



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

ad hoc General Working Group of the Health Security Committee Meeting

Thursday 12 December 2024 – 11:00-12:00

Summary Report

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

Participants: AT, BE, CY, CZ, DE, DK, EE, EL, FI, HR, HU, IE, IT, LT, LU, LV, NL, PL, PT, RO, SE, SI, SK, IS, LI, NO, DG SANTE, DG ECHO, DG HERA, EMA, EEAS, DG INTPA, ECDC, WHO, WHO AFRO

EU/EEA only

Agenda points

- 1. Situational update on the unknown disease reported in the Democratic Republic of Congo (DRC)**
- 2. Update on case of respiratory disease with travel history to the DRC**
- 3. Information from EU/EEA countries**

Key messages

- 1. Situational update on the unknown disease reported in the Democratic Republic of Congo (DRC)**

The World Health Organization Regional Office for Africa (WHO AFRO) gave an overview of the epidemiological situation, along with the challenges that have been encountered so far. Between 24 October and 08 December 2024, the total number of cases of unknown disease reported by the Democratic Republic of Congo (DRC) is now 471 (including 32 deaths), with no signs so far of geographical expansion beyond three out of the 30 health areas in Panzi in the south-west of DRC. Most cases presented fever, headache, cough, runny nose, and body ache. The highest number of cases and deaths have been among young children under 5 years of age. No mass deaths of animals have been reported.

The WHO and DRC's Ministry of Health took immediate actions after the first alert came from the Panzi health zone on 29 November 2024 including the deployment of experts (virologists, bacteriologists, parasitologists) to the area to carry out investigations and collect samples. WHO AFRO is working to deploy fast diagnostic kits to detect 21 respiratory pathogens.

The disease is occurring in a very remote region of the country, with limited diagnostic and health care infrastructures, and a high prevalence of malnutrition. The remoteness of the area has caused delays in the transport of samples. WHO AFRO indicated there are also challenges in establishing an air corridor to be able to collect and deliver samples, but the current plan is to use a combination of motorcycle and plane to get the next samples to Kinshasa tomorrow (13 Dec 2024). So far, the

symptoms are indicative of an acute respiratory infection and there have been no haemorrhagic manifestations.

As there are also indications of anaemia among the reported deaths, investigations are ongoing to determine if this is compounded by malnutrition or malaria. There is no information on patients' requirements of additional oxygen, but WHO AFRO is planning to deliver oxygen concentrators to help with case management. WHO AFRO explained investigations will expand to environmental samples, as in the discussion the possibility of other factors that could play a role like cassava-associated cyanide intoxication or the possible presence of mining deposits were raised.

WHO AFRO informed there are many unknowns, including factors linked to the mortality, severity, and etiological agents. Data is being collected to have a local understanding of influenza and other respiratory viruses, as well as the situation related to the prevalence of HIV/AIDS, tuberculosis, and malaria. Investigations are also ongoing with the initial samples to understand the potential sources of infection.

DG SANTE, with the European Centre for Disease Prevention and Control (ECDC), has been monitoring the situation. ECDC explained that given the context of the outbreak (remote location, lack of diagnostic capacities) the risk posed by this event to EU/EEA countries is low. ECDC staff deployed for the Mpox response in Kinshasa are gathering additional information for the assessment.

2. Update on case of respiratory disease with travel history to the DRC

Italy provided an update on the two cases with unexplained fever that had recent travel history to the DRC, who are both recovered. Italy explained the clinical manifestations and laboratory results, as well as contact tracing activities taken so far including sharing all available information, and continuous contact with the ECDC, the European Commission and WHO. Italy has put a dedicated team in place. Italy explained they have standard operating procedures for the health officers permanently stationed at their points of entry for any alert. Due to the unknown disease in the DRC, they have raised awareness of these health officers, and this was picked up rapidly in the press.

3. Information from EU/EEA countries

Some Member States indicated they have not implemented any measures but are monitoring the situation closely. Poland informed that it issued a statement (based on the information from WHO) on the situation along with their national risk assessment. Belgium mentioned that it has experts from the Institute of Tropical Medicine Institute on the ground to support ongoing investigations.