UCPM Member States and Participating States.

Following information from China about the need for protective medical equipment, the ERCC is in contact with all EU Member States and UCPM Participating States to identify potential suppliers and facilitate delivery. As an immediate first response, France and Germany have so far mobilised a total of 12 tons of protective medical equipment, delivered by aircraft in the context of the repatriation operation.

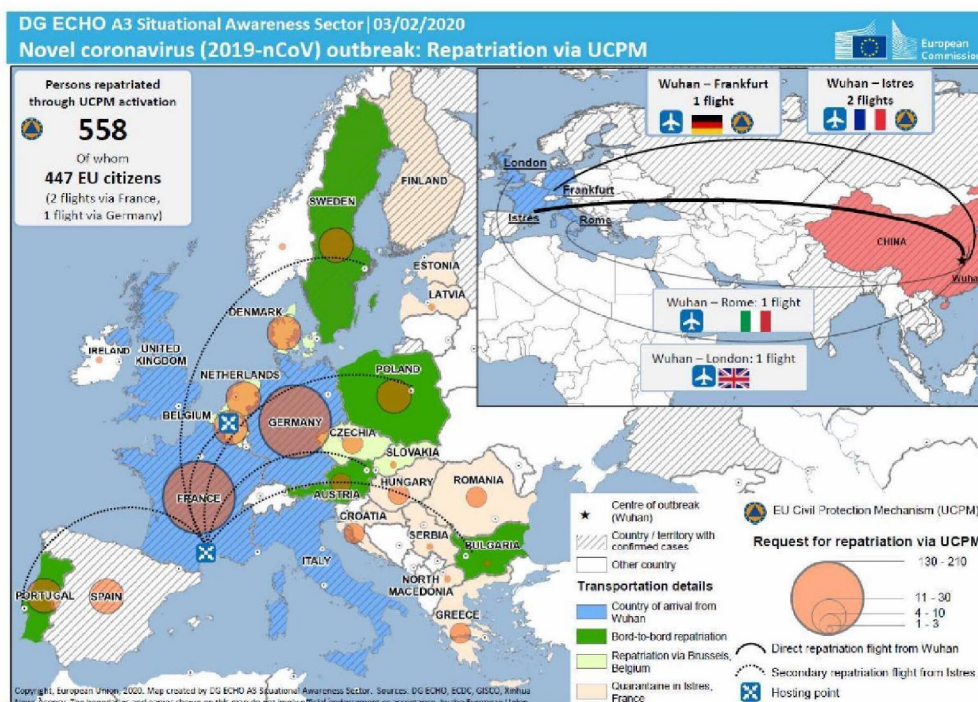
Activation of the Union Civil Protection Mechanism (DG ECHO)

On 28 January, the UCPM was activated by the French consular authorities to provide assistance to EU citizens who want to leave Wuhan. Germany also activated the UCPM to provide repatriation assistance to EU citizens on 30 January. The EU can co-finance 75% of the transport costs for such activities under the umbrella of the UCPM. The ERCC is supporting coordination efforts with Civil Protection authorities. An ERCC Liaison Officer has been deployed to Paris to assist the French Crisis Centre of the Ministry of Foreign Affairs in the coordination of the European citizens' repatriation with the French flights.

Under the UCPM activation, France and Germany offered seats to repatriate EU citizens; France offered two planes to repatriate 434 citizens, of whom 346 were EU citizens and 88 non-EU citizens. Germany offered one flight to repatriate 101 EU citizens and 23 non-EU citizens. Outside the UCPM, the United Kingdom and Italy are repatriating EU and non-EU citizens as well. In total, **the flights organised by France (2, under the UCPM), Germany, (1, under the UCPM), the United Kingdom (1) and Italy (1) will have repatriated a total of 735 passengers, including 541 EU citizens (of whom 447 have been repatriated under the UCPM activation).** See figures in the map below.

As of 03 February 12:00 CET, the following 24 countries requested support with repatriation of citizens through the UCPM: Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Latvia, The Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Spain and Sweden.

