



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health
Health Security

General Working Group of the Health Security Committee Meeting

Wednesday 05 February 2025 – 10:30-12:30

Summary Report

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

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

EU/EEA only

Agenda Points

1. **State of play of antimicrobial resistance (AMR) in the EU with a focus on carbapenem resistance**
2. **New EU infection prevention and control guidelines**
3. **Strengthening lab capacities: capacity-building projects and new EURL-PH-AMR**
4. **WHO/Euro contribution agreement and the AMR accountability index**
5. **AOB: Upcoming GWG HSC Meetings**

Key Messages

1. **State of play of antimicrobial resistance (AMR) in the EU with a focus on carbapenem resistance**

The European Centre for Disease Prevention and Control (ECDC) published its latest [Rapid Risk Assessment](#) on carbapenem-resistant Enterobacterales (CRE), which pose a significant threat to patients and healthcare systems in EU/EEA countries. Carbapenem-resistant *K. pneumoniae* bloodstream infections have surged in 23 EU Member States, driven by the continued spread of multidrug-resistant high-risk lineages in hospitals. In addition, some *K. pneumoniae* lineages that are more likely to cause severe diseases have also become resistant to carbapenems. Given this, the ECDC assesses the probability and impact to public health, if the spread of CRE continues at this rate, as high.

The ECDC presented recommendations for response including: strengthening national coordination of control measures; having dedicated multidisciplinary national management teams; implementing enhanced infection prevention and control measures in hospitals, applying antimicrobial stewardship to preserve the effectiveness of carbapenems and newly approved antimicrobials; strengthening surveillance; providing adequate laboratory capacity for rapid detection; and strengthening innovation and access to antimicrobials.

Finland presented their national epidemiological situation related to carbapenem-resistant *K. pneumoniae* invasive isolates and colonization cases. Since 2008, Finland put in place measures to stop the spread of CRE *K. pneumoniae*. Some of these measures include identifying affected patients coming to the healthcare system; pre-emptive contact precautions and isolation; active screening for

colonization; outbreak investigations; and active molecular surveillance. Finland also published in 2020 [national guidelines for prevention and control of multidrug resistant \(MDR\) microbes](#) which establish systems and procedures for MDR infection prevention and control (IPC).

Ireland gave an overview of their experience related to CRE and Carbapenemase-producing Enterobacterales (CPE). CPE was first reported in Ireland in 2009, and it was made a notifiable infection in 2011. Since 2017, a mandatory CPE enhanced surveillance scheme was launched. Ireland outlined some of their ongoing measures to reduce rates of CPE including having comprehensive infection prevention and control clinical guidelines; CPE surveillance reporting; establishing a CPE reference laboratory; and having educational material to support infection prevention and control actions.

The European Medicines Agency gave an overview of several new antimicrobials active against CRE that have received marketing authorisation for use in the EU, including ceftazidime-avibactam (2016), eravacycline (2018), meropenem-vaborbactam (2018), imipenem-relbactam (2020), cefiderocol (2020), cefepime-enmetazobactam (2024), and aztreonam-avibactam (2024).

DG HERA gave an overview of their actions to improve the availability and access to recently approved antibiotics, such as supporting the development of medical countermeasures (MCMs); contributing to push funding for MCMs; designing and implementing EU pull incentives; and a pilot to improve the access to recently approved antibiotics.

DG ECHO highlighted they are also following the availability and access to MCMs through the rescEU stockpiles.

DG SANTE opened the floor for discussion on public health measures to improve the epidemiological situation. A proposal for an Opinion of the Health Security Committee on carbapenem resistance in public health was considered and agreed to be drafted and further discussed, with a possible adoption at the Senior Level Plenary meeting of the HSC in May.

2. New EU infection prevention and control guidelines

ECDC presented on the timeline and preparatory work for developing infection prevention and control guidelines which are referenced to in the [2023 Council Recommendation on stepping up EU actions to combat AMR in a One Health approach](#). The final guidelines should be adopted in 2026.

3. Strengthening lab capacities: capacity-building projects and new EURL-PH-AMR

Through the 3rd Health Programme, two capacity building projects for national reference laboratories in AMR were funded: EURGen-RefLabCap and FWD AMR-RefLabCap. The objective of [EURGEN-RefLabCap](#) was to strengthen national reference laboratories' (NRLs) capacities to detect and effectively prevent and control the spread of resistant pathogens causing healthcare-associated infections, including carbapenem- and/or colistin-resistant Enterobacterales. The aims of [FWD AMR-RefLabCap](#) were to build NRLs capacity and strengthen their roles and to modernize the methods for using WGS for better AMR surveillance and outbreak detection of resistant food- and water-borne pathogens.

Under the new [Regulation \(EU\) 2022/2371 on serious cross-border threats to health](#), and with the financial support from the EU4Health Programme, nine EU Reference Laboratories (EURLs) in public health have been designated so far, with one focusing on AMR in bacteria, which has become operational as of January 2025, under the overall coordination of ECDC and the Commission. The new EURL-PH-AMR aims at facilitating the technology transition to optimise EU-wide use of WGS;

strengthening the capacity for EU public health microbiology; and strengthening collaboration and integration between public health microbiology networks when it comes to resistant bacteria.

4. WHO/Euro contribution agreement and the AMR accountability index

A contribution agreement with the World Health Organization Regional Office for Europe (WHO/EURO) was signed in 2024 to support the implementation of the WHO/Europe Roadmap and to provide hands-on support to several countries on infection prevention and control and antimicrobial stewardship over the next three years. WHO/EURO also presented its new initiative for an AMR Accountability Index. This will serve as a benchmarking tool to assess and measure national performance in addressing AMR. WHO/EURO invited participants to a [public hearing on 07 March 2025](#) on “Health security and emergency preparedness: building a safe and secure European Region” to provide input to the [WHO European Programme of Work](#).

5. AOB: Upcoming GWG HSC Meetings

DG SANTE informed when the next physical Senior-Level Health Security Committee plenary meeting will take place.