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LIMITE

COVID-19 9
SAN 18
PHARM 8
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NOTE

From:	Presidency
To:	Delegations
Subject:	Recommendations of the Health Security Committee for a common EU approach regarding isolation for COVID-19 patients and quarantine for contacts and travellers

At the meeting of the IPCR roundtable on 18 January, delegations took note of the recommendations agreed by the Health and Security Committee on 11 January for a common EU approach regarding isolation for COVID-19 patients and quarantine for contacts and travellers.

These recommendations are contained in Annex to this note and are submitted to the attention of the Permanent Representatives' Committee.



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health security and Vaccination

EU health preparedness:

Recommendations for a common EU
approach regarding isolation for COVID-19
patients and quarantine for contacts and
travellers

Agreed by the Health Security Committee
on 11 January 2020

Introduction

The COVID-19 pandemic continues to pose a major threat to public health and the first phase of the pandemic has shown that more targeted isolation and quarantine measures play an effective role in stopping the transmission of the virus if adequately designed, implemented and followed. Member States have the full responsibility to decide isolation and quarantine measures according to the socio-cultural, epidemiological and economic situation of their countries. They have gradually built a number of practices on COVID-19 related isolation and quarantine measures. However, the circumstances and duration of such measures vary greatly between countries. While in some Member States the isolation and/or quarantine measures are implemented on a voluntary basis, in others these are mandatory. Moreover, the duration of isolation and quarantine for contacts varies from 7 to 14 days. There are different criteria in place for ending the isolation measures, which may be after 24 hours without symptoms in some countries, while in others people need to be asymptomatic for at least 3 days. In addition, some Member States require a negative reverse transcription polymerase chain reaction (RT-PCR) test result or a rapid antigen test (RAT) for ending the measures. These recommendations should help to achieve a coordinated approach.

On 15 July 2020, the Commission adopted the Commission Communication on short-term EU health preparedness¹, which aims at ensuring the Union's short-term health preparedness in case of further COVID-19 outbreaks. One of the action areas included in this Communication is for the European Centre for Disease Prevention and Control (ECDC) to develop guidance for discharge and ending of isolation of people with COVID-19, in order to optimise hospital space. The Conclusions of the Council of the European Union on lessons learnt from the COVID-19 pandemic from 17 December 2020, call upon the Commission to assess the need for further effective contact-tracing mechanisms with regard to all modes of transport².

Aim of this document

The aim is to achieve, via the Health Security Committee (HSC), EU level agreement for a more coordinated approach to quarantine and isolation measures considering also guidance issued by the ECDC and the WHO, and based on the current knowledge and evidence available on SARS-CoV-2 and transmission risks. The advisory group of national chief scientists³ supported this approach at its meeting on 20 November 2020.

The focus is on isolation for COVID-19 cases and quarantine for persons that have had contact with a (suspected) COVID-19 case, identified by rigorous contact tracing as well as international travellers.⁴

Having a more coordinated EU approach could lead to more targeted and effective measures contributing to the smooth functioning of the internal market and cross border travel and increased compliance with respective isolation and quarantine provisions, in full respect of people's fundamental rights and responsibility of Country Administration.

¹ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0318>

² <https://www.consilium.europa.eu/media/47653/st14196-en20.pdf>

³ https://ec.europa.eu/health/adviceplatform_covid19_en

⁴ As defined in recommendation 5 of the Council Recommendation 2020/912

The content of this document is based on the epidemiologic situation in European countries mid-December 2020 and the respective isolation and quarantine measures and objectives implemented at that moment. As more knowledge about SARS-CoV2-becomes available, the guidance included may be adapted accordingly. The references to national approaches and measures merely function as examples that have been implemented by countries at the time and the content of this document should therefore not considered to be exhaustive. It also should be noted that a complete risk reduction cannot be achieved and quarantine and isolation measures should be carefully balanced in the risk management.

Overview of current measures regarding quarantine and isolation

The following table gives an overview of the current national measures regarding isolation and quarantine (as of mid-December 2020). The information stems from the weekly Situation Report on Integrated Situation Awareness Analysis (ISAA), the Re-open EU⁵ and national web-sites.

