### **General Working Group of the Health Security Committee Meeting**

# Thursday, 21 February 2024 – 10:00-12:00 Summary Report

Chair: Head of Unit, European Commission, DG SANTE B2

**Participants:** BE, CY, DE, DK, EE, EL, ES, FR, IE, IT, LT, LV, MT, NL, PL, PT, SE, SI, SK, IS, NO, DG SATNE, DG ECHO, DG HERA, EMA, ECDC, WHO

### \*EU/EEA only\*

#### Agenda points

- 1. Carbapenemase-producing hypervirulent Klebsiella pneumoniae
- 2. Mpox epidemiological update
- 3. Article 21 of Regulation (EU) 2022/2371 on serious cross-border threats to health
- 4. AOB

## Key messages:

### 1. Carbapenemase-producing hypervirulent Klebsiella pneumoniae

DG SANTE provided an update on the joint action on Antimicrobial Resistance (JAMRAI). The kick-off meeting for JAMRAI-II was organized by INSERM (Institut national de la santé et de la recherche médicale), France on 13 Febebruary 2024. A total budget of €62.5 million (€50 million from EU4Health) is dedicated to activities in National Action Plans, surveillance, antimicrobial stewardship, infection prevention and control (IPC), access to antimicrobials, and awareness-raising.

DG SANTE stressed that one target of the 2023 Council recommendation on antimicrobial resistance (AMR) is to reduce the incidence of *Klebsiella pneumoniae* infections by 5% by 2030 compared to 2019 levels. However, the latest <u>Rapid Risk Assessment</u> by ECDC published on 15 February 2024 shows a 49.7% increase in confirmed healthcare-associated bloodstream infections of hypervirulent *K. pneumoniae* (hvKp) resistant to carbapenemase in the EU/EEA. There is a high probability of further spread of carbapenemase-producing hvKp sequence type 23 (ST23) in healthcare settings, with a significant impact on morbidity and mortality. ECDC proposed options for response.

Ireland presented information concerning a persistent outbreak of hypervirulent K. pneumoniae (hvKp). The strain is sequence type 23 (ST23). In most, but not all cases the organisms are carbapenemase producing (CPE). The outbreak was first identified through a small number of patients with blood stream infection. However, most patients were colonised not infected, and were identified in the context of Ireland's extensive programme of testing hospital patients for colonisation with CPE. This was implemented in response to the declaration of CPE as a public health emergency in 2017. The outbreak is associated with an acute care hospital network in the South-East of Ireland (patients are

transferred between hospitals and residential care facilities in their catchment area). It is thought likely that the hvKp strain was introduced into the hospital network in a colonised or infected person and subsequently acquired the ability to produce carbapenemase due to acquired IncL plasmids which were already established in other bacteria Enterobacterales in the hospital network. Ireland highlighted that the implementation of basic infection prevention and control measures is crucial. The strain of hvKp continues to spread despite significant efforts by the hospital network to manage the risk of transmission.

Slovenia gave an overview of the data from regional microbiological labs (2017-2022) and from EARS-Net (European Antimicrobial Resistance Surveillance Network) (2010-2022). The *K. pneumoniae* detection rate increased the most among other enterobacteria resistant to with carbapenemases. The VIM/OXA-48 strain is the most represented one and the NDM/OXA-48 strain is the most concerning due to its resistance to most modern antibiotics.

#### 2. Mpox epidemiological update

The ECDC epidemiological update on mpox in the EU/EEA shows a rise in cases since June 2023 with mostly the clade IIb affecting primarily men who have sex with men (MSM). Response proposed by ECDC are: awareness raising, case detection, risk communication and vaccination. The overall risk for the general population and MSM is assessed as very low or low. ECDC will continue its communication and periodic reporting.

WHO data show an increase of laboratory-confirmed cases of clade I mpox in the African Region (Democratic Republic of Congo (DRC) and Nigeria are the most impacted). The outbreaks continue to spread in the DRC expanding geographically and demographically with new modes of transmission. Between 1 January and 4 February 2024, 1265 cases and 102 deaths were reported in the region. Two-thirds of the cases and 82% of deaths are among children below 15 years old. The cause of the rapid increase is still unclear. Public health response encounters challenges regarding coordination, surveillance, case management, lack of resources and medical interventions. The <u>latest report</u> on the epidemiological situation is available online.

### 3. Article 21 of Regulation (EU) 2022/2371 on serious cross-border threats to health

DG SANTE shared the status of the draft implementing act regarding "Coordination of response within the HSC" after an alert notification of a serious cross-border threat to health (Article 21 of Regulation (EU) 2022/2371. The HSC was asked to provide written comments by 6 March 2024. The comitology committee is planned for the second semester of 2024.

#### 4. AOB

Following one confirmed case of measles in 2024 that resulted in death and four additional possible or probable cases (travel related between UK, France, Italy, Romania), the National Incident Management Team of Ireland is assessing the need for travel-specific measures including at points of entry (PoE). Member States were consulted and most of the countries do not have a specific communication or alert strategy at PoE. Ireland suggested to consider a harmonised European Centre for Disease Prevention and Control/European Union Aviation Safety Agency public health statement and pre-travel public messaging at national level.

DG SANTE announced that the ECDC Management Board nominated Dr Pamela Rendi-Wagner from Austria as the new ECDC Director. Dr Rendi-Wagner will have her hearing at the European Parliament on 19 March 2024.