



EUROPEAN COMMISSION



Q Fever in the EU

Update on Public Health context after the recent reports of clusters of Q Fever human cases in The Netherlands

SCOFCAH meeting
Brussels, 12 January '09

European Commission

Paolo Guglielmetti
SANCO C3 (Health Threats Unit)



EUROPEAN COMMISSION



Directorate-General for
Health & Consumers

Surveillance and response to communicable diseases in the EU - Legal basis

BASIC ACTS

- **Decision No 2119/98/EC** of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community (*Official Journal L 268/1; 03.10.1998*)
- **Regulation (EC) No 851/2004** of the European Parliament and of the Council of 21 April 2004 establishing a European Centre for Disease Prevention and Control (*Official Journal L 142/1; 30.04.2004*)



EUROPEAN COMMISSION



Directorate-General for
Health & Consumers

Surveillance and response to communicable diseases in the EU - Legal basis

IMPLEMENTING MEASURES

- **2000/96/EC**: Commission Decision of 22 December 1999 on the **communicable diseases to be progressively covered** by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council. (*Official Journal, L 28/50; 03.02.2000*)
- **2000/57/EC**: Commission Decision of 22 December 1999 on the **early warning and response system** for the prevention and control of communicable diseases under Decision No 2119/98/EC of the European Parliament and of the Council. (*Official Journal, L 21/32; 26.01.2000*)
- **2002/253/EC**: Commission Decision of 19 March 2002 laying down **case definitions for reporting** communicable diseases to the Community network under Decision No 2119/98/EC of the European Parliament and of the Council. (*Official Journal, L 86/44; 03.04.2002*)



EUROPEAN COMMISSION



EWRS – What to report? CD 2000/57/EC (Annex I)

- Outbreaks of communicable diseases extending to more than one Member State of the Community
- Spatial or temporal **clustering** of cases of disease of a similar type, if pathogenic agents are a possible cause and there is a **risk of propagation** between Member States within the Community
- Spatial or temporal clustering of cases of disease of a similar type outside the Community, if pathogenic agents are a possible cause and there is a risk of propagation to the Community
- The appearance or resurgence of a communicable disease or an infectious agent which **may require timely coordinated Community action** to contain it
- Events notified under Article 1 and Article 6 the new International Health Regulations (2005)



EUROPEAN COMMISSION



Main evidences

- **2006:** 583 human cases
- **2007:** 669 human cases from 22 EU and EFTA/EEA countries (8 reporting 0 cases); cluster of cases in the Netherlands (168 human confirmed cases) and Slovenia (86 human confirmed cases)
- **2008:** ~ 1000 human cases (NL)
- **2009:** until 11 December 2337 human cases (NL).
- No particular changes in the epidemiological situation in the bordering countries (e.g. Belgium and Germany)
 - Belgium noted no clustering of cases.
 - In Germany, and namely in the Federal States (North-Rhine Westphalia, Lower Saxony) neighbouring The Netherlands, so far there is no evidence for an increased number of human Q fever cases in 2009. These figures are within the usual range of the previous years. The veterinary authorities (Friedrich-Löffler-Institut) so far also do not have any evidence from their national notification data for an increased risk of *C.burnetii* infection among animals.



