

EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, country knowledge, crisis management Crisis management and preparedness in health

Luxembourg, 9 August 2018

# Audio meeting of the Health Security Committee – 9 August 2018

# Flash report

## Ebola virus disease outbreak in the Democratic Republic of the Congo

**Chair**: Charles Price, SANTE C3

Audio participants: AT, BE, BG, DE, DK, FR, IE, IT, LT, MT, NL, PT, RO, SE, UK, ECHO, ECDC, SANTE C3, WHO

The Chair welcomed the members of the Health Security Committee (HSC) as well as representatives from DG ECHO, ECDC and WHO; and 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.

An outbreak of Ebola virus disease was declared by the Minister of Public Health of the Democratic Republic of Congo (DRC) in North Kivu and Ituri provinces on 01/08/2018.

#### **<u>1. Review of Rapid Risk Assessment</u>**

**ECDC** presented the main elements in the ECDC Rapid Risk Assessment (RRA) circulated to Member States on 08/08/2018.

On 1 August 2018 the Ministry of Health of the DRC declared a new outbreak in the Provinces of North Kivu and Ituri. As of 8 August 2018, 44 cases (17 confirmed) were identified in 2 provinces of the country, of whom 36 had died.

Following the detection of this outbreak, the DRC Ministry of Health with the support of the World Health Organization (WHO) and partner organisations are responding. Contact tracing of case contacts has been initiated and the rVSV-ZEBOV experimental vaccine is being offered to healthcare workers and case contacts as of 8 August 2018.

ECDC estimates the probability of exposure for EU/EEA citizens living in or travelling through areas of DRC known to have EVD cases to be low, provided they adhere to the precautionary measures set out in the RRA. There are no international airports in the affected areas with direct flights to EU/EEA Member States, which limits the risk of introduction of the virus into the EU/EEA. The overall risk of introduction and further spread of Ebola virus within the EU/EEA is very low.

#### 2. Response to the outbreak

**WHO**. WHO provided a brief update on their coordination activity and deployment to the DRC. Response teams are deployed on site and coordinate with partners for the response. Vaccines are being transported to the affected areas. The vaccination first to health care workers and then to contacts and contacts of contacts is expected to start today. More information about cross border screening will be shared after confirming with their travel health unit.

DG ECHO (ERCC) gave feedback on their coordination and deployment. The estimated overall budget for the initial draft of the DRC response plan is around USD 43.8 million for 3 months and 200-300 cases. Funding from the "approved" stabilisation plan for Equateur will be reprogrammed for North Kivu. The priorities for the stabilisation plan are 1) the follow up of survivors 2) free access to health care 3) Infection, Prevention and Control (IPC) and 4) surveillance. The draft of the response plan will be finalised on 10 August.

In Goma, two information meetings are organised every day. The decision is yet to be taken on the location of the ETC (Ebola treatment centre) in Goma and the partner to manage this ETC is yet to be identified. Two Mobile Laboratories were deployed (to Beni and Mangina) and a third will be established in Goma.

Identification of the exit/entry points is ongoing along with the available human resources that will be trained and equipped to conduct "screening at the entry points": 32 entry points have been identified and 15 are already functional. Kasindi is an important entry point (from Uganda).

ECHO further mentioned that regular coordination meetings are established between the Commission services, the EU-Delegation in DRC and the EU Member States. The current schedule will be once a week.

The concern of adequate implementation of response measures was deemed challenging, as the outbreak occurs in areas characterised by prolonged humanitarian crises and an unstable security situation arising from a complex armed conflict. Safety issues in the region have been addressed through the MONUSCO forces in the DRC and the regular DRC army. At the moment there is no need for military escorting in the axis Beni-Mangina.

Several participants raised questions on possible accessibility to international airport in the neighbourhood or neighbouring countries (Uganda, Ruanda), which might be an additional risk for further EVD spread. No direct flights to EU were mentioned, but further information will be needed to answer this question.

The GOARN request for assistance was mentioned.

## <u>3. AOB</u>

Questions were raised on availability of medical evacuation and treatment of international health care workers and support teams.

On medical evacuation, ECHO stated that WHO is in lead and in the process of developing procedures (through contracting to Phoenix Air), while considering a service for eventual evacuation needs.

### 4. Next steps

It was agreed to send a reminder to those Member States which had not yet replied to the recent survey on Ebola preparedness and response as several Member States data were still missing.

SANTE is updating the procedures for medical evacuation together with DG ECHO and WHO.

SANTE will monitor the situation closely with ECDC and with the other Commission services and provide updates to the HSC and through EWRS

ECHO will organise a crisis coordination teleconference to which Member States and partners are invited to take place on 14 Aug 2018. Further weekly conferences are currently planned.

Additional information on the outbreak including on the dates of onsets of cases and an epidemic curve will be provided if possible when these are available.

**SANTE** thanked participants and closed the meeting.