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COMMISSION STAFF WORKING PAPER

**on the activities of the Health Security Committee during the period from November
2009 to December 2010**

Introduction

The purpose of this document is to report on the activities of the Health Security Committee (HSC) from November 2009 to December 2010 and thus responding to the request by the Council to be regularly informed on the activities of the Committee, as laid down in its Conclusions of 22 February 2007 on the transitional prolongation and extension of the mandate of the HSC.¹

During the abovementioned period, the Health Security Committee held two plenary meetings namely on 9 June and 18-19 November 2010. In addition, an extraordinary plenary meeting was held on 7-8 October 2010 to discuss the planned Commission initiative on health security in the EU.

The HSC sections met as follows:

- Generic preparedness and response section met in April 2010.
- The section on preparedness to chemical, biological and radio-nuclear (CBRN) threats met in May and October 2010.
- The Influenza preparedness and response section met in May and in October 2010.
- The HSC Communicators' Network met in March and October 2010.

The main activities of the HSC are structured around seven priorities of the strategic Work Plan for 2008-2010². The activities carried out by the Communicators network created by the HSC in order to ensure coherent communication messages to general public in crisis situations affecting public health are described in a separate chapter.

Following the Council conclusions on Lessons learnt from the A/H1N1 pandemic - Health security in the European Union³, the Council agreed to temporarily prolong, until a long-term solution for health security in the EU is found, the mandate of the Health Security Committee as a cooperation and coordination body for the Member States, supported by the Commission, according to its terms of reference.

Following the prolongation of the mandate of the HSC, a drafting group to develop the HSC work plan for 2011-2013 has been set up, and the first meeting was organised in January 2011.

1. DETECTION, INFORMATION MANAGEMENT AND COMMUNICATION

Ensuring timely detection, alerting and distribution of information to relevant stakeholders is a key element of preparedness and response to public health threats.

1 <http://register.consilium.europa.eu/pdf/en/07/st05/st05862.en07.pdf>

2 http://ec.europa.eu/health/ph_threats/Bioterrorisme/docs/keydo_bio_05_en.pdf

3 <http://register.consilium.europa.eu/pdf/en/10/st12/st12665.en10.pdf>

As regards detection of chemical threats, a rapid alert system (RAS CHEM) that links public health authorities and the EU poison centres has been tested in 2010. The first interface of the system is to provide a notification and alerting mechanism for risk assessment purposes. The second interface is to support risk management coordination activities by linking and informing public health authorities about relevant events which need coordination of measures at the EU level. Formal request for nomination of HSC contact points for risk assessment of acute events caused by chemical and radiological and nuclear agents was circulated to the members of the HSC. The list of contact points (e.g. national poison centres for chemical substances) will be of pivotal importance in order to provide risk assessment if needed. Scope and standard operation procedures for these networks will be finalised and agreed in 2011.

In addition, a call for tender has been prepared on "Developing an inventory for an evidence-based, scientifically validated public health counter-measures in order to cover chemical and radio-nuclear hazards".

Another area of detection activities includes a creation of network of national reference laboratories. The current laboratory networks which cover human biological agents of risk group 3 and 4⁴ have been consolidated and new instruments have been proposed in order to cover the existing gaps on activities in the field of toxins at the EU level.

The HSC also addressed the issue of upgrading and securing IT communication and secure access to premises. Security aspects of different communication systems (EWRS, RAS BICHAT, RAS CHEM, HEDIS)⁵ have been integrated in the various tools. The premises hosting the Health Emergency Operating Facility (HEOF) are also secure through guards and access control on different levels and they are monitored by the Commission Security Directorate. The HSC meetings are currently held in the secured premises of the Château de Senningen, kindly made available by the Luxemburg government.

2. THREAT AND RISK ASSESSMENT

Developing threat assessment with regard to public health effects of Chemical, Biological and Radio-nuclear (CBRN) events is another area that Member States identified as a priority to work on in the Health Security Committee.

The following events brought to HSC attention either by the Commission services or by Member States have been discussed in the HSC during physical meetings or in regular HSC audio conferences:

- Anthrax in intravenous drug users (IVDUs) in January 2010

⁴ Group 3 biological agent means one that can cause severe human disease and present a serious hazard to workers; it may present a risk of spreading to the community, but there is usually effective prophylaxis or treatment available; group 4 biological agent means one that causes severe human disease and is a serious hazard to workers; it may present a high risk of spreading to the community; there is usually no effective prophylaxis or treatment available. (Council Directive 90/679/EEC of 26 November 1990 on the protection of workers from risks related to exposure to biological agents at work, OJ No. L 374, p1)

⁵ Early warning and response system for communicable diseases (EWRS), Rapid alert system for Biological and Chemical Agents and Threats of terrorism (RAS BICHAT), Rapid Alert System for Chemicals (RAS CHEM), Health Emergency & Disease Information System (HEDIS)

- Botulinum toxin as potential risk for trafficking and deliberate use in February 2010
- Volcano eruption in Iceland and subsequent ash cloud across Europe in April 2010
- Wild fires in Russia in August 2010
- Report on a potential link with narcolepsy among children and adolescents after H1N1 Pandemic flu vaccination in September 2010
- Chemical aluminium factory accident in Hungary in October 2010

Threat assessments on public health effects have been provided at the request of the Commission by EU agencies such as ECDC, EUROPOL, and EMCDDA.