Additional assistance could be provided through the UCPM should China or any other affected country make a request through the ERCC.



Aviation (MOVE, EASA)

Actions taken by the European Aviation safety agency (EASA) in Cologne and Eurocontrol

Eurocontrol is continuously monitoring the situation and is collecting data from different stakeholders (which goes into the EACCC factsheet). The EACCC is currently at prealert, but not activated since there is no network crisis (which is the criteria for activation in the rules). They also organise conference calls under the pre-alert status, the first was held Friday 31/1, the next will be held Wednesday 5/2 morning. The general situation remains unchanged. The number of cases in China is growing, but the numbers outside China is very limited (app. 1% of the cases). Several repatriation flights have been executed. A number of states apply restrictions, but they have no impact on the Network so far.

EASA is coordinating with MOVE and SANTE and issuing a Safety Information Bulletin (SIB) on coronavirus related issues. EASA also prepared a safety promotion poster for distribution to its stakeholders, mainly to airlines and crew associations. EASA shared a draft version with DG SANTE and DG MOVE to get their feedback.

ICAO is continuing to assist in the coordination of the international response to 2019-nCoV outbreak through the ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation, or '**CAPSCA**' network of governments and international organizations. ICAO is also directly transmitting *Electronic Bulletins on the Coronavirus* to its Member States, and these are also made available for public view on the [CAPSCA website](#).

In addition to the WHO and other public health response bodies such as the United States Centers for Disease Control and Prevention (CDC), CAPSCA members also include critical organisations involved in

the international movement of people and goods such as the International Air Transport Association (IATA), representing scheduled commercial airlines, and the Airports Council International (ACI) for global airports.

ICAO and WHO outbreak advisories, in addition to separate *health and travel advice from CAPSCA members* such as the US Centers for Disease Control and Prevention (CDC), IATA, ACI, and EASA, are also made freely available to be consulted by any government, aviation company, or member of the general public directly from the Coronavirus area of the [CAPSCA website](#).

Research and innovation (DG RTD)

The “request for expressions of interest” to advance knowledge for the clinical and public health response to the coronavirus epidemic was published on 30 January. A budget of 10 million euro is made available for research activities. In light of the emergency, short deadlines are applied: proposals should be submitted by 12 February.

The EU funded PREPARE project collaborates with DG SANTE to ensure research preparedness of clinical treatment sites, and the use of harmonised research protocols across Europe.

The organisation of a high level ‘research and innovation forum’ is being prepared, co-organised by WHO and the Global research collaboration for infectious disease preparedness (GloPID-R) network. The GloPID-R secretariat is funded by the Commission.

4. EU Consular Co-ordination (EEAS)

Intensive EU consular co-ordination continues both locally in China and at headquarters level. The EU Delegation in Beijing, together with the Croatian embassy, has helped the coordination by hosting and co-chairing crisis coordination meetings since 21 January and facilitated the exchange of information. The coordination includes establishing overviews of the affected area; EU citizens wanting repatriation from Hubei Province; Member States travel advice exchanges and national measures taken; closure of visa offices; coordination and exchange of information and correspondence with the Chinese’s authorities. The Delegation assists in the contact with Chinese authorities.

At the Headquarters level the consular coordination runs on the Consular Online platform (CoOL) linking Member States Crisis Centres together and via phone-conferences: one held on 27 January and supplementary correspondence via mailing list on a 24/7 basis. Links have been established with DG ECHO ERCC which has facilitated the activation of the Union Civil Protection Mechanism (UCPM) by France.

Air transport is prepared and coordinated for EU citizens. Member States capitals are engaged by DG ECHO ERCC and by EEAS Consular Affairs in a very intense format with daily meetings (COREPER, ERCC).

A local consular meeting with the 27 EU Member States was held on 3 February afternoon in the premises of the EU Delegation in Beijing. The EU Delegation is assuming the task of info hub, sharing key information. The consular group is beginning to focus on what comes next, the virus’ spreading path (different epidemiologic model scenarios) and the mapping of concentrations of potentially affected (and large presence of EU citizens) such as in Shanghai or Beijing and other areas.

