



**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 RRA of Diphtheria, Lassa Fever, and Yellow Fever**

**08 April 2016, 09:45 to 10:45 (CET)**

#### **Flash report**

##### Introduction

The Chair welcomed the Member States (BG, CZ, DK, ES, DE, FR, HU, IE, LV, LT, LU, MT, NO, PL, PT, SE, SK, UK) and the representatives from ECDC, the Council, DG ECHO, DG SANTE B5, DG SANTE C, EMA, and WHO (Euro and HQ).

He underlined that besides the outbreak of Zika virus there are ongoing threats which need to be addressed with a view to a rational management at European Union level. In line with this the European Centre for Disease Prevention and Control (ECDC) has provided Rapid Risk Assessments (RRAs) on three different cases and events: the ongoing yellow fever epidemic in Angola and its consequences for Europe, dated 24 March 2016; a fatal case of diphtheria in Belgium, dated 23 March 2016; and Lassa fever cases in Germany, dated 23 March 2016.

##### Yellow fever

ECDC gave an overview of the situation, emphasising the main issues. There has been a recent outbreak of Yellow fever in Angola, mostly centred in the area of Luanda. Imported cases of yellow fever have been reported in China, Kenya, the Democratic Republic of Congo and Mauritania. Yellow fever cases have also been reported among expatriates residing in Angola.

The Chair reminded that the Commission is collecting replies from the MS regarding their vaccine stockpiles

The Chair concluded that the RRA has been examined and noted by the MS.

##### Diphtheria

ECDC outlined the development of the diphtheria case in Belgium, from the first notification to the fatal outcome. ECDC pointed to the difficulty of providing

diphtheria anti-toxin (DAT) on time and the importance of having a timely diagnosis. Moreover, this is imperative in case of toxigenic diphtheria where the mortality rate in children younger than 5 years is up to 20%. Diphtheria is a vaccine preventable disease and there is high coverage in Europe.

The Chair reminded that the HSC Working Group on preparedness is currently working to develop Standard Operating Procedures (SOPs) for rapid sharing of medical countermeasures. In addition, there is the possibility of Joint Procurement of medical countermeasures at EU level, which includes Diphtheria antitoxin.

The Chair concluded that the HSC has examined the RRA and have noted the options for response, including the abovementioned SOPs and Joint Procurement.

### Lassa fever

ECDC outlined their risk assessment focusing on the history of the two cases in Germany and one case in Sweden. The use of appropriate personal protective equipment in care facilities is imperative.

ECDC stressed that while Lassa fever is endemic in certain areas in West Africa, this was not the case in Togo.

The Chair concluded that the three cases in the EU are isolated and the situation is stable. The HSC members have examined the RRA and have noted the options for response.

### AOB

The chair reminded MS to nominate members for the ad hoc Working Group on the Zika as quickly as possible.

Finally he reminded the HSC that dates for the next HSC plenary meeting have been changed to 7 and 8 June 2016, and that the next audio meeting will take place on 15 April to discuss vaccination and Antimicrobial Resistance (AMR).