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Audio meeting of the Health Security Committee – 17 May 2018

Flash report

Ebola virus disease outbreak in the Democratic Republic of the Congo

Chair: Wolfgang Philipp, Head of Unit, SANTE C3

Audio participants: BE, CZ, DK, FR, IE, IT, LT, MT, NL, PT, SE, SANTE 02, DG ECHO, DG RTD, ECDC, WHO/Euro

The Chair welcomed the members of the Health Security Committee (HSC) as well as representatives from DG ECHO, DG RTD, ECDC and WHO, presented the agenda to discuss the ongoing Ebola virus disease outbreak in the Democratic Republic of the Congo (DRC), and provided a summary on the situation.

The outbreak of Ebola virus disease was declared by the Ministry of Health of the DRC on 8 May 2018. As of 15 May and according to the Ministry of Health of the DRC, there are 44 cases, including 23 deaths and three healthcare workers affected. Among the 44 reported cases, 3 are confirmed, 21 are suspected and 20 are probable. One confirmed case was reported in Mbandaka, a 1.2 million habitant regional capital.

The cases have been reported from three neighbouring districts. The outbreak was first limited to a rural, remote area in Equateur Province, involved in a previous outbreak in the DRC. The proximity to the Congo River is of concern, as it increases the risk that the virus spreads to neighbouring regions. The epidemic occurs in the context of a prolonged cholera epidemic in the DRC, long-term economic and political crisis and humanitarian emergency.

WHO advises against any restrictions to travel and trade, so far the event does not meet the criteria of a public health event of international concern under the International Health Regulations (IHR).

Regarding response, in support of the Ministry of Health and the other national authorities, an interagency response team was deployed to support the immediate investigation of the outbreak and rapid response. This is coordinated by the Ministry of Health DRC, and supported by WHO and Global Outbreak Alert & Response Network (GOARN) partners, Médecins Sans Frontières (MSF), IFRC (International Federation of Red Cross and Red Crescent Societies), United Nations Children's Fund (UNICEF) and other partners. WHO and partners continue to provide direct technical and operational support, with regards to surveillance and monitoring, laboratory support, vaccination,

infection prevention and control, community engagement and communication. WHO is activating medevac capacities.

WHO reports a first batch of 4000 doses of vaccine arrived 16 May in Kinshasa, additional doses should be deployed in the coming days. According to information from WHO, vaccines will be available for ring vaccination as well as for healthcare workers in the field.

SANTE monitors the situation closely with ECDC and with the other Commission services. Regular updates, including WHO situation reports, were provided to the HSC and EWRS competent authorities, as well as to other Commission services. An interservice coordination meeting was held on 16 May, with the participation of DGs ECHO, DEVCO, SANTE and RTD. SANTE is currently updating the Medevac guidelines with ECHO, and is in contact with WHO, following the situation.

ECDC updated the HSC on the epidemiological situation and rapid risk assessment produced on 15 May; emphasised that the situation has changed, and epidemiological information is still incomplete, and investigations are ongoing. The situation is evolving with new cases reported from Mbandaka. The 44 reported cases are from Bikoro (35), Iboko (5), and Wangata (4) health zones. The risk of exposure of EU/EEA citizens living in or travelling through DRC is low. The proximity to the Congo River, a major transportation route increases the risk that the virus will spread. The overall risk of introduction and further spread of Ebola virus within the EU/EEA is currently considered very low. ECDC will provide an updated rapid risk assessment on 22 May 2018.

DG ECHO updated on a global call for Emergency Medical Teams (EMT) from WHO, specific for certain profiles. The Civil Protection Mechanism is planned to be activated shortly.

The laboratory established Bikoro is finally functioning since 16 May 2018, what is expected to reduce logistics burden and facilitate fast analysis of samples from the affected area. Laboratory capacities are still needed to be strengthened, and common case definition established, to provide clear picture on the epidemiological situation. Screening (temperature monitoring, hand washing in buildings) was introduced in Kinshasa, as well sanitary cordons in Mbandaka.

ECHO flight is activated, establishing weekly flights between Kinshasa and Mbandaka, a first flight is already scheduled for the upcoming weekend to transport personnel and equipment from MSF, leading on case-management. DG ECHO is looking into humanitarian aid funding for logistics, address funding for IFRC, about monitoring for cases, tracing contacts and dignified burials. With 3 health zones affected in DRC, activities might be expanded.

On 18 May DG ECHO will have a meeting with Member States representatives from civil protection and humanitarian aid areas.

On laboratories, the Chair noted that the EMERGE Joint Action (on 'Efficient response to highly dangerous and emerging pathogens at EU level') – Mobile laboratory P4 project, has been pre-activated by GOARN, initially to check for their readiness and the vaccine status of the staff working in the EU lab, before deployment in case of need in the DRC.

