



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health  
**Health Security**

Luxembourg, 08 March 2023

## **Health Security Committee**

### **Audio meeting**

### **Summary report**

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

**Audio participants:** AT, BE, CY, DE, DK, EE, ES, FI, FR, IE, IT, LT, LV, NL, PL, SE, SI, SK, NO, IS, DG SANTE, HERA, CAB VON DER LEYEN, ECDC, EMA, WHO

#### **Agenda points:**

1. Epidemiological update of current cross-border health threats in EU/EEA countries – presentation by ECDC+ discussion with Member States
2. Increased vigilance in respect of Marburg virus disease and travel from Equatorial Guinea - epidemiological update by WHO
3. HSC organisational matters– presentation by DG SANTE + discussion with Member States
  - a) HSC comments on the HSC rules of procedures
  - b) HSC Technical Working Groups

#### **Main messages:**

1. **Epidemiological update of current health threats in EU/EEA countries (COVID-19, influenza, Avian influenza, Group A streptococcal infections, polio) – presentation by ECDC + discussion with Member States**

ECDC provided the HSC with an overview of current biological health threats in the EU/EEA:

- Increasing trends of **COVID-19** case rates among people aged 65 years and above were reported by 15 of 26 countries compared to the previous week. Current values of all indicators remain low relative to those seen in the previous 12 months.
- **Influenza virus** positivity among sentinel primary specimens decreased from 28% in the previous week to 25% in week 8, 2023. This remains above the epidemic threshold (10%). Influenza type A and type B viruses were detected in sentinel and non-sentinel surveillance, with influenza type B predominating in both systems.
- Epidemic waves of **Highly Pathogenic Avian Influenza A(H5N1) in birds** have been reported in Europe. Outbreaks continues in wild birds and poultry farms. Different wild bird species are affected. Ongoing transmission to mammal species are detected. A rapid spread in South America has been reported after the first introduction of the disease in this region in autumn 2022.

- **A(H5N1) in humans:** sporadic transmission to humans, but still rare events (all cases had exposure to sick/death backyard poultry before onset symptoms). A(H5) candidate vaccines expected to be effective against current A(H5N1) viruses. So far, only two cases reported in Europe (in 2022) (please see clarifying comment from Spain below). The risk of human infection due to the currently circulating A(H5N1) clade in Europe is assessed as **low** for the general population.
- Increased number of **Group A streptococcal infections (GAS)**, followed by significant increase in invasive GAS infection cases reported in some EU countries and the UK in Q4 2022 (paediatric cases represent about 25-35% of total). Ability to assess increased circulation in EU/EEA countries is limited.
- A short update was provided on the **poliomyelitis** situation in Israel. Risk of reintroduction to the EU/EEA remains as long as there are unvaccinated or partially vaccinated population groups in European countries. It is crucial to maintain high-vaccine coverage, review regularly polio vaccination coverage data, ensure capacity to identify virus circulation through well-performing surveillance systems.

***Comments/questions from the Member States on the current health threats in the EU/EEA:***

**ES** commented on the two **(A)H5N1** cases in Europe. The two cases that were mentioned by ECDC were detected in Spain, however, the two farmers are considered as **contaminated**. They tested positive in the laboratory, but they had no symptoms and did not seroconvert. The samples were probably taken to close after working with the birds. **ECDC** responded that the cases have been reported by WHO and therefore ECDC has to follow the same way of counting cases. Also other contaminated cases in the United States and in Nigeria have been added to the WHO list of (A)H5N1 cases. ECDC will review the way cases are count. **ES** responded that the person to classified as case should at least develop some symptoms or antibodies. **ES** has been in contact with WHO on how to count contaminated cases. WHO is ready to review the case definition.

**IE** asked if the ECDC list indeed can be altered and distinguish between contaminated and infected **(A)H5N1** cases in humans.

**NL** mentioned that situation about the **(A)H5N1** is worrying. With the transmission of (A)H5N1 taking place among minks, the NL decided to shut down all mink farms. The NL is looking into vaccination possibility.

