



Luxembourg, 21 June 2016

## **Flash report from the meetings with the transport, tourism and health**

### **Professionals sectors on the Zika virus disease on 20-21 June 2016**

On 20-21 June, three meetings with representatives from the transport and tourism sector and with representatives from health professional European umbrella organisations took place to discuss the preparedness and response of the different sectors to the Zika virus outbreak and how the sectors can be actively involved in preparing the EU better against the risks of a Zika virus introduction in Europe.

The Chair welcomed participants and outlined the objectives of the meetings. The European Commission (EC) has a responsibility under the legal framework to support Member States (MS) in their response to serious cross-border health threats, informs MS and coordinates measures. The Health Security Committee (HSC) which brings together all Member States has already discussed the Zika virus several times and is following the situation closely, based on risk assessments provided by the European Centre for Disease Prevention and Control (ECDC). In view of the approaching summer season and the Olympic/Paralympic Games in Brazil, the EC is currently bringing stakeholders together, to exchange information, receive feedback from the concerned sectors and to establish potential channels for further communication in case of need. The outcome of the meetings will feed into a larger meeting on all relevant aspects around vector control measures on 8 July where MS, experts and other parties will participate.

At the start of each meeting, the European Centre for Disease Prevention and Control (ECDC) presented an introductory overview of the Zika virus outbreak including the latest update as regards imported cases in the EU, mosquito vectors in Europe and the risk of local transmission in the EU.

#### **1. MEETING WITH THE TRANSPORT SECTOR**

**Participants:** DG SANTE, DG MOVE, ECDC, ShipSan, AirSan, International Air Transport Association (IATA)

The Chair invited participants to inform about their preparedness regarding the risk of Zika virus. The International Air Transport Association (IATA) reported that their medical advisor is providing information to all member airlines which in addition also rely on international advice and recommendations of their seat country and the countries where flights originate from or are destined to. IATA raised requirements on the disinsection of aircrafts in two Member States, Italy and the UK. As the risk of in-cabin transmission appears to be low, IATA is monitoring the situation but does not consider there is a need for other action at the moment. ECDC and AirSan also pointed out that the main risk is still travellers importing the disease.

IATA is ready to support the EC if it becomes necessary to pass further information to the airlines and offered their organisation to channel such information

ShipSan informed that the Joint Action has provided guidance for ship operators. As the risk of introducing infected mosquitoes is low, general disinsection is not recommended for ships coming from the affected areas. Specific measures should, however, be applied to specific types of imported goods, i.e. used tyres and ornamental plants (e.g. lucky bamboo) due to the risk of introducing invasive mosquito species including the *Aedes albopictus* and *Aedes aegypti* in Europe. As these are considered high-risk goods they have to be imported with a certificate of disinsection and further monitored after unloading. Vector surveillance and control need to be implemented 400m around port facilities used for operations involving cargo, travellers and ships.

DG MOVE underlined that ShipSan work is very useful and recognised by the sector. When a ship is at port, regardless of whether freight or travellers', it is important to know what measures should be put in place if necessary. As regards land transport, if further follow up is necessary after unloading imported cargo from the affected areas, waterway and railway sectors can also be alerted. The Chair underlined the importance of supporting MS from the perspective of the transport sector in addition to the health one.

Replying to a question from the EC, IATA explained that they inform and advise their members, but do not have the power of enforcement.

Regarding the types of insecticides to be used, ShipSan pointed out that the ships have to use licensed products in compliance with EU law and other legislation in force. As regards containers and the specific rules applicable, the EC may request further specific guidance if there is a need.

The Chair thanked participants for their contributions and concluded that there is a need for matrix of stakeholders outside of the health sector to ensure that there is good cooperation in case the situation develops. The EC will circulate to participants the referenced documents, e.g. rapid risk assessments from ECDC on the Zika virus disease and the Olympic/Paralympic Games. IATA will support communication to airlines if needed. The relevant EC services will further follow up with the Joint Action ShipSan regarding guidance on disinsection.

## 2. MEETING WITH THE TOURISM SECTOR

**Participants:** DG SANTE, ECDC, Cruise Lines International Association (CLIA), Group of European Travel Agents' and Tour Operators' Associations (ECTAA), International Air Transport Association (IATA)

The Group of European Travel Agents' and Tour Operators' Associations (ECTAA) informed that they provide Zika-related information from official sources, e.g. Member States, WHO, ECDC, to their member associations who then produce their own guidance tailored to their needs. ECTAA will check which members have guidelines in place and will give feedback to the EC. ECTAA further explained that their members react to input from national foreign ministries, part of which are formal travel advice binding for the sector.

The Cruise Lines International Association (CLIA) informed that they have weekly calls to share travel and scientific information internally and that cruise line operators have protocols in place which cover issues such as information to passengers (after booking and on ships), distribution of insect repellents and preparedness of the medical teams on board.

IATA, which represents 260 international airlines, informed that they follow the recommendations of WHO and their members take recommendations from the national governments issuing their licences and from the flight destination countries. IATA expressed concern about the burdensome requirement of the Italian authorities to provide disinsection certificate for all in-bound flights using one specific disinsection method. The EC took note of the concern while pointing out that MS have the authority to make such a requirement.

