



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

General Working Group of the Health Security Committee Meeting

Wednesday 11 September 2024 – 14:00-16:00

Summary Report

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

Participants: AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, RO, SE, SI, SK, IS, LI, NO, DG SANTE, SG, DG ECHO, DG HERA, DG RTD, JRC, EMA, EEAS, ECDC, WHO, CDC, USDA

EU/EEA only

Agenda points

1. Avian influenza
 - a. Epidemiological update from the USA
 - b. Global epidemiological update
 - c. Survey results for EU/EEA countries
 - d. Report on the application of the Tool for Influenza Pandemic Risk Assessment (TIPRA)
2. Sexually transmitted infections (STIs)
 - a. Epidemiological update
 - b. HSC Draft Opinion on STIs
3. Oropouche
 - a. Threat Assessment Brief on Oropouche
4. AOB
 - a. Timeline of the Assessments under Article 8 of Regulation (EU) 2022/2371
 - b. EUdPLF – timetable for the publication of the open-source solution

Key messages

DG SANTE Director General welcomed all participants to the General Working Group Health Security Committee. The meeting was dedicated to discussing avian influenza, sexually transmitted infections, and Oropouche virus infections recently imported into the EU.

1. Avian Influenza

The US Department of Agriculture (USDA) updated on the avian influenza outbreaks in cattle and poultry. So far, there have been reported cases in cattle across 14 states, and the USDA continues to carry out surveillance. In April 2024, the USDA announced a [Federal Order](#) mandating testing prior to interstate movement of lactating dairy cattle, and reporting of positive influenza A test results in livestock. Several states are carrying out other types of surveillance and some are testing milk from dairy cattle. The USDA has not found many new herds being affected. Sequencing of the virus is carried out, with clade 2.3.4.4b, genotype B3.13 affecting herds. The USDA has put in place [financial assistance](#) to help dairy producers enhance biosecurity and offset costs associated with Influenza A testing, veterinary expenses, personal protective equipment purchases, milk disposal, and milk losses.

The US Centers for Disease Control and Prevention (CDC) gave an update on the epidemiological situation in humans, where, since 2022, there have been a total of 15 confirmed cases. Four cases were associated with dairy cattle and 10 cases were associated with poultry farms. All cases have been clinically mild, not requiring hospitalization, and with no sustained human-to-human transmission. A new case was reported on 6 September 2024 in Missouri with no immediate known exposure to animals. This case showed no evidence of onward transmission, and there are ongoing investigations to determine the exposure. CDC and state and local health departments monitor people exposed to infected birds, poultry, dairy cows, or other animals for 10 days after exposure. For the current outbreak, the CDC has monitored about 4,800 people, and tested 240 people for influenza A. The CDC still concludes that the risk for the public is low, with greater risk for those exposed in dairy and poultry farms.

The World Health Organization (WHO) provided a global update on the epidemiological situation of avian influenza. Since 2020, avian influenza viruses, notably, H5N1 2.3.4.4b viruses spread predominantly via migratory birds to many parts of Africa, Asia, Europe, North and South America and Antarctica. Since October 2023, Australia, China, Vietnam, Cambodia, and the United States have reported human cases infected with A(H5N1) virus. The WHO focused on Cambodia, where there have been 16 cases infected with H5N1 virus in 2023-2024. 11 of the cases were in children under the age of 18 years of age. All cases had reported exposure to animals. 13 cases are known to be clade 2.3.2.1c, of which seven recovered and six were fatal. The WHO emphasized that the development of influenza candidate vaccine viruses (CVVs), coordinated by WHO, remains an essential component of the overall global strategy for influenza pandemic preparedness.

The WHO gave an overview of the outcomes of the TIPRA (The Tool for Influenza Pandemic Risk Assessment) exercise. TIPRA was developed to provide a standardized and transparent approach to support the risk assessment of influenza viruses with pandemic potential. The latest exercise indicated that the pandemic potential of the reassortant clade 2.3.2.1c has moderate impact and likelihood. Furthermore, based on available information, the Food and Agricultural Organization of the United Nations (FAO), the World Organization for Animal Health (WOAH) and the WHO assessed the global public health risk of influenza caused by A(H5N1) viruses to be low, while the risk of infection for occupationally exposed persons is low to moderate depending on the risk mitigation measures in place.