DG RTD provided an update on two preparedness research networks funded under EDCTP, ALLERT and PANDORA, which could implement clinical trials. With one of

the networks having a partner in DRC the other in the Republic of Congo, RTD is working to see how these networks can be deployed. RTD is discussing research needs and priorities with other funders of preparedness research within GloPID-R, and through GloPID-R will liaise with WHO. Immediate priorities include clinical trials of potential treatments; vaccine research; implementation research on already developed novel diagnostics, social research and response strategies. Project results funded through IMI and H2020 during previous Ebola outbreak are also available.

WHO informed the HSC on cross-border measures being undertaken. No EU/EEA country is implementing entry screening, according to information available. WHO is aware (through media) about 15 countries currently conducting entry screening, mostly African countries, plus China and Thailand. These measures do not constitute any travel restriction as defined by IHR. WHO does not recommend thermal scans at points of entry, as inefficient and impractical.

WHO and IOM are assessing population movements from/to affected areas by any means of transport, including Congo river. The local airport at Mbandaka has 3 flights per week to Kinshasa, only, with very limited number of passengers (150 per week). Kinshasa airport has about 7 international flights per day, mostly to/from Africa, and in Europe to France and Belgium. Kinshasa airport has some exit screening in place, and support to strengthen it is provided by WHO/CDC.

No country has closed borders with DRC, nor implemented travel bans against DRC. WHO monitors this continuously. If a country implements a travel ban or significant restriction (over 24 delay), they need to provide public health justification under IHR to WHO in 48 hours. IHR Emergency Committee meeting is planned for Friday, 18 May.

The Chair asked Member States to discuss response measures, including travel advice, entry screening, communication plans and messages including to health care workers, and also available capacities, such as treatment and medevac capacities, medical countermeasures and protective equipment.

BE informed that they did not take any measures at borders; however they have already been contacted by airports and national airplane companies and checking operational capacities to manage potential suspected cases. BE also inquired if the Commission would be ready to relaunch the joint procurement on personal protective equipment (PPE).

SANTE is preparing a new call for tender for PPE, information will be further provided to the HSC.

MT raised concerns for ECDC, considering the evolution of outbreak in 3 health zones, especially with regards to geographical challenges, and socio-political crisis, the prolonged cholera outbreak amongst internally displaced/refugee population along the river Congo in DRC and Central African Republic. The question or concern of refugee populations and economic activities if any, in the affected areas and population movement, including private chartered flights may be relevant in the risk assessment.

IT informed that the Ministry of Health released travel advice from epidemiological bulletin for local health authorities, for maritime and air health offices, collecting info from WHO and ECDC. No plans for entry screening in points of entry, but capacities are in place particularly in airports in Fiumicino (Rome), Milan and Catania, same as per the previous Ebola outbreak. There are hospital facilities for the management of patients with

Ebola, especially in Rome, Milan and Catania. Medevac is still in place, air force's special plane with high biosecurity equipment, activated by the Presidency of the Council.

FR informed that there are 3.000 French citizens currently in DRC. Direct flight connection is in place between Paris and Kinshasa, also Brazzaville and Pointe-Noire in the Republic of the Congo.

Coordination with the Ministry of Foreign Affairs and transportation is ongoing, including planning response in case of medical evacuation of French citizens. France's risk assessment is in line with ECDC. Routine surveillance is compulsory. France is currently updating the information for travellers on the websites of the Ministry of Foreign Affairs and Health, available equipment and treatments are checked and evaluated. At the moment FR does not have capacities for medevac. There are currently no plans for entry screening. FR was asking for information on coordination of measures, including monitoring of health care workers returning from risk areas, organization of medevac, treatment (including pre and post exposure) including vaccine effectiveness, safety, recommendations and communication messages.

The Chair noted that it is important that we are aware of the available capacities early on.

- SANTE will monitor the situation closely with ECDC and with the other Commission services and provide updates to the HSC and through EWRS.
- ECDC will provide an updated rapid risk assessment considering the development of the epidemiological situation, including on questions raised by Member States on control measures and travel advice. SANTE will call for a next HSC audio meeting.
- SANTE will activate the Communicators' Network to discuss communication messages, involving ECDC and WHO.
- SANTE will update the Medevac Guidelines with DG ECHO.
- SANTE will circulate the WHO EMT request for assistance from ECHO.
- SANTE will check on how far the Joint Procurement on PPE can be accelerated.
- SANTE will be in contact with WHO related to vaccination recommendations.
- SANTE will circulate question to Member States regarding the availability of capacities, including on hospital beds and availability of medevac procedures for contaminated patients.
- SANTE will circulate the updated survey on preparedness and management of viral haemorrhagic cases.

SANTE thanked participants and closed the meeting.