The role of the HSC is to share experiences, risk assessment and information related to risk management of public health events. Main discussions took place on how to deal with events, where public health authorities are not in the lead, but whose consequences require a public health intervention and management.

3. ADVICE

Another important activity of the HSC includes integrating scientific advice in the management of emergencies, which is carried out through the consultation of groups of experts and committees on risk assessment and examination of the scientific and technical basis for options for response.

A separate piece of work has been carried out to review a list of CBRN agents that can be used for deliberate release. This list is called a Matrix tool⁶. The Health Security Committee is regularly consulted by Commission's services in order to receive feedback in particular on the update of the lists and its criteria. This tool is confidential.

As regards modelling for public health purposes, a workshop was organised in September 2010 to review current developments in this field. In addition, the Joint Research Centre (JRC) has been mandated to form a network of Member State experts to reinforce coordination of capacities in this area.

4. MANAGING A CRISIS

Systems of Member States to assure rapid communication with other Member States, the Commission, EU agencies, international organisations, and third countries, have been improved and tested.

The HSC played a key role during the influenza A(H1N1) pandemic in 2009. It was closely monitoring the situation, exchanging information and ensuring coordination of public health measures at the EU level. In this context, the HSC adopted several policy statements: regarding schools closures, vaccination strategy, and travel advice As regards preparedness

⁶ <http://register.consilium.europa.eu/pdf/en/09/st15/st15505-re01.en09.pdf>

for crisis communication, the lists of Health Emergency Operating Facility (HEOF) contact points are regularly updated.

In order to strengthen generic preparedness and health crisis management across Europe the Health Protection Agency with the support of interested Member States has prepared a Training Exchange Programme in Health Crises Management. It consists of mutual peer learning events where a host country organises a programme on a given topic and participants from other member states learn from the experience and exchange good practice.

5. PREPAREDNESS

The Health Security Committee's actions on preparedness aim to ensure that each Member State achieves and/or enhances capacity to respond to health threats and that cross-sectoral planning is coherent among Member States.

The updated technical guidance document on Generic Preparedness Planning for public health emergencies was endorsed by HSC and published on 1 December 2009. It is available on the Commission website⁷. Several Member States have requested translation of the document into their national languages, which has been carried out by the Commission translation department. In November 2010, the HSC agreed that a survey on the implementation of this document in Member States and at EU level would be launched in 2011 in order to provide a picture of the level of preparedness at EU level.

The Commission Staff working document on "Bridging security and health⁸: Towards the identification of good practices in the response to CBRN incidents and the security of CBRN substances" was released in June 2009 as a concrete example of inter-sectoral collaboration. It focuses on the cooperation between public health and law enforcement authorities at the national level, between Member States and at EU level, and provides a compilation of identified good practices which aims at improving national structures, raising awareness and enhancing European cooperation and coordination. Bridging security and health has also been integrated in the technical document on Generic Preparedness and Planning.

In addition, the Commission asked the Health Protection Agency of the UK to produce for the Health Security Committee case studies on multi-sectoral issues that can be used by Member States for national trainings. A number of case studies dealing with links between public health and animal health, mass gatherings, bridging civil protection and public health, forest fires and climate change, and bombings are being prepared. Based on real events, they are built in order to stimulate the discussion between sectors, and therefore the consolidation of generic preparedness.

The HSC was also discussing issues concerning contact tracing for public health purposes. Commission Decision 2000/57/EC has been amended by Commission Decision 2009/547/EC, to give legal certainty to the transmission of personal data through the EU alert system (EWRS) for communicable diseases in case of contact tracing procedures. Adoption of

7 http://ec.europa.eu/health/preparedness_response/docs/gpp_technical_guidance_document_1_december_2009.pdf

8 http://ec.europa.eu/health/ph_threats/com/preparedness/docs/bridging_en.pdf

Decision 2009/547/EC⁹ by the Commission in accordance with the opinion of the Article 7 of Decision 2119/98/EC was intended, *inter alia*, to further specify the "purposes" of the processing of personal data within the EWRS and to introduce clarification on data protection requirements in relation to data exchanged for the purposes of "contact tracing" activities.

6. INTER-SECTORAL AND INTERNATIONAL CO-OPERATION

To facilitate and support coordination and cooperation at international level, and to contribute to the implementation of International Health Regulations (IHR) at EU-level, is another key area of the HSC activities.