The EC asked if there are areas where the tourism sector needs more support or clearer information. ECTAA would welcome more information in the moment it becomes available. CLIA enquired about participation in the meetings of the HSC Ad-hoc working group on the Zika virus outbreak. The EC replied that this is a working group of MS health authorities but the tourism sector could join on an ad-hoc basis if a particular topic is to be discussed, e.g. ship disinsection.

CLIA, replying to questions from the EC, pointed out that the likelihood of mosquitoes to travel on a ship is very low. The risk to consider is related to excursions taking place on land in which cases travel information such as the recommendation to wear long sleeves and use mosquito repellent is important. The medical crews on board are using relevant clinical guidelines.

The Chair thanked participants for the feedback from their respective associations. He concluded that it would be valuable to stay in touch and continue coordination, particularly if it becomes necessary to organise a quick response. The EC will circulate to participants the referenced documents, e.g. rapid risk assessments from ECDC on the Zika virus disease and the Olympic/Paralympic Games, and will alert about regular updates. The EC takes note of IATA's concern about the aircraft disinsection certification required by Italy and can provide information. Furthermore, the EC can feed information from the tourism sector to the MS via the HSC.

### 3. MEETING WITH THE HEALTH PROFESSIONALS SECTOR

**Participants:** DG SANTE, ECDC, the World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), European Midwives Association (EMA), European Academy of Neurology (EAN), Standing Committee of European Doctors (CPME)

The European Midwives Association (EMA) gave an update on the preparedness within their organisation. There is a mixed picture where some European countries, have provided guidelines and have included midwives and obstetricians in the discussion, whereas others have not. The participation of midwives is important as they are often the first contact point for pregnant women or women who are considering pregnancy. EMA underlined the need for ministries of health to have a more robust way of addressing the situation and is keen to support such efforts.

EMA asked about the risk time in pregnancy and ECDC responded that the next update of the rapid risk assessment is expected beginning of July. ECDC informed that MS report on the cases of Zika virus through the European Surveillance System (TESSy) since end of May. The reported information will feed into weekly reports.

In response to a question from the EC, EMA would collect and share information about in which MS midwives are more sensitised about the situation and which could benefit from awareness raising.

The European Academy of Neurology (EAN) shared their experience from a recent conference where the possible impact of Zika virus on the adult population in Europe was discussed. A worst case scenario for Guillain-Barré Syndrome (GBS) was developed where the current number of GBS cases, 1 per 100 000 individuals per year would increase to 5-10 per 100 000 per year, if the whole adult population in Europe were infected. Such situation would entrain an increase in capacity for neuro-emergency care, neuro-critical care and neuro-rehabilitation (minimum one third of GBS cases need neurocritical care management, i.e. artificial ventilation, stabilization and monitoring of autonomic dysfunction, and also a third of GBS patients still need neuro-rehabilitation six months after the onset of Guillain-Barré Syndrome). Early diagnosis and proper use of the treatment is essential. EAN cautioned against indiscriminate use of specific GBS treatment as iv Immunoglobulins and/or plasmapheresis which could deplete unnecessarily much needed capacity. Much information on Zika related health issues is available through their website.

The EC stressed the importance of communication not only to adult neurologists, but also to child neurologists in addition to general practitioners, gynaecologists and midwives.

Academies and Academic Associations of General Practitioners/Family Physicians (WONCA) expressed concerns about awareness, advice and how to stay up to date. It is essential to have access to proper diagnostic tools and to be in a position to give adequate pre- and post-travel advice. As the situation constantly changes, front line practitioners need to have access to the latest information.

The EC asked where WONCA sees the bottlenecks as this information could be fed back to the MS. WONCA replied that it is quite diverse from one country to another, but as a general remark the official information from ECDC should find its way more quickly to front line practitioners. In addition to the top-down approach, perhaps parallel mechanisms could be considered in order to ensure effective coverage. WONCA intends to push through information to general practitioners. The EC would like to be of help where things could be improved.

The Standing Committee of European Doctors (CPME) assured that they will pass the information to their member organisations. It is important to diagnose the neurological complications resulting from the Zika virus rather than the virus itself. A short information sheet should be distributed to the health professionals and a similar version to the travellers. However, providing too much information to citizens may prove counterproductive due to information fatigue.

WONCA believes that frequent updates and establishing communication channels is important. Practitioners would need more detailed guidance in order to perform a differential diagnosis of diseases and symptoms associated with a Zika infection or post Zika disease, as GBS. This information may be obtained by the EAN (website). It is therefore crucial to know where further information can be accessed. Social media can play an important role in this situation as it is increasingly being used by the younger generation of doctors.

EMA agrees on using social media to communicate. This way of information from EMA could be communicated to many other organisations working with women. The consistent information is also important in view of the differences in the advice to pregnant women from one country to another, e.g. some MS advise women not to travel to affected areas, others recommend not to travel six months before pregnancy.

EMA pointed out that information should be provided to men returning from the affected areas on the recommended use condom for several months after their trip. The message should be short and clear. It is crucial to ensure there are no contradictions or inconsistencies in the information provided. However, as new findings come every week it is necessary to adapt the messages accordingly.

The Chair thanked the health associations for the feedback provided and concluded that it is important to continue the coordination and exchange of information following this face to face contact. The EC will circulate to participants the referenced documents, e.g. rapid risk assessments from ECDC on the Zika virus disease and the Olympic/Paralympic Games, and will alert about regular updates. Through the HSC, the EC will further raise awareness with MS about the bottlenecks when passing information to front line health professionals.