OVERALL EU REPATRIATION FROM WUHAN/HUBEI PROVINCE (updated situation until 3rd February 2020)

Around +/- 650/700 EU citizens (of which 250 French citizens) back to Europe plus non EU citizens (est. 133); around 40 EU citizens showing corona symptoms

- 180 French citizens repatriated on 31 January to ISTRES Military Airport (Marseille) France
- 250 EU citizens repatriated by charter plane on 2 February (65 French citizens, Belgian, Dutch, Swedish) => 36 EU citizens showed 2019-nCoV symptoms – France demanded the activation of the UCPM, hence benefitting co-sharing transport costs

- 9 Belgian citizens and 3 relatives (on board of the second French plane) landed at Melsbroek (Belgium) 1 Belgian citizen with 2019-nCoV symptoms.
- 124 German citizens were repatriated by German Air Force; the plane landed in Frankfurt (Germany) on 2 February; 2 citizens with 2019-nCoV symptoms
- 20 Portuguese citizens (2 from Brazil) were repatriated by a military plane and landed in Lisbon on 2 February
- 56 Italian citizens landed in Italy on 3 February repatriated by a military plane. 10 Italian citizens voluntarily stay in Wuhan and 1 Italian citizen sick
- Among non EU, 83 British people and 27 foreign nationals arrived at RAF Brize Norton UK on 31 January

A limited number of EU citizens remain in Wuhan, some of them voluntarily willing to stay, some showing corona symptoms, in need of Medical evacuation. **The peak of the consular crisis in Wuhan/Hubei seems over, while what comes next in other key urban areas of China, such as Shanghai or Peking with very large EU presence, has to be fully assessed.**

Annex 1. List of selected sources

Healthy Gateways: <https://www.healthygateways.eu/Novel-coronavirus>

Interim advice for preparedness and response to cases of the novel Coronavirus (2019-nCoV) infection at points of entry in the European Union (EU)/EEA Member States

https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_Wuhan_Outbreak_Advice_Part_AB_27_1_2020.pdf?ver=2020-01-30-092937-163

Advice for Aircraft operators for preparedness and response to the outbreak of novel Coronavirus (2019-nCoV) infection

https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_Wuhan_Outbreak_Advice_AIRCRAFTS_27_1_2020.pdf?ver=2020-01-30-093019-323

Advice for ship operators for preparedness and response to the outbreak of novel Coronavirus (2019-nCoV) infection

https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_Wuhan_Outbreak_Advice_MARITIME_27_1_2020.pdf?ver=2020-01-30-093121-277

Joint Action on Strengthened International Health Regulations and Preparedness in the EU (SHARP) : <https://www.sharpja.eu/>

Health emergency preparedness for imported cases of high-consequence infectious diseases

<https://www.ecdc.europa.eu/sites/default/files/documents/Health-emergency-preparedness-imported-cases-of-high-consequence-infectious-diseases.pdf>

Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) – Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

<https://www.ecdc.europa.eu/sites/default/files/documents/infectious-diseases-transmitted-on-aircrafts-ragida-risk-assessment-guidelines.pdf>

Public health management of persons having had contact with novel coronavirus cases in the European Union

<https://www.ecdc.europa.eu/sites/default/files/documents/Public-health-management-contact-novel-coronavirus-cases-EU.pdf>

EASA Safety Information Bulletin : Coronavirus “2019-nCoV” infections – operational recommendations

<https://ad.easa.europa.eu/ad/2020-02>

Sources of updated information on 2019-nCoV in the EU/EEA countries

<https://www.ecdc.europa.eu/en/sources-updated-information-2019-ncov-eueea-countries>

More information on ECDC and WHO websites:

https://ec.europa.eu/health/coronavirus_en

https://ec.europa.eu/echo/what/civil-protection/emergency-response-coordination-centre-ercc_en

<https://www.ecdc.europa.eu/en/novel-coronavirus-china>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

