



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

Luxembourg, 12 October 2022

Health Security Committee

Audio meeting on Ebola

Summary Report

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

Audio participants: AT, BE, CZ, DE, DK, EE, FI, FR, HU, HR, IE, IT, LT, LU, MT, NL, PL, PT, RO, SE, SI, SK, NO, IS, LI, DG SANTE, DG ECHO, RTD, HERA, SG, ECDC, WHO

Agenda points:

1. Epidemiological update on Ebola in Uganda – Presentation by WHO
2. Infection prevention and control measures for Ebola virus disease (including screening) – Presentation by ECDC
3. Support for the measures implementation – Experience from 2014 outbreak – Presentation by DG ECHO
4. Presentation of the current situation in countries
5. Ebola MEDEVAC – Presentation by DG ECHO and DG SANTE

Key messages

1. Epidemiological update on Ebola in Uganda – Presentation by WHO

There is an ongoing outbreak of Ebola virus disease caused by Sudan ebolavirus with cases detected in several districts in Uganda. WHO provided an update on the outbreak including on response measures implemented and planned under the coordination of the ministry of health of Uganda. Currently, 54 cases have been confirmed and 20 probable cases have been detected. Basic public health measures are put in place, including a lot of community engagement, testing, contact-tracing, monitoring, and communication with the ministries of the neighbouring countries.

2. Infection prevention and control measures for Ebola virus disease (including screening)

ECDC presented recommended public health measures in the area of Ebola infection control and screening. This is the 7th outbreak of Ebola virus disease (EVD) in Uganda and the 5th outbreak of Sudan ebolavirus. Five areas in Uganda are effected. The areas are staying stable – no infections in new areas have been notified. The spread of the disease to neighbouring countries is of concern, as the neighbouring countries have less capacity to respond to an outbreak.

ECDC mentioned that from experience and underpinned research findings, the use of entry screening for Ebola virus disease has not proven to be effective to prevent or delay transmission in past outbreaks. Moreover, entry screening is time and resource intensive with limited return. Instead, experience and evidence show that exit screening can be an effective measure to support the containment of the disease spread.

ECDC provided several recommendations and precautionary measures for EU/EEA visitors and residents of affected areas, including the avoidance of contact with symptomatic/deceased patients; avoidance of bush meat consumption and contact with wild animals; and washing and peeling of fruits/vegetables before consumption.

ECDC provided several options for response for EU public health authorities, including rapid case identification, contact tracing and effective infection prevention and control measures, which remain the key response measures in the current situation. Also an increase of awareness among health professionals on the evolution of the current outbreak and the potential symptoms of EVD in returning travellers, health professionals or humanitarian workers is of great importance. Review of infection prevention and control guidance for suspected EVD cases; revised training, and revised testing options and procedures for suspected EVD cases are recommended as well.

WHO advises against any restrictions on travel and/or trade to Uganda based on available information for the current outbreak. In line with WHO, ECDC considers that screening of travellers returning from Uganda would not be an effective measure to prevent introduction in Europe. This is based on the lessons and results of the large EVD outbreak in West Africa between 2013 and 2016.

A news from ECDC on Ebola will be published today.

In view of these elements, the HSC agreed to not recommend the implementation of border measures at this time. IE, BE, IE, NO, LT, LU, HR, LIE, SI, AT supported this recommendation during the meeting. HSC secretariat will draft a short recommendation and share for the HSC agreement. IE commented that the recommendation might need to be revised, as the outbreak epidemiology is dynamic.

ECDC documents on Ebola:

- [Infection prevention and control measures for Ebola virus disease, Entry and exit screening measures](#)
- [Infection prevention and control measures for Ebola virus disease, Management of healthcare workers returning from Ebola-affected areas](#)
- [Algorithm for Ebola virus disease contact management](#)
- [Ebola emergency preparedness in EU Member States, Conclusions from peer-review visits to Belgium, Portugal and Romania](#)
- [Health emergency preparedness for imported cases of high-consequence infectious diseases](#)

3. Support for the measures implementation – Experience from 2014 outbreak

In 2014, West Africa faced the largest and most complex Ebola outbreak on record. Guinea, Liberia and Sierra Leone were the most affected countries. The European Union has monitored its spread and taken collective action at home and abroad. It has mobilised political, financial and scientific resources to help contain, control, treat and ultimately defeat Ebola. In this area, the EU has sent emergency supplies and experts. The EU Civil Protection Mechanism (UCPM) has facilitated the coordinated delivery of material

assistance from Member States through the Emergency Response Coordination Centre (ERCC). As of today, 20 UCPM participating states have donated various equipment to the affected countries, out of which 14 have gone through the UCPM. Since March 2014, the European Commission has pledged more than EUR 200 million in humanitarian and development aid and medical research. This brings the total European Union contribution to more than EUR 800 million.