Duration of quarantine – contacts					Duration of isolation - cases				
7	10		14	No information	7	10		14	No information
DK	AT	PL	CY	HU	BE	AT	LU	BG	LI
FR	BE	SI	EE	LI	DK	CR	LV	CY	
LU	BG	ES	DE	RO	FI	CZ	EL	EE	
	HR	NO	EL	SK	FR	FI	PL	FI	
	CZ	CH	IE	SE	NL	DE	PT	MT	
	FI		LV		SE	HR	SK	RO	
			LT			HU	ES	SI	
	IT		MT			IE	UK	IS	
	NL		PT			IT	NO		
			IS			LT	CH		
			UK						

Bearing in mind the recommendations from the ECDC⁶, the different measures in place in the Member States and discussions at the group of national scientific advisors, the Health Security Committee adopts the following considerations and recommendations:

Isolation Measures

Isolation measures apply to confirmed, positive COVID-19 cases. The duration of isolation is different among the EU/EEA countries, ranging from seven to fourteen days. Currently, most countries reported having an isolation period of ten days for confirmed

⁵ <https://reopen.europa.eu/en>

⁶ <https://www.ecdc.europa.eu/en/publications-data/guidance-discharge-and-ending-isolation-people-covid-19> ; <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>

COVID-19 cases. Additionally, most countries reported their isolation period as a baseline; the time depends on the severity of the symptoms the patient develops during this time and suggest the patient to monitor their symptoms constantly. Countries should continue to exercise flexibility with regard to the isolation period, according to national guidelines and the development of knowledge in this area.

Recommended actions

- Countries should ensure that COVID-19 cases with **mild or moderate symptoms** are isolated for a minimum of 7-10 days and resolution of fever for at least three days and improvement of other clinical symptoms as nationally defined e.g. 24 or 48 hours without any COVID-19 specific symptoms, or if the patient has two consecutive, negative SARS-CoV-2 RT-PCR tests in at least 24-hour interval or a nationally accepted equivalent such as a PCR test results with exceeding a defined threshold for presumed non-infectiousness (e.g. CT of >30).
- For **severe cases**, it should be ensured that the patients can be released from isolation after a period of minimum 10 to 14 days, in-line with national recommendations and potentially up to 20- 21 days (as nationally defined) and when there is resolution of fever and improvement of other clinical symptoms for at least three days. Alternatively, two consecutive negative SARS-CoV-2 RT-PCR tests in an at least 24-hour interval or, if nationally defined, a rapid anti-gen test (RAT) with similar performance characteristics or a nationally accepted equivalent such as a PCR test results with exceeding a defined threshold for presumed non-infectiousness (e.g. CT of >30) can serve to decide the release of a COVID-19 patient from isolation.
- Particular attention should be paid to **immunocompromised** cases, for which an isolation period of 20 days after onset of symptoms is recommended, but a case-by-case decision should be made and nationally set recommendations applied.
- In the case of **asymptomatic** confirmed COVID-19 cases, countries should put in place isolation measures of 10 days after the sample was taken and, if nationally defined, a SARS-CoV-2 RT-PCR test at the end of isolation.
- Countries should aim to have as a target a **turn-around-time of 24 hours** (from request to be tested to the result shared with the individual tested and public health officers), in order to ensure the effective implementation of mitigation measures as well as swift contact tracing⁷.

Quarantine Measures for Contacts

Quarantine applies to people who have had high-risk exposure contact with a COVID-19 case, and the quarantine time is different among the EU/EEA countries, ranging from seven to fourteen days. Most countries reported having a ten-day quarantine period for high-risk contacts. Countries should continue to exercise flexibility with regard to the

⁷ In-line with the recommendation for a common EU testing approach, agreed by the Health Security Committee

quarantine period, according to national guidelines and the development of knowledge in this area.

Recommended actions:

- Countries should ensure at least **10 to 14 day quarantine** period (starting with the day after the last potentially infectious exposure) for high-risk contacts with a confirmed SARS-CoV-2 positive case, in accordance with national recommendations. Persons developing symptoms during the quarantine period should be immediately isolated and tested for SARS-CoV-2. This quarantine period **could be shortened to 5 to 10 days** after exposure in the absence of symptoms if a **RT-PCR test or RAT, according to national recommendations**, is negative at a nationally defined day e.g. 5, 7 or 10 of quarantine.
- Early release from quarantine should be assessed on a case-by-case basis for contacts working in critical infrastructures, including with **vulnerable populations or contacts in high risk settings such as long-term care facilities or prisons** or, if nationally defined, after a negative molecular test at the end of quarantine.
- Countries may wish to use newly developed IT tools⁸ to calculate residual risk, risk reduction and test efficacy for arbitrary testing and quarantine strategies when reviewing current measures in place.