The WHO Regional Office for Europe (WHO EURO) presented some very preliminary results of a survey regarding its Member States' preparedness and response to avian and other zoonotic influenza viruses. The survey required input from national experts in public health and animal health and covered aspects of epidemiology, laboratory, clinical management, infection prevention and control (IPC), risk communication, community engagement and infodemic management (RCCE-IM), and emergency management. The results of the survey compiled into a report for Member States and/or a publication in a peer-reviewed journal. Key results are that most countries have public health guidelines in place for avian or other zoonotic influenza preparedness and response. Almost all countries have surveillance in place for zoonotic influenza viruses in animals. Most countries reported interaction between the public health, animal health and environmental sectors regarding zoonotic influenza preparedness or response.

Germany mentioned that they would start conducting departmental research to help understand the potential immunity for zoonotic avian influenza in the population, to understand suitable diagnostics, and to improve risk communication and risk assessment for avian influenza. Germany asked if other EU/EEA countries were planning anything similar and offered to send a written request to gather comments regarding potential EU funding.

2. Sexually Transmitted Infections (STIs)

The ECDC presented an epidemiological update of key sexually transmitted diseases - chlamydia, syphilis, congenital syphilis, and gonorrhoea. For all these STIs there has been an increasing trend in the last 10 years, which was accelerated after the COVID-19 pandemic. The ECDC also expressed its concern given that there is a high level of antimicrobial resistance to azithromycin, used to treat gonorrhoea. For the STI trends presented, there is growing concern over the increase in notified cases among men having sex with men (MSM).

The ECDC also presented its latest [systematic review of the prevalence of chlamydia, trichomoniasis, and syphilis in Europe](#). The report details the prevalence of these infections in the general population and populations of special interest. The ECDC also presented recent and ongoing outbreaks of emerging/atypical STIs including mpox, *Shigella sonnei*, hepatitis A, and trichophyton mentagrophytes.

Given the increase in trends, DG SANTE and ECDC have drafted an HSC Opinion proposing actions to be taken at Member State and EU level. The ECDC presented some of the actions suggested on preparedness, responding to current increases and future outbreaks, and strengthening, and sharing information. DG SANTE proposed the next steps for adopting the HSC Opinion, giving EU/EEA countries two weeks to send their written comments on the draft HSC Opinion. The Opinion should be adopted during the senior-level HSC Plenary meeting in November 2024.

3. Threat assessment brief on Oropouche virus and disease

The ECDC presented an update on its latest [Threat Assessment Brief](#) and some background on the virus and disease. The Oropouche virus disease is common in South and Central America, particularly in the Amazonian basin. There has been an increase in the circulation of the virus in 2023, and particularly in 2024 with reported cases in Bolivia, Brazil, Colombia, Peru, Cuba, and the Dominican Republic. As of end of August 2024, there have been more than 9800 confirmed cases and two reported deaths. In Europe, there have been 33 cases reported by Spain, Italy, Germany, France, and the Netherlands, most of which were imported from Cuba, one from Brazil. ECDC's threat assessment indicates that the risk related to the Oropouche virus disease for EU/EEA citizens travelling to or residing in epidemic areas is considered as moderate, and high for pregnant women. The risk of locally acquired Oropouche virus disease in mainland EU/EEA is considered low, but there is high uncertainty given possible further importation of cases. The Threat assessment brief includes recommendations to travelers and to (public) health professionals. The ECDC will continue to exchange information with the US CDC and liaise with travel medicine networks. The ECDC highlighted the need to start planning for next year's summer in case there is an emergence of the virus in the EU/EEA.

4. Timeline of the Assessments under Article 8 of Regulation (EU) 2022/2371

ECDC gave an update on the timeline of the Assessments under Article 8 of Regulation (EU) 2022/2371 and indicated that most of the countries have had their dates fixed. ECDC stressed that if there is a need to postpone or reschedule any of the Assessments, EU/EEA countries need to contact ECDC as soon as possible to find a solution.

5. EUdPLF – timetable for the publication of the open-source solution

DG SANTE will share with the HSC a short update in writing.