The UCPM has been activated upon request from the WHO. EU humanitarian experts have been deployed in the region, monitoring the situation and liaising with partners and local authorities. The Commission developed with the Member states a EU MEDEVAC system to facilitate the evacuation of international workers in West Africa diagnosed with EVD. Through the Health Security Committee, DG SANTE consulted with Member States and was able to pre-identify capacities within the EU to receive patients infected with Ebola.

4. Presentation of the current situation in Belgium and Germany

For the moment, no European country is affected by this new Ebola epidemic. However, it is important to be prepared for a possible arrival of cases on the territory of the European Union. In addition, in the context of the MEDEVAC, it is necessary to obtain an overview of the reception and transport capacities of the Member States.

Belgium and Germany presented their current preparedness and capacity to deal with the Ebola epidemic in Uganda.

BE mentioned to have the capacity for diagnostics, isolation and case management of suspected cases, as well as [procedures and guidelines](#). Surveillance through mandatory notification of suspected cases to federated entities is in place. Currently the risk of importation is considered low, however, this is to be reconsidered in case of confirmed cases in Kampala and/or spread to DRC. **BE** is monitoring the epidemiological situation and is going through its procedures (which will be updated if needed), including the check of knowledge of procedures with key players as well as staff from direct flights to Uganda.

DE has no particular measures in place for the moment. Based on the assessment of the current situation, no measures are planned for the future. **DE** notified to have several hospitals available with isolation rooms. Cases should come through EWRS, requests will be looked at on a case by case basis.

The Commission emphasised that countries should revise their preparedness measures.

5. Survey from DG SANTE

DG SANTE is planning to launch a short survey to assess current practices and pipeline plans in countries, as part of the preparedness and response to the outbreak. A survey will be shared shortly with the HSC¹.

6. Ebola MEDEVAC

The European Commission (SANTE/ECHO) and WHO have a standard operating procedure for the evacuation of Viral haemorrhagic fever patients (this includes Ebola Virus Disease, Marburg, Riff Valley fever, etc.). This procedure was used for the Ebola Western Africa outbreak in 2014-2015. The Ebola MEDEVAC system is used for the medical evacuation of United Nations, EU national and international health and humanitarian aid workers, independent of nationality, to an EU and EEA country. The

¹ HERA is also preparing a survey to MS regarding MCM availability

recipient hospital should be specialised hospital and designated by the national authorities as reference hospital for haemorrhagic fever case management.

On 07 October, the Commission requested to the HSC members, to confirm the national hospital capacity and the willingness to receive Ebola patients. So far, three countries have provided their input. This MEDEVAC system is a coordination mechanism initiated by WHO, with the support of DG ECHO ERCC and DG SANTE. The Standard Operating procedure is currently being revised and ECHO will now present us its framework and main developments.

ECHO is revising the Standard Operating Procedures (SOPs) in the coming weeks. Similar to SOPs for respiratory distress syndrome due to COVID-19 established in 2020. All requests are assessed on a case by case basis, and should all be approved by WHO.

Unless otherwise agreed, all costs will be the responsibility of the requesting organization including ground transport to the airport and to the receiving hospital, air ambulance, and medical treatment in Europe following recipient country regulations. Patient privacy and confidentiality of medical information are a priority for WHO and the European Commission. Medical information can only be communicated through the selective exchange channel.

The Commission emphasized the importance of Member States to inform the Commission about their capacities to receive medevac patients.

The Commission closed the meeting by highlighting the upcoming high level DG meeting on the implementation of the **Cross-border Health to Threats regulation** on 24 October in Brussels and the upcoming **Lessons Learned Conference on COVID-19** held on 22-23 November in Luxembourg.

Collusions

- HSC agreed to not recommend the implementation of border measures at this time. SANTE will draft a short recommendation and share for the HSC agreement.
- SANTE will soon share with the HSC a survey on Ebola measures and plans.