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Audio meeting of the Health Security Committee – 12 June 2019

Draft Public Flash report

Current Ebola outbreak in the Democratic Republic of the Congo and Antimicrobial resistance

Chair: Wolfgang Philipp, Head of Unit, SANTE C3

Audio participants: AT, BE, DE, DK, EL, ES, FR, IT, LT, LV, NL, NO, SE, DG RTD, DG ECHO, DG SANTE G4, ECDC, EMA, WHO Euro and HQ.

The Chair welcomed the Members of the Health Security Committee (HSC) as well as representatives from RTD, WHO, ECDC, ECHO and EMA. The Chair presented the agenda in order to discuss the current outbreak of Ebola in Democratic Republic of the Congo (DRC), in particular on response measures and availability of vaccines, the current outbreaks of New Delhi metallo-beta-lactamase-producing carbapenem-resistant Enterobacteriaceae in Italy and the outbreak of VIM-producing carbapenem-resistant *Pseudomonas aeruginosa* linked to medical tourism to Mexico.

No further points were added to the agenda.

1. Ebola outbreak in the Democratic Republic of the Congo

The current Ebola outbreak in the democratic Republic of Congo (DRC) has been ongoing since 11 May 2018. As of 8 June 2019, the Ministry of Health of DRC reported 2 062 Ebola virus disease cases (1 968 confirmed, 94 probable), including 1 390 deaths. The epidemic occurs in the context of a prolonged humanitarian crisis and an unstable security situation, which challenges response activities. The Ministry of Health and the World Health Organization (WHO) have confirmed a case of Ebola Virus Disease in Uganda. The confirmed case is a 5-year-old child initially from Uganda that travelled to the Democratic Republic of the Congo and then returned to Uganda with his family on 9th June 2019. The child was transferred to an Ebola Treatment Unit in Uganda for management. The Uganda Ministry of Health has taken actions to contain spread of the disease in the country.

ECDC gave a short update on the situation in DRC. They reported that the risk for people living and travelling to the area is still considered very low, as far as precautionary measures are taken. The risk of spreading to EU/EEA countries is also considered very low. ECDC also explained that the trends have been declining in the recent weeks despite the recent case in Uganda.

WHO updated on the situation in DRC. The number of cases infected by Ebola is declining, although some reintroduction events are occurring within DRC to areas that were declared free

of Ebola. Concerning the Uganda case, the child was exposed in DRC and travelled back to Uganda. He was detected at the point of entry.

WHO explained some of the challenges in the current response to the outbreak: the evolution of the outbreak across geographical zones, with new areas and new communities affected, the late detection and late isolation of cases and contact tracing.

Concerning community engagement, community understanding is key to follow technical intervention. Community ownership of the response is being promoted through inclusive community dialogue.

WHO explained strategies for vaccination and confirmed that the acceptance rate of the vaccine is up to 95%. As of June 11, 132,710 people have been vaccinated, out of which 32,409 Health Care Workers and almost 40,000 children under 17 years. In Uganda, more than 90% of HCWs have been vaccinated in over 140 health facilities. Finally, WHO presented modelling results for vaccine needs and supply, depending of the dosage used to vaccinate different target groups (contacts, contacts of contacts, potential contacts).

DG ECHO reported that they are following the situation closely in DRC and in Uganda, in constant contact with the World Health Organisation (WHO), national authorities, other donors in the response, and partner organisations on the ground. DG ECHO along with the United Kingdom is currently on a joint field mission in the south-west of Uganda, where the Ebola virus disease outbreak was confirmed.

DG RTD reported that vaccine research is a critical issue. DG RTD's own action include the mobilisation of funding for vaccine research.

EMA discussed availability of the vaccines, including potential vaccination with VSV Ebola vaccine in the EU for e.g. personnel to be deployed in Africa. Depending on the Member State, different ways are in place to use the unauthorised vaccine (emergency use, compassionate use, etc.). On therapeutics, EMA reported that treatments are currently under investigation in DRC in a randomised clinical trial including 4 investigational agents, the small molecule antiviral agent Remdesivir and 3 different antibodies products, i.e. the monoclonal antibodies cocktails ZMAPP and another one developed by Regeneron, and the single monoclonal antibody from NIH called Mab14. The availability of all of these products for EU Member States is currently being checked in preparation for any regulatory supportive measure.

DG SANTE reported on discussion ongoing through the Global Health Security Initiative focusing on the response to Ebola outbreak and potential best approaches to maintain availability of Ebola vaccine for the current outbreak in DRC and for possible needs in EU citizens deployed to DRC or other African country or in case an imported case of Ebola in to the EU will occur.

DG SANTE offered to Member States a possibility to further discuss the availability of vaccines and developed therapeutics to be offered in the EU during a separate meeting with EMA describing the possible routes for use of unauthorised products including possible harmonisation of compassionate use, for interested Member States.

2. Antimicrobial resistance outbreaks

The regional outbreak of New Delhi metallo-beta-lactamase-producing carbapenem resistant Enterobacteriaceae in Italy encompasses 7 hospitals in the North-Western area of Tuscany. The Italian authorities have already undertaken response measures. ECDC issued a Rapid Risk Assessment on 3 June. Given the tourist potential of the area, the risk for spread in other EU/EEA countries is qualified as moderate.

Italy updated on the situation in the region. No new cases have been reported. Italy is monitoring the outbreak, in collaboration with Public Health authorities. Response measures were taken on a national and regional level, including operational instructions for surveillance, diagnosis, and management of cases in healthcare facilities. .

On the outbreak of VIM-producing Carbapenem-resistant *Pseudomonas aeruginosa* linked to medical tourism to Mexico, the ECDC produced a Rapid Risk Assessment, published in March. This outbreak highlights the risks associated with medical tourism for patients and healthcare systems in the countries of origin.

DG SANTE emphasized that the situation is to be followed, specifically now that touristic season is starting in the EU. DG SANTE invited Member States to read the Rapid Risk Assessment from ECDC for further information.

3. AOB

No issues raised.

SANTE thanked participants and closed the meeting.