The **DG SANTE public health part** is closely following up the **(A)H5N1** situation, together with the colleagues from the animal health team. The Commission mentioned that only few Member States reported (A)H5N1 outbreaks so far. Some of these countries are considering the introduction of (A)H5N1 vaccination in poultry. Trials are currently ongoing. The countries involved are expected to present their results in March. Scientific input will be essential for decision taking. There is no certainty that this tool will be widely used in the EU. Maybe only by the Member States that are experiencing high density of poultry population.

**WHO** provided some additional information regarding the **polio** situation in Israel.

**SE** provided a short overview on **severe influenza B** cases detected in their country. Between November 2022 and March 2023, 19 patients with laboratory-confirmed influenza B infection were admitted to the Intensive Care Units. All cases were younger than 50 years, 10 influenza B-cases were under 18 years (8 out of 10 with underlying conditions).

IE asked SE if they discovered any evidence of co-infection with COVID-19 infection. SE needs to investigate this further.

## **2. Increased vigilance in respect of Marburg virus disease and travel from Equatorial Guinea – epidemiological update by WHO**

The World Health organization (WHO) gave an epidemiological overview concerning the current situation on Marburg outbreak in Equatorial Guinea. On 7 February, the Ministry of Health informed about nine deaths with unusual symptoms (fever, diarrhoea, vomiting and bleeding from the orifices) which occurred between 7 January to 7 February 2023. One confirmed case has been detected. The outbreak investigation is ongoing, including contact listing and tracing. Several challenges are faced, including delay in detecting the outbreak, delays in lab testing of suspected cases, small number of contacts listed so far, affected districts are very close to the border with Cameroon and Gabon. Equatorial Guinea has activated an Emergency Committee and a national response plan has been finalised. WHO continues the support to the Ministry of Health of Equatorial Guinea.

ES thanked WHO for sharing their information. It is not easy to obtain official information from the Equatorial Guinea authorities. This is one of the reasons why the case in ES was suspected to be Marburg. Due to the colonial past, there is a lot of movement of people between ES and Equatorial Guinea. It was difficult for ES to assess the case, as the patient mentioned that he had been in contact with a probable Marburg case. The patient was changing the story constantly. In the end, patient tested positive for malaria.

WHO will try to comply and continue to work on Marburg and to try to convince the government of Equatorial Guinea to be more transparent on sharing the information on Marburg.

DE informed the federal states about the Marburg virus outbreak in Equatorial Guinea on 14 February 2023 to ensure increased vigilance. Likewise, the Robert Koch Institute [website](#) on Marburg virus has been updated, in particular the map with countries in Africa where Ebola or Marburg virus outbreaks have been documented. Beyond this, DE is currently not planning any further measures.

## **3. HSC organisational matters – presentation by DG SANTE + discussion with Member States** **a) HSC comments on the HSC Rules of Procedure (RoP)**

Earlier, the Commission had shared the HSC Rules of Procedure document with the HSC members. The Commission received several comments from Member States, several changes were added directly to the document, other comments had to be clarified by the Member States during the meeting. Countries that did not clarify their comments during the meeting will be approached by the Commission to clarify the related comments/issues.

AT mentioned that it would be important that all adopted papers should be shared with the HSC Senior Level Group for information.

SE and DK will come back with comments in writing.

The **Commission** will send a document with the final HSC rules of procedure to the HSC Senior Level Group for approval via written procedure.

## **b) HSC Technical Working Groups**

The Commission has distributed a survey among the HSC members on the establishment and discontinuation of HSC technical working groups (TWG). After analysing the results of this survey, several groups will be established/continue, be put on stand-by-mode until June 2023, or discontinued.

### **Working groups that will be established/ continue:**

- General HSC working group
- TWG on threat detection – Early Warning and Response System (EWRS) (continue)
- TWG on antimicrobial resistance (AMR)
- TWG on preparedness (continue)

### **Working groups put on stand-by-mode until June 2023 (end of EU Digital COVID Certificates Regulation):**

- TWG on COVID-19 diagnostic tests
- TWG on EU Digital COVID Certificates

### **Working groups to be discontinued:**

- TWG on Risk Communication (the work of this group to cover vaccination communication aspects can be taken over by the subgroup on vaccination, established under the new Public Health expert group).

**FR** mentioned that it might be possible to integrate the work of the EWRS working group in the General HSC working group. The Commission will look again into this possibility.

The **Commission** will send a document with the final list of working groups to the HSC Senior Level Group for their approval via written procedure.