Quarantine Measures for Travellers⁹

Following point 17 of Council Recommendation 2020/1475¹⁰, Member States could require persons travelling from an area of another Member State that is classified other than ‘green’ in accordance with point 10 of that Recommendation to undergo quarantine; and/or undergo a test for COVID-19 infection after arrival. On the basis of the Recommendation, the ECDC has been publishing, on a weekly basis, a traffic-light map using agreed criteria and thresholds¹¹.

As regards travel from third countries to the Union, point 5 of Council Recommendation 2020/912¹² recommends that Member States can take appropriate measures such as

⁸ for example: <https://github.com/CovidStrategyCalculator/CovidStrategyCalculator>

⁹ Recent EASA/ECDC guidance not considered as reference

¹⁰ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32020H1475>

¹¹ <https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>

¹² <https://eur-lex.europa.eu/legal-content/EN/TXT/?toc=OJ%3AL%3A2020%3A208I%3ATOC&uri=uriserv%3AOJ.LI.2020.208.01.00.01.01.ENG>

requiring such persons to undergo quarantine or similar measures upon arrival from a third country.

Recommended actions:

- Coordinate any travel restrictions in place among countries. They should be **proportionate and non-discriminatory**, and focus on what is necessary to protect public health.
- Ensure that if quarantine and testing of travellers is requested, these requirements are **proportionate, non-discriminatory, clearly communicated and easily followed**, and assess how testing can lead to lifting of quarantine or other restrictions for travellers.
- Where quarantine requirements are imposed for travel from a high-risk area, **consider shortening required quarantine time** should a negative test be obtained after 5 to 7 days upon-entry, unless the traveller develops symptoms, accordance with national recommendations.
- Ensure that **travel infrastructure**, including control stations, is prepared, equipped and manned, respecting the hygiene protocols in place, so that risks to travellers are minimised as far as possible by reducing to the minimum waiting times, crowding and congestion.
- To **prevent further or re-introduction of the virus and based on an overall situation assessment**, countries or subnational areas, could consider targeted testing and follow up (including quarantine) of individuals coming from other areas within the same country or other countries, especially if these have higher transmission levels.
- In case countries decide to implement travel restrictions, **testing of symptomatic travellers**, directly upon their entry, could be a priority
- When national authorities organize quarantine, consider that the **physical conditions for quarantine premises** and for the protection and provision of care for children in quarantine conditions are respected and are in line with the WHO Guidelines¹³.

Cross-Border Contact Tracing

As contact tracing is a key element for the COVID-19 response and is necessary for the rapid identification of contacts of cases, timely and efficient contact tracing procedures

¹³ [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

whether within borders or across borders should complement the recommendations for isolation and quarantine. ECDC has up-dated its guidance on contact tracing.¹⁴

Recommended actions

- Countries should ensure the use of existing means and procedures in place, namely the **Early Warning and Response System (EWRS)** at EU/EEA level, and the International Health Regulations' (IHR) Focal Points for third countries
- Countries may consider establishing multilateral cross-border arrangements, in particular with neighbouring countries, to ensure the effective exchange of information and data required for isolation and quarantine measures and contact tracing, in particular for border regions. Any data exchange should be fully in line with the **General Data Protection Regulation (GDPR)**.
- Countries may consider setting up contact tracing and warning applications preferably using the EU-wide system to ensure **interoperability of these applications**, through the European Federation Gateway Service (EFGS) in a fully pseudonymised and encrypted way. This would ensure that apps work seamlessly cross-borders.

Communications

Continuous and clear communication with the population is essential in order to ensure a maximum of compliance with isolation and quarantine measures, avoid “corona-measures-fatigue” and minimize the chances of misinformation and myth spreading.

Recommended actions:

- Countries should provide citizens with clear, up-to-date, transparent, accurate and consistent guidance and information about quarantine and testing measures. Close and continuous engagement with communities is essential if self-quarantine and testing measures are to be accepted by citizens.
- Countries should communicate in good time any changes regarding quarantine and testing measures relevant for Re-open EU. The timely flow of information is crucial for Re-open EU to remain a central and up-to-date information portal about health and travel measures relevant for all EU citizens.

¹⁴ <https://www.ecdc.europa.eu/en/covid-19-contact-tracing-public-health-management>