For more detailed information, see attached maps and online dashboard at

<https://visualise.jrc.ec.europa.eu/t/migr/views/coronavirus/PassengersfromWuhanairport?iid=3&isGuestRedirectFromVizportal=y&embed=y>

Annex 2. Abbreviations

Contributions to this report are marked as follows:

CCC Crisis Coordination Committee

CECIS	Common Emergency Communication and Information System
CEPI	Coalition for Epidemic Preparedness Innovations
CoOL	EEAS Consular Online 2.0 portal
EACCC	European Aviation Crisis Coordination Cell
EASO	European Asylum Support Office
EBCGA	European Border and Coast Guard Agency
ECDC	European Centre for Disease Prevention and Control
ECHO	European Commission, Directorate-General for European Civil Protection and Humanitarian Aid Operations
EEAS	European External Action Service
EMA	European Medicines Agency
EMLO	European Migration Liaison Officer
ERCC	Emergency Response Coordination Centre
EU/EEA	European Union/ European Economic Area
eu-LISA	European Agency for the Operational Management of Large-Scale IT Systems in the Area of Freedom, Security and Justice
Europol	European Union Agency for Law Enforcement Cooperation
EWRS	Early Warning and Response System
IPC	Infection prevention and control
IPCR	Integrated Political Crisis Response
ISAA	Integrated Situational Awareness and Analysis
FRA	European Union Agency for Fundamental Rights
GloPID-R	Global research collaboration for infectious disease preparedness" network
HOME	European Commission, Directorate-General for Migration and Home Affairs
HSC	Health Security Committee
MERS-CoV	Middle East respiratory syndrome coronavirus
MOVE	European Commission, Directorate-General for Mobility and Transport
NEAR	European Commission, Directorate-General for Neighbourhood and Enlargement Negotiations
NMPA	Chinese National Medical Products Administration
PHEIC	Public Health Emergency of International Concern
PPE	Personal Protective Equipment
RAGIDA	Risk assessment guidelines for Infectious diseases transmitted on aircraft
RTD	European Commission, Directorate-General for Research and Innovation
SARS	Severe Acute Respiratory Syndrome
SIB	Safety Information Bulletin
SoHO	Substances of human origin
UCPM	Union Civil Protection Mechanism
WHO	World Health Organization

Annex 3. Safety Promotion Material produced by EASA

Coronavirus

Before or during a flight

- Do not fly if you have a fever, cough, cold, difficulty breathing or flu-like symptoms



- Share your travel history with your health care providers



- If you feel ill while travelling, inform crew and seek medical care ASAP



Food safety

- Avoid eating raw or undercooked animal products (meat, milk, etc.)
- Wash your hands every time you handle food

Protect Yourself and Others from illness while flying – reduce the risk

- Clean hands frequently and well with alcohol-based hand rub or soap and water



- Avoid close contact with others who have a fever, cough, cold, difficulty breathing or flu-like symptoms

- When coughing and sneezing, cover mouth and nose with flexed elbow or tissue – dispose of tissue immediately and wash hands



- Avoid touching eyes, nose or mouth



Follow the advice of the local public health authorities.

IF A PASSENGER...

A. shows signs of being ill



- Make use of **protective equipment** (single use gloves and mask) when in contact with passengers exhibiting symptoms of an acute respiratory infection (cough, frequent sneezing, runny nose, sore throat, difficulty breathing)

- Use **gloves** when handling items such as used napkins, glasses and food trays.



B. is confirmed ill the crew should:



- Use the health part of the aircraft general declaration to **register the health information on-board** and submit it to the Point of Entry health authorities when required by a State's representative;

- Ask passengers to complete **passenger locator card** forms to identify where in the aircraft the passenger is seated along with information regarding their immediate travel plans and contact details*



- Recommend to passengers to **self-report** if feeling ill as described above;

*The information is to be used by public health authorities in accordance for authorised public health purposes according to law. A passenger locator form can be downloaded at: who.int/rhr/ports_airports/locator_card/en/