



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management  
**Crisis management and preparedness in health**

## **Audio conference of the HSC on Yellow Fever, Vaccine Shortages, Enterovirus Encephalitis and Zika Virus**

**29 June 2016, 10.00 – 11:30 (CET)**

### **Flash report**

#### **1. Introduction**

The Chair welcomed the EU Member States (BG, CZ, CY, ES, DE, FI, FR, HR, HU, LV, LT, MT, NL, RO, PT, SE, UK), NO and the representatives from DG SANTE, ECDC and WHO Euro. The Agenda of the meeting was approved.

#### **2. Yellow fever outbreak in Angola and Democratic Republic of Congo**

The Chair outlined the current situation regarding yellow fever. There are two outbreaks in Angola and in the Democratic Republic of Congo (DRC). The European Centre for Disease Prevention and Control (ECDC) provided a Rapid Risk Assessment on the outbreak in Angola on 24 March 2016 and a first update in 27 May 2016 covering the outbreaks in Angola, DRC and Uganda. The Chair pointed out that DG ECHO has carried out a mission in Angola to assess the outbreak on the ground and ECDC was part of the mission.

The Commission has requested Member States (MS), through the Early Warning and response System (EWRS), to report on the measures taken to prevent the introduction of yellow fever to Europe and informed the HSC about the outcome.

ECDC further pointed out that there are issues related to exit point controls in the concerned countries. The government of DRC has communicated their intention to immunise 10 million people but there is a vaccine shortage. In Angola, despite decreasing numbers, the epidemic continues to spread geographically. The response to the outbreaks continues to be a challenge. ECDC will be updating the RRA during the following week.

Spain brought attention to the fact that the ECDC RRA determines a limited risk of yellow fever virus introduction to continental Europe.

#### **3. Hepatitis vaccine shortage**

The Chair informed that on 18 May Latvia notified through the EWRS a shortage of two Hepatitis A vaccines based on information provided by local wholesalers, due to manufacturing problems.

Latvia indicated that they expect seasonal increase of use of Hepatitis A vaccines due to recommendations on vaccination of travellers from the EU to Brazil related to the Olympic and Paralympic Games.

The Chair reported about the responses received from Member States concerning the availability of vaccines in their countries.

The Chair concluded that there is no indication of a systemic shortage of Hepatitis A vaccines in the EU. Latvia might consider using alternative Hepatitis A vaccines which are currently available and in use in a number of EU MS.

#### **4. Rabies immunoglobulin shortage**

The Chair informed that on 14 June Latvia notified in the EWRS that there is only equine rabies immunoglobulin, from horse, with a short expiration date available. A number of Member States reported through EWRS about the situation in their countries.

The Chair concluded that the HSC has taken note of the situation. Since human rabies immunoglobulin is in use and available in a number of countries, Latvia could make use of the information provided by other Member States to contact producers to ensure availability of respective rabies immunoglobulin or get in touch with them bilaterally for possible support or assistance. If needed, Vaccines Europe could also be contacted. The Commission is available to assist with these contacts.

#### **5. Enterovirus encephalitis in Spain**

The Chair summarised the current situation. On 6 June, Spain reported about 82 cases of severe acute neurological disease in children in Catalonia, probably associated with enterovirus infection. Because of the high number and in view of the upcoming tourist season, the Commission asked ECDC to provide a rapid risk assessment, which was circulated to MS.

Spain gave an update on the outbreak. Encephalitis spring outbreak peaks every year during May-June. The present 2016 outbreak is significant because of its magnitude (there have been more cases than during previous years) and because of its virulence, causing severe neurological symptoms. However, there have not been fatal cases, nor cases presenting major long term physical damage. Furthermore, when put in context the current numbers are still below the number of cases registered in the historical 2002 encephalitis outbreak. In addition, past outbreaks might have been underestimated because of a poorer notification of cases to the Spanish health authorities.

ECDC pointed out that the present outbreak was a localised one, but the risk of spread is related to the upcoming tourist season. In view of this, it is recommended to raise awareness about the outbreak before travelling.

As stated in the RRA, practitioners should reinforce vigilance for enterovirus infections presenting with fever, mouth sores, and a skin rash or more severe clinical syndromes. Spain has adequate laboratory capacity to identify the new cases.

The Chair concluded that the HSC has taken note of the update as regards the outbreak of enterovirus encephalitis in Spain.

#### **6. Zika update, RRA on the Olympics**

The Chair introduced the agenda point. The Zika virus outbreak is ongoing in the Americas. As of 23 June, no autochthonous transmission has been reported in the continental EU, but 888 imported cases have been detected.

The Commission had three separate meetings on 20-21 June with the transport, tourism and health professionals sectors to enhance EU preparedness in case of Zika virus introduction in Europe<sup>1</sup>. International organisations of healthcare professionals and transport expressed their willingness to collaborate with the Commission in spreading

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<sup>1</sup> [http://ec.europa.eu/health/preparedness\\_response/docs/zika\\_ev\\_20160620\\_flash\\_en.pdf](http://ec.europa.eu/health/preparedness_response/docs/zika_ev_20160620_flash_en.pdf)

information and recommendations amongst its members. Several healthcare professional and tourism umbrella organisations informed that they were already providing information and recommendations to patients/travellers. It was pointed out that the main risk of transmission was travellers importing the disease.

The Chair reminded participants that there will be an additional meeting, organised by DG SANTE, on vector control measures on 8 July in Luxembourg. He reiterated the invitation to nominate participants.

In view of the upcoming summer season and the Olympic and Paralympic Games, the ECDC has prepared a RRA on risks related to communicable diseases at the Rio de Janeiro Olympic and Paralympic Games, Brazil, 2016, which was updated on 9 June. In addition to the issues around hygiene measures and sexual health, the specific recommendations on Zika virus to pregnant women are reiterated as detailed in the RRA on Zika.

ECDC pointed out that they would be monitoring the situation to determine whether the temperature decreases would match those projected according to historical meteorological data. For the moment, the current RRA remains valid.

The Chair concluded that the HSC has taken note of the update on the situation.

## **7. AOB**

### **7.1 HSC Working group on migrant health**

At the HSC plenary meeting on 7-8 June Cyprus proposed to set up an HSC working group on migrant health. The Commission received the request in writing on 24 June and has circulated the document to the HSC members. Cyprus emphasized that migrants' health is an important concern, especially during the summer season, in which an increase of migrant arrivals was expected.

The Chair invited MS to consider the proposal and to send their written comments, in preparation for a discussion at the next HSC audio meeting, foreseen to take place during the week of 18-22 July.

### **7.2 Live Attenuated Influenza Vaccines**

The Chair informed that the US Advisory Committee on Immunization Practices (ACIP) has taken a decision on the use of live attenuated influenza vaccine (LAIV) during the 2016-2017 flu season. ECDC, in collaboration with Member States, is working to clarify the situation and has informed all national influenza vaccination focal points in the EU.

The Chair concluded that it would be valuable to follow up on this matter in a coordinated manner.

The Chair thanked MS for their participation and closed the meeting.

*Latvia had technical problems during the audio conference and was unable to intervene. Latvia provided its comments to the HSC Secretariat after the meeting.*