EUROPEAN COMMISSION

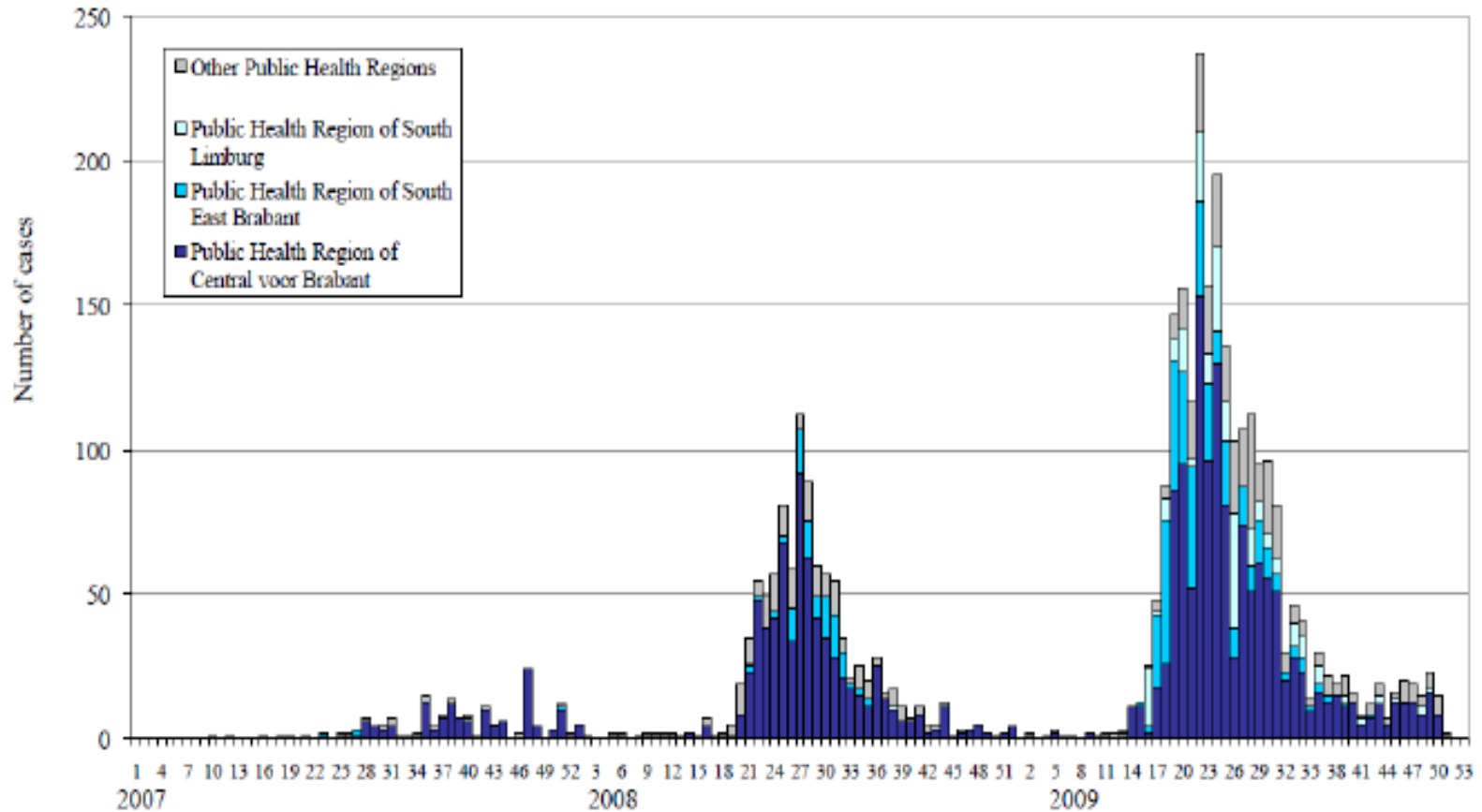


Figure 1: Number of reported patients with Q-fever in The Netherlands by week of notification from Public Health Services (GDD), period 01/01/2007 to 16-12-2009. 2007: N = 168, 2008: N = 1000, 2009: N = 2293 (Source: Samengesteld door Frederika Dijkstra [RIVM/Cib/EPI]; available online at: <http://www.rivm.nl/cib/themas/Q-koorts/>)



EUROPEAN COMMISSION

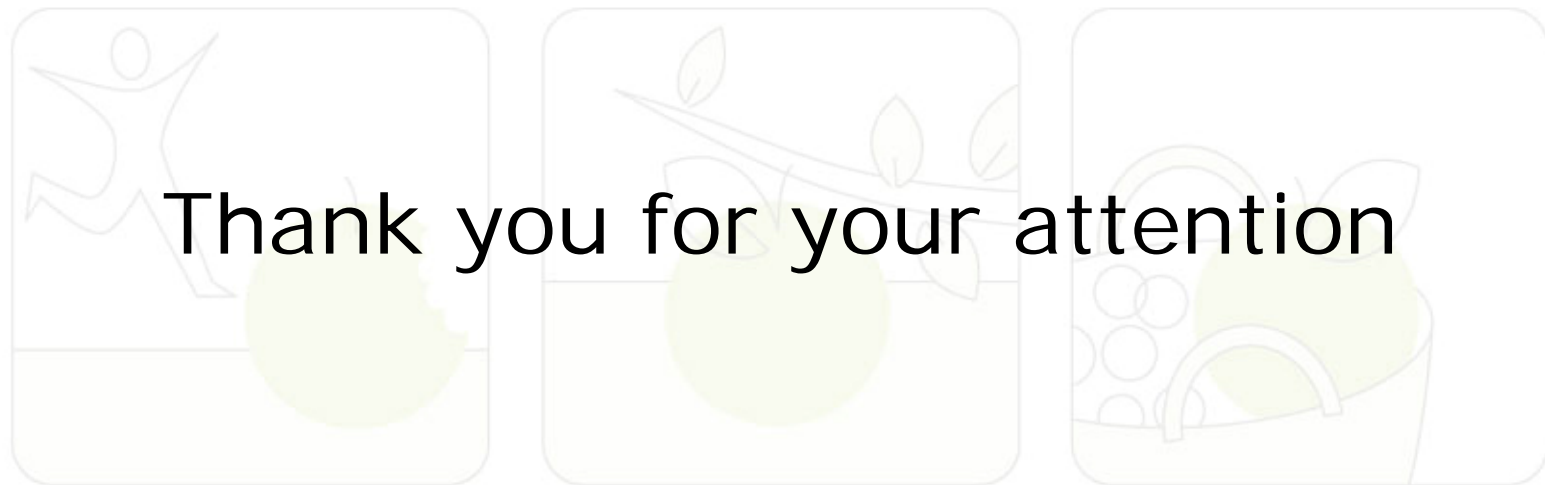


Main evidences

- The specific epidemiology of Q fever in The Netherlands is most likely related to intensive goat farming in the **proximity of densely populated areas**. The occurrence of these two factors seems to be **unique to The Netherlands at present**.
- **However, a possible spread to other geographical locations is likely, and preparedness is needed.**
- **Close monitoring** of the situation (in terms of veterinary and human surveillance) is needed to detect possible outbreaks, **monitor the results of the preventive measures and for the future planning.**



EUROPEAN COMMISSION



Thank you for your attention