High level international co-operation is ensured by contacts between the Global Health Security Initiative (GHSI)¹⁰ and the HSC, in order to share good practices and information. The Commission is a member of the GHSI and reports regularly to the HSC on the work and achievements of the GHSI, including the pilot project EAR, the early alerting and reporting system for CBRN threats and pandemic influenza.

Particular attention is also given to the implementation of IHR and avoiding double reporting by Member States. The HSC has identified the Early Warning and Response System (EWRS) for communicable diseases as the appropriate tool for transferring the IHR messages to WHO. The EWRS is now linked with the IHR notification system to assure that all relevant events on communicable diseases of international concern are notified in EWRS and accessible to WHO. However, such a link is still not in place for CBRN agents.

7. EVALUATION AND TESTING OF PLANS

Mutual sharing, evaluation, training, distribution, and testing of established plans allows the Health Security Committee to ensure interoperability of Member States plans and measures in case of CBRN events.

The HSC contributed to the Commission Staff Working Document on lessons learnt from the H1N1 pandemic and on health security in the European Union¹¹ in order to inform the Council on the review of the EU guidance on pandemic preparedness planning, on joint procurement of pandemic vaccines and on the new health security initiative.

The HSC has participated in the Eclipse exercise on a radio-nuclear event which was organised in October 2010 in Paris in cooperation with the Communicators of the Global Health Security Initiative and the French Ministry of Health, the three Presidencies (ES, BE and HU) were invited as observers.

9 Commission Decision of 10 July 2009 amending Decision 2000/57/EC on the early warning and response system for the prevention and control of communicable diseases under Decision No 2119/98/EC of the European Parliament and of the Council, OJ L 181, 14.7.2009, p. 57.

10 GHSI countries include: Canada, France, Germany, Italy, Japan, Mexico, United Kingdom, USA, European Commission, and WHO as observer. <http://www.ghsi.ca/english/index.asp>

11 http://ec.europa.eu/health/preparedness_response/docs/commission_staff_lessonsh1n1_en.pdf

8. HSC COMMUNICATORS NETWORK

The HSC Communicators' network was established formally in November 2008 and met for the first time in March 2009, one month before the start of the H1N1 pandemic. The network includes today all 27 Member states, the 3 EEA countries, and agencies: ECDC, EFSA, EMA, ECHA, WHO EURO and WHO HQ.

The work programme 2009-2010, endorsed by the Health Security Committee, was realised entirely although it had to be adapted to the occurrence of the H1N1 pandemic. This resulted in an increased activity of the network including additional face-to-face meetings, regular audio-conferences, workshops and surveys.

A Red Book was developed to help network members to communicate better during normal and crisis situations (including a contact list and standard operating procedures).

A list of tasks for the Network has been created and will be submitted to the HSC, as part of the HSC work plan 2011-2013. Different actions of the work plan will address lessons learnt from the H1N1 pandemics and strengthen the functioning of the network. Concretely, the network will improve links with stakeholders, integration of social media in communication strategies, understanding of citizen needs and expectations through monitoring media and polling, strengthening the capacities of the network.

9. HEALTH SECURITY INITIATIVE

On 7-8 October 2010, a special HSC meeting was organised to discuss the future initiative on health security in the EU currently foreseen for Commission adoption in 2011. The initiative aims to review and update the existing EU legislation on communicable diseases (Decision n° 2119/98/EC of the European Parliament and the Council and its implementing decisions¹²) and to ensure, from the public health perspective, an adequate prevention and control of all hazards at EU level¹³.

As a basis for discussion the Commission' services prepared a non-paper on health security in the EU. The document was amended according to discussions in the HSC extraordinary meeting. The discussion continued in the HSC plenary meeting in November. Further consultations on the issue take place via regular audio conferences.

10. HSC AUDIO CONFERENCES

In parallel to the work and activities of the sections and plenary meetings, the HSC met in audio conferences in preparation for future plenary sessions and to discuss urgent issues. For this purpose, the HSC adopted a formal operating procedure for audio and video conferences.

Audio conferences were organised:

12 Decision No 2119/98/EC of the European Parliament and of the Council of 24 September 1998 setting up a network for the epidemiological surveillance and control of communicable diseases in the Community, OJ L 268/1; 03.10.1998

13 http://ec.europa.eu/governance/impact/planned_ia/docs/2011_sanco_021_health_security_en.pdf

- in January 2010 (discussion with participants about the investigation of the Council of Europe into vaccination issues in the context of H1N1, and on the anthrax outbreak in Scotland and Germany, which led to the death of several drug users)
- in February 2010 (to inform and have a discussion on evaluation of management of pandemic H1N1, to update information about IDU anthrax cases,
- in April 2010 (on the evaluation of the H1N1 pandemic and the preparations for the Belgian presidency Conference on Lessons learnt from the A(H1N1) pandemic)
- An additional urgent audio conference was called in April 2010 in order to discuss the situation after volcano eruption in Iceland.